

		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>1000027</u></p> <p>Facility Name: <u>Victory Centre of Rivr Woods</u></p> <hr/> <p>Address: <u>1800 Riverwood Drive</u> <u>Melrose Park</u> <u>60160</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>(708) 547-5800</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>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 Rivr Woods

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	89	Single Unit Apartment	89	32,485	1
2	20	Double Unit Apartment	20	7,300	2
3		Other		5,712	3
4	109	TOTALS	109	45,497	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	27,231	3,687		30,918	5
6	Double Unit	2,341	125		2,466	6
7	Other	5,712			5,712	7
8	TOTALS	35,284	3,812		39,096	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.93%

D. Indicate the number of paid bed-hold days the SLF had during this year
1,222 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 174 (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: 12/31/17 Fiscal Year: 12/31/17

* 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 Rivr Woods

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	308,565	251,959	10,031	570,555	(2,710)	567,845	1
2	Housekeeping, Laundry and Maintenance	141,857	38,269	95,630	275,756	18,505	294,261	2
3	Heat and Other Utilities			132,846	132,846	(1,366)	131,480	3
4	Other (specify):							4
5	TOTAL General Services	450,422	290,228	238,507	979,157	14,429	993,586	5
B. Health Care and Programs								
6	Health Care/ Personal Care	526,231	481	146,981	673,693	(3,747)	669,946	6
7	Activities and Social Services	35,973	5,633	24,078	65,684	(7,723)	57,961	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	562,204	6,114	171,059	739,377	(11,469)	727,908	9
C. General Administration								
10	Administrative and Clerical	168,169	14,193	665,595	847,957	(108,895)	739,062	10
11	Marketing Materials, Promotions and Advertising	109,013	1,875	61,800	172,688	(1,074)	171,614	11
12	Employee Benefits and Payroll Taxes			229,119	229,119		229,119	12
13	Insurance-Property, Liability and Malpractice			66,324	66,324	2,076	68,400	13
14	Other (specify):					35,114	35,114	14
15	TOTAL General Administration	277,182	16,068	1,022,838	1,316,088	(72,779)	1,243,309	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,289,808	312,410	1,432,404	3,034,622	(69,819)	2,964,803	16
Capital Expenses								
D. Ownership								
17	Depreciation			540,586	540,586	(142,535)	398,051	17
18	Interest			240,095	240,095	(753)	239,342	18
19	Real Estate Taxes			90,940	90,940		90,940	19
20	Rent -- Facility and Grounds			1,177	1,177	11,348	12,525	20
21	Rent -- Equipment			6,711	6,711	97	6,808	21
22	Other (specify):MIP/Amortization			40,163	40,163		40,163	22
23	TOTAL Ownership			919,672	919,672	(131,844)	787,828	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,289,808	312,410	2,352,076	3,954,294	(201,663)	3,752,631	24

