

		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>1000137</u></p> <p>Facility Name: <u>Victory Centre Vernon Hills</u></p> <hr/> <p>Address: <u>97 West Phillip Road</u> <u>Vernon Hills</u> <u>60061</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: (<u>847-549-6070</u> Fax # <u>847-367-5530</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>3/19/2012</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> <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>	<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> <tr> <td rowspan="5" style="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 colspan="2">(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> </tr> </table> <p align="right">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>	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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Facility Name Victory Centre Vernon Hills

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	20,964	11,288		32,252	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,964	11,288		32,252	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 73.63%

D. Indicate the number of paid bed-hold days the SLF had during this year
602 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 102 (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 Vernon Hills

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	293,149	236,235	37,165	566,549	(6,685)	559,864	1
2	Housekeeping, Laundry and Maintenance	134,528	45,687	108,203	288,418	19,861	308,279	2
3	Heat and Other Utilities			131,889	131,889	335	132,224	3
4	Other (specify):							4
5	TOTAL General Services	427,677	281,922	277,257	986,856	13,511	1,000,367	5
B. Health Care and Programs								
6	Health Care/ Personal Care	602,760	11,109	46,144	660,013	(794)	659,219	6
7	Activities and Social Services	56,431	6,315	19,131	81,877	(1,430)	80,447	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	659,191	17,424	65,275	741,890	(2,224)	739,666	9
C. General Administration								
10	Administrative and Clerical	202,537	14,471	1,633,151	1,850,159	(1,108,038)	742,121	10
11	Marketing Materials, Promotions and Advertising	81,460	3,597	118,169	203,226	1,267	204,493	11
12	Employee Benefits and Payroll Taxes			286,799	286,799		286,799	12
13	Insurance-Property, Liability and Malpractice			46,823	46,823	2,251	49,074	13
14	Other (specify):					38,054	38,054	14
15	TOTAL General Administration	283,997	18,068	2,084,942	2,387,007	(1,066,467)	1,320,540	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,370,865	317,414	2,427,474	4,115,753	(1,055,180)	3,060,573	16
Capital Expenses								
D. Ownership								
17	Depreciation			763,418	763,418	11,284	774,702	17
18	Interest			505,701	505,701	(1,018)	504,683	18
19	Real Estate Taxes			114,000	114,000		114,000	19
20	Rent -- Facility and Grounds			1,282	1,282	12,298	13,580	20
21	Rent -- Equipment			12,439	12,439	105	12,544	21
22	Other (specify): MIP/Amortization			424,863	424,863		424,863	22
23	TOTAL Ownership			1,821,703	1,821,703	22,669	1,844,372	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,370,865	317,414	4,249,177	5,937,456	(1,032,510)	4,904,946	24

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

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	8,386	47 1
2	Guest Meals	(4,375)	01 2
3	Employee Meals	(168)	01 3
4	Maintenance Fees	(286)	02 4
5	Damage Recovery	(1,399)	10 5
6	NSF Fees	(289)	10 6
7	Late Fees	(106)	10 7
8	Other Income	(1,968)	10 8
9	Meals & Entertainment	(864)	11 9
10	Meals & Entertainment	(3)	10 10
11	Bank Service Charges	(2,115)	10 11
12	Late Fees/Finance Charges	(58)	10 12
13	Charitable Contributions	(1,596)	10 13
14	Resident Gifts	(6)	10 14
15	Resident Reimbursables	(5)	10 15
16	Bad Debt	(25,185)	10 16
17	For Care	(1,375)	07 17
18	Management Fees	(57,925)	10 18
19	Service Provider Fee	(236,087)	10 19
20	Forgiveness of Debt	(45,332)	10 20
21	Asset Management Fee	(50,832)	10 21
22	Incentive Management Fee	(256,865)	10 22
23	Partnership Misc Expense	(13,656)	10 23
24	Interest Income-Escrows	(368)	18 24
25	Interest Income	(650)	18 25
26	Loan Prepayment Penalty	(695,419)	10 26
27	Additional R&M	13,415	02 27
28			28
29	Pathway Senior Living		29
30	Dietary	764	01 30
31	Maintenance	1,191	02 31
32	Healthcare/Personal Care	7,964	06 32
33	Community Life	7,248	07 33
34	Administrative	119,558	10 34
35	Marketing	23,788	11 35
36	Insurance	1,560	13 36
37	Employee Benefits	15,417	14 37
38	Rent - Building	1,347	20 38
39	Rent - Equipment	80	21 39
40			40
41	Pathway Management		41
42	Maintenance	5,541	02 42
43	Utilities	335	03 43
44	Healthcare/Personal Care	13,203	06 44
45	Community Life	672	07 45
46	Administrative	167,392	10 46
47	Marketing	16,440	11 47
48	Insurance	691	13 48
49	Employee Benefits	22,637	14 49
50	Depreciation	2,928	17 50
51	Rent - Building	10,951	20 51
52	Rent - Equipment	25	21 52
53	Shared Services	(6,143)	10 53
54	Shared Services	(2,907)	01 54
55	Shared Services	(21,961)	06 55
56	Shared Services	(8,093)	07 56
57	Shared Services	(38,097)	11 57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
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89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(1,032,510)	101

