

		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><b>I. Facility ID Number:</b> <u>1000011</u></p> <p><b>Facility Name:</b> <u>Victory Centre of Prk Forest</u></p> <hr/> <p><b>Address:</b> <u>101 Main Street</u> <u>Park Forest</u> <u>60466</u>        Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>(708) 283-2921</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>3/19/2002</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></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;"><b>Officer or Administrator of Provider</b></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="width:20%; vertical-align: top;"><b>Paid Preparer</b></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 &amp; 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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(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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<p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Steven N. Lavenda</u> <b>Telephone Number:</b> <u>(847) 282 - 6300</u></p> <p><b>Email Address:</b> _____</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 Prk Forest

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	67	Single Unit Apartment	67	24,455	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	79	TOTALS	79	28,835	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	20,965	1,541		22,506	5
6	Double Unit	3,407	248		3,656	6
7	Other					7
8	TOTALS	24,372	1,790		26,162	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.73%

D. Indicate the number of paid bed-hold days the SLF had during this year

471 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 40 (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 Prk Forest

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	266,177	174,213	10,707	451,097	(522)	450,575	1
2	Housekeeping, Laundry and Maintenance	120,136	31,706	113,051	264,893	10,281	275,174	2
3	Heat and Other Utilities			115,900	115,900	308	116,208	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>386,313</b>	<b>205,919</b>	<b>239,658</b>	<b>831,890</b>	<b>10,067</b>	<b>841,957</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	464,707	941	59,312	524,960	10,583	535,543	6
7	Activities and Social Services	26,977	3,806	21,367	52,150	(4,215)	47,935	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>491,684</b>	<b>4,747</b>	<b>80,679</b>	<b>577,110</b>	<b>6,368</b>	<b>583,478</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	186,964	16,400	731,445	934,809	(367,197)	567,612	10
11	Marketing Materials, Promotions and Advertising	79,550	3,518	64,488	147,556	13,386	160,942	11
12	Employee Benefits and Payroll Taxes			248,288	248,288		248,288	12
13	Insurance-Property, Liability and Malpractice			56,113	56,113	818	56,931	13
14	Other (specify):					23,751	23,751	14
15	<b>TOTAL General Administration</b>	<b>266,514</b>	<b>19,918</b>	<b>1,100,334</b>	<b>1,386,766</b>	<b>(329,242)</b>	<b>1,057,524</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,144,511</b>	<b>230,584</b>	<b>1,420,671</b>	<b>2,795,766</b>	<b>(312,807)</b>	<b>2,482,959</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			314,544	314,544	2,352	316,896	17
18	Interest			216,573	216,573	(2,335)	214,238	18
19	Real Estate Taxes			113,730	113,730		113,730	19
20	Rent -- Facility and Grounds			1,845	1,845	9,557	11,402	20
21	Rent -- Equipment			9,496	9,496	41	9,537	21
22	Other (specify): MIP/Amortization			29,203	29,203		29,203	22
23	<b>TOTAL Ownership</b>			<b>685,391</b>	<b>685,391</b>	<b>9,616</b>	<b>695,007</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,144,511</b>	<b>230,584</b>	<b>2,106,062</b>	<b>3,481,157</b>	<b>(303,192)</b>	<b>3,177,965</b>	<b>24</b>

