

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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: 1000027</p> <p>Facility Name: <u>Victory Centre of Rvr Woods</u></p> <p>Address: <u>1800 Riverwood Drive</u> <u>Melrose Park</u> <u>60160</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 547-5800</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/30/2003</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>	<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>1/1/2015</u> to <u>12/31/2015</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(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>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>	
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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>Email Address: _____</p>	<p align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																													

Facility Name Victory Centre of Rvr Woods

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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		5,775	3
4	109	TOTALS	109	45,560	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	28,767	3,718		32,485	5
6	Double Unit	1,134	135		1,269	6
7	Other	5,775			5,775	7
8	TOTALS	35,676	3,853		39,529	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.76%

D. Indicate the number of paid bed-hold days the SLF had during this year
942 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 280 (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

ACCURAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* 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 Rvr Woods

Report Period Beginning:

1/1/2015

Ending: 12/31/2015

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	234,923	229,403	37,938	502,264	7,289	509,553	1
2	Housekeeping, Laundry and Maintenance	132,267	36,796	113,960	283,023	15,920	298,943	2
3	Heat and Other Utilities			131,734	131,734	(743)	130,991	3
4	Other (specify):							4
5	TOTAL General Services	367,190	266,199	283,632	917,021	22,466	939,487	5
B. Health Care and Programs								
6	Health Care/ Personal Care	495,721	499	35,439	531,659	13,712	545,371	6
7	Activities and Social Services	40,769	4,767	22,965	68,501	9,092	77,593	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	536,490	5,266	58,404	600,160	22,804	622,964	9
C. General Administration								
10	Administrative and Clerical	203,109	26,548	1,418,490	1,648,147	(963,221)	684,926	10
11	Marketing Materials, Promotions and Advertising	69,583	922	61,127	131,632	42,031	173,663	11
12	Employee Benefits and Payroll Taxes			241,002	241,002		241,002	12
13	Insurance-Property, Liability and Malpractice			45,554	45,554	9,210	54,764	13
14	Other (specify):					28,855	28,855	14
15	TOTAL General Administration	272,692	27,470	1,766,173	2,066,335	(883,125)	1,183,210	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,176,372	298,935	2,108,209	3,583,516	(837,856)	2,745,660	16
	Capital Expenses							
D. Ownership								
17	Depreciation			540,586	540,586	(143,717)	396,869	17
18	Interest			263,261	263,261	(2,669)	260,592	18
19	Real Estate Taxes			90,792	90,792		90,792	19
20	Rent -- Facility and Grounds			745	745	9,972	10,717	20
21	Rent -- Equipment			9,668	9,668	239	9,907	21
22	Other (specify): Mortgage Insurance/Amortization			80,785	80,785		80,785	22
23	TOTAL Ownership			985,837	985,837	(136,175)	849,662	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,176,372	298,935	3,094,046	4,569,353	(974,031)	3,595,322	24

Report Period Beginning: 1/1/2015
 Ending: 12/31/2015

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line
1 Non-Straight Line Depreciation	(144,243)	17 1
2 Guest Meals	(1,026)	01 2
3 Employee Meals	(670)	01 3
4 Per Fee	(250)	07 4
5 Other Income	(542)	10 5
6 Meals & Entertainment	(848)	11 6
7 Bank Service Charges	(1,257)	10 7
8 Late Fees/Finance Charges	(525)	10 8
9 Charitable Contributions	(602)	10 9
10 Resident Gifts	(2,763)	10 10
11 Bad Debt - Tenant	(8,967)	10 11
12 Bad Debt - Medical	(56,563)	10 12
13 Bad Debt - Medical Drive Period	(6,699)	10 13
14 Meals & Entertainment	(53)	10 14
15 Cable TV	(989)	03 15
16 Management Fees	(252,730)	10 16
17 Asset Management Fee	(10,900)	10 17
18 Partnership Management Fee	(25,000)	10 18
19 Incentive Management Fee	(796,908)	10 19
20 Interest Income - Escrows	(204)	18 20
21 Interest Income	(2,465)	18 21
22 Additional R&M	14,381	02 22
23 Capitalized R&M	(3,200)	02 23
24		24
25 Pathway Management LLC		25
26 Maintenance	3,761	02 26
27 Utilities	246	03 27
28 Health Care/ Personal Care	5,443	06 28
29 Community Life	1,598	07 29
30 Administrative	103,961	10 30
31 Marketing	19,156	11 31
32 Insurance	128	13 32
33 Employee Benefits	13,282	14 33
34 Depreciation	526	17 34
35 Rent - Building	9,084	20 35
36 Rent - Equipment	55	21 36
37		37
38 Pathway Senior Living LLC		38
39 Dietary	8,984	01 39
40 Maintenance	978	02 40
41 Health Care/ Personal Care	8,269	06 41
42 Community Life	7,744	07 42
43 Administrative	98,330	10 43
44 Marketing	23,723	11 44
45 Insurance	9,082	13 45
46 Employee Benefits	15,573	14 46
47 Rent - Building	988	20 47
48 Rent - Equipment	184	21 48
49		49
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99		99
100		100
101 Total	(974,031)	101

