

		FOR BHF USE			

LL2

Supportive Living Facility

**2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)**

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 Centre of Joliet</u></p> <p>Address: <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u> <small>Number City Zip Code</small></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%"> <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>1/1/2020</u> to <u>12/31/2020</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>(Print Name and Title)</td> <td><u>Steven N. Lavenda, CPA</u> <u>Partner</u></td> </tr> <tr> <td>(Firm Name & Address)</td> <td><u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> </tr> <tr> <td>(Telephone)</td> <td><u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> </tr> </table> <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>	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)	<u>Steven N. Lavenda, CPA</u> <u>Partner</u>	(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>																																												

Facility Name Victory Centre of Joliet

Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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			3
4	30	TOTALS	30	10,980	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	9,117	388		9,505	5
6	Double Unit	686	21		707	6
7	Other					7
8	TOTALS	9,803	409		10,212	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.01%

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

272 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 41 (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: 12/31/2020 Fiscal Year: 12/31/2020

* 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 principal? 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 principal? 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 principal? N/A
If no, explain. N/A

Facility Name: Victory Centre of Joliet

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

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	61,917	73,271	1,469	136,657	(234)	136,423	1
2	Housekeeping, Laundry and Maintenance	54,263	19,646	49,016	122,925	2,883	125,808	2
3	Heat and Other Utilities			38,593	38,593	41	38,634	3
4	Other (specify):							4
5	TOTAL General Services	116,180	92,917	89,078	298,175	2,690	300,865	5
B. Health Care and Programs								
6	Health Care/ Personal Care	309,141	15,525	94,141	418,807	4,099	422,906	6
7	Activities and Social Services	16,112	1,630	4,905	22,647	419	23,066	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	325,253	17,155	99,046	441,454	4,518	445,972	9
C. General Administration								
10	Administrative and Clerical	76,277	8,645	309,933	394,855	(75,921)	318,934	10
11	Marketing Materials, Promotions and Advertising		157	28,085	28,242	4,071	32,313	11
12	Employee Benefits and Payroll Taxes			78,037	78,037		78,037	12
13	Insurance-Property, Liability and Malpractice			26,641	26,641	1,162	27,803	13
14	Other (specify):					7,304	7,304	14
15	TOTAL General Administration	76,277	8,802	442,696	527,775	(63,383)	464,392	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	517,710	118,874	630,820	1,267,404	(56,174)	1,211,230	16
Capital Expenses								
D. Ownership								
17	Depreciation			170,640	170,640	(58,304)	112,336	17
18	Interest			15,895	15,895	(960)	14,936	18
19	Real Estate Taxes			20,532	20,532		20,532	19
20	Rent -- Facility and Grounds			1,206	1,206	3,654	4,860	20
21	Rent -- Equipment			7,077	7,077	9	7,086	21
22	Other (specify):			125	125		125	22
23	TOTAL Ownership			215,475	215,475	(55,600)	159,875	23
24	GRAND TOTAL (Sum of lines 16 and 23)	517,710	118,874	846,295	1,482,879	(111,774)	1,371,105	24

Victory Centre of Joliet

Report Period Beginning: 1/1/2020
 Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight-Line Depreciation	(61,013)	17
2	Meals & Entertainment	(177)	10
3	Guest Meals	(234)	01
4	Damage Recovery	(317)	10
5	Telephone Service	(39)	10
6	Pet Fee	(250)	07
7	Other Income	(1,173)	10
8	Bank Service Charges	(2,368)	10
9	Resident Gifts	(352)	10
10	Bad Debt Expense	(24,019)	10
11	Management Fees	(82,982)	10
12	Partnership Mgmt Fee	(10,000)	10
13	Interest Income-Escrows	(928)	18
14	Interest Income	(31)	18
15	Additional R&M	1,584	02
16			16
17	Pathway Management Allocation:		17
18	Maintenance	1,299	2
19	Utilities	41	3
20	Health Care / Personal Care	4,099	6
21	Community Life	669	7
22	Administrative	45,505	10
23	Marketing	4,071	11
24	Insurance	1,162	13
25	Employee Benefits	7,304	14
26	Depreciation	2,709	17
27	Rent - Building	3,654	20
28	Rent - Equipment	9	21
29			29
30			30
31			31
32			32
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99			99
100			100
101	Total	(111,774)	101

Facility Name: Victory Centre of Joliet

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.04	\$ 26.41	1
2	Licensed Practical Nurses	1.64	23.58	2
3	Certified Nurse Assistants	6.34	13.00	3
4	Activity Director & Assistants	0.57	13.60	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.62	18.37	7
8	Dishwashers			8
9	Maintenance Workers	0.54	21.15	9
10	Housekeepers	1.28	11.50	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.53	23.91	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	14.56	\$ 17.09	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%	0.31	\$ 1,446	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$ 1446	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 Centre of Joliet

