

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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: 7/30/2003

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

X 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 1/1/2018 to 12/31/2018 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) 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

Facility Name Victory Centre of River OaksReport Period Beginning: 1/1/2018 Ending: 12/31/2018**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	103	Single Unit Apartment	103	37,595	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	109	TOTALS	109	39,785	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	23,608	1,355		24,963	5
6	Double Unit	935	55		990	6
7	Other	632			632	7
8	TOTALS	25,175	1,410		26,585	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 66.82%

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

723 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 38 (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 ☐ NOTax Year: 12/31/2018 Fiscal Year: 12/31/2018

* 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 therequired payments of interest and principle? YesIf 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 therequired payments of interest and principle? N/AIf 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 facilitymake all of the required payments of interest and principle? N/AIf no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	268,454	209,681	15,328	493,463	(733)	492,730	1
2	Housekeeping, Laundry and Maintenance	137,443	40,622	139,442	317,507	10,657	328,164	2
3	Heat and Other Utilities			114,028	114,028	366	114,394	3
4	Other (specify):							4
5	TOTAL General Services	405,897	250,303	268,798	924,998	10,290	935,288	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	496,953	539	56,773	554,265	12,568	566,833	6
7	Activities and Social Services	35,533	4,519	27,359	67,411	1,780	69,191	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	532,486	5,058	84,132	621,676	14,348	636,024	9
	C. General Administration							
10	Administrative and Clerical	200,496	21,440	629,345	851,281	(181,180)	670,101	10
11	Marketing Materials, Promotions and Advertising	76,543	4,415	72,537	153,495	16,806	170,301	11
12	Employee Benefits and Payroll Taxes			259,393	259,393		259,393	12
13	Insurance-Property, Liability and Malpractice			78,115	78,115	981	79,096	13
14	Other (specify):					28,203	28,203	14
15	TOTAL General Administration	277,039	25,855	1,039,390	1,342,284	(135,190)	1,207,094	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,215,422	281,216	1,392,320	2,888,958	(110,553)	2,778,405	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			416,399	416,399	(66,024)	350,375	17
18	Interest			369,331	369,331	(9,252)	360,079	18
19	Real Estate Taxes			162,065	162,065		162,065	19
20	Rent -- Facility and Grounds			2,884	2,884	11,348	14,232	20
21	Rent -- Equipment			16,353	16,353	49	16,402	21
22	Other (specify):			35,705	35,705		35,705	22
23	TOTAL Ownership			1,002,737	1,002,737	(63,879)	938,858	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,215,422	281,216	2,395,057	3,891,695	(174,432)	3,717,263	24

STATE OF ILLINOIS		Page 3A
Victory Centre of River Oaks		
Report Period Beginning:	1/1/2018	
Ending:	12/31/2018	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (68,893)	17 1
2 Employee Meals	(733)	01 2
3 Other Income	(3,835)	10 3
4 Meals & Entertainment	(760)	10 4
5 Bank Charges	(3,403)	10 5
6 Charitable Contributions	(1,544)	10 6
7 Resident Gifts	(102)	07 7
8 Resident Reimbursables	(20)	10 8
9 Bad Debts	(58,781)	10 9
10 Management Fees	(211,992)	10 10
11 Service Fee	(13,311)	10 11
12 Partnership Legal Expense	(4,000)	10 12
13 Partnership Management Fee	(25,000)	10 13
14 Partnership Misc. Expense	(8,858)	10 14
15 Interest Income	(6,739)	18 15
16 Interest Income- Escrows	(2,513)	18 16
17 Additional R&M	9,521	02 17
18 Capitalized R&M	(4,179)	02 18
19 PATHWAY MANAGEMENT LLC		19
20 Maintenance	5,315	02 20
21 Utilities	366	03 21
22 Health Care/Personal Care	12,568	06 22
23 Community Life	1,882	07 23
24 Administrative	150,321	10 24
25 Marketing	16,806	11 25
26 Insurance	981	13 26
27 Employee Benefits	28,303	14 27
28 Depreciation	2,929	17 28
29 Rent - building	11,348	20 29
30 Rent - Equipment	49	21 30
31		31
32		32
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95		95
96		96
97		97
98		98
99		99
100 Total	(174,432)	100
101		101

Facility Name: Victory Centre of River Oaks

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.96	\$ 29.72	1
2	Licensed Practical Nurses	2.04	28.48	2
3	Certified Nurse Assistants	11.23	13.57	3
4	Activity Director & Assistants	1.05	16.23	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.83	13.13	7
8	Dishwashers			8
9	Maintenance Workers	1.84	16.96	9
10	Housekeepers	3.07	11.33	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.06	19.04	13
14	Clerical			14
15	Marketing	1.71	21.47	15
16	Other			16
17	Total (lines 1 thru 16)	36.80	\$ 15.88	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	0.001415%	1.17	\$ 8,895	1
2					2
3					3
4					4
5					5
Total				\$ 8895	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					

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 River Oaks Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	\$ 416,399	35	\$ 281,210	\$ (135,189)	\$ 5,276,789	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				378,431			18,972	18,972	77,937	6
7	Various			2002	246,335		20	12,317	12,317	235,867	7
8	Various			2005	15,186		20	759	759	12,908	8
9	Various			2007	6,888		20	344	344	4,133	9
10	Various			2008	31,114		20	1,556	1,556	17,114	10
11	Various			2009	101,459		20	5,073	5,073	50,729	11
12	Various			2010	29,068		20	1,453	1,453	13,081	12
13											13
14	Allocated from Pathway Management					2,929			(2,929)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 10,650,848	\$ 419,328		\$ 321,684	\$ (97,644)	\$ 5,688,558	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	\$ 734,100	\$	\$ 28,691	28,691		\$ 616,221	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 750,746	\$	\$ 28,691	28,691		\$ 632,867	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 of River Oaks

