

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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>1000014</u></p> <p>Facility Name: <u>Victory Centre of River Oaks</u></p> <p>Address: <u>1370 Ring Road</u> <u>Calumet City</u> <u>60409</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 730-0994</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/2/2002</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> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: _____</p>	<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>1/1/2014</u> to <u>12/31/2014</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 style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p align="right">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) _____		(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>			(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	
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Facility Name Victory Centre of River Oaks

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	103	Single Unit Apartment	103	37,595	1
2	6	Double Unit Apartment	6	2,190	2
3		Other		813	3
4	109	TOTALS	109	40,598	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	30,334	1,741		32,075	5
6	Double Unit	1,201	69		1,270	6
7	Other	813			813	7
8	TOTALS	32,348	1,810		34,158	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.14%

D. Indicate the number of paid bed-hold days the SLF had during this year
816 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 40 (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: 12/31/14 Fiscal Year: 12/31/14

* 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 River Oaks

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	243,233	216,011	31,579	490,823	7,987	498,810	1
2	Housekeeping, Laundry and Maintenance	115,814	45,373	100,616	261,803	12,200	274,003	2
3	Heat and Other Utilities			122,368	122,368	185	122,553	3
4	Other (specify):							4
5	TOTAL General Services	359,047	261,384	254,563	874,994	20,372	895,366	5
B. Health Care and Programs								
6	Health Care/ Personal Care	461,892	487	30,359	492,738	10,750	503,488	6
7	Activities and Social Services	25,457	4,344	27,093	56,894	5,327	62,221	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	487,349	4,831	57,452	549,632	16,077	565,709	9
C. General Administration								
10	Administrative and Clerical	199,547	27,298	904,058	1,130,903	(480,329)	650,574	10
11	Marketing Materials, Promotions and Advertising	68,112	376	30,789	99,277	37,118	136,395	11
12	Employee Benefits and Payroll Taxes			223,296	223,296		223,296	12
13	Insurance-Property, Liability and Malpractice			45,611	45,611	1,125	46,736	13
14	Other (specify):					21,490	21,490	14
15	TOTAL General Administration	267,659	27,674	1,203,754	1,499,087	(420,596)	1,078,491	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,114,055	293,889	1,515,769	2,923,713	(384,146)	2,539,567	16
Capital Expenses								
D. Ownership								
17	Depreciation			430,476	430,476	(99,160)	331,316	17
18	Interest			391,502	391,502	(1,614)	389,888	18
19	Real Estate Taxes			200,368	200,368		200,368	19
20	Rent -- Facility and Grounds			814	814	11,670	12,484	20
21	Rent -- Equipment			13,754	13,754	100	13,854	21
22	Other (specify): MIP & Amortization			35,705	35,705		35,705	22
23	TOTAL Ownership			1,072,619	1,072,619	(89,004)	983,615	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,114,055	293,889	2,588,388	3,996,332	(473,150)	3,523,182	24

Victory Centre of River Oaks

Report Period Beginning: 1/1/2014
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (99,160)	17	1
2	Guest Meals	(125)	01	2
3	Employee Meals	(835)	01	3
4	Damage Recovery	(83)	10	4
5	NSF Fees	(300)	10	5
6	Other Income	(756)	10	6
7	Meals & Entertainment	(482)	10	7
8	Bank Service Charges	(1,222)	10	8
9	Charitable Contributions	(1,543)	10	9
10	Resident Gifts	(3,992)	07	10
11	Bad Debt - Tenant	(45,734)	10	11
12	Bad Debt - Medicaid	(44,873)	10	12
13	Management Fees	(218,641)	10	13
14	Asset Management Fee	(56,735)	10	14
15	Partnership Mgmt Fee	(25,000)	10	15
16	Incentive Mgmt Fee	(266,990)	10	16
17	Interest Income- Escrows	(7)	18	17
18	Interest Income	(1,607)	18	18
19	Additional R&M	7,084	02	19
20	Resident Reimbursables	(34)	10	20
21	PATHWAY MANAGEMENT LLC:			21
22	Maintenance	4,010	02	22
23	Utilities	185	03	23
24	Health Care/ Personal Care	5,230	06	24
25	Comumunity Life	1,833	07	25
26	Administrative	94,135	10	26
27	Marketing	15,735	11	27
28	Insurance	63	13	28

29	Employee Benefits	9,601	14	29
30	Rent- Building	10,792	20	30
31	Rent- Equipment	49	21	31
32				32
33	PATHWAY SENIOR LIVING LLC:			33
34	Dietary	8,947	01	34
35	Maintenance	1,106	02	35
36	Health Care/ Personal Care	5,520	06	36
37	Comumunity Life	7,486	07	37
38	Administrative	87,930	10	38
39	Marketing	21,383	11	39
40	Insurance	1,062	13	40
41	Employee Benefits	11,889	14	41
42	Rent - Building	878	20	42
43	Rent - Equipment	51	21	43
44				44
45				45
46				46
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97			97
98			98
99			99
100			100

