

		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.

**I. Facility ID Number:** 1000117

**Facility Name:** Victory Centre of S Chicago

**Address:** 3251 East 92nd St Chicago 60617  
Number City Zip Code

**County:** Cook

**Telephone Number:** 773-449-2600 **Fax #** 773-734-8022

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 5/1/2009

**Type of Ownership:**

<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>	

**In the event there are further questions about this report, please contact:**  
**Name:** Steve Lavenda **Telephone Number:** (847) 282 - 6300  
**Email Address:** \_\_\_\_\_

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2015 to 12/31/2015 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
<b>Paid Preparer</b>	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> <u>Partner</u>	
	(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	
	(Telephone) <u>(847) 282-6300</u> <b>Fax</b> <u>(847) 282-6301</u>	
	MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 <b>Phone # (217) 782-1630</b>	

Facility Name Victory Centre of S Chicago

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	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	34,043	695		34,738	5
6	Double Unit					6
7	Other					7
8	TOTALS	34,043	695		34,738	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.98%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 1,213 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 243 (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: 12/31/15 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 S Chicago

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	242,566	214,262	21,292	478,120	7,446	485,566	1
2	Housekeeping, Laundry and Maintenance	128,374	42,169	89,531	260,074	9,632	269,706	2
3	Heat and Other Utilities			124,020	124,020	213	124,233	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>370,940</b>	<b>256,431</b>	<b>234,843</b>	<b>862,214</b>	<b>17,291</b>	<b>879,505</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	480,395	918	63,175	544,488	11,886	556,374	6
7	Activities and Social Services	33,092	4,222	22,355	59,669	8,097	67,766	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>513,487</b>	<b>5,140</b>	<b>85,530</b>	<b>604,157</b>	<b>19,983</b>	<b>624,140</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	223,967	20,986	556,856	801,809	(165,841)	635,968	10
11	Marketing Materials, Promotions and Advertising	65,319	833	44,297	110,449	36,797	147,246	11
12	Employee Benefits and Payroll Taxes			247,977	247,977		247,977	12
13	Insurance-Property, Liability and Malpractice			46,511	46,511	7,983	54,494	13
14	Other (specify):					25,011	25,011	14
15	<b>TOTAL General Administration</b>	<b>289,286</b>	<b>21,819</b>	<b>895,641</b>	<b>1,206,746</b>	<b>(96,050)</b>	<b>1,110,696</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,173,713</b>	<b>283,390</b>	<b>1,216,014</b>	<b>2,673,117</b>	<b>(58,776)</b>	<b>2,614,341</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			666,195	666,195	203,340	869,535	17
18	Interest			641,672	641,672	(450)	641,222	18
19	Real Estate Taxes			97,364	97,364		97,364	19
20	Rent -- Facility and Grounds			1,035	1,035	8,643	9,678	20
21	Rent -- Equipment			14,997	14,997	206	15,203	21
22	Other (specify): Mortgage Insurance/Amortization			82,608	82,608		82,608	22
23	<b>TOTAL Ownership</b>			<b>1,503,871</b>	<b>1,503,871</b>	<b>211,739</b>	<b>1,715,610</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,173,713</b>	<b>283,390</b>	<b>2,719,885</b>	<b>4,176,988</b>	<b>152,963</b>	<b>4,329,951</b>	<b>24</b>

## Victory Centre of S Chicago

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 202,884	17	1
2	Employee Meals	(341)	01	2
3	Telephone Service	(12,005)	10	3
4	NSF Fees	(149)	10	4
5	Meals & Entertainment	(371)	11	5
6	Bank Service Charges	(1,316)	10	6
7	Charitable Contributions	(1,236)	10	7
8	Resident Gifts	(387)	10	8
9	Bad Debt - Tenant	(62,335)	10	9
10	Bad Debt - Medicaid	(37,376)	10	10
11	Cable TV	(7,316)	10	11
12	Management Fees	(52,670)	10	12
13	Service Provider Fee	(166,396)	10	13
14	Interest Income - Escrows	(145)	18	14
15	Interest Income	(304)	18	15
16	Additional R&M	5,525	02	16
17				17
18				18
19				19
20				20
21	PATHWAY MANAGEMENT LLC:			21
22	Maintenance	3,260	02	22
23	Utilities	213	03	23
24	Health Care/ Personal Care	4,718	06	24
25	Comumunity Life	1,385	07	25
26	Administrative	90,113	10	26
27	Marketing	16,605	11	27
28	Insurance	111	13	28

29	Employee Benefits	11,512	14	29
30	Depreciation	456	17	30
31	Rent- Building	7,804	20	31
32	Rent- Equipment	47	21	32
33				33
34	PATHWAY SENIOR LIVING LLC:			34
35	Dietary	7,787	01	35
36	Maintenance	847	02	36
37	Health Care/ Personal Care	7,168	06	37
38	Comumunity Life	6,712	07	38
39	Administrative	85,233	10	39
40	Marketing	20,563	11	40
41	Insurance	7,872	13	41
42	Employee Benefits	13,499	14	42
43	Rent - Building	839	20	43
44	Rent - Equipment	159	21	44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
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97			97
98			98
99			99
100			100

