

Facility Name Victory Centre South Chicago

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	112	Single Unit Apartment	112	40,880	1
2		Double Unit Apartment			2
3		Other			3
4	112	TOTALS	112	40,880	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	25,438	519		25,957	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,438	519		25,957	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 63.50%

D. Indicate the number of paid bed-hold days the SLF had during this year 448 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 78 (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

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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	256,544	214,459	12,011	483,014	(197)	482,817	1
2	Housekeeping, Laundry and Maintenance	162,609	36,606	89,172	288,387	6,044	294,431	2
3	Heat and Other Utilities			126,274	126,274	351	126,625	3
4	Other (specify):							4
5	TOTAL General Services	419,153	251,065	227,457	897,675	6,198	903,873	5
B. Health Care and Programs								
6	Health Care/ Personal Care	458,573	1,252	88,135	547,960	12,034	559,994	6
7	Activities and Social Services	32,975	2,023	24,149	59,147	1,802	60,949	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	491,548	3,275	112,284	607,107	13,836	620,943	9
C. General Administration								
10	Administrative and Clerical	227,161	19,964	826,074	1,073,199	(366,553)	706,646	10
11	Marketing Materials, Promotions and Advertising	87,378	2,043	52,561	141,982	15,057	157,039	11
12	Employee Benefits and Payroll Taxes			248,403	248,403		248,403	12
13	Insurance-Property, Liability and Malpractice			74,679	74,679	939	75,618	13
14	Other (specify):					27,007	27,007	14
15	TOTAL General Administration	314,539	22,007	1,201,717	1,538,263	(323,550)	1,214,713	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,225,240	276,347	1,541,458	3,043,045	(303,516)	2,739,529	16
Capital Expenses								
D. Ownership								
17	Depreciation			680,262	680,262	201,073	881,335	17
18	Interest			622,963	622,963	(1,268)	621,695	18
19	Real Estate Taxes			128,692	128,692		128,692	19
20	Rent -- Facility and Grounds			1,796	1,796	10,867	12,663	20
21	Rent -- Equipment			14,010	14,010	47	14,057	21
22	Other (specify): MIP			82,608	82,608		82,608	22
23	TOTAL Ownership			1,530,331	1,530,331	210,720	1,741,051	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,225,240	276,347	3,071,789	4,573,376	(92,796)	4,480,580	24

Report Period Beginning: 1/1/2018
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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ 198,268	17 1
2	Additional P&M	954	02 2
3	Employee Meals	(137)	01 3
4	Guest Meals	(60)	01 4
5	Telephone Service	(2,525)	10 5
6	Resident Reimbursables	(5)	10 6
7	Late Fees	(59)	10 7
8	Bank Service Charges	(3,800)	10 8
9	Charitable Contributions	(1,559)	10 9
10	Resident Gifts	(2,365)	10 10
11	Bad Debt	(271,337)	10 11
12	Meals & Entertainment	(1,036)	11 12
13	Cable TV	(13,560)	10 13
14	Management Fees	(37,744)	10 14
15	Service Provider Fee	(177,404)	10 15
16	Interest Income - Escrows	(361)	18 16
17	Interest Income	(906)	18 17
18	NSE Fees	(140)	10 18
19	PATHWAY MANAGEMENT LLC		19
20	Maintenance	5,090	02 20
21	Utilities	351	03 21
22	Health Care/Personal Care	12,054	06 22
23	Community Life	1,802	07 23
24	Administrative	143,945	10 24
25	Marketing	16,093	11 25
26	Insurance	939	13 26
27	Employee Benefits	27,007	14 27
28	Depreciation	2,805	17 28
29	Rent - Building	10,867	20 29
30	Rent - Equipment	47	21 30
31			31
32			32
33			33
34			34
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86			86
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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	(92,796)	101

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.04	\$ 28.57	1
2	Licensed Practical Nurses	2.13	24.33	2
3	Certified Nurse Assistants	11.11	12.49	3
4	Activity Director & Assistants	0.99	15.97	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.70	14.18	7
8	Dishwashers			8
9	Maintenance Workers	2.82	15.45	9
10	Housekeepers	2.88	11.99	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.16	17.73	13
14	Clerical			14
15	Marketing	1.99	21.16	15
16	Other			16
17	Total (lines 1 thru 16)	37.83	\$ 15.57	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%	1.12	\$ 8,518	1
2					2
3					3
4					4
5					5
Total				\$ 8518	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	None	\$
2		
Total		\$

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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 628,250 Year land was acquired 2009

