

		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>1000027</u></p> <p>Facility Name: <u>Victory Centre River 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>1/1/2018</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="5" 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 colspan="2">(Telephone) <u>(847) 282-6300</u> 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) _____	<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>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>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 River Woods

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	89	Single Unit Apartment	89	32,485	1
2	18	Double Unit Apartment	18	6,570	2
3		Other			3
4	107	TOTALS	107	39,055	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	25,028	3,234		28,262	5
6	Double Unit	5,927	110		6,037	6
7	Other					7
8	TOTALS	30,955	3,344		34,299	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.82%

D. Indicate the number of paid bed-hold days the SLF had during this year
824 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 39 (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: 12/31/18 Fiscal Year: 12/31/18

* 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 River Woods

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	306,652	245,225	20,956	572,833	(954)	571,880	1
2	Housekeeping, Laundry and Maintenance	125,647	41,999	155,901	323,547	16,990	340,537	2
3	Heat and Other Utilities			136,996	136,996	(1,558)	135,438	3
4	Other (specify):							4
5	TOTAL General Services	432,299	287,224	313,853	1,033,376	14,479	1,047,855	5
B. Health Care and Programs								
6	Health Care/ Personal Care	549,897		140,490	690,387	14,734	705,121	6
7	Activities and Social Services	34,333	5,924	25,959	66,216	551	66,767	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	584,230	5,924	166,449	756,603	15,285	771,888	9
C. General Administration								
10	Administrative and Clerical	170,050	19,451	1,210,570	1,400,071	(721,134)	678,937	10
11	Marketing Materials, Promotions and Advertising	109,397	2,899	71,078	183,374	19,353	202,727	11
12	Employee Benefits and Payroll Taxes			250,982	250,982		250,982	12
13	Insurance-Property, Liability and Malpractice			81,631	81,631	1,152	82,783	13
14	Other (specify):					33,109	33,109	14
15	TOTAL General Administration	279,447	22,350	1,614,261	1,916,058	(667,520)	1,248,538	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,295,976	315,498	2,094,563	3,706,037	(637,755)	3,068,282	16
Capital Expenses								
D. Ownership								
17	Depreciation			494,767	494,767	(95,085)	399,682	17
18	Interest			229,019	229,019	(5,382)	223,637	18
19	Real Estate Taxes			75,102	75,102		75,102	19
20	Rent -- Facility and Grounds			1,373	1,373	13,322	14,695	20
21	Rent -- Equipment			9,374	9,374	58	9,432	21
22	Other (specify): MIP/Amortization			38,933	38,933		38,933	22
23	TOTAL Ownership			848,568	848,568	(87,087)	761,481	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,295,976	315,498	2,943,131	4,554,605	(724,842)	3,829,763	24

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ (98,824)	17 1
2	Per Care	(1,659)	07 2
3	Guest Meals	(174)	01 3
4	Employee Meals	(137)	01 4
5	Maintenance Fees	(110)	02 5
6	Other Income	(7,211)	10 6
7	Meals & Entertainment	(377)	11 7
8	Bank Service Charges	(4,079)	10 8
9	Late Fees/Finance Charges	(25)	10 9
10	Charitable Contributions	(1,544)	10 10
11	Resident Gifts	(2,516)	10 11
12	Misc. Concession	(643)	01 12
13	Bad Debt - Medicaid	(250,767)	10 13
14	Cable TV	(1,988)	03 14
15	Management Fees	(272,846)	10 15
16	Asset Management Fee	(10,900)	10 16
17	Partnership Management Fee	(25,000)	10 17
18	Incentive Management Fee	(321,024)	10 18
19	Interest Income - Escrows	(4,485)	18 19
20	Interest Income	(4,897)	18 20
21	Damage Recovery	(714)	10 21
22	Community Life Income	(100)	10 22
23	NSF Fees	(867)	10 23
24	Resident Reimbursable	(20)	06 24
25	Additional R&M	14,013	02 25
26	Capitalized R&M	(3,153)	02 26
27			27
28	PATHWAY MANAGEMENT LLC		28
29	Maintenance	6,240	02 29
30	Utilities	430	03 30
31	Health Care/Personal Care	14,754	06 31
32	Community Life	2,310	07 32
33	Administrative	176,470	10 33
34	Marketing	19,730	11 34
35	Insurance	1,152	13 35
36	Employee Benefits	33,109	14 36
37	Depreciation	3,439	17 37
38	Rent - Building	13,322	20 38
39	Rent - Equipment	58	21 39
40			40
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99			99
100			100
101	Total	(724,842)	101

Facility Name: Victory Centre River Woods

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	1.26	\$ 29.06	1
2	Licensed Practical Nurses	1.94	24.73	2
3	Certified Nurse Assistants	12.02	14.96	3
4	Activity Director & Assistants	0.99	16.61	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.80	13.65	7
8	Dishwashers			8
9	Maintenance Workers	2.49	15.74	9
10	Housekeepers	1.96	10.79	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.19	15.76	13
14	Clerical			14
15	Marketing	1.93	27.18	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$ 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	0.001415%	1.38	\$ 10,443	1
2					2
3					3
4					4
5					5
Total				\$ 10443	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? \$ _____

(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 River Woods

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	107		2003	2003	\$ 10,971,031	\$ 494,767	32	\$ 313,458	\$ (181,309)	\$ 5,628,000	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				808,750			40,437	40,437	154,778	6
7	Various			2003	63,245		20	3,162	3,162	44,271	7
8	Various			2005	3,762		20	188	188	2,258	8
9	Various			2007	4,594		20	230	230	2,526	9
10	Various			2009	42,129		20	2,106	2,106	18,958	10
11	Various			2010	35,866		20	1,793	1,793	14,347	11
12											12
13	Allocated from Pathway Management					3,439			(3,439)		13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,929,376	\$ 498,206		\$ 361,375	\$ (136,831)	\$ 5,865,137	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	\$ 1,132,632	\$	\$ 38,307	38,307		\$ 984,151	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,132,632	\$	\$ 38,307	38,307		\$ 984,151	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 River Woods