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	\$ 170,640	35	\$ 90,636	\$ (80,004)	\$ 2,138,371	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				231,408		20	11,572	11,572	56,006	6
7	Various			1999	176,529		20			176,529	7
8	Various			2005	1,405		20	70	70	1,123	8
9	Various			2008	5,113		20	256	256	3,196	9
10	Various			2009	21,949		20	1,098	1,098	12,875	10
11	Various			2011	5,546		20	277	277	2,772	11
12	Various			2012	35,850		20	1,793	1,793	16,133	12
13											13
14	Allocated from Pathway Management					2,709			(2,709)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,650,074	\$ 173,349		\$ 105,702	\$ (67,647)	\$ 2,407,005	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	\$ 316,508	\$	\$ 6,634	6,634		\$ 291,995	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 316,508	\$	\$ 6,634	6,634		\$ 291,995	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 of Joliet**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-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	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491		20	775	775	6,197	1
2	Hall To Elevator Flooring	2013	2,985		20	149	149	1,194	2
3	Perimeter Flashing Repair	2013	6,275		20	314	314	2,510	3
4	Sewer Replacement	2015	5,281		20	264	264	1,584	4
5	Call System	2015	19,734		20	987	987	5,920	5
6	Call System	2015	6,675		20	334	334	2,003	6
7	Freezer	2015	3,343		20	167	167	1,003	7
8	Nurse Call System	2015	32,487		20	1,624	1,624	9,746	8
9	Heat Exchanger	2015	6,675		20	334	334	2,003	9
10	Hot Water Tank	2016	7,525		20	376	376	1,881	10
11	Boilers/Water Heaters	2016	25,000		20	1,250	1,250	6,250	11
12	3 Boilers	2016	14,720		20	736	736	3,680	12
13	Replacement Of Grease Trap In Kitchen	2016	8,395		20	420	420	2,099	13
14	Wall Repairs To Multiple Floors Following Boiler Installation	2016	8,200		20	410	410	2,050	14
15	Replace Disposal Line	2016	2,750		20	138	138	688	15
16	Mulch At Entrv, Courtyard, Broadway Fence	2016	3,000		20	150	150	750	16
17	Roof	2017	8,200		20	410	410	1,640	17
18	Water Heater Replacement	2018	14,985		20	749	749	2,248	18
19	Fire Panel Replacement	2018	5,752		20	288	288	863	19
20	Replace Circulatory Pump	2020	3,055		20	153	153	153	20
21	New Garbage Disposal	2020	3,317		20	166	166	166	21
22	Replace Elevator Pistons, Etc.	2020	10,340		20	517	517	517	22
23	Sara System - Emergency Alert System	2020	4,400		20	220	220	220	23
24	Basement Pipe	2020	5,385		20	269	269	269	24
25	Phone System	2020	7,438		20	372	372	372	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 231,408	\$		\$ 11,572	\$ 11,572	\$ 56,006	34

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

Facility Name & ID Number Victory Centre of Joliet

#

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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 Centre of Joliet

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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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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 Joliet

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

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			/ /	1,206			5
6	Allocated from Pathway Mgmt			/ /	3,654			6
7	TOTAL				\$ 4,860			7

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

9. Rental amount for movable equipment \$ 7,086

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	\$ 530,350	/ /		\$ 5,895
2	Interest - Other				/ /			/ /		10,000
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 995,000	\$ 530,350			\$ 15,895
	B. Non-Facility Related									
8	Interest Income-Escrows				/ /			/ /		-928
9	Interest Income				/ /			/ /		-31
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 530,350			\$ 14,936

* 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 Joliet

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(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)	280,483		3
4	Supply Inventory (priced at)	3,123		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	9,010		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	220,932		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 513,648	\$	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	205,261		15
16	Equipment, at Historical Cost	465,629		16
17	Accumulated Depreciation (book methods)	(3,045,340)		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):	2,496		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 950,320	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,463,968	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 116,951	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,352		30
31	Accrued Taxes Payable	21,985		31
32	Accrued Interest Payable	31,525		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36		127,299		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 320,112	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	530,350		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43		186,007		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 716,357	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,036,469	\$	45
46	TOTAL EQUITY	\$ 427,499	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,463,968	\$	47

*(See instructions.)

Facility Name: Victory Centre of Joliet

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 1,193,896	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,193,896	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	234	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 234	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	959	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 959	14
D. Other Revenue (specify):			
15	See Attached	170,485	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 170,485	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,365,574	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	298,175	19
20	Health Care/ Personal Care	441,454	20
21	General Administration	527,775	21
B. Capital Expense			
22	Ownership	215,475	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)	\$ 1,482,879	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (117,305)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (117,305)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,047,157	32
33	Private Pay - Net Inpatient Revenue	146,739	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,193,896	37