

		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>1000027</u></p> <p><b>Facility Name:</b> <u>Victory Centre of River Woods</u></p> <p><b>Address:</b> <u>1800 Riverwood Drive</u> <u>Melrose Park</u> <u>60160</u>  <small>Number Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 547-5800</u> <b>Fax #</b> _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>7/30/2003</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>1/1/2013</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%"> <tr> <td style="width:20%; vertical-align: top;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) _____                  (Title) _____             </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </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.</u>  <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>                  (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u> </td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE                  IL DEPT OF HEALTHCARE AND FAMILY SERVICES                  201 S. Grand Avenue East                  Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) _____ (Title) _____	<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
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Facility Name Victory Centre of River Woods

Report Period Beginning: 1/1/2013 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	89	Single Unit Apartment	89	32,485	1
2	20	Double Unit Apartment	20	7,300	2
3		Other		5,451	3
4	109	TOTALS	109	45,236	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	27,232	3,518		30,750	5
6	Double Unit	998	118		1,116	6
7	Other	5,451			5,451	7
8	TOTALS	33,681	3,636		37,317	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.49%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
1,365 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 445 (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: 12/31/12

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

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

If no, explain. N/A

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

If no, explain. N/A

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

If no, explain. N/A

Facility Name: Victory Centre of River Woods

Report Period Beginning:

1/1/2013

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	189,035	202,171	121,176	512,382	(1,142)	511,240	1
2	Housekeeping, Laundry and Maintenance	129,979	39,270	119,791	289,040	15,132	304,172	2
3	Heat and Other Utilities			103,799	103,799	(1,023)	102,776	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>319,014</b>	<b>241,441</b>	<b>344,766</b>	<b>905,221</b>	<b>12,967</b>	<b>918,188</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	467,368	640	15,241	483,249	8,801	492,050	6
7	Activities and Social Services	36,820	3,401	17,902	58,123	7,569	65,692	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>504,188</b>	<b>4,041</b>	<b>33,143</b>	<b>541,372</b>	<b>16,370</b>	<b>557,742</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	173,131	12,904	1,169,793	1,355,828	(776,818)	579,010	10
11	Marketing Materials, Promotions and Advertising	62,799	326	32,857	95,982	28,749	124,731	11
12	Employee Benefits and Payroll Taxes			215,543	215,543		215,543	12
13	Insurance-Property, Liability and Malpractice			36,723	36,723	773	37,496	13
14	Other (specify):					23,115	23,115	14
15	<b>TOTAL General Administration</b>	<b>235,930</b>	<b>13,230</b>	<b>1,454,916</b>	<b>1,704,076</b>	<b>(724,181)</b>	<b>979,895</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,059,132</b>	<b>258,712</b>	<b>1,832,825</b>	<b>3,150,669</b>	<b>(694,844)</b>	<b>2,455,825</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			440,518	440,518	(23,991)	416,527	17
18	Interest			467,159	467,159	(29,967)	437,192	18
19	Real Estate Taxes			63,851	63,851		63,851	19
20	Rent -- Facility and Grounds			340	340	14,332	14,672	20
21	Rent -- Equipment			16,004	16,004	159	16,163	21
22	Other (specify):Mortgage Insurance Premium/Amort.			40,574	40,574		40,574	22
23	<b>TOTAL Ownership</b>			<b>1,028,446</b>	<b>1,028,446</b>	<b>(39,467)</b>	<b>988,979</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,059,132</b>	<b>258,712</b>	<b>2,861,271</b>	<b>4,179,115</b>	<b>(734,311)</b>	<b>3,444,804</b>	<b>24</b>

Victory Centre of River Woods

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (23,991)	17	1
2	Guest Meals	(462)	01	2
3	Employee Meals	(693)	01	3
4	Pet Fee	(750)	07	4
5	Other Income	(206)	10	5
6	Meals & Entertainment	(937)	11	6
7	Bank Service Charge	(2,250)	10	7
8	Additional R&M	12,117	02	8
9	Charitable Contributions	(716)	10	9
10	Resident Gifts	(5,406)	10	10
11	Bad Debt- Tenant	(16,963)	10	11
12	Bad Debt- Medicaid	(30,297)	10	12
13	Cable Tv	(1,256)	03	13
14	Asset Management Fee	(10,900)	10	14
15	Partnership MGMT Fee	(25,000)	10	15
16	Incentive Management Fee	(624,318)	10	16
17	Interest Income- Escrows	(6)	18	17
18	Interest Income	(29,961)	18	18
19	Additional R&M	(6,440)	02	19
20				20
21	PATHWAY MANAGEMENT LLC:			21
22	Dietary	13	01	22
23	Maintenance	6,059	02	23
24	Utilities	233	03	24
25	Health Care/ Personal Care	5,907	06	25
26	Comumunity Life	1,609	07	26
27	Administrative	88,981	10	27
28	Marketing	14,241	11	28

29	Insurance	2	13	29
30	Employee Benefits	11,438	14	30
31	Rent- Building	13,389	20	31
32	Rent- Equipment	59	21	32
33				33
34	PATHWAY SENIOR LIVING LLC:			34
35	Maintenance	3,396	02	35
36	Health Care/ Personal Care	2,894	06	36
37	Comumunity Life	6,710	07	37
38	Administrative	90,761	10	38
39	Marketing	15,445	11	39
40	Insurance	771	13	40
41	Employee Benefits	11,677	14	41
42	Rent - Building	943	20	42
43	Rent - Equipment	100	21	43
44	Mangement Fees	(240,504)	10	44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
	<b>Total</b>	(734,311)		<b>101</b>

