

		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: 1000027

Facility Name: Victory Centre of RiverWoods

Address: 1800 Riverwood Drive

Melrose Park

60160

County: Cook

Telephone Number: (708) 547-5800

Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 7/30/2003

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. 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)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) 5/28/2020

*Subject to the attached Accountants' Consulting Report (Date)

(Print Name Steven N. Lavenda, CPA and Title Partner)

(Firm Name Marcum LLP & Address 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

HFS 3745C (N-4-05)

IL478-2471

Facility Name Victory Centre of RiverWoods

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

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	89	Single Unit Apartment	89	32,485	1
2	18	Double Unit Apartment	18	6,570	2
3		Other			3
4	107	TOTALS	107	39,055	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	28,796	3,689		32,485	5
6	Double Unit	6,451	119		6,570	6
7	Other					7
8	TOTALS	35,247	3,808		39,055	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 100.00%

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

902 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 149 (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: 12/31/2019 Fiscal Year: 12/31/2019

* 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

Page 3

Facility Name: Victory Centre of RiverWoods

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	369,604	245,239	10,494	625,337	(365)	624,972	1
2	Housekeeping, Laundry and Maintenance	152,665	38,330	126,671	317,666	10,188	327,854	2
3	Heat and Other Utilities			154,912	154,912	(1,735)	153,177	3
4	Other (specify):							4
5	TOTAL General Services	522,269	283,569	292,077	1,097,915	8,088	1,106,003	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	562,020	127	55,748	617,895	9,945	627,840	6
7	Activities and Social Services	36,509	6,709	29,552	72,770	(812)	71,958	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	598,529	6,836	85,300	690,665	9,133	699,798	9
	C. General Administration							
10	Administrative and Clerical	214,811	10,788	1,125,804	1,351,403	(590,599)	760,804	10
11	Marketing Materials, Promotions and Advertising	112,363	2,273	73,119	187,755	26,389	214,144	11
12	Employee Benefits and Payroll Taxes			282,436	282,436		282,436	12
13	Insurance-Property, Liability and Malpractice			141,314	141,314	1,956	143,270	13
14	Other (specify):					31,145	31,145	14
15	TOTAL General Administration	327,174	13,061	1,622,673	1,962,908	(531,109)	1,431,799	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,447,972	303,466	2,000,050	3,751,488	(513,887)	3,237,601	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			486,583	486,583	(86,908)	399,675	17
18	Interest			218,003	218,003	(5,656)	212,347	18
19	Real Estate Taxes			87,420	87,420		87,420	19
20	Rent -- Facility and Grounds			735	735	15,739	16,474	20
21	Rent -- Equipment			12,799	12,799	53	12,852	21
22	Other (specify):			37,566	37,566		37,566	22
23	TOTAL Ownership			843,106	843,106	(76,772)	766,334	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,447,972	303,466	2,843,156	4,594,594	(590,660)	4,003,934	24

STATE OF ILLINOIS		Page 3A
Victory Centre of RiverWoods		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (99,791)	17 1
2 Guest Meals	(165)	01 2
3 Maintenance Fees	(1,040)	02 3
4 Community Life Income	(25)	07 4
5 Meals & Entertainment	(456)	10 5
6 Life Fee Income	(140)	10 6
7 Bank Service Charges	(4,338)	10 7
8 Resident Gifts	(6,042)	10 8
9 Resident Reimbursables	(53)	06 9
10 Bad Debt - Tenant	(35,026)	10 10
11 Bad Debt - Medicaid	(96,730)	10 11
12 Pet Care	(1,710)	07 12
13 Cable TV	(2,009)	03 13
14 Management Fees	(291,102)	10 14
15 Asset Management Fee	(10,900)	10 15
16 Partnership Mgmt Fee	(25,000)	10 16
17 Incentive Management Fee	(296,198)	10 17
18 Interest Income-Escrows	(486)	18 18
19 Interest Income	(5,171)	18 19
20 Additional R&M	(11,683)	02 20
21 Capitalized R&M	(5,931)	02 21
22		22
23 Pathway Management Allocation		23
24 Maintenance	5,476	2 24
25 Utilities	273	3 25
26 Health Care / Personal Care	9,998	6 26
27 Community Life	923	7 27
28 Administrative	175,324	10 28
29 Marketing	26,389	11 29
30 Insurance	1,956	13 30
31 Employee Benefits	31,145	14 31
32 Depreciation	(12,882)	17 32
33 Rent - Building	(15,739)	20 33
34 Rent - Equipment	53	21 34
35		35
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100		100
101 Total	(590,660)	101

Facility Name: Victory Centre of RiverWoods

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	1.22	\$ 28.40	1
2	Licensed Practical Nurses	2.04	25.61	2
3	Certified Nurse Assistants	13.42	13.66	3
4	Activity Director & Assistants	1.09	16.12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.68	15.21	7
8	Dishwashers			8
9	Maintenance Workers	2.77	16.79	9
10	Housekeepers	2.12	12.70	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.62	22.34	13
14	Clerical			14
15	Marketing	2.21	24.43	15
16	Other			16
17	Total (lines 1 thru 16)	41.17	\$ 16.91	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%	2.3	\$ 14,364	1
2					2
3					3
4					4
5					5
Total				\$ 14364	6

VI. (B) Management fees paid to unrelated parties

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

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 RiverWoods

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 918,820 Year land was acquired 2003

