

		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>1000117</u></p> <p>Facility Name: <u>Victory Centre of So Chicago</u></p> <p>Address: <u>3251 East 92nd St</u> <u>Chicago</u> <u>60617</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>773-449-2600</u> Fax # <u>773-734-8022</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>5/1/2009</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 of So Chicago

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	112	Single Unit Apartment	112	40,880	1
2		Double Unit Apartment			2
3		Other			3
4	112	TOTALS	112	40,880	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	34,805	710		35,515	5
6	Double Unit					6
7	Other					7
8	TOTALS	34,805	710		35,515	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.88%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,093 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 262 (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 So Chicago

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	236,460	219,152	20,980	476,592	8,289	484,881	1
2	Housekeeping, Laundry and Maintenance	133,484	40,837	90,033	264,354	16,499	280,853	2
3	Heat and Other Utilities			125,966	125,966	192	126,158	3
4	Other (specify):							4
5	TOTAL General Services	369,944	259,989	236,979	866,912	24,980	891,892	5
B. Health Care and Programs								
6	Health Care/ Personal Care	470,782	1,054	18,357	490,193	11,159	501,352	6
7	Activities and Social Services	24,790	3,522	27,843	56,155	9,674	65,829	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	495,572	4,576	46,200	546,348	20,833	567,181	9
C. General Administration								
10	Administrative and Clerical	209,504	20,834	682,409	912,747	(290,973)	621,774	10
11	Marketing Materials, Promotions and Advertising	75,317	383	37,447	113,147	38,459	151,606	11
12	Employee Benefits and Payroll Taxes			210,657	210,657		210,657	12
13	Insurance-Property, Liability and Malpractice			42,396	42,396	1,168	43,564	13
14	Other (specify):					22,309	22,309	14
15	TOTAL General Administration	284,821	21,217	972,909	1,278,947	(229,038)	1,049,909	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,150,337	285,782	1,256,088	2,692,207	(183,225)	2,508,982	16
Capital Expenses								
D. Ownership								
17	Depreciation			653,519	653,519	206,412	859,931	17
18	Interest			647,067	647,067	(236)	646,831	18
19	Real Estate Taxes			93,217	93,217		93,217	19
20	Rent -- Facility and Grounds			1,537	1,537	12,115	13,652	20
21	Rent -- Equipment			10,832	10,832	104	10,936	21
22	Other (specify): MIP & Amortization			82,608	82,608		82,608	22
23	TOTAL Ownership			1,488,780	1,488,780	218,394	1,707,174	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,150,337	285,782	2,744,868	4,180,987	35,170	4,216,157	24

Victory Centre of So Chicago

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 206,412	17	1
2	Guest Meals	(120)	01	2
3	Employee Meals	(879)	01	3
4	Telephone Service	(17,652)	10	4
5	Misc Concession	(250)	10	5
6	NSF Fees	(180)	10	6
7	Other Income	(156)	10	7
8	Meals & Entertainment	(72)	11	8
9	Bank Service Charges	(1,229)	10	9
10	Charitable Contributions	(1,585)	10	10
11	Resident Gifts	(763)	10	11
12	Bad Debt - Tenant	(48,198)	10	12
13	Bad Debt - Medicaid	(174,689)	10	13
14	Cable TV	(8,304)	10	14
15	Management Fees	(52,036)	10	15
16	Service Provider Fee	(174,934)	10	16
17	Interest Income - Escrows	(231)	18	17
18	Interest Income	(6)	18	18
19	Additional R&M	11,188	02	19
20				20
21	PATHWAY MANAGEMENT LLC:			21
22	Maintenance	4,163	02	22
23	Utilities	192	03	23
24	Health Care/ Personal Care	5,429	06	24
25	Comumunity Life	1,903	07	25
26	Administrative	97,722	10	26
27	Marketing	16,334	11	27
28	Insurance	66	13	28

29	Employee Benefits	9,967	14	29
30	Rent- Building	11,203	20	30
31	Rent- Equipment	51	21	31
32				32
33	PATHWAY SENIOR LIVING LLC:			33
34	Dietary	9,288	01	34
35	Maintenance	1,148	02	35
36	Health Care/ Personal Care	5,730	06	36
37	Comumunity Life	7,771	07	37
38	Administrative	91,280	10	38
39	Marketing	22,197	11	39
40	Insurance	1,102	13	40
41	Employee Benefits	12,342	14	41
42	Rent - Building	912	20	42
43	Rent - Equipment	53	21	43
44				44
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100			100

