

		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>1000027</u></p> <p>Facility Name: <u>Victory Centre of River Woods</u></p> <p>Address: <u>1800 Riverwood Drive</u> <u>Melrose Park</u> <u>60160</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 547-5800</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/30/2003</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%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) _____ (Title) _____ </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u> </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) _____ (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.</u> <u>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 Woods

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	89	Single Unit Apartment	89	32,485	1
2	20	Double Unit Apartment	20	7,300	2
3		Other		5,429	3
4	109	TOTALS	109	45,214	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	27,118	3,504		30,622	5
6	Double Unit	992	119		1,111	6
7	Other	5,429			5,429	7
8	TOTALS	33,539	3,623		37,162	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.19%

D. Indicate the number of paid bed-hold days the SLF had during this year
1,182 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 166 (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 Woods

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	240,246	224,195	31,474	495,915	8,529	504,444	1
2	Housekeeping, Laundry and Maintenance	128,861	38,592	125,730	293,183	11,137	304,320	2
3	Heat and Other Utilities			123,607	123,607	(966)	122,641	3
4	Other (specify):							4
5	TOTAL General Services	369,107	262,787	280,811	912,705	18,700	931,405	5
B. Health Care and Programs								
6	Health Care/ Personal Care	468,440	506	31,849	500,795	11,386	512,181	6
7	Activities and Social Services	39,310	4,395	21,392	65,097	9,621	74,718	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	507,750	4,901	53,241	565,892	21,007	586,899	9
C. General Administration								
10	Administrative and Clerical	196,063	14,116	1,122,375	1,332,554	(700,474)	632,080	10
11	Marketing Materials, Promotions and Advertising	64,207	715	45,698	110,620	38,856	149,476	11
12	Employee Benefits and Payroll Taxes			234,405	234,405		234,405	12
13	Insurance-Property, Liability and Malpractice			39,332	39,332	1,192	40,524	13
14	Other (specify):					22,761	22,761	14
15	TOTAL General Administration	260,270	14,831	1,441,810	1,716,911	(637,665)	1,079,246	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,137,127	282,519	1,775,862	3,195,508	(597,958)	2,597,550	16
Capital Expenses								
D. Ownership								
17	Depreciation			450,064	450,064	(18,234)	431,830	17
18	Interest			444,626	444,626	(447)	444,179	18
19	Real Estate Taxes			79,493	79,493		79,493	19
20	Rent -- Facility and Grounds			814	814	12,360	13,174	20
21	Rent -- Equipment			9,879	9,879	106	9,985	21
22	Other (specify): Mortgage Insurance Premium/Amort.			166,984	166,984		166,984	22
23	TOTAL Ownership			1,151,860	1,151,860	(6,215)	1,145,645	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,137,127	282,519	2,927,722	4,347,368	(604,173)	3,743,195	24

Victory Centre of River Woods

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (18,234)	17	1
2	Guest Meals	(432)	01	2
3	Employee Meals	(515)	01	3
4	Pet Fee	(250)	07	4
5	Other Income	(10)	10	5
6	Meals & Entertainment	(456)	11	6
7	Bank Service Charges	(1,122)	10	7
8	Charitable Contributions	(1,543)	10	8
9	Resident Gifts	(5,903)	10	9
10	Bad Debt - Tenant	(10,652)	10	10
11	Bad Debt - Medicaid	(158,273)	10	11
12	Cable TV	(1,162)	03	12
13	Management Fees	(231,569)	10	13
14	Partnership Accounting Ex	(1,700)	10	14
15	Asset Management Fee	(10,900)	10	15
16	Partnership Mgmt Fee	(25,000)	10	16
17	Incentive Management Fee	(447,662)	10	17
18	Partnership Misc Expense	1,030	10	18
19	Interest Income - Escrows	(9)	18	19
20	Interest Income	(438)	18	20
21	Additional R&M	5,719	02	21
22				22
23	Pathway Management LLC			23
24	Maintenance	4,247	02	24
25	Utilities	196	03	25
26	Health Care / Personal Care	5,539	06	26
27	Community Life	1,942	07	27
28	Administrative	99,701	10	28

29	Marketing	16,665	11	29
30	Insurance	67	13	30
31	Employee Benefits	10,169	14	31
32	Rent - Building	11,430	20	32
33	Rent - Equipment	52	21	33
34				34
35	Pathway Senior Living LLC			35
36	Dietary	9,476	01	36
37	Maintenance	1,171	02	37
38	Health Care / Personal Care	5,847	06	38
39	Community Life	7,929	07	39
40	Administrative	93,129	10	40
41	Marketing	22,647	11	41
42	Insurance	1,125	13	42
43	Employee Benefits	12,592	14	43
44	Rent - Building	930	20	44
45	Rent - Equipment	54	21	45
46				46
47				47
48				48
49				49
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100			100

101	Total	(604,173)	101
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Facility Name: Victory Centre of River Woods