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	112		2009	2009	\$ 21,481,264	\$ 680,262	35	\$ 613,750	\$ (66,512)	\$ 6,137,500	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				418,456	2,805		20,923	18,118	57,717	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)				\$ 21,899,720	\$ 683,067		\$ 634,673	\$ (48,394)	\$ 6,195,217	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	\$ 2,466,627	\$	\$ 246,663	246,663		\$ 2,425,844	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,466,627	\$	\$ 246,663	246,663		\$ 2,425,844	20

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

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

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	Wiring On Outside Gate	2011	2,785		20	139	139	1,114	1
2	Replace Compressor	2012	2,296		20	115	115	803	2
3	New Sign- Ne Corner In Front	2013	5,103		20	255	255	1,531	3
4	Paving	2014	7,728		20	386	386	1,932	4
5	Signage	2014	4,560		20	228	228	1,140	5
6	Dining Room Floor	2014	14,810		20	740	740	3,702	6
7	Call System	2015	89,913		20	4,496	4,496	17,983	7
8	Emergency System	2015	11,534		20	577	577	2,307	8
9	Call System	2015	80,526		20	4,026	4,026	16,105	9
10	Freezer Door	2016	5,083		20	254	254	762	10
11	Wireless Pull Cords In Common Areas	2016	2,752		20	138	138	413	11
12	Replace & Install Pump	2016	3,562		20	178	178	534	12
13	Building Improvements	2018	13,870		20	694	694	694	13
14	Down Payment For Gate Repair	2018	7,600		20	380	380	380	14
15	Surveillance System	2018	17,550		20	878	878	878	15
16	Building Improvements	2018	9,335		20	467	467	467	16
17	Carpet	2018	80,059		20	4,003	4,003	4,003	17
18	Paint Exterior Lintels Upper Floor Panels	2018	27,000		20	1,350	1,350	1,350	18
19	Paint	2018	9,980		20	499	499	499	19
20	Fence	2018	10,000		20	500	500	500	20
21	Building Improvements	2018	2,519		20	126	126	126	21
22	Building Improvements	2018	9,892		20	495	495	495	22
23									23
24	Allocated from Pathway Management			2,805			(2,805)		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)		\$ 418,456	\$ 2,805		\$ 20,923	\$ 18,118	\$ 57,717	34

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

Facility Name & ID Number Victory Centre South Chicago

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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 & ID Number Victory Centre South Chicago

Report Period Beginning:

1/1/2018 Ending:

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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	
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18								18	
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22								22	
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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.

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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			/ /	1,796			5
6	Allocated from Pathway			/ /	10,867			6
7	TOTAL				\$ 12,663			7

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

9. Rental amount for movable equipment \$ 14,057

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	Capmark Finance		X	1st Mortgage	1/1/08	\$ 10,685,000	\$ 10,071,206	5/1/49	6.0200	\$ 596,493
2	City of Chicago Dept of Housing		X	2nd Mortgage	12/1/08	2,000,000	2,000,000	5/1/49	1.0000	20,000
3	IDHA Trust Fund Loan		X	3rd Mortgage	6/1/09	750,000	647,092	5/1/49	1.0000	6,470
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 13,435,000	\$ 12,718,298			\$ 622,963
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(906)
9	Interest Income - Escrows		X		/ /			/ /		(361)
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 12,718,298			\$ 621,696

* 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.

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Report Period Beginning: 1/1/2018

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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	\$ 153,676	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	946,057		3
4	Supply Inventory (priced at)	5,260		4
5	Short-Term Investments			5
6	Prepaid Insurance	108,686		6
7	Other Prepaid Expenses	6,393		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	781,271		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,001,343	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	628,250		13
14	Buildings, at Historical Cost	19,343,615		14
15	Leasehold Improvements, at Historical Cost	230,821		15
16	Equipment, at Historical Cost	2,676,120		16
17	Accumulated Depreciation (book methods)	(6,472,796)		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	413,467		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,819,477	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,820,820	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 463,141	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	213,745		29
30	Accrued Salaries Payable	59,455		30
31	Accrued Taxes Payable	118,688		31
32	Accrued Interest Payable	53,272		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	807,054		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,715,355	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,504,553		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)	\$ 12,504,553	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,219,908	\$	45
46	TOTAL EQUITY	\$ 4,600,912	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,820,820	\$	47

*(See instructions.)

Facility Name: Victory Centre South Chicago

Report Period Beginning: 1/1/2018

Ending:

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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	\$ 3,642,072	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,642,072	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	197	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 197	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,267	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,267	14
D. Other Revenue (specify):			
15	See Attached	3,665	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,665	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,647,201	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	897,675	19
20	Health Care/ Personal Care	607,107	20
21	General Administration	1,538,263	21
B. Capital Expense			
22	Ownership	1,530,331	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)	\$ 4,573,376	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (926,175)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (926,175)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,995,239	32
33	Private Pay - Net Inpatient Revenue	92,318	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	554,515	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,642,072	37