

		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: 1000014

Facility Name: Victory Centre of River Oaks

Address: 1370 Ring Road Calumet City 60409

Number City Zip Code

County: Cook

Telephone Number: (708) 730-0994 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 07/30/2003

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
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 Limited Partnership	

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.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address) Marcum LLP 111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 282-6300 Fax (847) 282-6301

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

Facility Name Victory Centre of River Oaks

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	<u>103</u>	Single Unit Apartment	<u>103</u>	<u>37,595</u>	1
2	<u>6</u>	Double Unit Apartment	<u>6</u>	<u>2,190</u>	2
3		Other		<u>863</u>	3
4	<u>109</u>	TOTALS	<u>109</u>	<u>40,648</u>	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	<u>32,218</u>	<u>1,849</u>		<u>34,067</u>	5
6	Double Unit	<u>1,276</u>	<u>74</u>		<u>1,350</u>	6
7	Other	<u>863</u>			<u>863</u>	7
8	TOTALS	<u>34,357</u>	<u>1,923</u>		<u>36,280</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.25%

D. Indicate the number of paid bed-hold days the SLF had during this year 924 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 96 (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

## STATE OF ILLINOIS

Page 3

Facility Name: Victory Centre of River Oaks

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	261,831	211,669	26,057	499,557	6,663	506,220	1
2	Housekeeping, Laundry and Maintenance	143,724	41,131	108,616	293,471	6,750	300,221	2
3	Heat and Other Utilities			114,781	114,781	228	115,009	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	405,555	252,800	249,454	907,809	13,641	921,450	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	476,157	696	38,085	514,938	12,745	527,683	6
7	Activities and Social Services	33,278	3,318	21,006	57,602	8,126	65,728	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	509,435	4,014	59,091	572,540	20,871	593,411	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	201,456	17,064	927,992	1,146,512	(525,641)	620,871	10
11	Marketing Materials, Promotions and Advertising	63,593	1,317	61,030	125,940	39,856	165,796	11
12	Employee Benefits and Payroll Taxes			276,563	276,563		276,563	12
13	Insurance-Property, Liability and Malpractice			47,828	47,828	8,560	56,388	13
14	Other (specify):					26,821	26,821	14
15	<b>TOTAL General Administration</b>	265,049	18,381	1,313,413	1,596,843	(450,404)	1,146,439	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,180,039	275,195	1,621,958	3,077,192	(415,893)	2,661,299	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			463,904	463,904	(117,864)	346,040	17
18	Interest			386,461	386,461	(2,117)	384,344	18
19	Real Estate Taxes			207,533	207,533		207,533	19
20	Rent -- Facility and Grounds			745	745	9,269	10,014	20
21	Rent -- Equipment			16,384	16,384	222	16,606	21
22	Other (specify): Mortgage Insurace/Amortization			36,934	36,934		36,934	22
23	<b>TOTAL Ownership</b>			1,111,961	1,111,961	(110,490)	1,001,471	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,180,039	275,195	2,733,919	4,189,153	(526,382)	3,662,771	24

**Victory Centre of River Oaks**


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

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Non-Straight Line Depreciation	\$ (118,353)	17	1
2	Partnership Misc Exp	(48,830)	10	2
3	Employee Meals	(1,687)	01	3
4	Damage Recovery	(75)	10	4
5	NSF Fees	(510)	10	5
6	Other Income	(149)	10	6
7	Meals & Entertainment	(288)	10	7
8	Bank Service Charges	(1,257)	10	8
9	Charitable Contributions	(602)	10	9
10	Resident Gifts	(558)	07	10
11	Bad Debt - Tenant	(48,370)	10	11
12	Bad Debt - Medicaid	(34,213)	10	12
13	Management Fees	(234,914)	10	13
14	Asset Management Fee	(53,161)	10	14
15	Partnership Mgmt Fee	(25,000)	10	15
16	Incentive Mgmt Fee	(250,168)	10	16
17	Interest Income- Escrows	(40)	18	17
18	Interest Income	(2,077)	18	18
19	Additional R&M	7,664	02	19
20	Resident Reimbursables	(715)	10	20
21	Termination Fees	(394)	10	21
22	Service Fees	(15,027)	10	22
23	Capitalized R&M	(5,319)	02	23
24				24
25	PATHWAY MANAGEMENT LLC:			25
26	Maintenance	3,496	02	26
27	Utilities	228	03	27
28	Health Care/ Personal Care	5,059	06	28

