

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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>1000002</u></p> <p>Facility Name: <u>Victory Centre of Joliet</u></p> <p>Address: <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u> <small>Number City Zip Code</small></p> <p>County: <u>Will</u></p> <p>Telephone Number: (<u>(815) 724-0308</u> Fax # _____)</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/17/2000</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>1/1/2018</u> to <u>12/31/2018</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="4" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2"><i>*Subject to the attached Accountants' Consulting Report</i></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> <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) _____	<i>*Subject to the attached Accountants' Consulting Report</i>		(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 of Joliet

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	30	TOTALS	30	10,950	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	7,178	306		7,484	5
6	Double Unit	386	16		402	6
7	Other	154			154	7
8	TOTALS	7,718	322		8,040	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 73.42%

D. Indicate the number of paid bed-hold days the SLF had during this year
133 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 3 (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: 12/31/2018 Fiscal Year: 12/31/2018

* 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 Joliet

Report Period Beginning:

1/1/2018

Ending: 12/31/2018

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	55,445	62,666	4,942	123,053	(658)	122,395	1
2	Housekeeping, Laundry and Maintenance	43,345	13,967	35,509	92,821	6,225	99,046	2
3	Heat and Other Utilities			35,507	35,507	93	35,600	3
4	Other (specify):							4
5	TOTAL General Services	98,790	76,633	75,958	251,381	5,660	257,041	5
B. Health Care and Programs								
6	Health Care/ Personal Care	251,769	197	37,188	289,154	3,200	292,354	6
7	Activities and Social Services	10,312	1,611	6,731	18,654	479	19,133	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	262,081	1,808	43,919	307,808	3,679	311,487	9
C. General Administration								
10	Administrative and Clerical	76,495	7,998	229,956	314,449	(65,909)	248,540	10
11	Marketing Materials, Promotions and Advertising		868	18,614	19,482	4,280	23,762	11
12	Employee Benefits and Payroll Taxes			99,466	99,466		99,466	12
13	Insurance-Property, Liability and Malpractice			17,173	17,173	250	17,423	13
14	Other (specify):					7,182	7,182	14
15	TOTAL General Administration	76,495	8,866	365,209	450,570	(54,197)	396,373	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	437,366	87,307	485,086	1,009,759	(44,858)	964,901	16
Capital Expenses								
D. Ownership								
17	Depreciation			142,659	142,659	(17,798)	124,861	17
18	Interest			16,996	16,996	(1,615)	15,381	18
19	Real Estate Taxes			21,509	21,509		21,509	19
20	Rent -- Facility and Grounds			1,209	1,209	2,890	4,099	20
21	Rent -- Equipment			6,139	6,139	13	6,152	21
22	Other (specify):			125	125		125	22
23	TOTAL Ownership			188,637	188,637	(16,510)	172,127	23
24	GRAND TOTAL (Sum of lines 16 and 23)	437,366	87,307	673,723	1,198,396	(61,368)	1,137,028	24

Report Period Beginning: 1/1/2018
 Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	(18,544)	17 1
2	Guest Meals	(502)	01 2
3	Employee Meals	(156)	01 3
4	Maintenance Fees	(392)	02 4
5	Other Income	(254)	10 5
6	Meals & Entertainment	(583)	10 6
7	Bank Service Charges	(2,758)	10 7
8	Late Fees/Financy Charges	(213)	10 8
9	Charitable Contributions	(1,150)	10 9
10	Bad Debt	(23,596)	10 10
11	Cable TV	(1,538)	10 11
12	Management Fees	(63,598)	10 12
13	Partnership Mgmt Fee	(10,000)	10 13
14	Interest Income-Escrows	(1,525)	18 14
15	Interest Income	(90)	18 15
16	Additional R&M	5,364	02 16
17	Pat Fee	(500)	10 17
18	PATHWAY MANAGEMENT LLC		18 18
19	Maintenance	1,353	02 19
20	Utilities	93	03 20
21	Health Care/Personal Care	3,200	06 21
22	Community Life	479	07 22
23	Administrative	38,279	10 23
24	Marketing	4,280	11 24
25	Insurance	250	13 25
26	Employee Benefits	7,182	14 26
27	Depreciation	746	17 27
28	Rent - Building	2,890	20 28
29	Rent - Equipment	13	21 29
30			30
31			31
32			32
33			33
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99			99
100			100
101	Total	(61,368)	101

Facility Name: Victory Centre of Joliet

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.91	\$ 24.53	1
2	Licensed Practical Nurses	0.53	33.82	2
3	Certified Nurse Assistants	6.56	12.31	3
4	Activity Director & Assistants	0.44	11.25	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.42	18.74	7
8	Dishwashers			8
9	Maintenance Workers	0.51	22.39	9
10	Housekeepers	0.90	10.52	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.33	27.71	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	12.60	\$ 16.69	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%	0.30	\$ 2,265	1
2					2
3					3
4					4
5					5
Total				\$ 2265	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 Joliet