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line
			Reference
1	Non-Straight Line Depreciation	\$ (145,237)	17 1
2	Pet Care	(1,790)	07 2
3	Guest Meals	(75)	01 3
4	Employee Meals	(253)	01 4
5	Maintenance Fees	(334)	02 5
6	Other Income	(136)	10 6
7	Meals & Entertainment	(1,321)	11 7
8	Bank Service Charges	(2,017)	10 8
9	Late Fees/Finance Charges	(25)	10 9
10	Charitable Contributions	(1,544)	10 10
11	Resident Gifts	(713)	10 11
12	Bad Deb - Tenant	(29,002)	10 12
13	Bad Deb - Medicaid	(35,000)	10 13
14	Cable TV	(1,675)	03 14
15	Management Fees	(259,109)	10 15
16	Asset Management Fee	(10,900)	10 16
17	Partnership Management Fee	(25,000)	10 17
18	Partnership Misc Expense	(2,750)	10 18
19	Interest Income - Escrows	(485)	18 19
20	Interest Income	(268)	18 20
21			21
22	Pathway Management LLC		22
23	Maintenance	5,113	02 23
24	Utilities	309	03 24
25	Health Care/ Personal Care	12,184	06 25
26	Community Life	620	07 26
27	Administrative	154,465	10 27
28	Marketing	15,170	11 28
29	Insurance	637	13 29
30	Employee Benefits	20,888	14 30
31	Depreciation	2,702	17 31
32	Rent - Building	10,105	20 32
33	Rent - Equipment	23	21 33
34			34
35	Pathway Senior Living LLC		35
36	Dietary	705	01 36
37	Maintenance	1,099	02 37
38	Health Care/ Personal Care	7,349	06 38
39	Community Life	6,780	07 39
40	Administrative	110,325	10 40
41	Marketing	21,951	11 41
42	Insurance	1,439	13 42
43	Employee Benefits	14,226	14 43
44	Rent - Building	1,243	20 44
45	Rent - Equipment	74	21 45
46			46
47	Additional R&M	12,627	02 47
48	Pet Fee	(500)	10 48
49	NSF Fees	(9)	10 49
50			50
51	Shared services	(6,872)	01 51
52	Shared services	(3,087)	01 52
53	Shared services	(23,200)	06 53
54	Shared services	(13,333)	07 54
55	Shared services	(36,874)	11 55
56	Meals & Entertainment	(109)	10 56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
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95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(201,663)	101

Facility Name: Victory Centre of Rivr Woods

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	0.89	\$ 26.93	1
2	Licensed Practical Nurses	1.88	26.49	2
3	Certified Nurse Assistants	12.82	13.98	3
4	Activity Director & Assistants	0.96	17.94	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.05	13.43	7
8	Dishwashers			8
9	Maintenance Workers	2.76	15.95	9
10	Housekeepers	2.33	10.37	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.28	15.30	13
14	Clerical			14
15	Marketing	1.95	26.85	15
16	Other			16
17	Total (lines 1 thru 16)	39.92	\$ 15.53	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%	1.83	\$ 9,150	1
2					2
3					3
4					4
5					5
Total				\$ 9150	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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? \$ _____

(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 Rivr Woods

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 918,820 Year land was acquired 2003

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		2003	2003	\$ 10,971,031	\$ 543,288	35	\$ 313,458	\$ (229,830)	\$ 5,314,542	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				779,201			38,960	38,960	126,894	6
7	Various		2003		63,245		20	3,162	3,162	41,109	7
8	Various		2005		3,762		20	188	188	2,070	8
9	Various		2007		4,594		20	230	230	2,296	9
10	Various		2009		42,129		20	2,106	2,106	16,852	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,863,962	\$ 543,288		\$ 358,105	\$ (185,184)	\$ 5,503,762	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	\$ 1,124,906	\$	\$ 39,946	39,946		\$ 945,844	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,124,906	\$	\$ 39,946	39,946		\$ 945,844	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 Rivr Woods

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	Drywall & Paint	2010	15,997		20	800	800	5,599	2
3	Demolish Wall	2010	7,685		20	384	384	2,690	3
4	Floor Removal	2010	7,894		20	395	395	2,763	4
5	Flooring	2010	4,290		20	215	215	1,502	5
6	Sewer Work	2011	12,497		20	625	625	3,749	6
7	Compressor	2012	7,310		20	366	366	1,828	7
8	Pour Concrete Walkways & Paths	2012	7,675		20	384	384	1,919	8
9	Telephone System	2012	8,060		20	403	403	2,015	9
10	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500		20	175	175	700	10
11	Radiator & Generator	2013	6,440		20	322	322	1,288	11
12	Signage	2014	4,941		20	247	247	988	12
13	Remove & Replace Mixing Valve	2014	3,250		20	163	163	650	13
14	Dining Room Floor	2014	24,906		20	1,245	1,245	4,981	14
15	Compressor Replacement	2014	10,716		20	536	536	2,143	15
16	Vav Controller, Economizer Board, Gas Regulator	2014	4,775		20	239	239	955	16
17	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkler	2015	389,789		20	19,489	19,489	58,468	17
18	Phone System	2015	25,424		20	1,271	1,271	3,814	18
19	Ac- Elevator Room	2015	6,301		20	315	315	945	19
20	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkler	2015	171,700		20	8,585	8,585	25,755	20
21	Replace Mixing Valve Actuator For Heating Systems	2015	3,200		20	160	160	480	21
22	Roof Repair	2016	5,159		20	258	258	516	22
23	6 Replacement Doors- 1St Floor Common Areas	2016	4,481		20	224	224	448	23
24	Replace- Lead Soil Stack/Flashing- Roof	2016	8,250		20	413	413	825	24
25	Concrete Replacement	2016	2,500		20	125	125	250	25
26	Elevator Pit Ladder	2017	9,744		20	487	487	487	26
27	7 Ac Units	2017	4,492		20	225	225	225	27
28	New Fire Panel	2017	4,768		20	238	238	238	28
29	10 Ac Units	2017	6,458		20	323	323	323	29
30	Optigaurd Door Detection For 2 Elevators	2017	7,000		20	350	350	350	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 779,201	\$		\$ 38,960	\$ 38,960	\$ 126,894	34