29	Community Life	1,486	07	29
30	Administrative	96,632	10	30
31	Marketing	17,806	11	31
32	Insurance	119	13	32
33	Employee Benefits	12,345	14	33
34	Depreciation	489	17	34
35	Rent- Building	8,369	20	35
36	Rent- Equipment	51	21	36
37				37
38	PATHWAY SENIOR LIVING LLC:			38
39	Dietary	8,350	01	39
40	Maintenance	909	02	40
41	Health Care/ Personal Care	7,686	06	41
42	Community Life	7,198	07	42
43	Administrative	91,399	10	43
44	Marketing	22,050	11	44
45	Insurance	8,441	13	45
46	Employee Benefits	14,476	14	46
47	Rent - Building	900	20	47
48	Rent - Equipment	171	21	48
49				49
50				50
51				51
52				52
53				53
54				54
55				55
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92			92
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97			97
98			98
99			99
100			100

101	Total	(526,382)	101
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Facility Name: Victory Centre of River Oaks

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	1.08	\$ 27.30	1
2	Licensed Practical Nurses	2.39	21.86	2
3	Certified Nurse Assistants	12.94	11.38	3
4	Activity Director & Assistants	1.08	14.84	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.02	11.43	7
8	Dishwashers			8
9	Maintenance Workers	2.45	14.33	9
10	Housekeepers	3.37	10.10	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.83	20.05	13
14	Clerical			14
15	Marketing	1.04	29.44	15
16	Other			16
17	Total (lines 1 thru 16)	40.18	\$ 14.12	17

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).

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%	1.96	\$ 5,797	1
2					2
3					3
4					4
5					5
Total				\$ 5797	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$		1
2				2
Total		\$		3



Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

**VIII. OWNERSHIP COSTS**A. Purchase price of land 541,601 Year land was acquired 2002

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

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	109		2002	2002	\$ 9,842,367	\$ 464,393	35	\$ 281,210	\$ (183,183)	\$ 4,433,159	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Total From Supplemental Page 5's				479,608			23,980	23,980	79,815	6
7	Various			2002	246,335		20	12,317	12,317	198,917	7
8	Various			2005	15,186		20	759	759	10,631	8
9	Various			2007	6,888		20	344	344	3,100	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 10,590,384	\$ 464,393		\$ 318,611	\$ (145,782)	\$ 4,725,621	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	\$ 694,860	\$	\$ 27,429	27,429		\$ 529,827	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 711,506	\$	\$ 27,429	27,429		\$ 546,473	20

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

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

## STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2015

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	2008	15,028		20	751	751	
3	2008	4,065		20	203	203	
4	2008	7,591		20	380	380	
5	2008	4,430		20	222	222	
6	2009	8,880		20	444	444	
7	2009	7,843		20	392	392	
8	2009	14,000		20	700	700	
9	2009	9,332		20	467	467	
10	2009	40,000		20	2,000	2,000	
11	2009	18,664		20	933	933	
12	2009	2,740		20	137	137	
13	2010	7,200		20	360	360	
14	2010	1,816		20	91	91	
15	2010	14,023		20	701	701	
16	2010	3,714		20	186	186	
17	2010	1,055		20	53	53	
18	2010	1,260		20	63	63	
19	2011	6,448		20	322	322	
20	2012	5,243		20	262	262	
21	2012	2,692		20	135	135	
22	2012	2,936		20	147	147	
23	2013	8,850		20	443	443	
24	2013	5,436		20	272	272	
25	2013	3,300		20	165	165	
26	2013	3,508		20	175	175	
27	2014	4,950		20	248	248	
28	2014	17,510		20	876	876	
29	2014	3,700		20	185	185	
30	2014	2,780		20	139	139	
31	2014	4,812		20	241	241	
32	2014	10,440		20	522	522	
33	2015	74,794		20	3,740	3,740	
34		\$ 319,039	\$		\$ 15,952	\$ 15,952	\$