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 142,659	35	\$ 90,636	\$ (52,023)	\$ 1,957,099	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				238,868			11,943	11,943	49,325	6
7	Various			1999	176,529		20	8,822	8,822	176,529	7
8	Various			2005	1,405		20	70	70	983	8
9	Various			2008	5,113		20	256	256	2,684	9
10	Various			2009	21,949		20	1,098	1,098	10,679	10
11											11
12	Allocated from Pathway Management					746			(746)		12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,616,137	\$ 143,405		\$ 112,825	\$ (30,580)	\$ 2,197,299	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	\$ 302,331	\$	\$ 12,037	12,037		\$ 280,054	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 302,331	\$	\$ 12,037	12,037		\$ 280,054	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 of Joliet

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	Seal/Coating Concrete	2011	5,546		20	277	277	2,218	1
2	Install Carrier Rtu	2012	6,950		20	348	348	2,433	2
3	Sif Nurse Call System	2012	28,900		20	1,445	1,445	10,115	3
4	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491		20	775	775	4,647	4
5	Hall To Elevator Flooring	2013	2,985		20	149	149	895	5
6	Perimeter Flashing Repair	2013	6,275		20	314	314	1,883	6
7	Sewer Replacement	2015	5,281		20	264	264	1,056	7
8	Call System	2015	19,734		20	987	987	3,947	8
9	Call System	2015	6,675		20	334	334	1,335	9
10	Freezer	2015	3,343		20	167	167	669	10
11	Nurse Call System	2015	32,487		20	1,624	1,624	6,497	11
12	Heat Exchanger	2015	6,675		20	334	334	1,335	12
13	Hot Water Tank	2016	7,525		20	376	376	1,129	13
14	Boilers/Water Heaters	2016	25,000		20	1,250	1,250	3,750	14
15	3 Boilers	2016	14,720		20	736	736	2,208	15
16	Replacement Of Grease Trap In Kitchen	2016	8,395		20	420	420	1,259	16
17	Wall Repairs To Multiple Floors Following Boiler Installation	2016	8,200		20	410	410	1,230	17
18	Replace Disposal Line	2016	2,750		20	138	138	413	18
19	Mulch At Entry, Courtyard, Broadway Fence	2016	3,000		20	150	150	450	19
20	Roof	2017	8,200		20	410	410	820	20
21	Water Heater Replacement	2018	14,985		20	749	749	749	21
22	Fire Panel Replacement	2018	5,752		20	288	288	288	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)		\$ 238,868	\$		\$ 11,943	\$ 11,943	\$ 49,325	34

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

Facility Name & ID Number Victory Centre of Joliet

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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
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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 & ID Number Victory Centre of Joliet

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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
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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 of Joliet

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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		/ /	1,209			5
6	Allocated from Pathway Mgmt		/ /	2,890			6
7	TOTAL			\$ 4,099			7

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

9. Rental amount for movable equipment \$ 6,152

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	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
A. Directly Facility Related											
Long-Term											
1	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 581,641	5/1/39	1.0000	\$ 5,928	1
2	Interest - Other				/ /			/ /		11,068	2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 581,641			\$ 16,996	7
B. Non-Facility Related											
8	Interest Income-Escrows		X		/ /			/ /		(1,525.38)	8
9	Interest Income		X		/ /			/ /		(89.71)	9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 581,641			\$ 15,381	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 of Joliet**Report Period Beginning: **1/1/2018**Ending: **12/31/2018****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2018**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 94,934	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	133,093		3
4	Supply Inventory (priced at)	1,515		4
5	Short-Term Investments			5
6	Prepaid Insurance	18,545		6
7	Other Prepaid Expenses	6,397		7
8	Accounts Receivable (owners or related parties)	(200,000)		8
9	Other(specify): See Attached	162,499		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 216,983	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	184,745		15
16	Equipment, at Historical Cost	430,467		16
17	Accumulated Depreciation (book methods)	(2,735,713)		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	2,746		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,204,519	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,421,502	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 63,090	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	25,270		30
31	Accrued Taxes Payable	23,632		31
32	Accrued Interest Payable	11,553		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	53,448		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 176,993	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	581,641		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)	\$ 581,641	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 758,634	\$	45
46	TOTAL EQUITY	\$ 662,868	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,421,502	\$	47

*(See instructions.)

Facility Name: Victory Centre of Joliet

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 1,054,673	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,054,673	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	658	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 658	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,615	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,615	14
D. Other Revenue (specify):			
15	See Attached	1,146	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,146	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,058,092	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	251,381	19
20	Health Care/ Personal Care	307,808	20
21	General Administration	450,570	21
B. Capital Expense			
22	Ownership	188,637	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)	\$ 1,198,396	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (140,304)	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (140,304)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 802,908	32
33	Private Pay - Net Inpatient Revenue	136,915	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	114,850	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,054,673	37