

		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><b>I. Facility ID Number:</b> <u>1000002</u></p> <p><b>Facility Name:</b> <u>Victory Senior Centre</u></p> <p><b>Address:</b> <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Will</u></p> <p><b>Telephone Number:</b> <u>(815) 724-0308</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>1/17/2000</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236 - 1111</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></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 &amp; Address) <u>Frost, Ruttenberg &amp; 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) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg &amp; 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 Senior Centre

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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other		183	3
4	30	TOTALS	30	11,133	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	8,760	365		9,125	5
6	Double Unit	490	20		510	6
7	Other	183			183	7
8	TOTALS	9,433	385		9,818	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.19%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 136 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 8 (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: 12/31/2014 Fiscal Year: 12/31/2014

\* 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 Senior Centre

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	49,710	60,297	12,733	122,740	2,203	124,943	1
2	Housekeeping, Laundry and Maintenance	18,208	17,614	55,293	91,115	5,866	96,981	2
3	Heat and Other Utilities			35,097	35,097	51	35,148	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	67,918	77,911	103,123	248,952	8,120	257,072	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	263,586	380	36,992	300,958	2,985	303,943	6
7	Activities and Social Services	15,019	984	5,143	21,146	2,557	23,703	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	278,605	1,364	42,135	322,104	5,542	327,646	9
<b>C. General Administration</b>								
10	Administrative and Clerical	71,973	4,678	159,293	235,944	(51,480)	184,464	10
11	Marketing Materials, Promotions and Advertising	11,860	552	12,726	25,138	10,306	35,444	11
12	Employee Benefits and Payroll Taxes			92,703	92,703		92,703	12
13	Insurance-Property, Liability and Malpractice			10,948	10,948	313	11,261	13
14	Other (specify):					5,967	5,967	14
15	<b>TOTAL General Administration</b>	83,833	5,230	275,670	364,733	(34,894)	329,839	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	430,356	84,505	420,928	935,789	(21,232)	914,557	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			140,132	140,132	(21,997)	118,135	17
18	Interest			6,885	6,885	(12)	6,873	18
19	Real Estate Taxes			25,318	25,318		25,318	19
20	Rent -- Facility and Grounds			224	224	3,240	3,464	20
21	Rent -- Equipment			7,668	7,668	28	7,696	21
22	Other (specify): Amortization			125	125		125	22
23	<b>TOTAL Ownership</b>			180,352	180,352	(18,742)	161,610	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	430,356	84,505	601,280	1,116,141	(39,974)	1,076,167	24

## Victory Senior Centre

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (21,997)	17	1
2	Meal Program Income	(187)	01	2
3	Employee Meals	(94)	01	3
4	Maintenance Fees	(15)	02	4
5	Damage Recovery	(250)	10	5
6	Misc Concession	(74)	10	6
7	NSF Fees	(90)	10	7
8	Other Income	(1,749)	10	8
9	Meals & Entertainment	(694)	10	9
10	Bank Service Charges	(1,122)	10	10
11	Charitable Contributions	(425)	10	11
12	Resident Gifts	(31)	07	12
13	Bad Debt - Tenant	(7,148)	10	13
14	Bad Debt - Medicaid	(9,129)	10	14
15	Cable TV	(445)	10	15
16	Management Fees	(60,706)	10	16
17	Partnership Accounting Ex	(10,200)	10	17
18	Partnership Mgmt Fee	(10,000)	10	18
19	Interest Income-Escrows	(2)	18	19
20	Interest Income	(11)	18	20
21	Additional R&M	4,461	02	21
22				22
23	Pathway Management LLC			23
24	Maintenance	1,113	02	24
25	Utilities	51	03	25
26	Health Care / Personal Care	1,452	06	26
27	Community Life	509	07	27
28	Administrative	26,137	10	28

29	Marketing	4,369	11	29
30	Insurance	18	13	30
31	Employee Benefits	2,666	14	31
32	Rent - Building	2,996	20	32
33	Rent - Equipment	14	21	33
34				34
35	Pathway Senior Living LLC			35
36	Dietary	2,484	01	36
37	Maintenance	307	02	37
38	Health Care / Personal Care	1,533	06	38
39	Community Life	2,079	07	39
40	Administrative	24,414	10	40
41	Marketing	5,937	11	41
42	Insurance	295	13	42
43	Employee Benefits	3,301	14	43
44	Rent - Building	244	20	44
45	Rent - Equipment	14	21	45
46				46
47				47
48				48
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99			99
100			100