101	Total	(473,150)	101
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Facility Name: Victory Centre of River Oaks

Report Period Beginning 1/1/2014

Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.07	\$ 40.02	1
2	Licensed Practical Nurses	1.74	24.71	2
3	Certified Nurse Assistants	12.33	11.07	3
4	Activity Director & Assistants	0.84	14.51	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.00	11.69	7
8	Dishwashers			8
9	Maintenance Workers	1.55	15.68	9
10	Housekeepers	3.08	10.21	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.83	19.87	13
14	Clerical			14
15	Marketing	1.10	29.89	15
16	Other			16
17	Total (lines 1 thru 16)	36.53	\$ 14.66	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%	1.88	\$ 7,243	1	
2	Robert Helle	0.000654%	1.88	5,644	2	
3					3	
4					4	
5					5	
				Total	\$ 12886.96	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 River Oaks

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 541,601 Year land was acquired 2002

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	109		2002	2002	\$ 9,842,367	\$ 430,476	35	\$ 281,210	\$ (149,266)	\$ 4,151,949	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				251,134			12,557	12,557	58,590	6
7	Various			2002	246,335		20	12,317	12,317	186,600	7
8	Various			2005	15,186		20	759	759	9,871	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 10,355,022	\$ 430,476		\$ 306,843	\$ (123,633)	\$ 4,407,010	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	\$ 665,288	\$	\$ 24,473	24,473	10	\$ 502,398	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 681,934	\$	\$ 24,473	24,473		\$ 519,044	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

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	2007	4,198		20	210	210	
3	2007	2,690		20	135	135	
4	2008	15,028		20	751	751	
5	2008	4,065		20	203	203	
6	2008	7,591		20	380	380	
7	2008	4,430		20	222	222	
8	2009	8,880		20	444	444	
9	2009	7,843		20	392	392	
10	2009	14,000		20	700	700	
11	2009	9,332		20	467	467	
12	2009	40,000		20	2,000	2,000	
13	2009	18,664		20	933	933	
14	2009	2,740		20	137	137	
15	2010	7,200		20	360	360	
16	2010	1,816		20	91	91	
17	2010	14,023		20	701	701	
18	2010	3,714		20	186	186	
19	2010	1,055		20	53	53	
20	2010	1,260		20	63	63	
21	2011	6,448		20	322	322	
22	2012	5,243		20	262	262	
23	2012	2,692		20	135	135	
24	2012	2,936		20	147	147	
25	2013	8,850		20	443	443	
26	2013	5,436		20	272	272	
27	2013	3,300		20	165	165	
28	2013	3,508		20	175	175	
29	2014	4,950		20	248	248	
30	2014	17,510		20	876	876	
31	2014	3,700		20	185	185	
32	2014	2,780		20	139	139	
33	2014	4,812		20	241	241	
34		\$ 240,694	\$		\$ 12,035	\$ 12,035	\$

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

9	
Accumulated depreciation	
	1
1,680	2
1,076	3
5,260	4
1,423	5
2,657	6
1,551	7
2,664	8
2,353	9
4,200	10
2,799	11
12,000	12
5,599	13
822	14
1,800	15
454	16
3,506	17
929	18
264	19
315	20
1,290	21
786	22
404	23
440	24
885	25
544	26
330	27
351	28
248	29
876	30
185	31
139	32
241	33
58,068	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	2014	10,440		20	522	522	
3							
4							
5							
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33							
34	TOTAL (lines 1 thru 33)		\$ 10,440	\$	\$ 522	\$ 522	\$

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

9	
Accumulated	
depreciation	
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522	2
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522	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
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32							
33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
	1
	2
	3
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Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	814			5
6	Allocated from Pathway			/ /	11,670			6
7	TOTAL				\$ 12,484			7

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

9. Rental amount for movable equipment \$ 13,854

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	5/1/01	\$ 6,150,000	\$ 5,588,943	9/1/42	6.7000	\$ 376,503	1
2	Cook County Treasurer		X	2nd Mortgage	5/29/01	2,000,000	1,473,854	11/1/42	1.0000	14,986	2
3					/ /			/ /			3
	Working Capital										
4	Security Deposit Interest		X		/ /			/ /			13
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,150,000	\$ 7,062,798			\$ 391,502	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(1,614)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 7,062,798			\$ 389,888	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 Centre of River Oaks

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 319,706	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	710,767		3
4	Supply Inventory (priced at)	5,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	60,866		6
7	Other Prepaid Expenses	7,405		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	986,469		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,090,569	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	354,749		15
16	Equipment, at Historical Cost	809,011		16
17	Accumulated Depreciation (book methods)	(5,404,205)		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):	275,288		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,418,811	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,509,380	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 374,028	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	36,567		30
31	Accrued Taxes Payable	193,211		31
32	Accrued Interest Payable	32,620		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	119,424		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 755,850	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,062,797		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)	\$ 7,062,797	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,818,647	\$	45
46	TOTAL EQUITY	\$ 690,733	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,509,380	\$	47

*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,668,739	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,668,739	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	960	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 960	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,614	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,614	14
D. Other Revenue (specify):			
15	See Attached	1,397	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,397	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,672,710	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	874,994	19
20	Health Care/ Personal Care	549,632	20
21	General Administration	1,499,087	21
B. Capital Expense			
22	Ownership	1,072,619	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)	\$ 3,996,332	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (323,622)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (323,622)	31