

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 1000137

Facility Name: Victory Centre Vernon Hills

Address: 97 West Phillip Road Vernon Hills 60061

County: Lake

Telephone Number: 847-549-6070 Fax # 847-367-5530

Federal Employer ID Number:

Date Current Owners were Certified: 3/19/2012

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

X Other Limited Partnership

GOVERNMENTAL

State

County

Other

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2021 to 12/31/2021 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.

Officer or Administrator of Provider

(Signed)

(Type or Print Name)

(Title)

(Signed)

(Date)

Paid Preparer

(Print Name and Title)

(Firm Name & Address)

(Telephone)

(Date)

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

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda

Telephone Number: (847) - 282- 6300

Email Address:

Facility Name Victory Centre Vernon Hills

Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	35,684	5,582		41,266	5
6	Double Unit					6
7	Other					7
8	TOTALS	35,684	5,582		41,266	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.21%

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

574 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 1127 (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: 12/31/2021 Fiscal Year: 12/31/2021

* 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

STATE OF ILLINOIS

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Facility Name: Victory Centre Vernon Hills

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	554,137	311,158	4,402	869,697		869,697	1
2	Housekeeping, Laundry and Maintenance	189,280	65,466	256,103	510,849	27,380	538,229	2
3	Heat and Other Utilities			163,898	163,898	166	164,064	3
4	Other (specify):							4
5	TOTAL General Services	743,417	376,624	424,403	1,544,444	27,546	1,571,990	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	861,380	17,499	296,853	1,175,732	11,376	1,187,108	6
7	Activities and Social Services	40,356	4,260	12,441	57,057	3,020	60,077	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	901,736	21,759	309,294	1,232,789	14,396	1,247,185	9
	C. General Administration							
10	Administrative and Clerical	305,350	7,317	1,292,055	1,604,722	(756,085)	848,637	10
11	Marketing Materials, Promotions and Advertising	123,736	614	81,508	205,858	26,483	232,341	11
12	Employee Benefits and Payroll Taxes			331,096	331,096		331,096	12
13	Insurance-Property, Liability and Malpractice			118,236	118,236	5,127	123,363	13
14	Other (specify):					36,989	36,989	14
15	TOTAL General Administration	429,086	7,931	1,822,895	2,259,912	(687,486)	1,572,426	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,074,239	406,314	2,556,592	5,037,145	(645,544)	4,391,601	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			751,971	751,971	41,232	793,203	17
18	Interest			452,405	452,405	(47,659)	404,746	18
19	Real Estate Taxes			141,960	141,960		141,960	19
20	Rent -- Facility and Grounds					18,684	18,684	20
21	Rent -- Equipment			7,172	7,172		7,172	21
22	Other (specify):			97,780	97,780		97,780	22
23	TOTAL Ownership			1,451,288	1,451,288	12,257	1,463,545	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,074,239	406,314	4,007,880	6,488,433	(633,287)	5,855,146	24

STATE OF ILLINOIS		Page 3A
Victory Centre Vernon Hills		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	30,808	17 1
2 Maintenance Fees	(327)	02 2
3 Damage Recovery	(122)	02 3
4 NSF Fees	(105)	10 4
5 Other Income	(1,819)	10 5
6 Meals & Entertainment	(513)	10 6
7 Bank Service Charges	(8,583)	10 7
8 Resident Gifts	(506)	10 8
9 Bad Debt Expense	(578,905)	10 9
10 Cable TV	(286)	10 10
11 Management Fee	(70,021)	10 11
12 Service Provider Fee	(271,300)	10 12
13 Asset Management Fee	(39,143)	10 13
14 Partnership Management Fee	(1,339)	10 14
15 Interest Income	(2,327)	18 15
16 Additional R&M	17,147	2 16
17 Forgiveness of Debt	(45,332)	18 17
18 Capitalized R&M	2,927	2 18
19 Pathway Management Allocation:		19
20 Maintenance	7,855	2 20
21 Utilities	166	3 21
22 Health Care / Personal Care	11,376	6 22
23 Community Life	3,020	7 23
24 Administrative	216,335	10 24
25 Marketing	26,483	11 25
26 Insurance	5,127	13 26
27 Employee Benefits	36,989	14 27
28 Depreciation	10,644	17 28
29 Rent - Building	18,684	20 29
30		30
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99		99
100		100
101 Total	(633,287)	101