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ (115)	17 1
2	Guest Meals	(133)	01 2
3	Employee Meals	(389)	01 3
4	Maintenance Fees	(130)	02 4
5	Damage Recovery	(596)	10 5
6	NSF Fees	(35)	10 6
7	Late Fees	(10)	10 7
8	Interest Income	(8)	13 8
9	Other Income	(220)	10 9
10	Meals & Entertainment	(767)	11 10
11	Bank Service Charges	(3,229)	10 11
12	Charitable Contributions	(1,594)	10 12
13	Resident Gifts	(2,956)	10 13
14	Bad Debt	(291,179)	10 14
15	Pet Care	(5,800)	07 15
16	Cable TV	(2,117)	02 16
17	Management Fees	(187,167)	10 17
18	Asset Management Fee	(5,000)	10 18
19	Interest Income-Escrows	(337)	18 19
20	Interest Income	(1,998)	18 20
21	Additional R&M	8,052	02 21
22	Partnership Management Fee	(2,000)	10 22
23			23
24	PATHWAY MANAGEMENT LLC		24
25	Maintenance	4,476	02 25
26	Utilities	308	03 26
27	Health Care/Personal Care	10,583	06 27
28	Community Life	1,585	07 28
29	Administrative	126,589	10 29
30	Marketing	14,153	11 30
31	Insurance	836	13 31
32	Employee Benefits	23,751	14 32
33	Depreciation	2,467	17 33
34	Rent - Building	9,557	20 34
35	Rent - Equipment	41	21 35
36			36
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98			98
99			99
100			100
101	<b>Total</b>	(303,192)	<b>101</b>

Facility Name: Victory Centre of Prk Forest

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	1.03	\$ 24.95	1
2	Licensed Practical Nurses	1.55	27.52	2
3	Certified Nurse Assistants	12.18	12.74	3
4	Activity Director & Assistants			4
5	Social Service Workers	0.84	15.47	5
6	Head Cook			6
7	Cook Helpers/Assistants	9.54	13.42	7
8	Dishwashers			8
9	Maintenance Workers	2.60	15.37	9
10	Housekeepers	1.57	11.33	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.05	22.18	13
14	Clerical			14
15	Marketing	1.00	38.25	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>34.35</b>	<b>\$ 16.02</b>	<b>17</b>

**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%	0.99	\$ 7,491	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 7491</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

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

**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 Prk Forest

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 146,208 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	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	79		2002	2002	\$ 7,210,303	\$ 314,544	28	\$ 257,511	\$ (57,033)	\$ 4,315,225	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				251,330			13,561	13,561	59,451	6
7	Various			2002	323,939		20	16,197	16,197	275,349	7
8	Various			2003	6,687		20	334	334	5,350	8
9	Various			2006	13,049		20	652	652	8,483	9
10	Various			2007	1,495		20	75	75	897	10
11	Various			2008	23,522		20	1,176	1,176	11,934	11
12	Various			2009	149,414		20	7,471	7,471	74,707	12
13	Various			2010	1,130		20	57	57	509	13
14											14
15	Allocated from Pathway Management					2,467			(2,467)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,980,869	\$ 317,011		\$ 297,034	\$ (19,977)	\$ 4,751,903	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	\$ 659,376	\$	\$ 19,862	19,862		\$ 578,092	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 659,376	\$	\$ 19,862	19,862		\$ 578,092	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 Prk Forest

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	Excavation In Kitchen Area	2011	2,800		20	140	140	1,120	1
2	Install Ada Remps	2011	2,725		20	136	136	1,090	2
3	Code Alert System	2011	9,298		20	465	465	3,719	3
4	Code Alert, Cust Id	2011	2,085		20	104	104	834	4
5	Solarium & Residential Drain Tile	2011	3,641		20	182	182	1,456	5
6	Tuckpoint For Exterior Sif Wall & Code Alert	2011	3,846		20	192	192	1,538	6
7	Concrete Removal & Replacement	2011	3,100		20	155	155	1,240	7
8	Garage Door Motor Opener	2012	1,500		20	75	75	600	8
9	Re-Seal & Re-Stripe Parking Lot	2012	1,895		20	95	95	758	9
10	A/C Compressor	2012	1,611		20	81	81	644	10
11	Tile Replacement	2013	6,263		20	313	313	1,879	11
12	Phone System	2014	3,100		20	155	155	775	12
13	Phone System	2014	3,099		20	155	155	775	13
14	Common Area Carpeting	2015	73,896		20	3,695	3,695	14,779	14
15	It-Communications	2015	19,887		20	1,989	1,989	7,955	15
16	Pull Cord System	2015	24,680		20	1,234	1,234	4,936	16
17	Pull Cord System	2015	6,510		20	325	325	1,302	17
18	Phone System	2015	20,199		20	1,010	1,010	4,040	18
19	Pull Cord System	2015	33,325		20	1,666	1,666	6,665	19
20	Repair Heating Element	2015	2,655		20	133	133	531	20
21	Motor Blower For A/C	2015	2,952		20	148	148	590	21
22	Elevator Repair	2016	2,512		20	126	126	378	22
23	New Steamer Hookup- Main Water Line	2017	4,676		20	234	234	468	23
24	Patching, Priming, Painting- Sif Building- Hallways/Common Area	2017	6,000		20	300	300	600	24
25	Pull Cords, Pendants, Transmitters	2017	6,482		20	324	324	648	25
26	Repair Leak In Walk In Cooler	2018	2,595		20	130	130	130	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 251,330	\$		\$ 13,561	\$ 13,561	\$ 59,451	34

