

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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>1000014</u></p> <p><b>Facility Name:</b> <u>Victory Centre of River Oaks</u></p> <p><b>Address:</b> <u>1370 Ring Road</u> <u>Calumet City</u> <u>60409</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 730-0994</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners #</b> <u>7/2/2002</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td style="border: none;"></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	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><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>1/1/2013</u> to <u>12/31/2013</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%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(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 Centre of River Oaks

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	103	Single Unit Apartment	103	37,595	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	109	TOTALS	109	39,785	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	31,810	1,825		33,635	5
6	Double Unit	617	35		652	6
7	Other					7
8	TOTALS	32,427	1,860		34,287	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.18%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 776 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 73 (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: 12/31/13 Fiscal Year: 12/31/13

\* All facilities other than governmental must report on the accrual basis.

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

**K. Does the facility have any loans from the Federal Home Loan Bank outstanding?** No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

**L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?** No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2013

Ending: 12/31/2013

## 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	184,416	185,014	128,321	497,751	(946)	496,805	1
2	Housekeeping, Laundry and Maintenance	114,906	41,744	96,598	253,248	51,868	305,116	2
3	Heat and Other Utilities			92,510	92,510	208	92,718	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	299,322	226,758	317,429	843,509	51,130	894,639	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	447,289		18,820	466,109	7,843	473,952	6
7	Activities and Social Services	24,274	4,741	23,159	52,174	5,821	57,995	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	471,563	4,741	41,979	518,283	13,664	531,947	9
<b>C. General Administration</b>								
10	Administrative and Clerical	196,114	15,047	1,202,691	1,413,852	(830,446)	583,406	10
11	Marketing Materials, Promotions and Advertising	39,894	984	25,495	66,373	26,457	92,830	11
12	Employee Benefits and Payroll Taxes			217,674	217,674		217,674	12
13	Insurance-Property, Liability and Malpractice			39,910	39,910	689	40,599	13
14	Other (specify):					20,601	20,601	14
15	<b>TOTAL General Administration</b>	236,008	16,031	1,485,770	1,737,809	(782,699)	955,110	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,006,893	247,530	1,845,178	3,099,601	(717,905)	2,381,696	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			404,710	404,710	(86,665)	318,045	17
18	Interest			396,217	396,217	(39,075)	357,142	18
19	Real Estate Taxes			179,448	179,448		179,448	19
20	Rent -- Facility and Grounds			340	340	12,774	13,114	20
21	Rent -- Equipment			13,061	13,061	142	13,203	21
22	Other (specify):Mortgage Insurance Premium/Amort			40,550	40,550		40,550	22
23	<b>TOTAL Ownership</b>			1,034,326	1,034,326	(112,824)	921,502	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,006,893	247,530	2,879,504	4,133,927	(830,728)	3,303,199	24

## Victory Centre of River Oaks

Report Period Beginning: 1/1/2013  
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (86,665)	17	1
2	Guest Meals	(360)	01	2
3	Employee Meals	(598)	01	3
4	Maintenance Fees	(35)	02	4
5	Damage Recovery	(723)	10	5
6	Pet Fee	(250)	07	6
7	NSF Fees	(270)	10	7
8	Late Fees	(40)	10	8
9	Jury Duty	(17)	10	9
10	Meals & Entertainment	(787)	10	10
11	Bank Service Charges	(2,225)	10	11
12	Charitable Contributions	(716)	10	12
13	Resident Gifts	(1,343)	07	13
14	Bad Debt- Tenant	(24,546)	10	14
15	Bad Debt- Medicaid	(64,172)	10	15
16	Cable TV	31,810	02	16
17	Asset Management Fee	(115,284)	10	17
18	Partnership Mgmt Fee	(25,000)	10	18
19	Incentive Management Fee	(542,512)	10	19
20	Interest Income- Escrows	(4)	18	20
21	Interest Income	(39,071)	18	21
22	Additional R&M	11,666	02	22
23	PATHWAY MANAGEMENT LLC:			23
24	Dietary	12	01	24
25	Maintenance	5,400	02	25
26	Utilities	208	03	26
27	Health Care/ Personal Care	5,264	06	27
28	Comumunity Life	1,434	07	28

29	Administrative	79,303	10	29
30	Marketing	12,692	11	30
31	Insurance	2	13	31
32	Employee Benefits	10,194	14	32
33	Rent- Building	11,933	20	33
34	Rent- Equipment	53	21	34
35				35
36	PATHWAY SENIOR LIVING LLC:			36
37	Maintenance	3,027	02	37
38	Health Care/ Personal Care	2,579	06	38
39	Comumunity Life	5,980	07	39
40	Administrative	80,889	10	40
41	Marketing	13,765	11	41
42	Insurance	687	13	42
43	Employee Benefits	10,407	14	43
44	Rent - Building	841	20	44
45	Rent - Equipment	89	21	45
46	Mangement Fees	(214,346)	10	46
47				47
48				48
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53				53
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92			92
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98			98
99			99
100			100

101	Total	(830,728)	101
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Facility Name: Victory Centre of River Oaks

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.98	\$ 40.02	1
2	Licensed Practical Nurses	1.75	23.91	2
3	Certified Nurse Assistants	12.27	10.90	3
4	Activity Director & Assistants	0.80	14.63	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.94	9.92	7
8	Dishwashers			8
9	Maintenance Workers	1.73	14.70	9
10	Housekeepers	3.12	9.58	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.00	18.85	13
14	Clerical			14
15	Marketing	0.63	30.22	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35.23</b>	<b>\$ 13.74</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	29%	1.91	\$ 1,882	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 1,882 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
		<b>Total \$ 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 Centre of River Oaks

