

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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 Senior Centre</u></p> <hr/> <p>Address: <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u></p> <p align="center">Number City Zip Code</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%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td style="border: none;"></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>1/1/2016</u> to <u>12/31/2016</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Title) _____</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Paid Preparer</td> <td style="border: none;">(Signed) _____ *</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">* Subject to the attached Accountants Consulting Report</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td colspan="2" style="border: none;">(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) <u>(847) 282-6300</u></td> <td style="border: none;">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) _____		* Subject to the attached Accountants Consulting Report			(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 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>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>Email Address: _____</p>	<p align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																																

Facility Name Victory Senior Centre

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	10,248	1
2	2	Double Unit Apartment	2	732	2
3		Other		186	3
4	30	TOTALS	30	11,166	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	8,647	368		9,015	5
6	Double Unit	465	19		484	6
7	Other	186			186	7
8	TOTALS	9,298	387		9,685	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.74%

D. Indicate the number of paid bed-hold days the SLF had during this year
327 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 45 (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

ACCURAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/16 Fiscal Year: 12/31/16

* 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 Senior Centre

Report Period Beginning:

1/1/2016

Ending: 12/31/2016

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	56,677	71,411	7,690	135,778	267	136,045	1
2	Housekeeping, Laundry and Maintenance	46,728	14,463	35,320	96,511	987	97,498	2
3	Heat and Other Utilities			32,561	32,561	52	32,613	3
4	Other (specify):							4
5	TOTAL General Services	103,405	85,874	75,571	264,850	1,306	266,156	5
B. Health Care and Programs								
6	Health Care/ Personal Care	266,776	659	12,062	279,497	3,133	282,630	6
7	Activities and Social Services	19,897	1,741	5,023	26,661	1,011	27,672	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	286,673	2,400	17,085	306,158	4,144	310,302	9
C. General Administration								
10	Administrative and Clerical	67,183	3,767	194,918	265,868	(65,361)	200,507	10
11	Marketing Materials, Promotions and Advertising		601	13,396	13,997	6,847	20,844	11
12	Employee Benefits and Payroll Taxes			101,365	101,365		101,365	12
13	Insurance-Property, Liability and Malpractice			8,624	8,624	476	9,100	13
14	Other (specify):					6,076	6,076	14
15	TOTAL General Administration	67,183	4,368	318,303	389,854	(51,962)	337,892	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	457,261	92,642	410,959	960,862	(46,512)	914,350	16
Capital Expenses								
D. Ownership								
17	Depreciation			159,160	159,160	(34,376)	124,784	17
18	Interest			6,408	6,408	(743)	5,665	18
19	Real Estate Taxes			24,535	24,535		24,535	19
20	Rent -- Facility and Grounds			280	280	1,995	2,275	20
21	Rent -- Equipment			6,399	6,399	74	6,473	21
22	Other (specify): Amortization			125	125		125	22
23	TOTAL Ownership			196,907	196,907	(33,050)	163,857	23
24	GRAND TOTAL (Sum of lines 16 and 23)	457,261	92,642	607,866	1,157,769	(79,562)	1,078,207	24

Victory Senior Centre

Report Period Beginning: 1/1/2016
 Ending: 12/31/2016

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	(34,911)	17 1
2	Guest Meals	(143)	01 2
3	Employee Meals	(468)	01 3
4	Maintenance Fees	(648)	02 4
5	Damage Recovery	(243)	10 5
6	Interest Income	(445)	18 6
7	Additional R&M	621	02 7
8	Late Fees	(10)	10 8
9	Termination Fees	(651)	10 9
10	Other Income	(13)	10 10
11	Bank Service Charges	(1,304)	10 11
12	Charitable Donations	(1,156)	10 12
13	Resident Gifts	(286)	07 13
14	Bad Debt- Tenant	(2,222)	10 14
15	Bad Debt- Medicaid	(21,639)	10 15
16	Meals & Entertainment	(426)	10 16
17	Cable TV	(197)	10 17
18	Management Fees	(63,241)	10 18
19	Partnership Legal Expense	(4,964)	10 19
20	Partnership Management Fee	(10,000)	10 20
21	Interest Income- Escrows	(298)	18 21
22			22
23			23
24			24
25			25
26	Pathway Senior Living		26
27	Dietary	878	01 27
28	Maintenance	211	02 28
29	Healthcare/Personal Care	1,853	06 29
30	Community Life	1,297	07 30
31	Administrative	18,479	10 31
32	Marketing	4,343	11 32
33	Insurance	276	13 33
34	Employee Benefits	3,021	14 34
35	Rent - Building	225	20 35
36	Rent - Equipment	62	21 36
37			37
38	Pathway Management		38
39	Maintenance	801	02 39
40	Utilities	52	03 40
41	Healthcare/Personal Care	1,280	06 41
42	Administrative	22,220	10 42
43	Marketing	2,504	11 43
44	Insurance	206	13 44
45	Employee Benefits	3,055	14 45
46	Depreciation	535	17 46
47	Rent - Building	1,770	20 47
48	Rent - Equipment	12	21 48
49			49
50			50
51			51
52			52
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90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(79,562)	101

