

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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 Sierra Rdge Slf

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:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☒	Other		Limited Partnership

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2017 to 12/31/2017 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)			
	* Subject to the attached Accountants' Consulting Report	(Date)		
	(Print Name and Title)			
	(Firm Name & Address)	Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015		
	(Telephone)	(847) 282-6300 Fax (847) 282-6301		

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

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

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		2,943	3
4	110	TOTALS	110	43,093	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	27,719	6,498		34,217	5
6	Double Unit	499	113		612	6
7	Other	2,943			2,943	7
8	TOTALS	31,160	6,611		37,772	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.65%

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

979 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 602 (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: 12/31/17 Fiscal Year: 12/31/17

* 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

Page 3

Facility Name: Victory Ctre Sierra Rdge Slf

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	288,550	242,989	7,806	539,345	(2,896)	536,449	1
2	Housekeeping, Laundry and Maintenance	169,172	44,434	134,487	348,093	7,545	355,638	2
3	Heat and Other Utilities			147,034	147,034	316	147,350	3
4	Other (specify):							4
5	TOTAL General Services	457,722	287,423	289,327	1,034,472	4,965	1,039,437	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	568,949	633	42,653	612,235	(1,976)	610,259	6
7	Activities and Social Services	26,941	3,978	24,743	55,662	(10,396)	45,266	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	595,890	4,611	67,396	667,897	(12,372)	655,525	9
	C. General Administration							
10	Administrative and Clerical	259,234	19,465	672,342	951,041	(126,179)	824,862	10
11	Marketing Materials, Promotions and Advertising	92,139	950	67,475	160,564	(5,769)	154,795	11
12	Employee Benefits and Payroll Taxes			255,327	255,327		255,327	12
13	Insurance-Property, Liability and Malpractice			56,940	56,940	2,125	59,065	13
14	Other (specify):					35,928	35,928	14
15	TOTAL General Administration	351,373	20,415	1,052,084	1,423,872	(93,896)	1,329,976	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,404,985	312,449	1,408,807	3,126,241	(101,303)	3,024,938	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			394,067	394,067	48,201	442,268	17
18	Interest			305,466	305,466	(1,956)	303,510	18
19	Real Estate Taxes			185,115	185,115		185,115	19
20	Rent -- Facility and Grounds			1,876	1,876	11,610	13,486	20
21	Rent -- Equipment			21,197	21,197	100	21,297	21
22	Other (specify): MIP/Amortization			40,053	40,053		40,053	22
23	TOTAL Ownership			947,774	947,774	57,955	1,005,729	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,404,985	312,449	2,356,581	4,074,015	(43,347)	4,030,668	24

STATE OF ILLINOIS		Page 3A
Victory Ctr Sierra Ridge SH		
Report Period Beginning:	1/1/2017	
Ending:	12/31/2017	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 45,437	17 1
2 Guest Meals	(283)	01 2
3 Employee Meals	(427)	01 3
4 Damage Recovery	(117)	10 4
5 Telephone Service	(17,627)	10 5
6 Pet Fee	(250)	07 6
7 Law Fees	(76)	10 7
8 Misc Concession	(406)	10 8
9 Other Income	(1,463)	10 9
10 Bank Service Charges	(3,594)	10 10
11 Charitable Contributions	(1,590)	10 11
12 Resident Gifts	(1,193)	10 12
13 Bad Debt-Tenant	(34,566)	10 13
14 Bad Debt- Medicaid	(32,000)	10 14
15 Meals & Entertainment	(554)	10 15
16 Cable TV	(28,833)	10 16
17 Sales/Use Tax	(1,630)	10 17
18 Management Fee	(58,151)	10 18
19 Service Provider Fee	(199,858)	10 19
20 Asset Management Fee	(7,500)	10 20
21 Partnership Misc Expense	(1,800)	10 21
22 Interest Income-Escrows	(1,614)	18 22
23 Interest Income	(142)	18 23
24 Additional R&M	4,295	02 24
25 Capitalized R&M	(3,107)	02 25
26		26
27 Pathway Management LLC		27
28 Maintenance	5,292	02 28
29 Utilities	316	03 29
30 Healthcare/Personal Care	12,466	06 30
31 Community Life	634	07 31
32 Administrative	158,041	10 32
33 Marketing	15,241	11 33
34 Insurance	652	13 34
35 Employee Benefits	21,372	14 35
36 Depreciation	2,764	17 36
37 Rent - Building	10,339	20 37
38 Rent - Equipment	24	21 38
39		39
40 Pathway Senior Living LLC		40
41 Dietary	722	01 41
42 Maintenance	1,125	02 42
43 Healthcare/Personal Care	7,319	06 43
44 Community Life	6,937	07 44
45 Administrative	112,879	10 45
46 Marketing	22,459	11 46
47 Insurance	1,473	13 47
48 Employee Benefits	14,536	14 48
49 Rent - Building	1,271	20 49
50 Rent - Equipment	76	21 50
51		51
52 Shared Services	(6,143)	10 52
53 Shared Services	(2,907)	01 53
54 Shared Services	(21,961)	06 54
55 Shared Services	(17,717)	07 55
56 Shared Services	(43,749)	11 56
57		57
58		58
59		59
60		60
61		61
62		62
63		63
64		64
65		65
66		66
67		67
68		68
69		69
70		70
71		71
72		72
73		73
74		74
75		75
76		76
77		77
78		78
79		79
80		80
81		81
82		82
83		83
84		84
85		85
86		86
87		87
88		88
89		89
90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(43,347)	101