Facility Name: Victory Centre of River Woods

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	1.50	\$ 33.36	1
2	Licensed Practical Nurses	1.68	26.24	2
3	Certified Nurse Assistants	12.16	10.72	3
4	Activity Director & Assistants	0.98	18.13	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.03	10.06	7
8	Dishwashers			8
9	Maintenance Workers	2.65	14.67	9
10	Housekeepers	2.52	9.35	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.06	20.49	13
14	Clerical			14
15	Marketing	0.74	40.81	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35.33</b>	<b>\$ 14.41</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%	2.14	\$ 2,112	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 2,112 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 Centre of River Woods

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

VIII. OWNERSHIP COSTS

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

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	109		2003	2003	\$ 10,971,031	\$ 440,518	35	\$ 313,458	\$ (127,060)	\$ 4,060,710	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				128,070			6,404	6,404	23,989	6
7	Various		2003		63,245		20	3,162	3,162	31,622	7
8	Various		2005		3,762		20	188	188	1,505	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,166,108	\$ 440,518		\$ 323,212	\$ (117,306)	\$ 4,117,826	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	\$ 955,604	\$	\$ 93,315	93,315	10	\$ 811,593	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 955,604	\$	\$ 93,315	93,315		\$ 811,593	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 Woods

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	Electrical Unit	2007	517	20	26	26	
3	Phone System	2007	1,141	20	57	57	
4	Hvac Repairs	2007	2,936	20	147	147	
5	Land Improvements	2009	9,603	20	480	480	
6	Locks	2009	4,842	20	242	242	
7	Building Improvement	2009	7,380	20	369	369	
8	Re-Key Locks	2009	3,307	20	165	165	
9	Painting	2009	16,997	20	850	850	
10	Drywall & Paint	2010	15,997	20	800	800	
11	Demolish Wall	2010	7,685	20	384	384	
12	Floor Removal	2010	7,894	20	395	395	
13	Flooring	2010	4,290	20	215	215	
14	Sewer Work	2011	12,497	20	625	625	
15	Compressor	2012	7,310	20	366	366	
16	Pour Concrete Walkways & Paths	2012	7,675	20	384	384	
17	Telephone System	2012	8,060	20	403	403	
18	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500	20	175	175	
19	Radiator & Generator	2013	6,440	20	322	322	
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33	Total Book Depreciation						
34	TOTAL (lines 1 thru 33)		\$ 128,070	\$	\$ 6,404	\$ 6,404	\$

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

<b>9</b>	
<b>Accumulated depreciation</b>	
	1
181	2
399	3
1,027	4
2,400	5
1,210	6
1,845	7
827	8
4,250	9
3,200	10
1,537	11
1,579	12
859	13
1,875	14
731	15
768	16
806	17
175	18
322	19
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	33
23,989	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Woods

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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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>	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Woods

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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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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Facility Name: Victory Centre of River Woods

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			/ /	14,332			6
7	<b>TOTAL</b>				\$ 14,672			7

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

9. Rental amount for movable equipment \$ 16,162

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	6/13/02	\$ 7,150,000	\$ 6,152,597	6/13/32	7.2000	\$ 447,470	1
2		Dept of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,411,696	6/13/42	1.0000	14,335	2
3		IHDA		X	3rd Mortgage	12/1/03	750,000	524,532	12/1/33	1.0000	5,354	3
<b>Working Capital</b>												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 9,700,000	\$ 8,088,825			\$ 467,159	7
<b>B. Non-Facility Related</b>												
8		Interest Income		X		/ /			/ /		-29,961	8
9		Interest Income-Escrows		X		/ /			/ /		-6	9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,700,000	\$ 8,088,825			\$ 437,192	10

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

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

Facility Name: Victory Centre of River Woods

Report Period Beginning: 1/1/2013

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	\$ 1,398,301	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	842,258		3
4	Supply Inventory (priced at )	5,304		4
5	Short-Term Investments			5
6	Prepaid Insurance	32,157		6
7	Other Prepaid Expenses	20,541		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,459,273		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,757,834	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	918,820		13
14	Buildings, at Historical Cost	10,971,031		14
15	Leasehold Improvements, at Historical Cost	147,930		15
16	Equipment, at Historical Cost	1,011,010		16
17	Accumulated Depreciation (book methods)	(5,176,764)		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):	128,834		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,000,861	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 11,758,695	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,402,126	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	92,538		30
31	Accrued Taxes Payable	64,863		31
32	Accrued Interest Payable	39,127		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	144,848		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,743,502	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,088,825		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>	\$ 8,088,825	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,832,327	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,926,368	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 11,758,695	\$	47

\*(See instructions.)

Facility Name: Victory Centre of River Woods

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	\$ 4,014,382	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,014,382</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	1,155	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 1,155</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	29,967	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 29,967</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	956	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 956</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,046,460</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	905,221	19
20	Health Care/ Personal Care	541,372	20
21	General Administration	1,704,076	21
<b>B. Capital Expense</b>			
22	Ownership	1,028,446	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>\$ 4,179,115</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (132,655)</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>\$ (132,655)</b>	<b>31</b>



