

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000014</u></p> <p>Facility Name: <u>Victory Centre of River Oaks</u></p> <hr/> <p>Address: <u>1370 Ring Road</u> <u>Calumet City</u> <u>60409</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>(708) 730-0994</u> Fax # _____)</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/30/2003</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td></td> </tr> </table>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2017</u> to <u>12/31/2017</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> </table> <table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">* Subject to the attached Accountants' Consulting Report</td> </tr> <tr> <td colspan="2">(Print Name and Title) _____</td> </tr> <tr> <td colspan="2">(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u></td> <td>Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	* Subject to the attached Accountants' Consulting Report		(Print Name and Title) _____		(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u>	Fax <u>(847) 282-6301</u>
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<p>In the event there are further questions about this report, please contact: Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u> Email Address: _____</p>	<p align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>																																												

Facility Name Victory Centre of River Oaks

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	103	Single Unit Apartment	103	37,595	1
2	6	Double Unit Apartment	6	2,190	2
3		Other		723	3
4	109	TOTALS	109	40,508	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	27,015	1,550		28,565	5
6	Double Unit	1,070	63		1,133	6
7	Other	723			723	7
8	TOTALS	28,808	1,613		30,421	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.10%

D. Indicate the number of paid bed-hold days the SLF had during this year
708 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 415 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

G. List all services provided by your facility for non-residents.
 (E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	267,056	201,318	9,924	478,298	(3,594)	474,704	1
2	Housekeeping, Laundry and Maintenance	140,242	40,467	93,313	274,022	12,215	286,237	2
3	Heat and Other Utilities			105,021	105,021	260	105,281	3
4	Other (specify):							4
5	TOTAL General Services	407,298	241,785	208,258	857,341	8,881	866,222	5
B. Health Care and Programs								
6	Health Care/ Personal Care	473,071	432	49,281	522,784	(4,539)	518,245	6
7	Activities and Social Services	34,784	4,585	23,530	62,899	(11,021)	51,878	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	507,855	5,017	72,811	585,683	(15,560)	570,123	9
C. General Administration								
10	Administrative and Clerical	218,294	20,423	643,292	882,009	(148,783)	733,226	10
11	Marketing Materials, Promotions and Advertising	67,014	2,084	61,931	131,029	(10,743)	120,286	11
12	Employee Benefits and Payroll Taxes			256,822	256,822		256,822	12
13	Insurance-Property, Liability and Malpractice			66,218	66,218	1,744	67,962	13
14	Other (specify):					29,499	29,499	14
15	TOTAL General Administration	285,308	22,507	1,028,263	1,336,078	(128,283)	1,207,795	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,200,461	269,309	1,309,332	2,779,102	(134,962)	2,644,140	16
Capital Expenses								
D. Ownership								
17	Depreciation			426,635	426,635	(76,978)	349,657	17
18	Interest			375,384	375,384	(4,045)	371,339	18
19	Real Estate Taxes			198,937	198,937		198,937	19
20	Rent -- Facility and Grounds			1,446	1,446	9,533	10,979	20
21	Rent -- Equipment			14,774	14,774	81	14,855	21
22	Other (specify): MIP/Amortization			37,725	37,725		37,725	22
23	TOTAL Ownership			1,054,901	1,054,901	(71,409)	983,492	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,200,461	269,309	2,364,233	3,834,003	(206,371)	3,627,632	24

