

FOR BHF USE						

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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.

I. Facility ID Number: 1000117 Facility Name: <u>Victory Centre of S Chgo SLF</u> Address: <u>3251 East 92nd St</u> <u>Chicago</u> <u>60617</u> Number City Zip Code County: <u>Cook</u> Telephone Number: (<u>773-449-2600</u> Fax # <u>773-734-8022</u> Federal Employer ID Number: _____ Date Current Owners were Certified: <u>5/1/2009</u> Type of Ownership: <table border="0"> <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>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2017</u> to <u>12/31/2017</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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. <table border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td rowspan="5">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>* Subject to the attached Accountants' Consulting Report</td> <td></td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>		(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>	
<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>																																													
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>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>																																													
	(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>																																													
In the event there are further questions about this report, please contact: Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u> Email Address: _____		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																																												

Facility Name Victory Centre of S Chgo SLF

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	30,862	630		31,492	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,862	630		31,492	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.04%

D. Indicate the number of paid bed-hold days the SLF had during this year
628 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 155 (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: 12/31/17 Fiscal Year: 12/31/17

* 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 S Chgo SLF

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

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	255,525	195,209	5,694	456,428	(2,418)	454,010	1
2	Housekeeping, Laundry and Maintenance	143,009	29,954	84,451	257,414	7,791	265,205	2
3	Heat and Other Utilities			115,295	115,295	251	115,546	3
4	Other (specify):							4
5	TOTAL General Services	398,534	225,163	205,440	829,137	5,624	834,761	5
B. Health Care and Programs								
6	Health Care/ Personal Care	476,940	482	43,064	520,486	(4,640)	515,846	6
7	Activities and Social Services	32,520	3,801	19,799	56,120	(5,657)	50,463	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	509,460	4,283	62,863	576,606	(10,297)	566,309	9
C. General Administration								
10	Administrative and Clerical	250,015	14,941	579,926	844,882	(82,702)	762,180	10
11	Marketing Materials, Promotions and Advertising	86,571	3,629	52,603	142,803	(2,035)	140,768	11
12	Employee Benefits and Payroll Taxes			221,883	221,883		221,883	12
13	Insurance-Property, Liability and Malpractice			58,171	58,171	1,685	59,856	13
14	Other (specify):					28,506	28,506	14
15	TOTAL General Administration	336,586	18,570	912,583	1,267,739	(54,546)	1,213,193	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,244,580	248,016	1,180,886	2,673,482	(59,219)	2,614,263	16
Capital Expenses								
D. Ownership								
17	Depreciation			677,427	677,427	193,372	870,799	17
18	Interest			628,984	628,984	(1,050)	627,934	18
19	Real Estate Taxes			94,534	94,534		94,534	19
20	Rent -- Facility and Grounds			1,603	1,603	9,213	10,816	20
21	Rent -- Equipment			10,926	10,926	79	11,005	21
22	Other (specify): MIP/Amortization			82,608	82,608		82,608	22
23	TOTAL Ownership			1,496,082	1,496,082	201,614	1,697,696	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,244,580	248,016	2,676,968	4,169,564	142,395	4,311,959	24

Report Period Beginning: 1/1/2017
 Ending: 12/31/2017

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ 191,179	07 1
2	Additional R&M	2,748	02 2
3	Employee Meals	(219)	01 3
4	Guest Meals	(50)	01 4
5	Telephone Service	(3,733)	10 5
6	Resident Reimbursables	(37)	10 6
7	Late Fees	(68)	10 7
8	Bank Service Charges	(2,095)	10 8
9	Charitable Contributions	(1,559)	10 9
10	Resident Gifts	(200)	10 10
11	Bad Debt	(66,665)	10 11
12	Meals & Entertainment	(155)	11 12
13	Cable TV	(12,105)	10 13
14	Management Fees	(45,972)	10 14
15	Service Provider Fee	(159,491)	10 15
16	Interest Income - Escrows	(180)	18 16
17	Interest Income	(870)	18 17
18			18
19			19
20	PATHWAY SENIOR LIVING LLC:		20
21	Dietary	573	01 21
22	Maintenance	892	02 22
23	Health Care/Personal Care	5,966	06 23
24	Community Life	5,504	07 24
25	Administrative	89,561	10 25
26	Marketing	17,819	11 26
27	Insurance	1,168	13 27
28	Employee Benefits	11,549	14 28
29	Rent - Building	1,009	20 29
30	Rent - Equipment	60	21 30
31			31
32	PATHWAY MANAGEMENT LLC:		32
33	Maintenance	4,151	02 33
34	Utilities	251	03 34
35	Health Care/Personal Care	9,891	06 35
36	Community Life	503	07 36
37	Administrative	125,394	10 37
38	Marketing	12,315	11 38
39	Insurance	517	13 39
40	Employee Benefits	16,957	14 40
41	Depreciation	2,193	17 41
42	Rent - Building	8,204	20 42
43	Rent - Equipment	19	21 43
44			44
45	Shared services	(5,733)	10 45
46	Shared services	(2,713)	01 46
47	Shared services	(20,497)	06 47
48	Shared services	(11,664)	07 48
49	Shared services	(32,014)	11 49
50			50
51			51
52			52
53			53
54			54
55			55
56			56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
76			76
77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
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	142,395	101