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

## VIII. OWNERSHIP COSTS

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

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	109		2002	2002	\$ 9,842,367	\$ 404,710	35	\$ 281,210	\$ (123,500)	\$ 3,870,739	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				206,942			10,347	10,347	46,033	6
7	Various			2002	246,335		20	12,317	12,317	174,283	7
8	Various			2005	15,186		20	759	759	9,112	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)		31810		\$ 10,310,830	\$ 404,710		\$ 304,633	\$ (100,077)	\$ 4,100,167	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	\$ 553,436	\$	\$ 13,412	13,412	10	\$ 477,925	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 570,082	\$	\$ 13,412	13,412		\$ 494,571	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

## STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2013 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	Repair Parking Lot	2007	4,198	20	210	210	
3	Repair Walk-In Freezer	2007	2,690	20	135	135	
4	Replace Carpeting In Common Area	2008	15,028	20	751	751	
5	Dorman Door Closer Operator	2008	4,065	20	203	203	
6	Repair Heating	2008	7,591	20	380	380	
7	Plumbing	2008	4,430	20	222	222	
8	Boiler	2009	8,880	20	444	444	
9	Locks	2009	7,843	20	392	392	
10	Land Improvements	2009	14,000	20	700	700	
11	Paint	2009	9,332	20	467	467	
12	Carpet	2009	40,000	20	2,000	2,000	
13	Paint	2009	18,664	20	933	933	
14	Kitchened Drain Line Repair	2009	2,740	20	137	137	
15	Paving	2010	7,200	20	360	360	
16	Hp Pump	2010	1,816	20	91	91	
17	Boiler Replacement	2010	14,023	20	701	701	
18	Door Frame Guards	2010	3,714	20	186	186	
19	Carpet	2010	1,055	20	53	53	
20	Repair Entrance Door	2010	1,260	20	63	63	
21	Heating System Flushing And Replaced Heating Controllers	2011	6,448	20	322	322	
22	Hot Water System	2012	5,243	20	262	262	
23	Hot Gas Line Repair	2012	2,692	20	135	135	
24	Crack Hot Gas Bypass Line	2012	2,936	20	147	147	
25	Rooftop Unit	2013	8,850	20	443	443	
26	Sign	2013	5,436	20	272	272	
27	Heat Exchangers	2013	3,300	20	165	165	
28	Shrubbery	2013	3,508	20	175	175	
29							
30							
31							
32							
33	Total Book Depreciation						
34	TOTAL (lines 1 thru 33)		\$ 206,942	\$	\$ 10,347	\$ 10,347	\$

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

<b>9</b>	
<b>Accumulated depreciation</b>	
	1
1,470	2
942	3
4,508	4
1,220	5
2,278	6
1,330	7
2,220	8
1,960	9
3,500	10
2,333	11
10,000	12
4,666	13
685	14
1,440	15
363	16
2,804	17
743	18
211	19
252	20
967	21
524	22
269	23
294	24
443	25
272	26
165	27
175	28
	29
	30
	31
	32
	33
46,033	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2013 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							
3							
4							
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29							
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31							
32							
33							
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$	\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2013 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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28							
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30							
31							
32							
33							
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$	\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
	2
	3
	4
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Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

**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			/ /	340			5
6	Allocated from Pathway			/ /	12,774			6
7	<b>TOTAL</b>				\$ 13,114			7

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

9. Rental amount for movable equipment \$ 13,203

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	IHDA		X	1st Mortgage	5/1/01	\$ 6,150,000	\$ 5,654,698	9/1/42	6.7000	\$ 380,776	1
2	Cook County Treasurer		X	2nd Mortgage	5/29/01	2,000,000	1,519,553	11/1/42	1.0000	15,441	2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 8,150,000	\$ 7,174,251			\$ 396,217	7
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		-39,075	8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 8,150,000	\$ 7,174,251			\$ 357,142	10

\* If there is an option to buy the building, please provide complete details on an attached schedule.

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 921,163	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	773,084		3
4	Supply Inventory (priced at )	5,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	63,465		6
7	Other Prepaid Expenses	15,658		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	998,950		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,777,676	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	332,289		15
16	Equipment, at Historical Cost 31810	668,344		16
17	Accumulated Depreciation (book methods)	(4,973,729)		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):	164,531		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 6,575,403	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,353,079	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 728,317	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	77,804		30
31	Accrued Taxes Payable	180,425		31
32	Accrued Interest Payable	32,987		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36		124,601		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,144,134	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,174,251		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>	\$ 7,174,251	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,318,385	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,034,694	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,353,079	\$	47

\*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

## 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	\$ 3,592,982	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,592,982</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	958	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 958</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	39,075	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 39,075</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15		2,083	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,083</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,635,098</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	843,509	19
20	Health Care/ Personal Care	518,283	20
21	General Administration	1,737,809	21
<b>B. Capital Expense</b>			
22	Ownership	1,034,326	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>\$ 4,133,927</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (498,829)</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>\$ (498,829)</b>	<b>31</b>



