

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

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 Centre Sierra Ridge

Address: 4150 W Gatling BlvdCountry Club Hills60478

County: Cook

Telephone Number: (708) 957-8300Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 1/5/2006

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other Limited Partnership

GOVERNMENTAL
State
County
Other

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 1/1/2016 to 12/31/2016 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)
* Subject to the attached Accountants Consulting Report
(Print Name and Title)
(Firm Name & Address)
(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 Sierra Ridge

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	36,600	1
2	10	Double Unit Apartment	10	3,660	2
3		Other		2,765	3
4	110	TOTALS	110	43,025	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	26,039	6,108		32,147	5
6	Double Unit	468	110		578	6
7	Other	2,765			2,765	7
8	TOTALS	29,272	6,218		35,490	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.49%

D. Indicate the number of paid bed-hold days the SLF had during this year

770 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 295 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

* 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

Facility Name: Victory Centre Sierra Ridge

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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					5	6	
1	Dietary and Food Purchase	259,706	216,635	28,002	504,343	3,285	507,628	1
2	Housekeeping, Laundry and Maintenance	161,330	44,864	136,324	342,518	6,512	349,030	2
3	Heat and Other Utilities			155,455	155,455	259	155,714	3
4	Other (specify):							4
5	TOTAL General Services	421,036	261,499	319,781	1,002,316	10,056	1,012,372	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	553,649	727	56,171	610,547	15,697	626,244	6
7	Activities and Social Services	34,486	4,538	24,729	63,753	5,997	69,750	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	588,135	5,265	80,900	674,300	21,694	695,994	9
	C. General Administration							
10	Administrative and Clerical	238,069	16,542	666,877	921,488	(213,725)	707,763	10
11	Marketing Materials, Promotions and Advertising	93,674	915	82,801	177,390	34,300	211,690	11
12	Employee Benefits and Payroll Taxes			269,987	269,987		269,987	12
13	Insurance-Property, Liability and Malpractice			53,912	53,912	2,382	56,294	13
14	Other (specify):					30,442	30,442	14
15	TOTAL General Administration	331,743	17,457	1,073,577	1,422,777	(146,601)	1,276,176	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,340,914	284,221	1,474,258	3,099,393	(114,852)	2,984,541	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			394,291	394,291	42,838	437,129	17
18	Interest			306,367	306,367	(1,123)	305,244	18
19	Real Estate Taxes			170,394	170,394		170,394	19
20	Rent -- Facility and Grounds			1,423	1,423	9,992	11,415	20
21	Rent -- Equipment			21,038	21,038	370	21,408	21
22	Other (specify): Mortgage Insurance/Amortization			46,920	46,920		46,920	22
23	TOTAL Ownership			940,433	940,433	52,078	992,511	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,340,914	284,221	2,414,691	4,039,826	(62,774)	3,977,052	24

