

		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>1000054</u></p> <p>Facility Name: <u>Victory Centre Sierra Ridge</u></p> <p>Address: <u>4150 W Gatling Blvd</u> <u>Country Club Hills</u> <u>60478</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 957-8300</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/5/2006</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) _____ (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></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) _____ (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 Sierra Ridge

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	100	Single Unit Apartment	100	36,500	1
2	10	Double Unit Apartment	10	3,650	2
3		Other		2,718	3
4	110	TOTALS	110	42,868	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	25,597	6,004		31,601	5
6	Double Unit	461	108		569	6
7	Other	2,718			2,718	7
8	TOTALS	28,776	6,112		34,888	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.38%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,016 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 141 (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? No If yes, did the facility make all of the required payments of interest and principle? N/A

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 Sierra Ridge

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	232,451	214,148	22,639	469,238	8,096	477,334	1
2	Housekeeping, Laundry and Maintenance	135,096	64,420	132,905	332,421	13,067	345,488	2
3	Heat and Other Utilities			126,931	126,931	185	127,116	3
4	Other (specify):							4
5	TOTAL General Services	367,547	278,568	282,475	928,590	21,348	949,938	5
B. Health Care and Programs								
6	Health Care/ Personal Care	486,965	397	33,459	520,821	10,769	531,590	6
7	Activities and Social Services	37,074	2,251	19,291	58,616	9,086	67,702	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	524,039	2,648	52,750	579,437	19,855	599,292	9
C. General Administration								
10	Administrative and Clerical	178,917	31,055	1,000,252	1,210,224	(618,579)	591,645	10
11	Marketing Materials, Promotions and Advertising	41,689	950	44,177	86,816	37,183	123,999	11
12	Employee Benefits and Payroll Taxes			220,400	220,400		220,400	12
13	Insurance-Property, Liability and Malpractice			43,031	43,031	1,127	44,158	13
14	Other (specify):					21,527	21,527	14
15	TOTAL General Administration	220,606	32,005	1,307,860	1,560,471	(558,742)	1,001,729	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,112,192	313,221	1,643,085	3,068,498	(517,539)	2,550,959	16
Capital Expenses								
D. Ownership								
17	Depreciation			381,133	381,133	114,527	495,660	17
18	Interest			323,564	323,564	(2,003)	321,561	18
19	Real Estate Taxes			140,064	140,064		140,064	19
20	Rent -- Facility and Grounds			1,030	1,030	11,691	12,721	20
21	Rent -- Equipment			16,098	16,098	100	16,198	21
22	Other (specify): MIP & Amortization			49,035	49,035		49,035	22
23	TOTAL Ownership			910,924	910,924	124,315	1,035,239	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,112,192	313,221	2,554,009	3,979,422	(393,224)	3,586,198	24

Victory Centre Sierra Ridge

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 114,527	17	1
2	Meal Program Income	(104)	01	2
3	Guest Meals	(217)	01	3
4	Employee Meals	(464)	01	4
5	Maintenance Fees	(35)	02	5
6	Telephone Service	(22,117)	10	6
7	Pet Fee	(250)	07	7
8	NSF Fee	(360)	10	8
9	Other Income	(989)	10	9
10	Bank Service Charges	(1,464)	10	10
11	Late Fees/Finance Charges	(2,449)	10	11
12	Charitable Contributions	(1,557)	10	12
13	Resident Gifts	(1,603)	10	13
14	Bad Debt- Tenant	(28,558)	10	14
15	Bad Debt- Medicaid	(199,795)	10	15
16	Meals & Entertainment	(509)	10	16
17	Cable TV	(27,091)	10	17
18	Management Fees	(45,577)	10	18
19	Service Provider Fee	(173,446)	10	19
20	Partnership Accounting Ex	(1,700)	10	20
21	Assett Management Fee	(7,500)	10	21
22	Incentive Management Fee	(285,958)	10	22
23	Interest Income - Escrows	(515)	18	23
24	Interest Income	(1,488)	18	24
25	Additional R&M	7,977	02	25
26	PY Equipment Rental	(290)	10	26
27	Vending Income	(82)	01	27
28	Pathway Management LLC			28
29	Maintenance	4,017	02	29
30	Utilities	185	03	30
31	Health Care / Peronal Care	5,239	06	31
32	Community Life	1,837	07	32
33	Administrative	94,300	10	33
34	Marketing	15,763	11	34
35	Insurance	63	13	35
36	Employee Benefits	9,618	14	36
37	Rent - Building	10,811	20	37
38	Rent - Equipment	49	21	38
39				39
40				40
41	Pathway Senior Living LLC			41
42	Dietary	8,963	01	42
43	Maintenance	1,108	02	43
44	Health Care / Personal Care	5,530	06	44
45	Community Life	7,499	07	45
46	Administrative	88,084	10	46
47	Marketing	21,420	11	47
48	Insurance	1,064	13	48
49	Employee Benefits	11,909	14	49
50	Rent - Building	880	20	50
51	Rent - Equipment	51	21	51
52				52
53				53

54			54
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92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(393,224)	101