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

9 Accumulated depreciation	
	1
6,011	2
1,626	3
3,037	4
1,773	5
3,108	6
2,745	7
4,900	8
3,266	9
14,000	10
6,532	11
959	12
2,160	13
545	14
4,207	15
1,115	16
317	17
378	18
1,612	19
1,049	20
538	21
587	22
1,328	23
815	24
495	25
526	26
495	27
1,751	28
370	29
278	30
481	31
1,044	32
3,740	33
71,786	34

STATE OF ILLINOIS

Facility Name & ID Number      Victory Centre of River Oaks      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 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	Ac De
1								
2	Phone System	2015	20,442		20	1,022	1,022	
3	Doors	2015	3,233		20	162	162	
4	Sealcoating	2015	5,349		20	267	267	
5	Windows	2015	122,530		20	6,127	6,127	
6	Shower Apt 406	2015	3,695		20	185	185	
7	New Bearing Assembly	2015	2,804		20	140	140	
8	Raise Sidewalks	2015	2,515		20	126	126	
9								
10								
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12								
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31								
32								
33								
34	TOTAL (lines 1 thru 33)		\$ 160,569	\$		\$ 8,028	\$ 8,028	\$

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

9	
accumulated	
depreciation	
	1
1,022	2
162	3
267	4
6,127	5
185	6
140	7
126	8
	9
	10
	11
	12
	13
	14
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8,028	34

STATE OF ILLINOIS

Facility Name & ID Number      Victory Centre of River Oaks      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	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Ac De
1								
2								
3								
4								
5								
6								
7								
8								
9								
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26								
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31								
32								
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	
	1
	2
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Facility Name: Victory Centre of River Oaks

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			/ /	745			5
6	Allocated from Pathway			/ /	9,269			6
7	TOTAL				\$ 10,014			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 16,606

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	IHDA		X	1st Mortgage	5/1/01	\$ 6,150,000	\$ 5,518,645	9/1/42	6.7000	\$ 371,934	1
2	Cook County Treasurer		X	2nd Mortgage	5/29/01	2,000,000	1,427,696	11/1/42	1.0000	14,527	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,150,000	\$ 6,946,341			\$ 386,461	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,077	8
9	Interest Income - Escrows		X		/ /			/ /		-40	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 6,946,341			\$ 384,344	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.



## STATE OF ILLINOIS

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Facility Name: Victory Centre of River Oaks

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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 676,534	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	441,094		3
4	Supply Inventory (priced at )	5,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	70,673		6
7	Other Prepaid Expenses	11,253		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,085,195		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,290,105	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	485,862		15
16	Equipment, at Historical Cost	945,177		16
17	Accumulated Depreciation (book methods)	(5,868,109)		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):	186,782		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 6,133,680	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 8,423,785	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 610,030	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,334		30
31	Accrued Taxes Payable	203,333		31
32	Accrued Interest Payable	32,227		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	174,236		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,076,160	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,946,341		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</b> (sum of lines 38 thru 43)	\$ 6,946,341	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 8,022,501	\$	45
46	<b>TOTAL EQUITY</b>	\$ 401,284	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 8,423,785	\$	47

\*(See instructions.)

Facility Name: Victory Centre of River Oaks

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.)**

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 3,904,787	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 3,904,787	3
	<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	1,687	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 1,687	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	2,117	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 2,117	14
	<b>D. Other Revenue (specify):</b>		
15		1,128	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 1,128	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 3,909,719	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	907,809	19
20	Health Care/ Personal Care	572,540	20
21	General Administration	1,596,843	21
	<b>B. Capital Expense</b>		
22	Ownership	1,111,961	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>	\$ 4,189,153	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (279,434)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (279,434)	31