

		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: 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: Steven N. LavendaTelephone 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 1/1/2018 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)

(Type or Print Name)

(Title)

(Date)

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

(Date)

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 RidgeReport 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	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	25,928	6,078		32,006	5
6	Double Unit	466	106		572	6
7	Other	2,753			2,753	7
8	TOTALS	29,147	6,184		35,331	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 81.99%

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

514 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 2 (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: 12/31/18 Fiscal Year: 12/31/18

\* 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 Centre Sierra Ridge

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	278,254	238,201	12,255	528,710	(2,063)	526,647	1
2	Housekeeping, Laundry and Maintenance	191,272	39,200	142,753	373,225	11,329	384,554	2
3	Heat and Other Utilities			128,980	128,980	429	129,409	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>469,526</b>	<b>277,401</b>	<b>283,988</b>	<b>1,030,915</b>	<b>9,695</b>	<b>1,040,610</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	609,171	799	55,642	665,612	14,738	680,350	6
7	Activities and Social Services	37,277	4,885	29,788	71,950	1,457	73,407	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>646,448</b>	<b>5,684</b>	<b>85,430</b>	<b>737,562</b>	<b>16,195</b>	<b>753,757</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	253,596	21,586	1,197,463	1,472,645	(698,554)	774,091	10
11	Marketing Materials, Promotions and Advertising	82,665	3,394	89,838	175,897	19,709	195,606	11
12	Employee Benefits and Payroll Taxes			281,930	281,930		281,930	12
13	Insurance-Property, Liability and Malpractice			79,801	79,801	1,150	80,951	13
14	Other (specify):					33,075	33,075	14
15	<b>TOTAL General Administration</b>	<b>336,261</b>	<b>24,980</b>	<b>1,649,032</b>	<b>2,010,273</b>	<b>(644,620)</b>	<b>1,365,653</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,452,235</b>	<b>308,065</b>	<b>2,018,450</b>	<b>3,778,750</b>	<b>(618,731)</b>	<b>3,160,019</b>	<b>16</b>
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			399,845	399,845	44,133	443,978	17
18	Interest			299,286	299,286	(3,432)	295,854	18
19	Real Estate Taxes			283,809	283,809		283,809	19
20	Rent -- Facility and Grounds			2,294	2,294	13,309	15,603	20
21	Rent -- Equipment			18,926	18,926	58	18,984	21
22	Other (specify):			39,331	39,331		39,331	22
23	<b>TOTAL Ownership</b>			<b>1,043,491</b>	<b>1,043,491</b>	<b>54,069</b>	<b>1,097,560</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,452,235</b>	<b>308,065</b>	<b>3,061,941</b>	<b>4,822,241</b>	<b>(564,662)</b>	<b>4,257,579</b>	<b>24</b>

STATE OF ILLINOIS		Page 3A
Victory Centre Sierra Ridge		
Report Period Beginning:	1/1/2018	
Ending:	12/31/2018	
		Sch. V Line
NON-ALLOWABLE EXPENSES		Amount
		Reference
1	Non-Straight Line Depreciation	\$ 40,698 17 1
2	Guest Meals	(563) 01 2
3	Employee Meals	(1,496) 01 3
4	Maintenance Fees	(150) 10 4
5	Telephone Service	(17,842) 10 5
6	Pet Fee	(750) 07 6
7	NSP Fees	(96) 10 7
8	Late Fees	(20) 10 8
9	Other Income	(652) 10 9
10	Bank Service Charges	(5,707) 10 10
11	Charitable Contributions	(1,596) 10 11
12	Resident Gifts	(1,316) 10 12
13	Bad Debt-Tenant	(23,755) 10 13
14	Bad Debt-Medicaid	(57,000) 10 14
15	Bad Debt-Medicaid Prior Period	(324,099) 10 15
16	Resident Reimbursables	(300) 10 16
17	Meals & Entertainment	(679) 10 17
18	Cable TV	(24,407) 10 18
19	Management Fee	(54,580) 10 19
20	Service Provider Fee	(208,436) 10 20
21	Asset Management Fee	(7,500) 10 21
22	Incentive Management Fee	(146,711) 10 22
23	Interest Income-Eucrows	(2,316) 18 23
24	Interest Income	(1,117) 18 24
25	Additional R&M	5,096 02 25
26		
27	PATHWAY MANAGEMENT LLC:	
28	Maintenance	6,233 02 28
29	Utilities	425 03 29
30	Health Care/Personal Care	14,738 06 30
31	Community Life	2,207 07 31
32	Administrative	176,287 10 32
33	Marketing	19,709 11 33
34	Insurance	1,159 13 34
35	Employee Benefits	33,075 14 35
36	Depreciation	3,435 17 36
37	Rent - Building	13,309 20 37
38	Rent - Equipment	58 21 38
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101	Total	(564,662) 101