Facility Name: Victory Centre of S Chgo SLF

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.98	\$ 27.08	1
2	Licensed Practical Nurses	2.29	27.40	2
3	Certified Nurse Assistants	11.16	12.55	3
4	Activity Director & Assistants	0.98	15.90	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.93	13.76	7
8	Dishwashers			8
9	Maintenance Workers	3.34	13.71	9
10	Housekeepers	2.10	10.92	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.58	18.27	13
14	Clerical			14
15	Marketing	2.01	20.75	15
16	Other			16
17	Total (lines 1 thru 16)	38.36	\$ 15.60	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%	1.49	\$ 7,428	1
2					2
3					3
4					4
5					5
Total				\$ 7428	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).

Facility Name: Victory Centre of S Chgo SLF

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	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	112		2009	2009	\$ 21,481,264	\$ 679,620	35	\$ 613,750	\$ (65,870)	\$ 5,523,750	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				230,652			11,532	11,532	36,794	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)				\$ 21,711,916	\$ 679,620		\$ 625,282	\$ (54,338)	\$ 5,560,544	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	\$ 2,455,164	\$	\$ 245,516	245,516		\$ 2,179,182	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,455,164	\$	\$ 245,516	245,516		\$ 2,179,182	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 S Chgo SLF

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	Wiring On Outside Gate	2011	2,785		20	139	139	975	2
3	Replace Compressor	2012	2,296		20	115	115	689	3
4	New Sign- Ne Corner In Front	2013	5,103		20	255	255	1,276	4
5	Paving	2014	7,728		20	386	386	1,546	5
6	Signage	2014	4,560		20	228	228	912	6
7	Dining Room Floor	2014	14,810		20	740	740	2,962	7
8	Call System	2015	89,913		20	4,496	4,496	13,487	8
9	Emergency System	2015	11,534		20	577	577	1,730	9
10	Call System	2015	80,526		20	4,026	4,026	12,079	10
11	Freezer Door	2016	5,083		20	254	254	508	11
12	Wireless Pull Cords In Common Areas	2016	2,752		20	138	138	275	12
13	Replace & Install Pump	2016	3,562		20	178	178	356	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)		\$ 230,652	\$		\$ 11,532	\$ 11,532	\$ 36,794	34

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

Facility Name & ID Number Victory Centre of S Chgo SLF

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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 of S Chgo SLF

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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 S Chgo SLF

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

IX. RENTAL COSTS**A. Building and Fixed Equipment**1. Name of Party Holding Lease: N/A2. 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			/ /	1,603			5
6	Allocated from Pathway			/ /	9,213			6
7	TOTAL				\$ 10,816			7

8. Is movable equipment rental included in building rental?
 YES NO9. Rental amount for movable equipment \$ 11,005

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	\$ 10,161,432	5/1/49	6.0200	\$ 602,950
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	6,034
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 13,435,000	\$ 12,808,524			\$ 628,984
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(870)
9	Interest Income - Escrows		X		/ /			/ /		(180)
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 12,808,524			\$ 627,935

* 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 S Chgo SLF

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 100	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	973,975		3
4	Supply Inventory (priced at)	5,211		4
5	Short-Term Investments			5
6	Prepaid Insurance	71,692		6
7	Other Prepaid Expenses	5,183		7
8	Accounts Receivable (owners or related parties)	45,870		8
9	Other(specify): <u>See Attached</u>	776,471		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,878,502	\$	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	45,536		15
16	Equipment, at Historical Cost	2,661,184		16
17	Accumulated Depreciation (book methods)	(5,795,738)		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>	433,594		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,316,441	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,194,943	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 758,667	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	193,745		29
30	Accrued Salaries Payable	64,573		30
31	Accrued Taxes Payable	94,472		31
32	Accrued Interest Payable	53,826		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	202,801		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,368,084	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,614,779		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)	\$ 12,614,779	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,982,863	\$	45
46	TOTAL EQUITY	\$ 5,212,080	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,194,943	\$	47

*(See instructions.)

Facility Name: Victory Centre of S Chgo SLF

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 3,462,318	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,462,318	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	278	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 278	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,050	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,050	14
D. Other Revenue (specify):			
15		6,069	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,069	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,469,715	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	829,137	19
20	Health Care/ Personal Care	576,606	20
21	General Administration	1,267,739	21
B. Capital Expense			
22	Ownership	1,496,082	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)	\$ 4,169,564	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (699,849)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (699,849)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,387,227	32
33	Private Pay - Net Inpatient Revenue	103,574	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,971,517	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,462,318	37