STATE OF ILLINOIS		Page 3A
Victory Centre Sierra Ridge		
Report Period Beginning:	1/1/2016	
Ending:	12/31/2016	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 40,127	17 1
2 Guest Meals	(394)	01 2
3 Employee Meals	(720)	01 3
4 Damage Recovery	(480)	10 4
5 Telephone Service	(19,373)	10 5
6 Pet Fee	(500)	07 6
7 NSF Fees	(35)	10 7
8 Late Fees	(89)	10 8
9 Termination Fees	(92)	10 9
10 Other Income	(879)	10 10
11 Bank Service Charges	(2,442)	10 11
12 Late Fees/Finance Charges	(154)	10 12
13 Charitable Contributions	(1,598)	10 13
14 Resident Gifts	(1,337)	10 14
15 Bad Debt-Tenant	(28,541)	10 15
16 Bad Debt- Medicaid	(27,000)	10 16
17 Meals & Entertainment	(390)	10 17
18 Cable TV	(28,254)	10 18
19 Meals & Entertainment	(432)	10 19
20 Management Fee	(47,582)	10 20
21 Service Provider Fee	(201,090)	10 21
22 Asset Management Fee	(7,500)	10 22
23 Incentive Management Fee	(98,146)	19 23
24 Interest Income-Escrows	(696)	18 24
25 Interest Income	(427)	18 25
26 Additional R&M	5,945	02 26
27 Capitalized R&M	(4,500)	02 27
28		28
29		29
30 Pathway Management LLC		30
31 Maintenance	4,012	02 31
32 Utilities	259	03 32
33 Healthcare/Personal Care	6,413	06 33
34 Administrative	111,316	10 34
35 Marketing	12,543	11 35
36 Insurance	1,001	13 36
37 Employee Benefits	15,306	14 37
38 Depreciation	2,681	17 38
39 Rent - Building	8,866	20 39
40 Rent - Equipment	59	21 40
41		41
42 Pathway Senior Living LLC		42
43 Dietary	4,398	01 43
44 Maintenance	1,055	02 44
45 Healthcare/Personal Care	9,282	06 45
46 Community Life	6,497	07 46
47 Administrative	92,578	10 47
48 Marketing	21,757	11 48
49 Insurance	1,381	13 49
50 Employee Benefits	15,136	14 50
51 Rent - Building	1,126	20 51
52 Rent - Equipment	311	21 52
53		53
54		54
55		55
56		56
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92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(62,774)	101

Facility Name: Victory Centre Sierra Ridge

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.85	\$ 27.37	1
2	Licensed Practical Nurses	2.59	27.34	2
3	Certified Nurse Assistants	13.63	12.62	3
4	Activity Director & Assistants	0.97	17.14	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.43	13.24	7
8	Dishwashers			8
9	Maintenance Workers	2.61	15.49	9
10	Housekeepers	3.52	10.56	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.66	24.56	13
14	Clerical			14
15	Marketing	1.67	26.91	15
16	Other			16
17	Total (lines 1 thru 16)	39.93	\$ 16.14	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			

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	0.01225%	1.84	\$ 9,195	1
2					2
3					3
4					4
5					5
Total				\$ 9195	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	1
2		2
Total		3

RELATED SLF's & HEALTH CARE BUSINESSES				OTHER RELATED BUSINESS ENTITIES					
<u>Name</u>	<u>1</u>	<u>City</u>	<u>2</u>	<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u>	<u>5</u>
See Attached				See Attached					
				Sierra Ridge ILF		County Club Hills		Independent Living	

Facility Name: Victory Centre Sierra Ridge

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	396,972	35	403,589	\$ 6,617	\$ 4,439,479	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				341,652			18,675	18,675	67,149	6
7	Various			2006	42,076		20	2,104	2,104	23,142	7
8	Various			2007	5,160		20	258	258	2,580	8
9	Various			2008	3,920		20	196	196	1,764	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,518,417	\$ 396,972		\$ 424,822	\$ 27,850	\$ 4,534,114	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	\$ 799,444	\$	\$ 12,308	12,308	10	\$ 739,273	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 799,444	\$	\$ 12,308	12,308		\$ 739,273	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 Sierra Ridge