Facility Name: Victory Centre of Rvr Woods

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.54	\$ 26.30	1
2	Licensed Practical Nurses	2.37	23.14	2
3	Certified Nurse Assistants	9.86	14.51	3
4	Activity Director & Assistants	1.03	19.05	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.52	15.03	7
8	Dishwashers			8
9	Maintenance Workers	3.08	14.85	9
10	Housekeepers	1.41	12.68	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.59	21.28	13
14	Clerical			14
15	Marketing	1.01	33.06	15
16	Other			16
17	Total (lines 1 thru 16)	32.40	\$ 17.45	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Jerry Finis	0.001415%	2.11	\$ 6,237	1
2					2
3					3
4					4
5					5
Total				\$ 6,237	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	N/A	\$	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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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 Rvr Woods

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	\$ 541,112	35	\$ 313,458	\$ (227,654)	\$ 4,687,626	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				768,478			38,424	38,424	63,235	6
7	Various		2003		63,245		20	3,162	3,162	34,784	7
8	Various		2005		3,762		20	188	188	1,693	8
9	Various		2007		4,594		20	230	230	1,837	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,811,110	\$ 541,112		\$ 355,462	\$ (185,650)	\$ 4,789,176	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	\$ 1,106,937	\$	\$ 41,407	41,407	10	\$ 865,874	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 1,106,937	\$	\$ 41,407	41,407		\$ 865,874	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

Facility Name & ID Number Victory Centre of Rvr Woods

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Land Improvements	2009	9,603		20	480	480	2,881	2
3	Locks	2009	4,842		20	242	242	1,452	3
4	Building Improvement	2009	7,380		20	369	369	2,214	4
5	Re-Key Locks	2009	3,307		20	165	165	992	5
6	Painting	2009	16,997		20	850	850	5,099	6
7	Drywall & Paint	2010	15,997		20	800	800	3,999	7
8	Demolish Wall	2010	7,685		20	384	384	1,921	8
9	Floor Removal	2010	7,894		20	395	395	1,974	9
10	Flooring	2010	4,290		20	215	215	1,073	10
11	Sewer Work	2011	12,497		20	625	625	2,499	11
12	Compressor	2012	7,310		20	366	366	1,097	12
13	Pour Concrete Walkways & Paths	2012	7,675		20	384	384	1,151	13
14	Telephone System	2012	8,060		20	403	403	1,209	14
15	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500		20	175	175	350	15
16	Radiator & Generator	2013	6,440		20	322	322	644	16
17	Signage	2014	4,941		20	247	247	494	17
18	Remove & Replace Mixing Valve	2014	3,250		20	163	163	325	18
19	Dining Room Floor	2014	24,906		20	1,245	1,245	2,491	19
20	Compressor Replacement	2014	10,716		20	536	536	1,072	20
21	Vav Controller, Economizer Board, Gas Regulator	2014	4,775		20	239	239	478	21
22	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	389,789		20	19,489	19,489	19,489	22
23	Phone System	2015	25,424		20	1,271	1,271	1,271	23
24	Ac- Elevator Room	2015	6,301		20	315	315	315	24
25	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	171,700		20	8,585	8,585	8,585	25
26	Replace Mixing Valve Actuator For Heating Systems	2015	3,200		20	160	160	160	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 768,478	\$		\$ 38,424	\$ 38,424	\$ 63,235	34

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

Facility Name & ID Number Victory Centre of Rvr Woods

Report Period Beginning:

1/1/2015 Ending:

12/31/2015

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	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
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26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Victory Centre of Rvr Woods

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1								1	
2								2	
3								3	
4								4	
5								5	
6								6	
7								7	
8								8	
9								9	
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28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Centre of Rvr Woods

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

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 Unit		/ /	745			5
6	Allocated from Pathway		/ /	9,972			6
7	TOTAL			\$ 10,717			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$ 9,907

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	Wells Fargo		X	1st Mortgage	11/30/14	\$ 7,096,600	\$ 6,828,553	10/30/44	3.5500	\$ 246,803
2	Department of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,332,215	6/13/42	1.0000	15,823
3	IHDA		X	3rd Mortgage	12/1/03	750,000	63,453	12/1/33	1.0000	635
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 9,646,600	\$ 8,224,221			\$ 263,260
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		-2,465
9	Interest Income - Escrows		X		/ /			/ /		-204
10	TOTALS (lines 7, 8 and 9)					\$ 9,646,600	\$ 8,224,221			\$ 260,591

* 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 Rvr Woods**Report Period Beginning: **1/1/2015**Ending: **12/31/2015****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,254,404	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	586,950		3
4	Supply Inventory (priced at)	5,304		4
5	Short-Term Investments			5
6	Prepaid Insurance	45,793		6
7	Other Prepaid Expenses	17,234		7
8	Accounts Receivable (owners or related parties)	100		8
9	Other(specify):	1,442,881		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,352,666	\$	10
	B. Long-Term Assets			
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	575,255		15
16	Equipment, at Historical Cost	1,396,920		16
17	Accumulated Depreciation (book methods)	(6,167,414)		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):	190,869		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,885,481	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,238,147	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,383,330	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,671		30
31	Accrued Taxes Payable	86,243		31
32	Accrued Interest Payable	21,981		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	293,397		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,865,622	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,224,221		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)	\$ 8,224,221	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,089,843	\$	45
46	TOTAL EQUITY	\$ 1,148,304	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,238,147	\$	47

*(See instructions.)

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	\$ 4,239,788	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,239,788	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	1,696	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,696	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,669	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,669	14
D. Other Revenue (specify):			
15		795	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 795	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,244,948	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	917,021	19
20	Health Care/ Personal Care	600,160	20
21	General Administration	2,066,335	21
B. Capital Expense			
22	Ownership	985,837	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,569,353	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (324,405)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (324,405)	31