

		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>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>1/1/2013</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;"> 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 & Address) <u>Frost, Ruttenberg & 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>	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 & 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>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name Victory Centre of So Chicago

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	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	32,760	669		33,429	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,760	669		33,429	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.77%

D. Indicate the number of paid bed-hold days the SLF had during this year
781 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 36 (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 So Chicago

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			
A. General Services								
1	Dietary and Food Purchase	182,994	176,830	119,408	479,232	(1,009)	478,223	1
2	Housekeeping, Laundry and Maintenance	122,994	34,585	125,476	283,055	8,422	291,477	2
3	Heat and Other Utilities			104,735	104,735	208	104,943	3
4	Other (specify):							4
5	TOTAL General Services	305,988	211,415	349,619	867,022	7,621	874,643	5
B. Health Care and Programs								
6	Health Care/ Personal Care	441,488	838	25,244	467,570	7,839	475,409	6
7	Activities and Social Services	28,526	1,185	19,980	49,691	5,340	55,031	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	470,014	2,023	45,224	517,261	13,179	530,440	9
C. General Administration								
10	Administrative and Clerical	164,802	19,511	524,915	709,228	(185,322)	523,906	10
11	Marketing Materials, Promotions and Advertising	46,549	214	25,889	72,652	24,865	97,517	11
12	Employee Benefits and Payroll Taxes			200,277	200,277		200,277	12
13	Insurance-Property, Liability and Malpractice			36,325	36,325	688	37,013	13
14	Other (specify):					20,590	20,590	14
15	TOTAL General Administration	211,351	19,725	787,406	1,018,482	(139,179)	879,303	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	987,353	233,163	1,182,249	2,402,765	(118,379)	2,284,386	16
Capital Expenses								
D. Ownership								
17	Depreciation			650,122	650,122	204,412	854,534	17
18	Interest			652,142	652,142	(261)	651,881	18
19	Real Estate Taxes			197,579	197,579		197,579	19
20	Rent -- Facility and Grounds			702	702	12,767	13,469	20
21	Rent -- Equipment			13,041	13,041	142	13,183	21
22	Amortization / MIP:			82,104	82,104		82,104	22
23	TOTAL Ownership			1,595,690	1,595,690	217,060	1,812,750	23
24	GRAND TOTAL (Sum of lines 16 and 23)	987,353	233,163	2,777,939	3,998,455	98,681	4,097,136	24

Victory Centre of So Chicago

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 204,412	17	1
2	Guest Meals	(270)	01	2
3	Employee Meals	(603)	01	3
4	Catering	(148)	01	4
5	Telephone Service	(18,518)	10	5
6	Other Income	(95)	10	6
7	Meals and Entertainment	(1,577)	11	7
8	Bank Service Charges	(3,050)	10	8
9	Charitable Contributions	(735)	10	9
10	Resident Gifts	(1,012)	10	10
11	Bad Debt- Tenant	(14,519)	10	11
12	Bad Debt- Medicaid	(84,572)	10	12
13	Pet Care	(2,070)	07	13
14	Cable TV	(8,697)	10	14
15	Interest Income- Escrows	(183)	18	15
16	Interest Income	(78)	18	16
17				17
18	PATHWAY MANAGEMENT LLC:			18
19	Dietary	12	01	19
20	Maintenance	5,397	02	20
21	Utilities	208	03	21
22	Health Care/ Personal Care	5,261	06	22
23	Comumunity Life	1,433	07	23
24	Administrative	79,261	10	24
25	Marketing	12,685	11	25
26	Insurance	2	13	26
27	Employee Benefits	10,189	14	27
28	Rent- Building	11,927	20	28

29	Rent- Equipment	53	21	29
30				30
31				31
32	PATHWAY SENIOR LIVING LLC:			32
33	Maintenance	3,025	02	33
34	Health Care/ Personal Care	2,578	06	34
35	Comumunity Life	5,977	07	35
36	Administrative	80,847	10	36
37	Marketing	13,757	11	37
38	Insurance	686	13	38
39	Employee Benefits	10,401	14	39
40	Rent - Building	840	20	40
41	Rent - Equipment	89	21	41
42	Management Fees	(47,618)	10	42
43	Service Provider Fee	(166,614)	10	43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
	Total	98,681		101

Facility Name: Victory Centre of So Chicago

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	1.45	\$ 23.00	1
2	Licensed Practical Nurses	1.89	22.54	2
3	Certified Nurse Assistants	12.60	10.82	3
4	Activity Director & Assistants	0.98	13.95	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.20	10.73	7
8	Dishwashers			8
9	Maintenance Workers	2.33	15.89	9
10	Housekeepers	2.33	9.49	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.22	18.79	13
14	Clerical			14
15	Marketing	0.62	36.34	15
16	Other			16
17	Total (lines 1 thru 16)	34.61	\$ 13.71	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	25%	1.9	\$ 1,881	1
2					2
3					3
4					4
5					5
				Total	\$ 1,881 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:

1/1/2013

Ending:

12/31/2013

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	\$ 650,122	35	\$ 613,750	\$ (36,372)	\$ 3,068,750	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				10,184			509	509	902	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)				\$ 21,491,448	\$ 650,122		\$ 614,260	\$ (35,862)	\$ 3,069,653	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	\$ 2,402,744	\$	\$ 240,274	240,274	10	\$ 1,199,305	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 2,402,744	\$	\$ 240,274	240,274		\$ 1,199,305	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:

1/1/2013 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	2011	2,785		20	139	139	
3	2012	2,296		20	115	115	
4	2013	5,103		20	255	255	
5							
6							
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32							
33	Total Book Depreciation						
34	TOTAL (lines 1 thru 33)		\$ 10,184	\$	\$ 509	\$ 509	\$

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

9	
Accumulated	
depreciation	
	1
418	2
230	3
255	4
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902	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of So Chicago

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							
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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:

1/1/2013 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
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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: 1/1/2013

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			/ /	702			5
6	Allocated from Pathway			/ /	12,767			6
7	TOTAL				\$ 13,469			7

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

9. Rental amount for movable equipment \$ 13,183

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	\$ 10,347,985	5/1/49	6.0200	\$ 625,225	1
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	2
3	IDHS Trust Fund Loan		X	3rd Mortgage	12/1/07	750,000	691,580	5/1/49	1.0000	6,916	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,435,000	\$ 13,039,565			\$ 652,141	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-261	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 13,039,565			\$ 651,880	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 So Chicago

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 294,712	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	748,430		3
4	Supply Inventory (priced at)	5,237		4
5	Short-Term Investments			5
6	Prepaid Insurance	57,906		6
7	Other Prepaid Expenses	14,747		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	831,185		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,952,217	\$	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	9,042		15
16	Equipment, at Historical Cost	2,401,101		16
17	Accumulated Depreciation (book methods)	(3,122,268)		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):	574,858		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,834,598	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,786,815	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,105,482	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	82,810		30
31	Accrued Taxes Payable	106,527		31
32	Accrued Interest Payable	170,647		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	60,162		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,525,628	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	13,039,565		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)	\$ 13,039,565	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,565,193	\$	45
46	TOTAL EQUITY	\$ 7,221,622	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,786,815	\$	47

*(See instructions.)

Facility Name: Victory Centre of So Chicago

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,571,929	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,571,929	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	1,021	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,021	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	261	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 261	14
D. Other Revenue (specify):			
15	See Attached	29,607	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 29,607	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,602,818	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	867,022	19
20	Health Care/ Personal Care	517,261	20
21	General Administration	1,018,482	21
B. Capital Expense			
22	Ownership	1,595,690	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,998,455	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (395,637)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (395,637)	31