Facility Name: Victory Ctre Sierra Rdge Slf

Report Period Beginning 1/1/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 26.65	1
2	Licensed Practical Nurses	2.85	24.64	2
3	Certified Nurse Assistants	14.00	12.61	3
4	Activity Director & Assistants	0.80	16.21	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.01	13.86	7
8	Dishwashers			8
9	Maintenance Workers	2.61	16.41	9
10	Housekeepers	3.70	10.44	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.80	25.97	13
14	Clerical			14
15	Marketing	1.33	33.31	15
16	Other			16
17	Total (lines 1 thru 16)	41.09	\$ 16.44	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	

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%	1.87	\$ 9,362	1
2					2
3					3
4					4
5					5
Total				\$ 9362	6

VI. (B) Management fees paid to unrelated parties

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

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
See Attached		
Sierra Ridge ILF	County 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).

Facility Name: Victory Ctre Sierra Rdge Slf Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	\$ 396,831	35	\$ 403,589	\$ 6,758	\$ 4,843,068	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				404,317			21,808	21,808	72,381	6
7	Various			2006	42,076		20	2,104	2,104	25,246	7
8	Various			2007	5,160		20	258	258	2,838	8
9	Various			2008	3,920		20	196	196	1,960	9
10	Various			2009	40,920		20	2,046	2,046	18,622	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,622,002	\$ 396,831		\$ 430,001	\$ 33,169	\$ 4,964,115	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	\$ 806,318	\$	\$ 12,268	12,268		\$ 751,541	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 806,318	\$	\$ 12,268	12,268		\$ 751,541	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 Ctre Sierra Rdge Slf