Facility Name: Victory Centre Vernon Hills

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.40	\$ 29.31	1
2	Licensed Practical Nurses	3.44	28.65	2
3	Certified Nurse Assistants	17.32	15.84	3
4	Activity Director & Assistants	1.06	18.36	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	16.74	15.91	7
8	Dishwashers			8
9	Maintenance Workers	2.77	19.08	9
10	Housekeepers	2.93	13.03	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.69	25.81	13
14	Clerical			14
15	Marketing	1.41	42.26	15
16	Other			16
17	Total (lines 1 thru 16)	52.76	\$ 18.90	17

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).

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%	1.17	\$ 5,528	1
2					2
3					3
4					4
5					5
Total				\$ 5528	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: Victory Centre Vernon Hills

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 600,000 Year land was acquired 2012

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	120		2012		\$ 18,937,617	\$ 751,971	28	\$ 676,343	\$ (75,628)	\$ 6,775,728	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				294,283		20	14,713	14,713	34,831	6
7	Various			2012	165,395		20	8,270	8,270	74,430	7
8											8
9	Allocated from Pathway Management					10,644			(10,644)		9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,397,295	\$ 762,615		\$ 699,326	\$ (63,289)	\$ 6,884,989	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	\$ 940,199	\$	\$ 94,019	94,019		\$ 789,105	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 940,199	\$	\$ 94,019	94,019		\$ 789,105	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 Vernon Hills

#

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	Sod Replacement	2014	\$ 6,326	\$ 762,615	20	\$ 316	\$ (762,299)	\$ 2,214	1
2	Hvac Repairs	2015	2,516		20	126	126	755	2
3	Condenser Repairs	2015	2,954		20	148	148	887	3
4	Repair Heat Exchanger Leak/Clogged Pipe	2015	6,587		20	329	329	987	4
5	Landscaping- Plants, Sod, Mulch	2016	7,548		20	377	377	1,886	5
6	Parking Lot Re-Seal	2016	4,946		20	247	247	1,236	6
7	Dining Room Carpeting	2017	17,185		20	859	859	3,436	7
8	Laundry Room Door- Fire Panel	2017	3,962		20	198	198	792	8
9	Elevator Repair & Door Replacement	2018	3,169		20	158	158	633	9
10	Nurse Call System Upgrade	2018	9,047		20	452	452	1,809	10
11	Replace 12 Nurse Call Radios	2018	4,955		20	248	248	1,487	11
12	Cooling Tower Fan Parts Replacement	2018	4,409		20	220	220	881	12
13	Hvac Repairs	2018	4,404		20	220	220	880	13
14	Replace Heat Exchange	2019	2,754		20	138	138	414	14
15	Water Heater Replacement	2019	4,365		20	218	218	654	15
16	Replace Cooling Tower Motor	2019	3,854		20	193	193	579	16
17	Repair Fan & Misc Cooling Tower Repairs	2019	3,997		20	200	200	600	17
18	Install Key Fob Reader - Front Door	2019	2,809		20	140	140	420	18
19	Reconstruction Work In Room 5019	2019	7,379		20	369	369	1,107	19
20	Carpeting	2019	3,696		20	185	185	555	20
21	Kitchen Stack Rodding	2020	10,060		20	503	503	1,006	21
22	Valve Rebuild And Repipe	2020	5,240		20	262	262	524	22
23	New Water Tank System	2020	2,785		20	139	139	278	23
24	Heat/Cool Unit Replacement	2020	3,950		20	198	198	396	24
25	Door Motor Gearbox	2020	2,985		20	149	149	298	25
26	Boiler	2020	24,050		20	1,203	1,203	2,406	26
27	Heat Exchanger	2020	11,300		20	565	565	1,130	27
28	Water Heater	2020	4,550		20	228	228	456	28
29	Kitchen Line	2021	3,722		20	186	186	186	29
30	Condensor Fan Motor	2021	5,367		20	268	268	268	30
31	Heat Pump Boards	2021	3,670		20	184	184	184	31
32	Building Supplies	2021	3,759		20	188	188	188	32
33	Heat Exchangers	2021	6,187		20	309	309	309	33
34	TOTAL (lines 1 thru 33)		\$ 194,487	\$ 762,615		\$ 9,723	\$ (752,892)	\$ 29,841	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Replace Valves	2021	\$ 2,701	\$ 762,615	20	\$ 135	\$ (762,480)	\$ 135	1
2	Heat Exchanger	2021	3,154		20	158	158	158	2
3	Plumbing	2021	3,752		20	188	188	188	3
4	Replace Main Condenser	2021	7,689		20	384	384	384	4
5	Replace Blower/Heat Exchanger/Blow Sheave	2021	12,670		20	633	633	633	5
6	Heat Pumps	2021	27,863		20	1,393	1,393	1,393	6
7	Boilers	2021	32,997		20	1,650	1,650	1,650	7
8	Water Heaters	2021	2,748		20	137	137	137	8
9	Fan Replacement	2021	3,397		20	170	170	170	9
10	Install 2 Hvac Units Back In Place	2021	2,827		20	141	141	141	10
11									11
12									12
13									13
14									14
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 99,796	\$ 762,615		\$ 4,990	\$ (757,625)	\$ 4,990	34