101	Total	(39,974)	101
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Facility Name: Victory Senior Centre

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	1.00	\$ 27.48	1
2	Licensed Practical Nurses	0.76	25.19	2
3	Certified Nurse Assistants	7.48	10.72	3
4	Activity Director & Assistants	0.56	12.84	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.52	15.70	7
8	Dishwashers			8
9	Maintenance Workers	0.41	20.58	9
10	Housekeepers	0.03	9.05	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.20	28.72	13
14	Clerical			14
15	Marketing	0.31	18.38	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>13.28</b>	<b>\$ 15.58</b>	<b>17</b>

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%	0.52	\$ 2,011	1
2	Robert Helle	0.000654%	0.52	1,567	2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 3,578 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
		<b>Total</b>
		<b>\$ 3</b>

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 Senior Centre

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 140,132	35	\$ 90,636	\$ (49,496)	\$ 1,594,555	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				93,208			4,661	4,661	16,911	6
7	Various		1999		176,529		20	8,826	8,826	141,228	7
8	Various		2005		1,405		20	70	70	702	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,443,416	\$ 140,132		\$ 104,193	\$ (35,939)	\$ 1,753,396	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	\$ 297,631	\$	\$ 13,941	13,941	10	\$ 229,860	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 297,631	\$	\$ 13,941	13,941		\$ 229,860	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 Senior Centre

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	2	3	4	5	6	7	8	Ac
Improvement Type**	Year	Constructed	Cost	Current Book	Life	Straight Line	Adjustments	De
				Depreciation	in Years	Depreciation		
1								
2	Roofing	2008	5,113		20	256	256	
3	Repipe Floor Drains	2009	8,975		20	449	449	
4	Landscaping	2009	7,000		20	350	350	
5	Water Heater Repairs	2009	5,974		20	299	299	
6	Seal/Coating Concrete	2011	5,546		20	277	277	
7	Install Carrier Rtu	2012	6,950		20	348	348	
8	Sif Nurse Call System	2012	28,900		20	1,445	1,445	
9	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491		20	775	775	
10	Hall To Elevator Flooring	2013	2,985		20	149	149	
11	Perimeter Flashing Repair	2013	6,275		20	314	314	
12								
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28								
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31								
32								
33								
34	TOTAL (lines 1 thru 33)		\$ 93,208	\$		\$ 4,661	\$ 4,661	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
	<b>1</b>
<b>1,662</b>	<b>2</b>
<b>2,693</b>	<b>3</b>
<b>2,100</b>	<b>4</b>
<b>1,495</b>	<b>5</b>
<b>1,109</b>	<b>6</b>
<b>1,043</b>	<b>7</b>
<b>4,335</b>	<b>8</b>
<b>1,549</b>	<b>9</b>
<b>298</b>	<b>10</b>
<b>628</b>	<b>11</b>
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	<b>33</b>
<b>16,911</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre

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.

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre

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.

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
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Facility Name: Victory Senior Centre

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			/ /	224			5
6	Allocated from Pathway			/ /	3,240			6
7	<b>TOTAL</b>				\$ 3,464			7

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

9. Rental amount for movable equipment \$ 7,696

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

**X. INTEREST EXPENSE**

	1	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
<b>A. Directly Facility Related</b>												
<b>Long-Term</b>												
1		IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 677,172	5/1/39	1.0000	\$ 6,879	1
2						/ /			/ /			2
3						/ /			/ /			3
<b>Working Capital</b>												
4		Security Deposit Interest		X		/ /			/ /			6
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 995,000	\$ 677,172			\$ 6,885	7
<b>B. Non-Facility Related</b>												
8		Interest Income - Escrows		X		/ /			/ /		(2)	8
9		Interest Income		X		/ /			/ /		(11)	9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 995,000	\$ 677,172			\$ 6,873	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 Senior Centre

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 16,812	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	130,935		3
4	Supply Inventory (priced at )	2,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	10,604		6
7	Other Prepaid Expenses	23,584		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	197,678		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 381,969	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	79,062		15
16	Equipment, at Historical Cost	353,771		16
17	Accumulated Depreciation (book methods)	(2,144,129)		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):	3,246		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,614,224	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,996,193	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 18,097	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	12,477		30
31	Accrued Taxes Payable	23,834		31
32	Accrued Interest Payable	564		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	14,720		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 69,692	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	677,172		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 677,172	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 746,864	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,249,329	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,996,193	\$	47

\*(See instructions.)

Facility Name: Victory Senior Centre

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 1,039,236	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,039,236</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	281	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 281</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	13	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 13</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	2,623	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,623</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,042,153</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	248,952	19
20	Health Care/ Personal Care	322,104	20
21	General Administration	364,733	21
<b>B. Capital Expense</b>			
22	Ownership	180,352	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,116,141</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (73,988)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (73,988)</b>	<b>31</b>