Report Period Beginning: 1/1/2017
 Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	(79,240)	17 1
2	Employee Meals	(1,412)	01 2
3	Maintenance Fees	(35)	02 3
4	NSF Fees	(170)	10 4
5	Termination Fees	(1,660)	10 5
6	Meals & Entertainment	(984)	10 6
7	Bank Charges	(1,736)	10 7
8	Charitable Contributions	(1,544)	10 8
9	Resident Gifts	(290)	07 9
10	Resident Reimbursables	(25)	10 10
11	Bad Debts	(114,206)	10 11
12	Cable TV	(1,252)	02 12
13	Management Fees	(199,205)	10 13
14	Service Fee	(15,518)	10 14
15	Partnership Legal Expense	(4,264)	10 15
16	Partnership Management Fee	(25,000)	10 16
17	Partnership Misc. Expense	(3,290)	10 17
18	Interest Income	(623)	18 18
19	Interest Income- Escrows	(3,412)	18 19
20	Additional R&M	8,284	02 20
21	PATHWAY SENIOR LIVING LLC		
22	Dietary	592	01 22
23	Maintenance	923	02 23
24	Healthcare/Personal Care	6,174	06 24
25	Community Life	5,696	07 25
26	Administrative	92,680	10 26
27	Marketing	18,440	11 27
28	Insurance	1,209	13 28
29	Employee Benefits	11,951	14 29
30	Rent- Building	1,044	20 30
31	Rent- Equipment	62	21 31
32			32
33			33
34	PATHWAY MANAGEMENT LLC		
35	Maintenance	4,295	02 35
36	Utilities	260	03 36
37	Healthcare/Personal Care	10,335	06 37
38	Community Life	521	07 38
39	Administrative	129,761	10 39
40	Marketing	12,744	11 40
41	Insurance	535	13 41
42	Employee Benefits	17,548	14 42
43	Depreciation	2,270	17 43
44	Rent- Building	8,489	20 44
45	Rent- Equipment	19	21 45
46			46
47	Shared Services	(5,968)	10 47
48	Shared Services	(2,774)	01 48
49	Shared Services	(20,948)	06 49
50	Shared Services	(16,948)	07 50
51	Shared Services	(41,927)	11 51
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100			100
101	Total	(206,371)	101

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.81	\$ 27.20	1
2	Licensed Practical Nurses	1.98	24.51	2
3	Certified Nurse Assistants	11.65	13.46	3
4	Activity Director & Assistants	1.04	16.02	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.72	13.20	7
8	Dishwashers			8
9	Maintenance Workers	2.21	16.28	9
10	Housekeepers	2.78	11.33	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.10	20.57	13
14	Clerical			14
15	Marketing	1.54	20.92	15
16	Other			16
17	Total (lines 1 thru 16)	36.84	\$ 15.67	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Jerry Finis	0.001415%	1.54	\$ 7,687	1
2					2
3					3
4					4
5					5
Total				\$ 7687	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES	
Name 1	City 2
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5
See Attached		

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO
 Name of related entity: N/A If yes, what is the value of those services? \$ N/A
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO
 If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 541,601 Year land was acquired 2002