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	Heating System Flushing And Replaced Heating Controllers	2011	6,448		20	322	322	2,579	1
2	Hot Water System	2012	5,243		20	262	262	1,835	2
3	Hot Gas Line Repair	2012	2,692		20	135	135	942	3
4	Crack Hot Gas Bypass Line	2012	2,936		20	147	147	1,028	4
5	Rooftop Unit	2013	8,850		20	443	443	2,655	5
6	Sign	2013	5,436		20	272	272	1,631	6
7	Heat Exchangers	2013	3,300		20	165	165	990	7
8	Shrubbery	2013	3,508		20	175	175	1,052	8
9	Dining Room Painting	2014	4,950		20	248	248	1,238	9
10	1St Floor Bathroom Renovation	2014	17,510		20	876	876	4,378	10
11	Dvr System	2014	3,700		20	185	185	925	11
12	Compressor	2014	2,780		20	139	139	695	12
13	Dining Room Window Treatments	2014	4,812		20	241	241	1,203	13
14	Hot Water Heater	2014	10,440		20	522	522	2,610	14
15	Nurse Call System	2015	74,794		20	3,740	3,740	14,959	15
16	Phone System	2015	20,442		20	1,022	1,022	4,088	16
17	Doors	2015	3,233		20	162	162	647	17
18	Sealcoating	2015	5,349		20	267	267	1,070	18
19	Windows	2015	122,530		20	6,127	6,127	24,506	19
20	Shower Apt 406	2015	3,695		20	185	185	739	20
21	New Bearing Assembly	2015	2,804		20	140	140	561	21
22	Raise Sidewalks	2015	2,515		20	126	126	503	22
23	Phone System- Adj Of 2015 Asset	2016	(315)		20	(16)	(16)	(48)	23
24	Ada Power Adapter	2016	2,547		20	127	127	382	24
25	Generator- Replaced Coolant Crossover Tube	2016	3,102		20	155	155	465	25
26	Replace Broken Circulator	2016	4,925		20	246	246	739	26
27	Replaced Rtu	2016	10,260		20	513	513	1,539	27
28	Red Hardwood Mulch	2016	5,848		20	292	292	877	28
29	Repaired Leak	2016	2,691		20	135	135	405	29
30	Laundry & Wellness Outlets	2016	2,581		20	179	179	537	30
31	Hvac Repairs	2016	4,086		20	204	204	612	31
32	Elevator Pit Ladders	2017	4,075		20	204	204	407	32
33	Doors Closers & Locks Through Facility	2017	3,099		20	155	155	310	33
34	TOTAL (lines 1 thru 33)		\$ 360,866	\$		\$ 18,093	\$ 18,093	\$ 77,059	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	Vav Controllers	2018	2,584		20	129	129	129	1
2	New Awning	2018	3,250		20	163	163	163	2
3	Gt Mechanical	2018	3,477		20	174	174	174	3
4	Elevator Repair	2018	4,075		20	204	204	204	4
5	Gt Mechanical	2018	4,179		20	209	209	209	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 17,565	\$		\$ 878	\$ 878	\$ 878	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
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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 of River Oaks

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

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*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	2,884			5
6	Allocated from Pathway			/ /	11,348			6
7	TOTAL				\$ 14,232			7

8. Is movable equipment rental included in building rental?

☐ YES

☒ NO

9. Rental amount for movable equipment \$ 16,401

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	IDHA		X	1st Mortgage	10/1/02	\$ 6,150,000	\$ 5,324,843	9/1/42	6.7000	\$ 356,245	1
2	Amerinational		X	2nd Mortgage	10/1/02	2,000,000	1,238,818	11/1/42	1.0000	13,086	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,150,000	\$ 6,563,662			\$ 369,331	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(6,739.04)	8
9	Interest Income - Escrows		X		/ /			/ /		(2,512.59)	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 6,563,662			\$ 360,079	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: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 414,326	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	459,379		3
4	Supply Inventory (priced at)	9,454		4
5	Short-Term Investments			5
6	Prepaid Insurance	87,220		6
7	Other Prepaid Expenses	21,463		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	735,716		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,727,558	\$	10
	B. Long-Term Assets			
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	529,340		15
16	Equipment, at Historical Cost	1,008,380		16
17	Accumulated Depreciation (book methods)	(7,179,613)		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	127,246		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,869,321	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,596,879	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 99,735	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	133,503		29
30	Accrued Salaries Payable	57,224		30
31	Accrued Taxes Payable	191,802		31
32	Accrued Interest Payable	31,955		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	243,375		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 757,594	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,430,158		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)	\$ 6,430,158	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,187,752	\$	45
46	TOTAL EQUITY	\$ (590,873)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,596,879	\$	47

*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 3,522,538	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,522,538	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	733	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 733	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	9,252	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 9,252	14
	D. Other Revenue (specify):		
15	See Attached	3,835	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 3,835	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,536,358	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	924,998	19
20	Health Care/ Personal Care	621,676	20
21	General Administration	1,342,284	21
	B. Capital Expense		
22	Ownership	1,002,737	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)	\$ 3,891,695	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (355,337)	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (355,337)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,912,461	32
33	Private Pay - Net Inpatient Revenue	142,722	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	467,355	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,522,538	37