101	Total	35,170	101
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Facility Name: Victory Centre of So Chicago

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	1.85	\$ 23.78	1
2	Licensed Practical Nurses	1.85	22.54	2
3	Certified Nurse Assistants	12.93	10.88	3
4	Activity Director & Assistants	0.77	15.40	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.39	12.11	7
8	Dishwashers			8
9	Maintenance Workers	2.41	15.89	9
10	Housekeepers	2.63	9.85	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.60	17.99	13
14	Clerical			14
15	Marketing	1.00	36.21	15
16	Other			16
17	Total (lines 1 thru 16)	38.42	\$ 14.39	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%	1.95	\$ 7,519	1	
2	Robert Helle	0.001225%	1.95	5,859	2	
3					3	
4					4	
5					5	
				Total	\$ 13377.98	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee			
1	None	\$	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 So Chicago

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 628,250 Year land was acquired 2009

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	112		2009	2009	\$ 21,481,264	\$ 653,519	35	\$ 613,750	\$ (39,769)	\$ 3,682,500	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				37,282			1,864	1,864	2,767	6
7											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)				\$ 21,518,546	\$ 653,519		\$ 615,614	\$ (37,905)	\$ 3,685,267	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	\$ 2,443,167	\$	\$ 244,317	244,317	10	\$ 1,443,622	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 2,443,167	\$	\$ 244,317	244,317		\$ 1,443,622	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 So Chicago

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	2011	2,785		20	139	139	
3	2012	2,296		20	115	115	
4	2013	5,103		20	255	255	
5	2014	7,728		20	386	386	
6	2014	4,560		20	228	228	
7	2014	14,810		20	740	740	
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33							
34	TOTAL (lines 1 thru 33)		\$ 37,282	\$	\$ 1,864	\$ 1,864	\$

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

9	
Accumulated	
depreciation	
	1
557	2
344	3
510	4
386	5
228	6
740	7
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	32
	33
2,767	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of So Chicago

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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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	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of So Chicago

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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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	
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Facility Name: Victory Centre of So Chicago

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			/ /	1,537			5
6	Allocated from Pathway			/ /	12,115			6
7	TOTAL				\$ 13,652			7

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

9. Rental amount for movable equipment \$ 10,936

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	Berkadia		X	1st Mortgage	12/1/07	\$ 10,685,000	\$ 10,261,295	5/1/49	6.0200	\$ 620,148
2	City of Chicago Dept of Housing		X	2nd Mortgage	12/1/07	2,000,000	2,000,000	5/1/49	1.0000	20,000
3	IDHS Trust Fund Loan		X	3rd Mortgage	12/1/07	750,000	683,496	5/1/49	1.0000	6,916
	Working Capital									
4	Security Deposit Interest		X		/ /			/ /		3
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 13,435,000	\$ 12,944,792			\$ 647,067
	B. Non-Facility Related									
8	Interest Income - Escrows		X		/ /			/ /		(231)
9	Interest Income		X		/ /			/ /		(6)
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 12,944,792			\$ 646,831

* 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 So Chicago

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	\$ 419,648	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	660,699		3
4	Supply Inventory (priced at)	5,237		4
5	Short-Term Investments			5
6	Prepaid Insurance	58,960		6
7	Other Prepaid Expenses	9,059		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	862,106		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,015,709	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	628,250		13
14	Buildings, at Historical Cost	19,343,615		14
15	Leasehold Improvements, at Historical Cost	36,139		15
16	Equipment, at Historical Cost	2,452,712		16
17	Accumulated Depreciation (book methods)	(3,775,787)		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):	607,489		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,292,418	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,308,127	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 967,902	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,624		30
31	Accrued Taxes Payable	105,701		31
32	Accrued Interest Payable	190,212		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	81,039		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,401,478	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,944,791		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)	\$ 12,944,791	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,346,269	\$	45
46	TOTAL EQUITY	\$ 6,961,858	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,308,127	\$	47

*(See instructions.)

Facility Name: Victory Centre of So Chicago

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	\$ 3,891,769	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,891,769	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	50	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	999	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,049	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	237	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 237	14
D. Other Revenue (specify):			
15	See Attached	28,169	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 28,169	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,921,224	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	866,912	19
20	Health Care/ Personal Care	546,348	20
21	General Administration	1,278,947	21
B. Capital Expense			
22	Ownership	1,488,780	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)	\$ 4,180,987	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (259,763)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (259,763)	31