

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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. ☒ Other Limited Partnership

☐ Trust

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

Name: Steven N. 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 1/1/2019 to 12/31/2019 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

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	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	27,007	1,457		28,463	5
6	Double Unit	1,070	59		1,129	6
7	Other	723			723	7
8	TOTALS	28,799	1,516		30,315	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.20%

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

771 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 36 (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: 12/31/19 Fiscal Year: 12/31/19

* 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 the required payments of interest and principal? Yes
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 principal? 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 principal? N/A
If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	265,930	183,847	7,373	457,150	(547)	456,603	1
2	Housekeeping, Laundry and Maintenance	143,305	37,391	145,548	326,244	7,642	333,886	2
3	Heat and Other Utilities			126,089	126,089	236	126,325	3
4	Other (specify):							4
5	TOTAL General Services	409,235	221,238	279,010	909,483	7,331	916,814	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	512,492	243	60,994	573,729	8,643	582,372	6
7	Activities and Social Services	32,190	3,977	29,946	66,113	93	66,206	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	544,682	4,220	90,940	639,842	8,736	648,578	9
	C. General Administration							
10	Administrative and Clerical	186,035	14,733	646,086	846,854	(168,490)	678,364	10
11	Marketing Materials, Promotions and Advertising	94,446	3,353	80,903	178,702	22,812	201,514	11
12	Employee Benefits and Payroll Taxes			231,049	231,049		231,049	12
13	Insurance-Property, Liability and Malpractice			127,680	127,680	1,691	129,371	13
14	Other (specify):					26,923	26,923	14
15	TOTAL General Administration	280,481	18,086	1,085,718	1,384,285	(117,064)	1,267,221	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,234,398	243,544	1,455,668	2,933,610	(100,996)	2,832,614	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			413,925	413,925	(65,314)	348,611	17
18	Interest			362,925	362,925	(14,846)	348,079	18
19	Real Estate Taxes			209,817	209,817		209,817	19
20	Rent -- Facility and Grounds			828	828	13,606	14,434	20
21	Rent -- Equipment			15,716	15,716	46	15,762	21
22	Other (specify):			33,552	33,552		33,552	22
23	TOTAL Ownership			1,036,763	1,036,763	(66,508)	970,255	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,234,398	243,544	2,492,431	3,970,373	(167,505)	3,802,868	24

STATE OF ILLINOIS		Page 3A
Victory Centre of River Oaks		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (76,490)	17 1
2 Meals & Entertainment	(1,463)	10 2
3 Employee Meals	(547)	01 3
4 Damage Recovery	(129)	10 4
5 Late Fees	(10)	10 5
6 Bank Service Charges	(3,527)	10 6
7 Resident Gifts	(705)	07 7
8 Resident Reimbursables	(75)	10 8
9 Bad Debt - Tenant	(19,387)	10 9
10 Bad Debt - Medicaid	(39,000)	10 10
11 Management Fees	(218,368)	10 11
12 Service Fee	(13,009)	10 12
13 Partnership Mgmt Fee	(25,000)	10 13
14 Interest Income-Eacrows	(13,588)	18 14
15 Interest Income	(1,258)	18 15
16 Additional R&M	9,359	02 16
17 Capitalized R&M	(6,451)	02 17
18 Pathway Management Allocation		
19 Maintenance	4,734	2 19
20 Utilities	236	3 20
21 Health Care / Personal Care	8,643	6 21
22 Community Life	798	7 22
23 Administrative	151,559	10 23
24 Marketing	22,812	11 24
25 Insurance	1,691	13 25
26 Employee Benefits	26,923	14 26
27 Depreciation	11,136	17 27
28 Rent - Building	13,006	20 28
29 Rent - Equipment	46	21 29
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101 Total	(167,505)	101

Facility Name: Victory Centre of River Oaks

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.05	\$ 27.54	1
2	Licensed Practical Nurses	2.41	26.23	2
3	Certified Nurse Assistants	11.54	13.35	3
4	Activity Director & Assistants	0.98	15.85	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.18	13.92	7
8	Dishwashers			8
9	Maintenance Workers	2.08	16.85	9
10	Housekeepers	2.67	12.68	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.93	22.78	13
14	Clerical			14
15	Marketing	2.33	19.50	15
16	Other			16
17	Total (lines 1 thru 16)	36.17	\$ 16.41	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		

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	0.001415%	1.99	\$ 12,417	1
2					2
3					3
4					4
5					5
Total				\$ 12417	6

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

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

Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	\$ 413,925	35	\$ 281,210	\$ (132,715)	\$ 5,557,999	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				424,262		20	21,263	21,263	96,621	6
7	Various			2002	246,335		20	10,468	10,468	246,335	7
8	Various			2005	15,186		20	759	759	13,668	8
9	Various			2007	6,888		20	344	344	4,478	9
10	Various			2008	31,114		20	1,556	1,556	18,669	10
11	Various			2009	101,459		20	5,073	5,073	55,802	11
12	Various			2010	29,068		20	1,453	1,453	14,535	12
13	Various			2011	6,448		20	322	322	2,902	13
14											
15	Allocated from Pathway Management					11,136			(11,136)		15
16											
17	TOTAL (lines 1 thru 16)				\$ 10,703,127	\$ 425,061		\$ 322,450	\$ (102,611)	\$ 6,011,008	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	\$ 748,619	\$	\$ 26,161	26,161		\$ 642,382	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 765,265	\$	\$ 26,161	26,161		\$ 659,028	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:

1/1/2019

Ending:

12/31/2019

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	Hot Water System	2012	5,243		20	262	262	2,097	1
2	Hot Gas Line Repair	2012	2,692		20	135	135	1,077	2
3	Crack Hot Gas Bypass Line	2012	2,936		20	147	147	1,174	3
4	Rooftop Unit	2013	8,850		20	443	443	3,098	4
5	Sign	2013	5,436		20	272	272	1,903	5
6	Heat Exchangers	2013	3,300		20	165	165	1,155	6
7	Shrubbery	2013	3,508		20	175	175	1,228	7
8	Dining Room Painting	2014	4,950		20	248	248	1,485	8
9	1st Floor Bathroom Renovation	2014	17,510		20	876	876	5,253	9
10	Dvr System	2014	3,700		20	185	185	1,110	10
11	Compressor	2014	2,780		20	139	139	834	11
12	Dining Room Window Treatments	2014	4,812		20	241	241	1,443	12
13	Hot Water Heater	2014	10,440		20	522	522	3,132	13
14	Nurse Call System	2015	74,794		20	3,740	3,740	18,698	14
15	Phone System	2015	20,442		20	1,022	1,022	5,111	15
16	Doors	2015	3,233		20	162	162	808	16
17	Sealcoating	2015	5,349		20	267	267	1,337	17
18	Windows	2015	122,530		20	6,127	6,127	30,633	18
19	Shower Apt 406	2015	3,695		20	185	185	924	19
20	New Bearing Assembly	2015	2,804		20	140	140	701	20
21	Raise Sidewalks	2015	2,515		20	126	126	629	21
22	Phone System- Adj Of 2015 Asset	2016	(315)		20	(16)	(16)	(63)	22
23	Ada Power Adapter	2016	2,547		20	127	127	509	23
24	Generator- Replaced Coolant Crossover Tube	2016	3,102		20	155	155	620	24
25	Replace Broken Circulator	2016	4,925		20	246	246	985	25
26	Replaced Rtu	2016	10,260		20	513	513	2,052	26
27	Red Hardwood Mulch	2016	5,848		20	292	292	1,170	27
28	Repaired Leak	2016	2,691		20	135	135	540	28
29	Laundry & Wellness Outlets	2016	2,581		20	179	179	716	29
30	Hvac Repairs	2016	4,086		20	204	204	816	30
31	Elevator Pit Ladders	2017	4,075		20	204	204	611	31
32	Doors Closers & Locks Through Facility	2017	3,099		20	155	155	465	32
33	Vav Controllers	2018	2,584		20	129	129	258	33
34	TOTAL (lines 1 thru 33)		\$ 357,002	\$		\$ 17,900	\$ 17,900	\$ 92,509	34

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

XI. OWNERSHIP COSTS (continued)
 B. Building and Improvement Costs-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	New Awning	2018	3,250		20	163	163	325	1
2	Gt Mechanical	2018	3,477		20	174	174	348	2
3	Elevator Repair	2018	4,075		20	204	204	408	3
4	Gt Mechanical	2018	4,179		20	209	209	418	4
5	Shower Replacement Rms - 309 & 408	2019	9,100		20	455	455	455	5
6	New Security System	2019	4,018		20	201	201	201	6
7	Installation Of Dvr	2019	4,018		20	201	201	201	7
8	Roofing Repair	2019	6,770		20	339	339	339	8
9	Repair Of Triple Duty Butterfly Valves	2019	2,691		20	135	135	135	9
10	A/C Unit Repair	2019	7,643		20	382	382	382	10
11	Condensor Fan Motor	2019	3,321		20	166	166	166	11
12	Hot Water Pipe Repairs	2019	8,267		20	413	413	413	12
13	Repair Hot Water Boiler	2019	2,711		20	136	136	136	13
14	Painted 6 Units	2019	3,740		20	187	187	187	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
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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)		\$ 67,260	\$		\$ 3,363	\$ 3,363	\$ 4,112	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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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 of River Oaks

Report Period Beginning: 1/1/2019

Ending: 2/31/2019

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			/ /	828			5
6	Allocated from Pathway			/ /	13,606			6
7	TOTAL				\$ 14,434			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 15,761

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	\$ 5,185,405	9/1/42	6.7000	\$ 350,277	1
2	Amerinational		X	2nd Mortgage	10/1/02	2,000,000	1,238,384	11/1/42	1.0000	12,648	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,150,000	\$ 6,423,788			\$ 362,925	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		-13,588	8
9	Interest Income		X		/ /			/ /		-1,258	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 6,423,788			\$ 348,079	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: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 251,254	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	648,545		3
4	Supply Inventory (priced at)	6,116		4
5	Short-Term Investments			5
6	Prepaid Insurance	31,410		6
7	Other Prepaid Expenses	12,970		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	758,966		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,709,261	\$	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	569,160		15
16	Equipment, at Historical Cost	1,038,267		16
17	Accumulated Depreciation (book methods)	(7,593,538)		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	149,378		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,547,235	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,256,496	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 140,358	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,732		30
31	Accrued Taxes Payable	203,777		31
32	Accrued Interest Payable	31,443		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	275,376		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 707,686	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,423,789		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)	\$ 6,423,789	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,131,475	\$	45
46	TOTAL EQUITY	\$ (874,979)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,256,496	\$	47

*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 3,670,730	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,670,730	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	547	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 547	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	14,846	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,846	14
	D. Other Revenue (specify):		
15	See Attached	139	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 139	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,686,262	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	909,483	19
20	Health Care/ Personal Care	639,842	20
21	General Administration	1,384,285	21
	B. Capital Expense		
22	Ownership	1,036,763	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)	\$ 3,970,373	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (284,111)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (284,111)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,438,952	32
33	Private Pay - Net Inpatient Revenue	231,778	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,670,730	37