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	Compressor	2010	5,900		20	295	295	2,360	2
3	Vacuums, Wet Drys	2010	2,609		20	130	130	1,043	3
4	Parking Lot Repairs	2011	15,178		20	759	759	5,312	4
5	Fence	2011	2,250		20	113	113	788	5
6	Building Signage	2011	7,350		20	368	368	2,573	6
7	Replace Light Fixtures	2012	7,530		20	753	753	4,518	7
8	Replace Light Fixtures	2012	1,902		20	190	190	1,141	8
9	Replace Light Fixtures	2012	9,177		20	918	918	5,506	9
10	Air Handler Repair	2012	3,686		20	184	184	1,106	10
11	Compressor Repairs	2012	4,311		20	216	216	1,293	11
12	Landscaping	2013	2,880		20	144	144	720	12
13	Emergency Elevator Repairs	2013	6,677		20	334	334	1,669	13
14	New Hot Water Heater	2013	2,667		20	133	133	667	14
15	Wireless System	2014	81,226		20	4,061	4,061	16,245	15
16	Flooring	2014	21,382		20	1,069	1,069	4,276	16
17	Compressor Replacement	2014	13,190		20	660	660	2,638	17
18	Lightening Protection	2015	8,115		20	406	406	1,217	18
19	Shamrock Electric	2015	6,742		20	337	337	1,011	19
20	Door Replacement	2015	13,500		20	675	675	2,025	20
21	Phone System Exp	2015	5,546		20	555	555	1,664	21
22	Condensor Replacement	2015	7,690		20	769	769	2,307	22
23	Doors And Locks- Northeast Door	2016	3,032		20	152	152	303	23
24	Concrete/Asphalt Work-Fix Cracks, Seal Coat, Line Striping	2016	3,860		20	193	193	386	24
25	Painting Community Room	2016	3,600		20	180	180	360	25
26	Painting 2Nd/Third Floors	2016	18,350		20	918	918	1,835	26
27	Painting 1St Floor	2016	19,140		20	957	957	1,914	27
28	Phone System Installation	2016	4,348		20	217	217	435	28
29	Repair Of 4 Corridor Ahu'S Served By 2 Control Panels	2016	3,046		20	152	152	305	29
30	Ahu1 Piping Repair-Recover Refrigerant, Remove Evaporator Coil	2016	11,350		20	568	568	1,135	30
31	Dining Room Ceiling Water Damage	2016	4,500		20	225	225	450	31
32	Server Room A/C	2017	4,500		20	225	225	225	32
33	Landscaping North End	2017	9,900		20	495	495	495	33
34	TOTAL (lines 1 thru 33)		\$ 315,132	\$		\$ 17,349	\$ 17,349	\$ 67,922	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 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2	Compressor Replacement	2017	8,150		20	408	408	408	2
3	Common Area Carpet Replacement- Offices And 1St Floor	2017	77,928		20	3,896	3,896	3,896	3
4	Installed 2 Seal, Seal Kit, Gasket And Water Slinger For Pumps #1 A	2017	3,107		20	155	155	155	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
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)		\$ 89,185	\$		\$ 4,459	\$ 4,459	\$ 4,459	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
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
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)		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Ctre Sierra Rdge Slf Report Period Beginning: 1/1/2017 Ending: 2/31/2017

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 21,299 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.
4	Additions			/ /				4	
5	Storage Rental			/ /	1,876			5	
6	Allocated from Pathway			/ /	11,610			6	
7	TOTAL				\$ 13,486			7	

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	\$ 7,570,129	3/1/46	3.9300	\$ 289,723	1
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,574,345	5/1/47	1.0000	15,743	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,200,000	\$ 9,144,474			\$ 305,467	7
	B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /		(1,614)	8
9	Interest Income		X		/ /			/ /		(342)	9
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 9,144,474			\$ 303,511	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 Ctre Sierra Rdge Slf

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 671,731	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,569,701		3
4	Supply Inventory (priced at)	7,361		4
5	Short-Term Investments			5
6	Prepaid Insurance	65,861		6
7	Other Prepaid Expenses	15,883		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,680,796		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,011,333	\$	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	381,306		15
16	Equipment, at Historical Cost	918,282		16
17	Accumulated Depreciation (book methods)	(5,291,405)		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): See Attached	144,295		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,806,218	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,817,551	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,100	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	77,356		30
31	Accrued Taxes Payable	183,408		31
32	Accrued Interest Payable	40,308		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	458,229		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 814,401	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,144,474		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)	\$ 9,144,474	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,958,875	\$	45
46	TOTAL EQUITY	\$ 4,858,676	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,817,551	\$	47

*(See instructions.)

Facility Name: Victory Ctre Sierra Rdge Slf

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 4,302,582	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 4,302,582	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	712	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 712	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,956	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 1,956	14
	D. Other Revenue (specify):		
15		39,881	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 39,881	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 4,345,131	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,034,472	19
20	Health Care/ Personal Care	667,897	20
21	General Administration	1,423,872	21
	B. Capital Expense		
22	Ownership	947,774	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 4,074,015	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 271,116	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 271,116	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,963,947	32
33	Private Pay - Net Inpatient Revenue	419,473	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,919,162	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,302,582	37