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	1.88	\$ 25.75	1
2	Licensed Practical Nurses	1.73	24.96	2
3	Certified Nurse Assistants	12.23	10.92	3
4	Activity Director & Assistants	1.04	18.22	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.27	11.24	7
8	Dishwashers			8
9	Maintenance Workers	2.61	15.15	9
10	Housekeepers	2.43	9.23	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.34	21.70	13
14	Clerical			14
15	Marketing	1.00	30.87	15
16	Other			16
17	Total (lines 1 thru 16)	37.54	\$ 14.56	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%	1.99	\$ 7,671	1
2	Robert Helle	0.000654%	1.99	5,978	2
3					3
4					4
5					5
				Total	\$ 13,649 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 Woods

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 918,820 Year land was acquired 2003

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		2003	2003	\$ 10,971,031	\$ 450,064	35	\$ 313,458	\$ (136,606)	\$ 4,374,168	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				176,658			8,833	8,833	26,419	6
7	Various		2003		63,245		20	3,162	3,162	31,622	7
8	Various		2005		3,762		20	188	188	1,505	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,214,696	\$ 450,064		\$ 325,641	\$ (124,423)	\$ 4,433,714	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	\$ 1,084,346	\$	\$ 106,189	106,189	10	\$ 824,467	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 1,084,346	\$	\$ 106,189	106,189		\$ 824,467	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 Cntre of River Woods

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	Electrical Unit	2007	517	20	26	26	
3	Phone System	2007	1,141	20	57	57	
4	Hvac Repairs	2007	2,936	20	147	147	
5	Land Improvements	2009	9,603	20	480	480	
6	Locks	2009	4,842	20	242	242	
7	Building Improvement	2009	7,380	20	369	369	
8	Re-Key Locks	2009	3,307	20	165	165	
9	Painting	2009	16,997	20	850	850	
10	Drywall & Paint	2010	15,997	20	800	800	
11	Demolish Wall	2010	7,685	20	384	384	
12	Floor Removal	2010	7,894	20	395	395	
13	Flooring	2010	4,290	20	215	215	
14	Sewer Work	2011	12,497	20	625	625	
15	Compressor	2012	7,310	20	366	366	
16	Pour Concrete Walkways & Paths	2012	7,675	20	384	384	
17	Telephone System	2012	8,060	20	403	403	
18	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500	20	175	175	
19	Radiator & Generator	2013	6,440	20	322	322	
20	Signage	2014	4,941	20	247	247	
21	Remove & Replace Mixing Valve	2014	3,250	20	163	163	
22	Dining Room Floor	2014	24,906	20	1,245	1,245	
23	Compressor Replacement	2014	10,716	20	536	536	
24	Vav Controller, Economizer Board, Gas Regulator	2014	4,775	20	239	239	
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 176,658	\$	\$ 8,833	\$ 8,833	\$

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

9	
Accumulated depreciation	
	1
181	2
399	3
1,027	4
2,400	5
1,210	6
1,845	7
827	8
4,250	9
3,200	10
1,537	11
1,579	12
859	13
1,875	14
731	15
768	16
806	17
175	18
322	19
247	20
163	21
1,245	22
536	23
239	24
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26,419	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Woods

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							
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Woods

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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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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Facility Name: Victory Centre of River Woods

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			/ /	12,360			6
7	TOTAL				\$ 13,174			7

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

9. Rental amount for movable equipment \$ 9,985

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	6/13/02	\$ 7,150,000	\$ 7,096,600	6/13/32	7.2000	\$ 425,941	1
2	Dept of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,371,009	6/13/42	1.0000	13,931	2
3	IHDA		X	3rd Mortgage	12/1/03	750,000	65,810	12/1/33	1.0000	4,754	3
	Working Capital										
4			X		/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,700,000	\$ 8,533,420			\$ 444,626	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(438)	8
9	Interest Income- Escrows		X		/ /			/ /		(9)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,700,000	\$ 8,533,420			\$ 444,179	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 Woods

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	\$ 1,062,690	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	900,369		3
4	Supply Inventory (priced at)	5,304		4
5	Short-Term Investments			5
6	Prepaid Insurance	67,166		6
7	Other Prepaid Expenses	13,888		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,733,257		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,782,674	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	918,820		13
14	Buildings, at Historical Cost	10,971,031		14
15	Leasehold Improvements, at Historical Cost	181,026		15
16	Equipment, at Historical Cost	1,160,963		16
17	Accumulated Depreciation (book methods)	(5,626,828)		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):	262,991		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,868,003	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,650,677	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,210,431	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	51,050		30
31	Accrued Taxes Payable	79,182		31
32	Accrued Interest Payable	22,194		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	194,781		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,557,638	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,533,419		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)	\$ 8,533,419	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,091,057	\$	45
46	TOTAL EQUITY	\$ 1,559,620	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,650,677	\$	47

*(See instructions.)

Facility Name: Victory Centre of River Woods

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	\$ 4,110,048	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,110,048	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	947	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 947	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	447	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 447	14
D. Other Revenue (specify):			
15	See Attached	260	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 260	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,111,702	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	912,705	19
20	Health Care/ Personal Care	565,892	20
21	General Administration	1,716,911	21
B. Capital Expense			
22	Ownership	1,151,860	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)	\$ 4,347,368	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (235,666)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (235,666)	31