Facility Name: Victory Centre Sierra Ridge

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	1.76	\$ 29.89	1
2	Licensed Practical Nurses	1.70	26.02	2
3	Certified Nurse Assistants	12.56	10.94	3
4	Activity Director & Assistants	1.00	17.81	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.49	11.78	7
8	Dishwashers			8
9	Maintenance Workers	1.67	20.03	9
10	Housekeepers	3.28	9.61	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.16	20.68	13
14	Clerical			14
15	Marketing	0.77	26.06	15
16	Other			16
17	Total (lines 1 thru 16)	36.38	\$ 14.70	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Jerry Finis	0.001225%	1.88	\$ 7,256	1
2	Robert Helle	0.001225%	1.88	5,654	2
3					3
4					4
5					5
				Total	\$ 12,910 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		See Attached	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					
Sierra Ridge ILF		Country Club Hills		Independent Living	

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 Sierra Ridge

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 675,000 Year land was acquired 2006

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	110		2006	2006	\$ 14,125,609	\$ 381,133	35	\$ 403,589	\$ 22,456	\$ 3,632,301	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				237,914			12,826	12,826	36,797	6
7	Various			2006	42,076		20	2,104	2,104	18,934	7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,405,599	\$ 381,133		\$ 418,519	\$ 37,386	\$ 3,688,032	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	\$ 771,406	\$	\$ 77,141	77,141	10	\$ 648,138	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 771,406	\$	\$ 77,141	77,141		\$ 648,138	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 Sierra Ridge

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

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	Hvac Repairs	2007	2,532		20	127	127	1,012	2
3	Removal/Replacement Of Drywall	2007	2,628		20	131	131	1,052	3
4	Door System Repairs	2008	3,920		20	196	196	1,372	4
5	Offsite Improvements	2009	31,000		20	1,550	1,550	9,300	5
6	Parking Lot Crack Sealing	2009	7,040		20	352	352	2,112	6
7	Canopy Repairs	2009	2,880		20	144	144	1,072	7
8	Compressor	2010	5,900		20	295	295	1,475	8
9	Vacuums, Wet Drvs	2010	2,609		20	130	130	652	9
10	Parking Lot Repairs	2011	15,178		20	759	759	3,036	10
11	Fence	2011	2,250		20	113	113	450	11
12	Building Signage	2011	7,350		20	368	368	1,470	12
13	Replace Light Fixtures	2012	7,530		20	753	753	2,259	13
14	Replace Light Fixtures	2012	1,902		20	190	190	570	14
15	Replace Light Fixtures	2012	9,177		20	918	918	2,753	15
16	Air Handler Repair	2012	3,686		20	184	184	553	16
17	Compressor Repairs	2012	4,311		20	216	216	647	17
18	Landscaping	2013	2,880		20	144	144	288	18
19	Emergency Elevator Repairs	2013	6,677		20	334	334	668	19
20	New Hot Water Heater	2013	2,667		20	133	133	267	20
21	Wireless System	2014	81,226		20	4,061	4,061	4,061	21
22	Flooring	2014	21,382		20	1,069	1,069	1,069	22
23	Compressor Replacement	2014	13,190		20	660	660	660	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 237,914	\$		\$ 12,826	\$ 12,826	\$ 36,797	34

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

Facility Name & ID Number Victory Centre Sierra Ridge

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

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	
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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 Sierra Ridge

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

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	
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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 Sierra Ridge

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			/ /	1,030			5
6	Allocated from Pathway			/ /	11,691			6
7	TOTAL				\$ 12,721			7

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

9. Rental amount for movable equipment \$ 16,198

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	Red Capital Mortgage		X	1st Mortgage	4/1/06	\$ 8,200,000	\$ 7,856,717	3/1/46	3.9300	\$ 306,499
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,706,517	5/1/47	1.0000	17,065
3	GNMA		X	3rd Mortgage	/ /		141,706	/ /		
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 10,200,000	\$ 9,704,940			\$ 323,564
	B. Non-Facility Related									
8	Interest Income - Escrows		X		/ /			/ /		(515)
9	Interest Income		X		/ /			/ /		(1,488)
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 9,704,940			\$ 321,562

* 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 Sierra Ridge**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	\$ 1,338,015	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	878,247		3
4	Supply Inventory (priced at)	6,617		4
5	Short-Term Investments			5
6	Prepaid Insurance	44,598		6
7	Other Prepaid Expenses	11,450		7
8	Accounts Receivable (owners or related parties)	3,286		8
9	Other(specify):	1,632,474		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,914,687	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	675,000		13
14	Buildings, at Historical Cost	13,978,740		14
15	Leasehold Improvements, at Historical Cost	210,019		15
16	Equipment, at Historical Cost	824,866		16
17	Accumulated Depreciation (book methods)	(4,111,438)		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):	73,517		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,650,704	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,565,391	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 332,685	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,633		30
31	Accrued Taxes Payable	152,786		31
32	Accrued Interest Payable	42,965		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	237,266		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 811,335	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,704,940		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)	\$ 9,704,940	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,516,275	\$	45
46	TOTAL EQUITY	\$ 5,049,116	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,565,391	\$	47

*(See instructions.)

Facility Name: Victory Centre Sierra Ridge

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	\$ 3,856,860	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,856,860	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	785	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 785	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,003	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,003	14
D. Other Revenue (specify):			
15	See Attached	47,401	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 47,401	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,907,049	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	928,590	19
20	Health Care/ Personal Care	579,437	20
21	General Administration	1,560,471	21
B. Capital Expense			
22	Ownership	910,924	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)	\$ 3,979,422	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (72,373)	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (72,373)	31