

		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: 1000054

Facility Name: Victory Ctre of Sierra Ridge

Address: 4150 W Gatling Blvd Country Club Hills 60478

Number City Zip Code

County: Cook

Telephone Number: (708) 957-8300 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 1/5/2006

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 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) Steven N. Lavenda, C.P.A. Partner

(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 Ctre of Sierra Ridge

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	100	Single Unit Apartment	100	36,500	1
2	10	Double Unit Apartment	10	3,650	2
3		Other		2,707	3
4	110	TOTALS	110	42,857	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	25,493	5,980		31,473	5
6	Double Unit	459	107		566	6
7	Other	2,707			2,707	7
8	TOTALS	28,659	6,087		34,746	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.07%

D. Indicate the number of paid bed-hold days the SLF had during this year 700 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 188 (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? No If yes, did the facility make all of the

required payments of interest and principle? N/A

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

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Facility Name: Victory Ctre of Sierra Ridge

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	244,204	206,938	25,783	476,925	7,180	484,105	1
2	Housekeeping, Laundry and Maintenance	134,469	42,961	96,919	274,349	14,968	289,317	2
3	Heat and Other Utilities			144,198	144,198	219	144,417	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	378,673	249,899	266,900	895,472	22,367	917,839	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	489,084	295	32,151	521,530	12,254	533,784	6
7	Activities and Social Services	12,671	2,350	25,155	40,176	8,349	48,525	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	501,755	2,645	57,306	561,706	20,603	582,309	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	201,318	13,617	1,096,220	1,311,155	(672,704)	638,451	10
11	Marketing Materials, Promotions and Advertising	57,074	939	72,375	130,388	38,319	168,707	11
12	Employee Benefits and Payroll Taxes			242,634	242,634		242,634	12
13	Insurance-Property, Liability and Malpractice			46,973	46,973	8,230	55,203	13
14	Other (specify):					25,786	25,786	14
15	<b>TOTAL General Administration</b>	258,392	14,556	1,458,202	1,731,150	(600,369)	1,130,781	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,138,820	267,100	1,782,408	3,188,328	(557,399)	2,630,929	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			391,609	391,609	108,479	500,088	17
18	Interest			318,088	318,088	(2,089)	315,999	18
19	Real Estate Taxes			183,256	183,256		183,256	19
20	Rent -- Facility and Grounds			1,029	1,029	8,911	9,940	20
21	Rent -- Equipment			21,332	21,332	213	21,545	21
22	Other (specify): Mortgage Insurance Premium/Amortizatio			48,393	48,393		48,393	22
23	<b>TOTAL Ownership</b>			963,707	963,707	115,514	1,079,221	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,138,820	267,100	2,746,115	4,152,035	(441,886)	3,710,149	24

## Victory Ctre of Sierra Ridge

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

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Non-Straight Line Depreciation	\$ 108,009	17	1
2	Guest Meals	(199)	01	2
3	Employee Meals	(649)	01	3
4	Maintenance Fees	(20)	02	4
5	Telephone Service	(20,801)	10	5
6	NSF Fees	(120)	10	6
7	Meals & Entertainment	(415)	10	7
8	Bank Service Charges	(2,351)	10	8
9	Late Fees/Finance Charges	(57)	10	9
10	Charitable Contributions	(663)	10	10
11	Resident Gifts	(692)	10	11
12	Bad Debt - Tenant	(33,596)	10	12
13	Bad Debt - Medicaid	(144,423)	10	13
14	Bad Debt - Medicaid Prior Period	(48,950)	10	14
15	Cable TV	(27,741)	10	15
16	Management Fees	(46,812)	10	16
17	Service Provider Fees	(179,045)	10	17
18	Asset Management Fee	(7,500)	10	18
19	Incentive Management Fee	(340,319)	10	19
20	Interest Income - Escrows	(307)	18	20
21	Interest Income	(1,783)	18	21
22	Additional R&M	10,753	02	22
23				23
24				24
25	Pathway Management LLC			25
26	Maintenance	3,361	02	26
27	Utilities	219	03	27
28	Health Care/Personal Care	4,864	06	28

29	Community Life	1,428	07	29
30	Administrative	92,906	10	30
31	Marketing	17,119	11	31
32	Insurance	114	13	32
33	Employee Benefits	11,869	14	33
34	Depreciation	470	17	34
35	Rent - Building	8,046	20	35
36	Rent - Equipment	49	21	36
37				37
38	Pathway Senior Living LLC			38
39	Dietary	8,028	01	39
40	Maintenance	874	02	40
41	Health Care / Personal Care	7,390	06	41
42	Community Life	6,921	07	42
43	Administrative	87,875	10	43
44	Marketing	21,200	11	44
45	Insurance	8,116	13	45
46	Employee Benefits	13,917	14	46
47	Rent - Building	865	20	47
48	Rent - Equipment	164	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	(441,886)	101
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Facility Name: Victory Ctre of Sierra Ridge

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	1.31	\$ 27.37	1
2	Licensed Practical Nurses	1.88	26.02	2
3	Certified Nurse Assistants	13.54	11.11	3
4	Activity Director & Assistants	0.34	17.81	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.80	11.99	7
8	Dishwashers			8
9	Maintenance Workers	1.85	20.03	9
10	Housekeepers	3.39	8.14	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.82	20.08	13
14	Clerical			14
15	Marketing	1.04	26.42	15
16	Other			16
17	Total (lines 1 thru 16)	37.96	\$ 14.42	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		
Sierra Ridge ILF	Country Club Hills	Independent Living