Facility Name: Victory Centre Vernon Hills

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	1.88	\$ 27.02	1
2	Licensed Practical Nurses	2.51	24.34	2
3	Certified Nurse Assistants	13.53	13.14	3
4	Activity Director & Assistants	1.47	18.46	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.05	12.75	7
8	Dishwashers			8
9	Maintenance Workers	2.57	15.76	9
10	Housekeepers	2.31	10.48	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.48	21.75	13
14	Clerical			14
15	Marketing	1.00	39.16	15
16	Other			16
17	Total (lines 1 thru 16)	40.80	\$ 16.15	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	0.001225%	1.98	\$ 9,916	1
2					2
3					3
4					4
5					5
Total				\$ 9916	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 Vernon Hills

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 600,000 Year land was acquired 2012

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	120		2012		\$ 18,937,617	\$ 766,346	28	\$ 676,343	\$ (90,002)	\$ 4,070,356	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				210,832			10,542	10,542	54,012	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,148,449	\$ 766,346		\$ 686,885	\$ (79,461)	\$ 4,124,369	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 878,165	\$	\$ 87,817	87,817		\$ 514,779	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 878,165	\$	\$ 87,817	87,817		\$ 514,779	20

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

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

Facility Name & ID Number Victory Centre Vernon Hills

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	Land Improvements	2012	165,395		20	8,270	8,270	49,620	2
3	Sod Replacement	2014	6,326		20	316	316	1,265	3
4	Hvac Repairs	2015	2,516		20	126	126	377	4
5	Condenser Repairs	2015	2,954		20	148	148	443	5
6	Landscaping- Plants, Sod, Mulch	2016	7,548		20	377	377	755	6
7	Parking Lot Re-Seal	2016	4,946		20	247	247	495	7
8	Dining Room Carpeting	2017	17,185		20	859	859	859	8
9	Laundry Room Door- Fire Panel	2017	3,962		20	198	198	198	9
10									10
11									11
12									12
13									13
14									14
15									15
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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)		\$ 210,832	\$		\$ 10,542	\$ 10,542	\$ 54,012	34

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

Facility Name & ID Number Victory Centre Vernon Hills

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)		\$	\$		\$	\$	34

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

Facility Name & ID Number Victory Centre Vernon Hills

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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16								16
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18								18
19								19
20								20
21								21
22								22
23								23
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)		\$	\$		\$	\$	34

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

Facility Name: Victory Centre Vernon Hills

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			/ /	1,282			5
6	Allocated from Pathway			/ /	12,298			6
7	TOTAL				\$ 13,580			7

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

9. Rental amount for movable equipment \$ 12,544

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	Centennial Mortgage		X	1st Mortgage - Loan Premium	4/1/12	\$ 12,101,000	\$ 342,231	3/1/52	5.1500	\$ 138,056	1
2	Wells Fargo		X	1st Mortgage	3/1/17	12,101,000	11,972,433	3/1/57	4.0000	367,645	2
3	IHDA Loan		X	2nd Mortgage		1,246,626	831,086	/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 25,448,626	\$ 13,145,750			\$ 505,701	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(368)	8
9	Interest Income		X		/ /			/ /		(650)	9
10	TOTALS (lines 7, 8 and 9)					\$ 25,448,626	\$ 13,145,750			\$ 504,683	10

* 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 Vernon Hills

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	\$ 818,194	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	983,382		3
4	Supply Inventory (priced at)	7,599		4
5	Short-Term Investments			5
6	Prepaid Insurance	72,109		6
7	Other Prepaid Expenses	19,978		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,601,185		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,502,447	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,000		13
14	Buildings, at Historical Cost	18,937,617		14
15	Leasehold Improvements, at Historical Cost	217,703		15
16	Equipment, at Historical Cost	899,217		16
17	Accumulated Depreciation (book methods)	(4,931,626)		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	335,175		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,058,086	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,560,533	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 89,378	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,442		30
31	Accrued Taxes Payable	135,268		31
32	Accrued Interest Payable	39,908		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	566,029		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 911,025	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	13,145,750		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)	\$ 13,145,750	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,056,775	\$	45
46	TOTAL EQUITY	\$ 5,503,758	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,560,533	\$	47

*(See instructions.)

Facility Name: Victory Centre Vernon Hills

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	\$ 4,923,538	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,923,538	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	1,204	8
9	Non-Resident Meals	4,543	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,747	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,018	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,018	14
D. Other Revenue (specify):			
15		49,874	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 49,874	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,980,177	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	986,856	19
20	Health Care/ Personal Care	741,890	20
21	General Administration	2,387,007	21
B. Capital Expense			
22	Ownership	1,821,703	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 5,937,456	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (957,279)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (957,279)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,848,220	32
33	Private Pay - Net Inpatient Revenue	2,050,591	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,024,727	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,923,538	37