101	Total	152,963	101
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Facility Name: Victory Centre of S Chicago

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	0.82	\$ 25.61	1
2	Licensed Practical Nurses	2.53	23.84	2
3	Certified Nurse Assistants	14.00	10.70	3
4	Activity Director & Assistants	1.06	14.95	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.48	12.30	7
8	Dishwashers			8
9	Maintenance Workers	3.47	10.64	9
10	Housekeepers	2.80	8.85	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.44	16.71	13
14	Clerical			14
15	Marketing	1.12	28.15	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>41.72</b>	<b>\$ 13.53</b>	<b>17</b>

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

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period		
1	Jerry Finis	0.001225%	1.83	\$ 5,406	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$ 5406</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	None	\$
2		
<b>Total</b>		<b>\$</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 S Chicago

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	\$ 666,651	35	\$ 613,750	\$ (52,901)	\$ 4,296,250	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				219,255			10,963	10,963	13,729	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)				\$ 21,700,519	\$ 666,651		\$ 624,713	\$ (41,938)	\$ 4,309,979	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	\$ 2,448,218	\$	\$ 244,822	244,822		\$ 1,688,444	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,448,218	\$	\$ 244,822	244,822		\$ 1,688,444	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 S Chicago

Report Period Beginning:

1/1/2015 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	2014	7,728		20	386	386	
6	2014	4,560		20	228	228	
7	2014	14,810		20	740	740	
8	2015	89,913		20	4,496	4,496	
9	2015	11,534		20	577	577	
10	2015	80,526		20	4,026	4,026	
11							
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31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 219,255	\$	\$ 10,963	\$ 10,963	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
	<b>1</b>
<b>696</b>	<b>2</b>
<b>459</b>	<b>3</b>
<b>765</b>	<b>4</b>
<b>773</b>	<b>5</b>
<b>456</b>	<b>6</b>
<b>1,481</b>	<b>7</b>
<b>4,496</b>	<b>8</b>
<b>577</b>	<b>9</b>
<b>4,026</b>	<b>10</b>
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<b>13,729</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of S Chicago

Report Period Beginning:

1/1/2015 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								
5								
6								
7								
8								
9								
10								
11								
12								
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15								
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26								
27								
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
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of S Chicago

Report Period Beginning:

1/1/2015 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							
5							
6							
7							
8							
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11							
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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
	2
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Facility Name: Victory Centre of S Chicago

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 Rental			/ /	1,035			5
6	Allocated from Pathway			/ /	8,643			6
7	<b>TOTAL</b>				\$ 9,678			7

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

9. Rental amount for movable equipment \$ 15,203

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	Berkadia		X	1st Mortgage	12/1/07	\$ 10,685,000	\$ 10,169,240	5/1/49	6.0200	\$ 614,756
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
3	IDHS Trust Fund Loan		X	3rd Mortgage	12/1/07	750,000	691,580	5/1/49	1.0000	6,916
	<b>Working Capital</b>									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	<b>TOTAL Facility Related</b>					\$ 13,435,000	\$ 12,860,821			\$ 641,672
	<b>B. Non-Facility Related</b>									
8	Interest Income - Escrows		X		/ /			/ /		-145
9	Interest Income		X		/ /			/ /		-304
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 13,435,000	\$ 12,860,821			\$ 641,222

\* 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 S Chicago

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 447,580	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	629,676		3
4	Supply Inventory (priced at )	5,237		4
5	Short-Term Investments			5
6	Prepaid Insurance	69,669		6
7	Other Prepaid Expenses	7,764		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	833,765		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,993,691	\$	10
	<b>B. Long-Term Assets</b>			
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	36,069		15
16	Equipment, at Historical Cost	2,645,331		16
17	Accumulated Depreciation (book methods)	(4,441,982)		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):	504,226		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 18,715,509	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 20,709,200	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 747,440	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	51,108		30
31	Accrued Taxes Payable	95,827		31
32	Accrued Interest Payable	208,582		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	148,442		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,251,399	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,860,820		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>	\$ 12,860,820	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 14,112,219	\$	45
46	<b>TOTAL EQUITY</b>	\$ 6,596,981	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 20,709,200	\$	47

\*(See instructions.)

Facility Name: Victory Centre of S Chicago

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

## 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	\$ 3,791,883	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,791,883</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	341	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 341</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	449	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 449</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15		19,437	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 19,437</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,812,110</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	862,214	19
20	Health Care/ Personal Care	604,157	20
21	General Administration	1,206,746	21
<b>B. Capital Expense</b>			
22	Ownership	1,503,871	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>\$ 4,176,988</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (364,878)</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>\$ (364,878)</b>	<b>31</b>