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	109		2002	2002	\$ 9,842,367	\$ 428,905	35	\$ 281,210	\$ (147,695)	\$ 4,995,579	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				389,934			19,547	19,547	70,593	6
7	Various		2002		246,335		20	12,317	12,317	223,550	7
8	Various		2005		15,186		20	759	759	12,149	8
9	Various		2007		6,888		20	344	344	3,789	9
10	Various		2008		31,114		20	1,556	1,556	15,558	10
11	Various		2009		101,459		20	5,073	5,073	45,656	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 10,633,283	\$ 428,905		\$ 320,806	\$ (108,099)	\$ 5,366,874	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 719,686	\$	\$ 28,852	28,852		\$ 587,530	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 736,332	\$	\$ 28,852	28,852		\$ 604,176	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									1
2	Paving	2010	7,200		20	360	360	2,880	2
3	Hp Pump	2010	1,816		20	91	91	727	3
4	Boiler Replacement	2010	14,023		20	701	701	5,609	4
5	Door Frame Guards	2010	3,714		20	186	186	1,486	5
6	Carpet	2010	1,055		20	53	53	422	6
7	Repair Entrance Door	2010	1,260		20	63	63	504	7
8	Heating System Flushing And Replaced Heating Controllers	2011	6,448		20	322	322	2,257	8
9	Hot Water System	2012	5,243		20	262	262	1,573	9
10	Hot Gas Line Repair	2012	2,692		20	135	135	807	10
11	Crack Hot Gas Bypass Line	2012	2,936		20	147	147	881	11
12	Rooftop Unit	2013	8,850		20	443	443	2,213	12
13	Sign	2013	5,436		20	272	272	1,359	13
14	Heat Exchangers	2013	3,300		20	165	165	825	14
15	Shrubbery	2013	3,508		20	175	175	877	15
16	Dining Room Painting	2014	4,950		20	248	248	990	16
17	1St Floor Bathroom Renovation	2014	17,510		20	876	876	3,502	17
18	Dvr System	2014	3,700		20	185	185	740	18
19	Compressor	2014	2,780		20	139	139	556	19
20	Dining Room Window Treatments	2014	4,812		20	241	241	962	20
21	Hot Water Heater	2014	10,440		20	522	522	2,088	21
22	Nurse Call System	2015	74,794		20	3,740	3,740	11,219	22
23	Phone System	2015	20,442		20	1,022	1,022	3,066	23
24	Doors	2015	3,233		20	162	162	485	24
25	Sealcoating	2015	5,349		20	267	267	802	25
26	Windows	2015	122,530		20	6,127	6,127	18,380	26
27	Shower Apt 406	2015	3,695		20	185	185	554	27
28	New Bearing Assembly	2015	2,804		20	140	140	421	28
29	Raise Sidewalks	2015	2,515		20	126	126	377	29
30	Phone System- Adj Of 2015 Asset	2016	(315)		20	(16)	(16)	(32)	30
31	Ada Power Adapter	2016	2,547		20	127	127	255	31
32	Generator- Replaced Coolant Crossover Tube	2016	3,102		20	155	155	310	32
33	Replace Broken Circulator	2016	4,925		20	246	246	493	33
34	TOTAL (lines 1 thru 33)		\$ 357,294	\$		\$ 17,865	\$ 17,865	\$ 67,588	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1									1
2	Replaced Rtu	2016	10,260		20	513	513	1,026	2
3	Red Hardwood Mulch	2016	5,848		20	292	292	585	3
4	Repaired Leak	2016	2,691		20	135	135	270	4
5	Laundry & Wellness Outlets	2016	2,581		20	179	179	358	5
6	Hvac Repairs	2016	4,086		20	204	204	408	6
7	Elevator Pit Ladders	2017	4,075		20	204	204	204	7
8	Doors Closers & Locks Through Facility	2017	3,099		20	155	155	155	8
9									9
10									10
11									11
12									12
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28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 32,639	\$		\$ 1,682	\$ 1,682	\$ 3,005	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
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32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	1,446			5
6	Allocated From Pathway			/ /	9,533			6
7	TOTAL				\$ 10,979			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 14,855

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related									
	Long-Term									
1	IDHA		X	1st Mortgage	10/1/02	\$ 6,150,000	\$ 5,363,141	9/1/42	6.7000	\$ 361,828
2	Amerinational		X	2nd Mortgage	10/1/02	2,000,000	1,333,984	11/1/42	1.0000	13,556
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 8,150,000	\$ 6,697,125			\$ 375,384
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(633)
9	Interest Income - Escrows		X		/ /			/ /		(3,412)
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 6,697,125			\$ 371,339

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 107,999	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	417,734		3
4	Supply Inventory (priced at)	9,128		4
5	Short-Term Investments			5
6	Prepaid Insurance	81,914		6
7	Other Prepaid Expenses	13,657		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,171,131		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,801,563	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	513,562		15
16	Equipment, at Historical Cost	986,838		16
17	Accumulated Depreciation (book methods)	(6,763,214)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	330,767		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,451,921	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,253,484	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 90,107	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	133,503		29
30	Accrued Salaries Payable	68,247		30
31	Accrued Taxes Payable	215,952		31
32	Accrued Interest Payable	32,471		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	385,112		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 925,392	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,563,622		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,563,622	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,489,014	\$	45
46	TOTAL EQUITY	\$ (235,530)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,253,484	\$	47

*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,424,460	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,424,460	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	1,412	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 1,412	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	4,045	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 4,045	14
D. Other Revenue (specify):			
15		1,865	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 1,865	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,431,782	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	857,341	19
20	Health Care/ Personal Care	585,683	20
21	General Administration	1,336,078	21
B. Capital Expense			
22	Ownership	1,054,901	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,834,003	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (402,221)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (402,221)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,566,356	32
33	Private Pay - Net Inpatient Revenue	210,708	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,647,396	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,424,460	37