Facility Name: Victory Centre Sierra Ridge

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	1.03	\$ 25.56	1
2	Licensed Practical Nurses	2.87	25.53	2
3	Certified Nurse Assistants	15.42	12.53	3
4	Activity Director & Assistants	0.99	18.16	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.99	13.39	7
8	Dishwashers			8
9	Maintenance Workers	3.21	16.91	9
10	Housekeepers	3.60	10.49	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.61	26.43	13
14	Clerical			14
15	Marketing	1.54	25.83	15
16	Other			16
17	Total (lines 1 thru 16)	43.26	\$ 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			

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%	1.38	\$ 10,432	1
2					2
3					3
4					4
5					5
Total				\$ 10432	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

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

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	FOR BHF USE ONLY	2	Year	3	Year	4	5	Current Book	6	Life	7	Straight Line	8	9	Accumulated	
	Units*			Acquired		Constructed	Cost		Depreciation		in Years		Depreciation	Adjustments		Depreciation	
1	110			2006		2006	\$ 14,125,609		\$ 399,845		35		\$ 403,589	\$ 3,744		\$ 5,246,657	1
2																	2
3																	3
4																	4
5																	5
	Improvement Type																
6	Total From Supplemental Page 5's						411,057						22,145	22,145		91,123	6
7	Various					2006	42,076				20		2,104	2,104		27,349	7
8	Various					2007	5,160				20		258	258		3,096	8
9	Various					2008	3,920				20		196	196		2,156	9
10	Various					2009	40,920				20		2,046	2,046		20,668	10
11	Various					2010	8,509				20		425	425		3,829	11
12																	12
13	Allocated from Pathway Management								3,435					(3,435)			13
14																	14
15																	15
16																	16
17	TOTAL (lines 1 thru 16)						\$ 14,637,251		\$ 403,280				\$ 430,763	\$ 27,483		\$ 5,394,878	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book	Straight Line	Adjustments	Life	Accumulated	
			Depreciation	Depreciation		in Years	Depreciation	
18	Movable Equipment	\$ 832,370	\$	\$ 13,215	13,215		\$ 764,756	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 832,370	\$	\$ 13,215	13,215		\$ 764,756	20