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	Offsite Improvements	2009	31,000		20	1,550	1,550	12,400	2
3	Parking Lot Crack Sealing	2009	7,040		20	352	352	2,816	3
4	Canopy Repairs	2009	2,880		20	144	144	1,360	4
5	Compressor	2010	5,900		20	295	295	2,065	5
6	Vacuums, Wet Drys	2010	2,609		20	130	130	913	6
7	Parking Lot Repairs	2011	15,178		20	759	759	4,553	7
8	Fence	2011	2,250		20	113	113	675	8
9	Building Signage	2011	7,350		20	368	368	2,205	9
10	Replace Light Fixtures	2012	7,530		20	753	753	3,765	10
11	Replace Light Fixtures	2012	1,902		20	190	190	951	11
12	Replace Light Fixtures	2012	9,177		20	918	918	4,589	12
13	Air Handler Repair	2012	3,686		20	184	184	921	13
14	Compressor Repairs	2012	4,311		20	216	216	1,078	14
15	Landscaping	2013	2,880		20	144	144	576	15
16	Emergency Elevator Repairs	2013	6,677		20	334	334	1,335	16
17	New Hot Water Heater	2013	2,667		20	133	133	533	17
18	Wireless System	2014	81,226		20	4,061	4,061	12,184	18
19	Flooring	2014	21,382		20	1,069	1,069	3,207	19
20	Compressor Replacement	2014	13,190		20	660	660	1,979	20
21	Lightening Protection	2015	8,115		20	406	406	812	21
22	Shamrock Electric	2015	6,742		20	337	337	674	22
23	Door Replacement	2015	13,500		20	675	675	1,350	23
24	Phone System Exp	2015	5,546		20	555	555	1,109	24
25	Condensor Replacement	2015	7,690		20	769	769	1,538	25
26	Doors And Locks- Northeast Door	2016	3,032		20	152	152	152	26
27	Concrete/Asphalt Work-Fix Cracks, Seal Coat, Line Striping	2016	3,860		20	193	193	193	27
28	Painting Community Room	2016	3,600		20	180	180	180	28
29	Painting 2Nd/Third Floors	2016	18,350		20	918	918	918	29
30	Painting 1St Floor	2016	19,140		20	957	957	957	30
31	Phone System Installation	2016	4,348		20	217	217	217	31
32	Repair Of 4 Corridor Ahu'S Served By 2 Control Panels	2016	3,046		20	152	152	152	32
33	Ahu1 Piping Repair-Recover Refrigerant, Remove Evaporator Coil	2016	11,350		20	568	568	568	33
34	TOTAL (lines 1 thru 33)		\$ 337,152	\$		\$ 18,450	\$ 18,450	\$ 66,924	34

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

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	2016	4,500		20	225	225	225	2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
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23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 4,500	\$		\$ 225	\$ 225	\$ 225	34

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

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
10									10
11									11
12									12
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24									24
25									25
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: Victory Centre Sierra Ridge

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

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			/ /	1,423			5
6	Allocated from Pathway			/ /	9,992			6
7	TOTAL				\$ 11,415			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 21,408

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	\$ 7,590,367	3/1/46	3.9300	\$ 290,179	1
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,618,841	5/1/47	1.0000	16,188	2
3	GNMA		X	3rd Mortgage			126,573				3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,200,000	\$ 9,335,781			\$ 306,367	7
	B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /		(696)	8
9	Interest Income		X		/ /			/ /		(427)	9
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 9,335,781			\$ 305,244	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 Sierra Ridge

Report Period Beginning: 1/1/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,074,843	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	844,620		3
4	Supply Inventory (priced at)	6,617		4
5	Short-Term Investments			5
6	Prepaid Insurance	55,999		6
7	Other Prepaid Expenses	21,951		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,678,120		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,682,150	\$	10
	B. Long-Term Assets			
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	291,472		15
16	Equipment, at Historical Cost	896,469		16
17	Accumulated Depreciation (book methods)	(4,897,338)		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):	55,397		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,999,740	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,681,890	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 121,110	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	61,069		30
31	Accrued Taxes Payable	172,968		31
32	Accrued Interest Payable	41,215		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	335,181		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 731,543	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,335,781		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)	\$ 9,335,781	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,067,324	\$	45
46	TOTAL EQUITY	\$ 4,614,566	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,681,890	\$	47

*(See instructions.)

Facility Name: Victory Centre Sierra Ridge

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,114,007	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,114,007	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	1,114	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,114	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,123	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,123	14
	D. Other Revenue (specify):		
15		43,336	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 43,336	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,159,580	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,002,316	19
20	Health Care/ Personal Care	674,300	20
21	General Administration	1,422,777	21
	B. Capital Expense		
22	Ownership	940,433	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)	\$ 4,039,826	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 119,754	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 119,754	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,014,221	32
33	Private Pay - Net Inpatient Revenue	554,911	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,544,875	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,114,007	37