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	Sewer Work	2011	12,497		20	625	625	4,374	1
2	Compressor	2012	7,310		20	366	366	2,193	2
3	Pour Concrete Walkways & Paths	2012	7,675		20	384	384	2,303	3
4	Telephone System	2012	8,060		20	403	403	2,418	4
5	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500		20	175	175	875	5
6	Radiator & Generator	2013	6,440		20	322	322	1,610	6
7	Signage	2014	4,941		20	247	247	1,235	7
8	Remove & Replace Mixing Valve	2014	3,250		20	163	163	813	8
9	Dining Room Floor	2014	24,906		20	1,245	1,245	6,226	9
10	Compressor Replacement	2014	10,716		20	536	536	2,679	10
11	Vav Controller, Economizer Board, Gas Regulator	2014	4,775		20	239	239	1,194	11
12	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkler	2015	389,789		20	19,489	19,489	77,958	12
13	Phone System	2015	25,424		20	1,271	1,271	5,085	13
14	Ac- Elevator Room	2015	6,301		20	315	315	1,260	14
15	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkler	2015	171,700		20	8,585	8,585	34,340	15
16	Replace Mixing Valve Actuator For Heating Systems	2015	3,200		20	160	160	640	16
17	Roof Repair	2016	5,159		20	258	258	774	17
18	6 Replacement Doors- 1St Floor Common Areas	2016	4,481		20	224	224	672	18
19	Replace- Lead Soil Stack/Flashing- Roof	2016	8,250		20	413	413	1,238	19
20	Concrete Replacement	2016	2,500		20	125	125	375	20
21	Elevator Pit Ladder	2017	9,744		20	487	487	974	21
22	7 Ac Units	2017	4,492		20	225	225	449	22
23	New Fire Panel	2017	4,768		20	238	238	477	23
24	10 Ac Units	2017	6,458		20	323	323	646	24
25	Optigaurd Door Detection For 2 Elevators	2017	7,000		20	350	350	700	25
26	Boiler Leak Repair	2017	3,153		20	158	158	158	26
27	Site Improvements	2018	3,994		20	200	200	200	27
28	Marketing Banners	2018	6,310		20	316	316	316	28
29	Roof Repairs	2018	4,290		20	215	215	215	29
30	Mold Restoration	2018	2,790		20	140	140	140	30
31	Auto Doors For Men & Womens Rooms	2018	5,595		20	280	280	280	31
32	Boiler Replacement	2018	9,464		20	473	473	473	32
33	Oil Coolers & Hydraulic Valves	2018	23,247		20	1,162	1,162	1,162	33
34	TOTAL (lines 1 thru 33)		\$ 802,178	\$		\$ 40,109	\$ 40,109	\$ 154,449	34

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

Facility Name & ID Number Victory Centre River Woods

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	Walk-In Cooler Repair	2018	3,336		20	167	167	167	1
2	5 A/C Units	2018	3,236		20	162	162	162	2
3									3
4									4
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30									30
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33									33
34	TOTAL (lines 1 thru 33)		\$ 6,572	\$		\$ 329	\$ 329	\$ 329	34

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

Facility Name & ID Number Victory Centre River Woods

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	
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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 River Woods

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 Unit			/ /	1,373			5
6	Allocated from Pathway			/ /	13,322			6
7	TOTAL				\$ 14,695			7

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

9. Rental amount for movable equipment \$ 9,432

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		Wells Fargo		X	1st Mortgage	11/30/14	\$ 7,096,600	\$ 5,964,970	10/30/44	3.5500	\$ 216,638	1
2		Department of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,206,437	6/13/42	1.0000	12,271	2
3		IHDA		X	3rd Mortgage	12/1/03	750,000	6,192	12/1/33	1.0000	110	3
Working Capital												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 9,646,600	\$ 7,177,599			\$ 229,019	7
B. Non-Facility Related												
8		Interest Income-Escrows				/ /			/ /		(485)	8
9		Interest Income				/ /			/ /		(4,897)	9
10		TOTALS (lines 7, 8 and 9)					\$ 9,646,600	\$ 7,177,599			\$ 223,637	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 River Woods

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	\$ 653,112	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,120,450		3
4	Supply Inventory (priced at)	16,509		4
5	Short-Term Investments			5
6	Prepaid Insurance	104,190		6
7	Other Prepaid Expenses	22,353		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	1,335,204		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,251,818	\$	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	683,360		15
16	Equipment, at Historical Cost	1,471,654		16
17	Accumulated Depreciation (book methods)	(7,743,353)		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>	156,453		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,457,965	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,709,783	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 779,940	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	68,519		30
31	Accrued Taxes Payable	84,873		31
32	Accrued Interest Payable	19,887		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	319,222		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,272,441	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,177,599		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)	\$ 7,177,599	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,450,040	\$	45
46	TOTAL EQUITY	\$ 1,259,743	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,709,783	\$	47

*(See instructions.)

Facility Name: Victory Centre River Woods

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	\$ 4,479,369	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,479,369	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	954	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 954	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	5,382	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,382	14
D. Other Revenue (specify):			
15	See Attached	8,894	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,894	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,494,599	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,033,376	19
20	Health Care/ Personal Care	756,603	20
21	General Administration	1,916,058	21
B. Capital Expense			
22	Ownership	848,568	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)	\$ 4,554,605	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (60,006)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (60,006)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,625,221	32
33	Private Pay - Net Inpatient Revenue	334,015	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	520,133	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,479,369	37