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	0.001225%	1.88	\$ 5,574	1
2					2
3					3
4					4
5					5
Total				\$ 5574	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

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



Facility Name: Victory Ctre of Sierra Ridge

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

**VIII. OWNERSHIP COSTS**A. Purchase price of land 675,000 Year land was acquired 2006

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	110		2006	2006	\$ 14,125,609	\$ 392,079	35	\$ 403,589	\$ 11,510	\$ 4,035,890	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Total From Supplemental Page 5's				274,347			15,310	15,310	50,042	6
7	Various			2006	42,076		20	2,104	2,104	21,038	7
8	Various			2007	5,160		20	258	258	2,322	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,447,192	\$ 392,079		\$ 421,260	\$ 29,181	\$ 4,109,292	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	\$ 788,287	\$	\$ 78,828	78,828	10	\$ 726,966	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 788,287	\$	\$ 78,828	78,828		\$ 726,966	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 &amp; ID Number      Victory Ctre of Sierra Ridge

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	3,920		20	196	196	
3	2009	31,000		20	1,550	1,550	
4	2009	7,040		20	352	352	
5	2009	2,880		20	144	144	
6	2010	5,900		20	295	295	
7	2010	2,609		20	130	130	
8	2011	15,178		20	759	759	
9	2011	2,250		20	113	113	
10	2011	7,350		20	368	368	
11	2012	7,530		20	753	753	
12	2012	1,902		20	190	190	
13	2012	9,177		20	918	918	
14	2012	3,686		20	184	184	
15	2012	4,311		20	216	216	
16	2013	2,880		20	144	144	
17	2013	6,677		20	334	334	
18	2013	2,667		20	133	133	
19	2014	81,226		20	4,061	4,061	
20	2014	21,382		20	1,069	1,069	
21	2014	13,190		20	660	660	
22	2015	8,115		20	406	406	
23	2015	6,742		20	337	337	
24	2015	13,500		20	675	675	
25	2015	5,546		20	555	555	
26	2015	7,690		20	769	769	
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 274,347	\$		\$ 15,310	\$ 15,310	\$

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

9 Accumulated depreciation	
	1
1,568	2
10,850	3
2,464	4
1,216	5
1,770	6
782	7
3,795	8
563	9
1,838	10
3,012	11
761	12
3,671	13
737	14
862	15
432	16
1,002	17
400	18
8,123	19
2,138	20
1,319	21
406	22
337	23
675	24
555	25
769	26
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	33
50,042	34

STATE OF ILLINOIS

Facility Name & ID Number      Victory Ctre of Sierra Ridge      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
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2								
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4								
5								
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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 Cumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number      Victory Ctre of Sierra Ridge      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
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29								
30								
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
	3
	4
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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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 21,546
4	Additions			/ /				4	
5	Storage Rental			/ /	1,029			5	
6	Allocated from Pathway			/ /	8,911			6	
7	TOTAL				\$ 9,940			7	
									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	Red Capital Mortgage		X	1st Mortgage	3/1/12	\$ 8,200,000	\$ 7,726,154	3/1/46	3.9300	\$ 301,459	1
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,662,897	5/1/47	1.0000	16,629	2
3	GNMA		X	3rd Mortgage	/ /		137,159	/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,200,000	\$ 9,526,210			\$ 318,088	7
	B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /		-307	8
9	Interest Income		X		/ /			/ /		-1,783	9
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 9,526,210			\$ 315,999	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 Ctre of Sierra Ridge

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	\$ 1,468,154	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	613,583		3
4	Supply Inventory (priced at )	6,617		4
5	Short-Term Investments			5
6	Prepaid Insurance	56,134		6
7	Other Prepaid Expenses	13,200		7
8	Accounts Receivable (owners or related parties)	100		8
9	Other(specify):	1,689,011		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 3,846,799	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	675,000		13
14	Buildings, at Historical Cost	13,978,740		14
15	Leasehold Improvements, at Historical Cost	243,490		15
16	Equipment, at Historical Cost	860,624		16
17	Accumulated Depreciation (book methods)	(4,503,047)		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):	64,054		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 11,318,861	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 15,165,660	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 378,830	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	55,406		30
31	Accrued Taxes Payable	170,504		31
32	Accrued Interest Payable	42,101		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	314,549		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 961,390	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,526,210		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)	\$ 9,526,210	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 10,487,600	\$	45
46	<b>TOTAL EQUITY</b>	\$ 4,678,060	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 15,165,660	\$	47

\*(See instructions.)

Facility Name: Victory Ctre of Sierra Ridge

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	\$ 3,888,574	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 3,888,574	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	848	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 848	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	2,090	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 2,090	14
	<b>D. Other Revenue (specify):</b>		
15		43,448	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 43,448	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 3,934,960	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	895,472	19
20	Health Care/ Personal Care	561,706	20
21	General Administration	1,731,150	21
	<b>B. Capital Expense</b>		
22	Ownership	963,707	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>	\$ 4,152,035	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (217,075)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (217,075)	31