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.49	\$ 25.58	1
2	Licensed Practical Nurses	1.23	24.99	2
3	Certified Nurse Assistants	6.96	12.20	3
4	Activity Director & Assistants	0.66	14.57	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.60	17.05	7
8	Dishwashers			8
9	Maintenance Workers	0.55	21.34	9
10	Housekeepers	1.06	10.13	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.31	24.67	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	13.86	\$ 15.86	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%	0.37	\$ 1,835	1
2					2
3					3
4					4
5					5
				Total	\$ 1835 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 Senior Centre

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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 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	30		1999	1999	\$ 3,172,274	\$ 159,695	35	\$ 90,636	\$ (69,059)	\$ 1,775,827	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				231,879			11,594	11,594	34,959	6
7	Various		1999		176,529		20	8,826	8,826	158,881	7
8	Various		2005		1,405		20	70	70	843	8
9	Various		2008		5,113		20	256	256	2,173	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,587,200	\$ 159,695		\$ 111,383	\$ (48,312)	\$ 1,972,682	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	\$ 302,331	\$	\$ 13,401	13,401		\$ 255,981	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 302,331	\$	\$ 13,401	13,401		\$ 255,981	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 Senior Centre

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Repipe Floor Drains	2009	8,975		20	449	449	3,591	2
3	Landscaping	2009	7,000		20	350	350	2,800	3
4	Water Heater Repairs	2009	5,974		20	299	299	2,093	4
5	Seal/Coating Concrete	2011	5,546		20	277	277	1,664	5
6	Install Carrier Rtu	2012	6,950		20	348	348	1,738	6
7	Sif Nurse Call System	2012	28,900		20	1,445	1,445	7,225	7
8	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491		20	775	775	3,098	8
9	Hall To Elevator Flooring	2013	2,985		20	149	149	597	9
10	Perimeter Flashing Repair	2013	6,275		20	314	314	1,255	10
11	Sewer Replacement	2015	5,281		20	264	264	528	11
12	Call System	2015	19,734		20	987	987	1,973	12
13	Call System	2015	6,675		20	334	334	668	13
14	Freezer	2015	3,343		20	167	167	334	14
15	Nurse Call System	2015	32,487		20	1,624	1,624	3,249	15
16	Heat Exchanger	2015	6,675		20	334	334	668	16
17	Hot Water Tank	2016	7,525		20	376	376	376	17
18	Boilers/Water Heaters	2016	25,000		20	1,250	1,250	1,250	18
19	3 Boilers	2016	14,720		20	736	736	736	19
20	Replacement Of Grease Trap In Kitchen	2016	8,395		20	420	420	420	20
21	Wall Repairs To Multiple Floors Following Boiler Installation	2016	8,200		20	410	410	410	21
22	Replace Disposal Line	2016	2,750		20	138	138	138	22
23	Mulch At Entry, Courtvard, Broadway Fence	2016	3,000		20	150	150	150	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)		\$ 231,879	\$		\$ 11,594	\$ 11,594	\$ 34,959	34

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

Facility Name & ID Number Victory Senior Centre

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
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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 Senior Centre

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
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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 Senior Centre

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

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			/ /	280			5
6	Allocated from Pathway			/ /	1,995			6
7	TOTAL				\$ 2,275			7

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

9. Rental amount for movable equipment \$ 6,473

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	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 629,882	5/1/39	1.0000	\$ 6,408	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 629,882			\$ 6,408	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(298)	8
9	Interest Income		X		/ /			/ /		(445)	9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 629,882			\$ 5,665	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 Senior Centre

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 5,196	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	136,184		3
4	Supply Inventory (priced at)	2,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	11,984		6
7	Other Prepaid Expenses	733		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	159,596		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 316,049	\$	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	153,933		15
16	Equipment, at Historical Cost	422,055		16
17	Accumulated Depreciation (book methods)	(2,443,934)		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):	2,996		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,457,324	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,773,373	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 44,976	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	17,264		30
31	Accrued Taxes Payable	25,388		31
32	Accrued Interest Payable	525		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	123,234		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 211,387	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	629,882		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)	\$ 629,882	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 841,269	\$	45
46	TOTAL EQUITY	\$ 932,104	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,773,373	\$	47

*(See instructions.)

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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	\$ 1,051,574	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,051,574	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	611	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 611	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	743	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 743	14
D. Other Revenue (specify):			
15		2,065	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,065	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,054,993	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	264,850	19
20	Health Care/ Personal Care	306,158	20
21	General Administration	389,854	21
B. Capital Expense			
22	Ownership	196,907	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)	\$ 1,157,769	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (102,776)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (102,776)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 449,782	32
33	Private Pay - Net Inpatient Revenue	154,536	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	447,256	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,051,574	37