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

Facility Name & ID Number Victory Centre of Rivr Woods

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
6								6
7								7
8								8
9								9
10								10
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26								26
27								27
28								28
29								29
30								30
31								31
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 & ID Number Victory Centre of Rivr Woods

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
6							6
7							7
8							8
9							9
10							10
11							11
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24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34	TOTAL (lines 1 thru 33)	\$	\$		\$	\$	\$

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

Facility Name: Victory Centre of Rivr Woods

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 Unit			/ /	1,177			5
6	Allocated from Pathway			/ /	11,348			6
7	TOTAL				\$ 12,525			7

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

9. Rental amount for movable equipment \$ 6,808

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	Wells Fargo		X	1st Mortgage	11/30/14	\$ 7,096,600	\$ 6,263,093	10/30/44	3.5500	\$ 227,052
2	Department of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,248,783	6/13/42	1.0000	12,692
3	IHDA		X	3rd Mortgage	12/1/03	750,000	35,140	12/1/33	1.0000	351
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 9,646,600	\$ 7,547,016			\$ 240,095
	B. Non-Facility Related									
8	Interest Income-Escrows		X		/ /			/ /		(485)
9	Interest Income		X		/ /			/ /		(268)
10	TOTALS (lines 7, 8 and 9)					\$ 9,646,600	\$ 7,547,016			\$ 239,342

* 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 Rivr Woods

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	\$ 209,395	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,226,964		3
4	Supply Inventory (priced at)	9,657		4
5	Short-Term Investments			5
6	Prepaid Insurance	60,143		6
7	Other Prepaid Expenses	23,518		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	1,297,311		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,826,988	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	918,820		13
14	Buildings, at Historical Cost	10,971,031		14
15	Leasehold Improvements, at Historical Cost	623,331		15
16	Equipment, at Historical Cost	1,447,682		16
17	Accumulated Depreciation (book methods)	(7,248,586)		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): <u>See Attached</u>	202,860		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,915,138	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,742,126	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 366,045	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	73,435		30
31	Accrued Taxes Payable	92,172		31
32	Accrued Interest Payable	20,659		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	323,052		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 875,363	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,547,016		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)	\$ 7,547,016	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,422,379	\$	45
46	TOTAL EQUITY	\$ 1,319,747	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,742,126	\$	47

*(See instructions.)

Facility Name: Victory Centre of Rivr Woods

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	\$ 4,388,046	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 4,388,046	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	328	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 328	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	753	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 753	14
D. Other Revenue (specify):			
15		979	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 979	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,390,106	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	979,157	19
20	Health Care/ Personal Care	739,377	20
21	General Administration	1,316,088	21
B. Capital Expense			
22	Ownership	919,672	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)	\$ 3,954,294	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 435,812	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 435,812	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,067,863	32
33	Private Pay - Net Inpatient Revenue	330,671	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,989,512	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,388,046	37