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

Facility Name & ID Number Victory Centre of Prk Forest

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	
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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 & ID Number Victory Centre of Prk Forest

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	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
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 of Prk Forest

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

**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 Rental		/ /	1,845		5
6	Allocated from Pathway		/ /	9,557		6
7	<b>TOTAL</b>			\$ 11,402		7

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

9. Rental amount for movable equipment \$ 9,537

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**	YES			NO	Amount of Note				Balance
	Name of Lender	Related**	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1	Red Mortgage Capital			X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 4,774,954	4/1/42	4.1300	\$ 199,480
2	IHDA			X	3rd Mortgage	11/4/02	500,000	147,117	8/1/42	1.0000	
3					Interest-Other	/ /			/ /		17,093
<b>Working Capital</b>											
4	Pathway Development	X			Loan	/ /	402,197	402,197	/ /	Prime+ 1%	
5						/ /			/ /		
6						/ /			/ /		
7	<b>TOTAL Facility Related</b>						\$ 6,402,197	\$ 5,324,268			\$ 216,573
<b>B. Non-Facility Related</b>											
8	Interest Income			X		/ /			/ /		(1,997.95)
9	Interest Income - Escrow			X		/ /			/ /		(336.60)
10	<b>TOTALS (lines 7, 8 and 9)</b>						\$ 6,402,197	\$ 5,324,268			\$ 214,239

\* 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 Prk Forest

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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 111,275	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	768,817		3
4	Supply Inventory (priced at )	8,658		4
5	Short-Term Investments			5
6	Prepaid Insurance	78,685		6
7	Other Prepaid Expenses	23,572		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	582,673		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,573,680	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,210,303		14
15	Leasehold Improvements, at Historical Cost	504,301		15
16	Equipment, at Historical Cost	980,276		16
17	Accumulated Depreciation (book methods)	(5,657,692)		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>	39,845		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,223,241	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,796,921	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 44,706	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,779		30
31	Accrued Taxes Payable	162,569		31
32	Accrued Interest Payable	331,424		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<u>See Attached</u>	265,573		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 877,051	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,324,268		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 5,324,268	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,201,319	\$	45
46	<b>TOTAL EQUITY</b>	\$ (1,404,398)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 4,796,921	\$	47

\*(See instructions.)

Facility Name: Victory Centre of Prk Forest

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,109,746	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,109,746</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	522	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 522</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,343	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 2,343</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See attached	53,749	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 53,749</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,166,360</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	831,890	19
20	Health Care/ Personal Care	577,110	20
21	General Administration	1,386,766	21
<b>B. Capital Expense</b>			
22	Ownership	685,391	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 3,481,157</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (314,797)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (314,797)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,597,465	32
33	Private Pay - Net Inpatient Revenue	26,372	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	485,909	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 3,109,746</b>	<b>37</b>