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

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

Facility Name &amp; ID Number      Victory Centre Sierra Ridge

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 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	Parking Lot Repairs	2011	15,178		20	759	759	6,071	1
2	Fence	2011	2,250		20	113	113	900	2
3	Building Signage	2011	7,350		20	368	368	2,940	3
4	Replace Light Fixtures	2012	7,530		20	753	753	5,271	4
5	Replace Light Fixtures	2012	1,902		20	190	190	1,331	5
6	Replace Light Fixtures	2012	9,177		20	918	918	6,424	6
7	Air Handler Repair	2012	3,686		20	184	184	1,290	7
8	Compressor Repairs	2012	4,311		20	216	216	1,509	8
9	Landscaping	2013	2,880		20	144	144	864	9
10	Emergency Elevator Repairs	2013	6,677		20	334	334	2,003	10
11	New Hot Water Heater	2013	2,667		20	133	133	800	11
12	Wireless System	2014	81,226		20	4,061	4,061	20,306	12
13	Flooring	2014	21,382		20	1,069	1,069	5,346	13
14	Compressor Replacement	2014	13,190		20	660	660	3,298	14
15	Lightening Protection	2015	8,115		20	406	406	1,623	15
16	Shamrock Electric	2015	6,742		20	337	337	1,348	16
17	Door Replacement	2015	13,500		20	675	675	2,700	17
18	Phone System Exp	2015	5,546		20	555	555	2,218	18
19	Condensor Replacement	2015	7,690		20	769	769	3,076	19
20	Doors And Locks- Northeast Door	2016	3,032		20	152	152	455	20
21	Concrete/Asphalt Work-Fix Cracks, Seal Coat, Line Striping	2016	3,860		20	193	193	579	21
22	Painting Community Room	2016	3,600		20	180	180	540	22
23	Painting 2Nd/Third Floors	2016	18,350		20	918	918	2,753	23
24	Painting 1St Floor	2016	19,140		20	957	957	2,871	24
25	Phone System Installation	2016	4,348		20	217	217	652	25
26	Repair Of 4 Corridor Ahu'S Served By 2 Control Panels	2016	3,046		20	152	152	457	26
27	Ahu1 Piping Repair-Recover Refrigerant, Remove Evaporator Coil	2016	11,350		20	568	568	1,703	27
28	Dining Room Ceiling Water Damage	2016	4,500		20	225	225	675	28
29	Server Room A/C	2017	4,500		20	225	225	450	29
30	Landscaping North End	2017	9,900		20	495	495	990	30
31	Compressor Replacement	2017	8,150		20	408	408	815	31
32	Common Area Carpet Replacement- Offices And 1St Floor	2017	77,928		20	3,896	3,896	7,793	32
33	Installed 2 Seal, Gasket And Water Slinger For Pumps #1 A	2017	3,107		20	155	155	311	33
34	TOTAL (lines 1 thru 33)		\$ 395,808	\$		\$ 21,383	\$ 21,383	\$ 90,361	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	Landscaping & Mulch	2018	5,275		20	264	264	264	1
2	Generator Repair	2018	4,389		20	219	219	219	2
3	Boiler Programmer	2018	5,585		20	279	279	279	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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27									27
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,249	\$		\$ 762	\$ 762	\$ 762	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
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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: 1/1/2018 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*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 18,984  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			/ /	2,294			5	
6	Allocated from Pathway Management			/ /	13,309			6	
7	TOTAL				\$ 15,603			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	\$ 7,417,774	3/1/46	3.9300	\$ 284,161	1
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,529,403	5/1/47	1.0000	15,125	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,200,000	\$ 8,947,177			\$ 299,286	7
	B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /		(2,314)	8
9	Interest Income		X		/ /			/ /		(1,117)	9
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 8,947,177			\$ 295,855	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 Sierra Ridge

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 884,837	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,254,686		3
4	Supply Inventory (priced at )	10,416		4
5	Short-Term Investments			5
6	Prepaid Insurance	108,929		6
7	Other Prepaid Expenses	14,388		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	1,681,280		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,954,536	\$	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	399,346		15
16	Equipment, at Historical Cost	947,261		16
17	Accumulated Depreciation (book methods)	(5,691,250)		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): <a href="#">See Attached</a>	50,431		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,359,528	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 14,314,064	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 213,221	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	70,014		30
31	Accrued Taxes Payable	237,061		31
32	Accrued Interest Payable	39,209		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	363,125		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 922,630	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,947,177		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 (sum of lines 38 thru 43)</b>	\$ 8,947,177	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,869,807	\$	45
46	<b>TOTAL EQUITY</b>	\$ 4,444,257	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 14,314,064	\$	47

\*(See instructions.)

Facility Name: Victory Centre Sierra Ridge

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	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 4,362,091	1
2	Discounts and Allowances		2
	<b>SUBTOTAL Resident Care</b>		
3	(line 1 minus line 2)	\$ 4,362,091	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	2,063	9
10	Laundry		10
	<b>SUBTOTAL OTHER OPERATING REVENUE</b>		
11	(sum of lines 4 thru 10)	\$ 2,063	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	3,431	13
	<b>SUBTOTAL Non-Operating Revenue</b>		
14	(sum of lines 12 and 13)	\$ 3,431	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	40,248	15
16			16
	<b>SUBTOTAL Other Revenue</b>		
17	(sum of lines 15 and 16)	\$ 40,248	17
	<b>TOTAL REVENUE</b>		
18	(sum of lines 3, 11, 14 and 17)	\$ 4,407,833	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	1,030,915	19
20	Health Care/ Personal Care	737,562	20
21	General Administration	2,010,273	21
	<b>B. Capital Expense</b>		
22	Ownership	1,043,491	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	<b>TOTAL EXPENSES</b>		
28	(sum of lines 19 thru 27)	\$ 4,822,241	28
	<b>Income Before Income Taxes</b>		
29	(line 18 minus line 28)	\$ (414,408)	29
30	<b>Income Taxes</b>		30
	<b>NET INCOME OR LOSS FOR THE YEAR</b>		
31	(line 29 minus line 30)	\$ (414,408)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 3,547,815	32
33	Private Pay - Net Inpatient Revenue	294,814	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	519,462	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 4,362,091	37