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

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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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 Vernon Hills

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Pathway Management			/ /	18,684			6
7	TOTAL				\$ 18,684			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 7,172

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Centennial Mortgage		X	1st Mortgage - Loan Premium	4/1/12	\$ 12,101,000	\$ 319,516	3/1/57	4.0000	\$	1
2	Wells Fargo		X	1st Mortgage	4/1/12	12,101,000	10,978,937	3/1/57	4.0000		2
3	IHDA Loan		X	2nd Mortgage	/ /	1,246,626	498,654	/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 25,448,626	\$ 11,797,107			\$ 452,405	7
	B. Non-Facility Related										
8	Forgiveness of Debt				/ /			/ /		-45,332	8
9	Interest Income				/ /			/ /		-2,327	9
10	TOTALS (lines 7, 8 and 9)					\$ 25,448,626	\$ 11,797,107			\$ 404,746	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.

STATE OF ILLINOIS

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Facility Name: Victory Centre Vernon Hills

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 158,477	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,983,522		3
4	Supply Inventory (priced at)	30,298		4
5	Short-Term Investments			5
6	Prepaid Insurance	20,835		6
7	Other Prepaid Expenses	38,860		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	2,049,645		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,281,637	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,000		13
14	Buildings, at Historical Cost	18,937,617		14
15	Leasehold Improvements, at Historical Cost	379,640		15
16	Equipment, at Historical Cost	1,089,594		16
17	Accumulated Depreciation (book methods)	(7,853,117)		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	157,481		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,311,215	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,592,852	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 208,297	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	168,924		30
31	Accrued Taxes Payable	143,375		31
32	Accrued Interest Payable	276,207		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	675,741		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,472,544	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,797,107		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	43,019		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 11,840,126	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,312,670	\$	45
46	TOTAL EQUITY	\$ 4,280,182	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 17,592,852	\$	47

*(See instructions.)

Facility Name: Victory Centre Vernon Hills

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 5,710,013	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,710,013	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	54,196	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,171	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 55,367	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,327	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,327	14
	D. Other Revenue (specify):		
15	See Attached	48,100	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 48,100	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,815,807	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,544,444	19
20	Health Care/ Personal Care	1,232,789	20
21	General Administration	2,259,912	21
	B. Capital Expense		
22	Ownership	1,451,288	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)	\$ 6,488,433	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (672,626)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (672,626)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,627,643	32
33	Private Pay - Net Inpatient Revenue	1,082,370	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,710,013	37