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	107		2003	2003	\$ 10,971,031	\$ 486,583	35	\$ 313,458	\$ (173,125)	\$ 5,941,458	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				824,193		20	41,210	41,210	191,614	6
7	Various			2003	63,245		20	3,162	3,162	47,433	7
8	Various			2005	3,762		20	188	188	2,446	8
9	Various			2007	4,594		20	230	230	2,756	9
10	Various			2009	42,129		20	2,106	2,106	21,064	10
11	Various			2010	35,866		20	1,793	1,793	16,140	11
12	Various			2011	12,497		20	625	625	4,999	12
13											
14	Allocated from Pathway Management					12,882			(12,882)		14
15											
16											
17	TOTAL (lines 1 thru 16)				\$ 11,957,316	\$ 499,465		\$ 362,772	\$ (136,693)	\$ 6,227,910	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	\$ 1,135,245	\$	\$ 36,902	36,902		\$ 1,021,053	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,135,245	\$	\$ 36,902	36,902		\$ 1,021,053	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 RiverWoods

#

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	Compressor	2012	7,310		20	366	366	2,559	1
2	Pour Concrete Walkways & Paths	2012	7,675		20	384	384	2,686	2
3	Telephone System	2012	8,060		20	403	403	2,821	3
4	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500		20	175	175	1,050	4
5	Radiator & Generator	2013	6,440		20	322	322	1,932	5
6	Signage	2014	4,941		20	247	247	1,482	6
7	Remove & Replace Mixing Valve	2014	3,250		20	163	163	975	7
8	Dining Room Floor	2014	24,906		20	1,245	1,245	7,472	8
9	Compressor Replacement	2014	10,716		20	536	536	3,215	9
10	Vav Controller, Economizer Board, Gas Regulator	2014	4,775		20	239	239	1,433	10
11	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	389,789		20	19,489	19,489	97,447	11
12	Phone System	2015	25,424		20	1,271	1,271	6,356	12
13	Ac- Elevator Room	2015	6,301		20	315	315	1,575	13
14	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	171,700		20	8,585	8,585	42,925	14
15	Replace Mixing Valve Actuator For Heating Systems	2015	3,200		20	160	160	800	15
16	Roof Repair	2016	5,159		20	258	258	1,032	16
17	6 Replacement Doors- 1St Floor Common Areas	2016	4,481		20	224	224	896	17
18	Replace- Lead Soil Stack/Flashing- Roof	2016	8,250		20	413	413	1,650	18
19	Concrete Replacement	2016	2,500		20	125	125	500	19
20	Elevator Pit Ladder	2017	9,744		20	487	487	1,462	20
21	7 Ac Units	2017	4,492		20	225	225	674	21
22	New Fire Panel	2017	4,768		20	238	238	715	22
23	10 Ac Units	2017	6,458		20	323	323	969	23
24	Optigaurd Door Detection For 2 Elevators	2017	7,000		20	350	350	1,050	24
25	Boiler Leak Repair	2017	3,153		20	158	158	316	25
26	Site Improvements	2018	3,994		20	200	200	399	26
27	Marketing Banners	2018	6,310		20	316	316	631	27
28	Roof Repairs	2018	4,290		20	215	215	429	28
29	Mold Restoration	2018	2,790		20	140	140	279	29
30	Auto Doors For Men & Womens Rooms	2018	5,595		20	280	280	560	30
31	Boiler Replacement	2018	9,464		20	473	473	946	31
32	Oil Coolers & Hydraulic Valves	2018	23,247		20	1,162	1,162	2,325	32
33	Walk-In Cooler Repair	2018	3,336		20	167	167	334	33
34	TOTAL (lines 1 thru 33)		\$ 793,017	\$		\$ 39,651	\$ 39,651	\$ 189,893	34

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

XL OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	5 A/C Units	2018	3,236		20	162	162	324	1
2	Parking Lot Refresh	2019	22,009		20	1,100	1,100	1,100	2
3	Floor Replacement	2019	2,580		20	129	129	129	3
4	Elevator Repair	2019	3,350		20	168	168	168	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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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)		\$ 31,176	\$		\$ 1,559	\$ 1,559	\$ 1,721	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
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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 of RiverWoods

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 Unit			/ /	735			5
6	Allocated from Pathway			/ /	15,739			6
7	TOTAL				\$ 16,475			7

8. Is movable equipment rental included in building rental?
YES NO

9. Rental amount for movable equipment \$ 12,852

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	Wells Fargo		X	1st Mortgage	11/30/14	\$ 7,096,600	\$ 5,656,090	10/30/44	3.5500	\$ 205,849	1
2	Department of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,163,407	6/13/42	1.0000	12,092	2
3	IHDA		X	3rd Mortgage	12/1/03	750,000	6,192	12/1/33	1.0000	62	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,646,600	\$ 6,825,689			\$ 218,003	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		(486)	8
9	Interest Income				/ /			/ /		(5,171)	9
10	TOTALS (lines 7, 8 and 9)					\$ 9,646,600	\$ 6,825,689			\$ 212,347	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

Page 7

Facility Name: Victory Centre of RiverWoods

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	\$ 312,034	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,411,228		3
4	Supply Inventory (priced at)	14,505		4
5	Short-Term Investments			5
6	Prepaid Insurance	3,544		6
7	Other Prepaid Expenses	17,158		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,576,200		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,334,669	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	918,820		13
14	Buildings, at Historical Cost	10,971,031		14
15	Leasehold Improvements, at Historical Cost	705,369		15
16	Equipment, at Historical Cost	1,485,950		16
17	Accumulated Depreciation (book methods)	(8,229,936)		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	144,981		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,996,215	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,330,884	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 439,534	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	68,941		30
31	Accrued Taxes Payable	87,997		31
32	Accrued Interest Payable	19,035		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	356,559		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 972,066	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,825,689		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)	\$ 6,825,689	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,797,755	\$	45
46	TOTAL EQUITY	\$ 1,533,129	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,330,884	\$	47

*(See instructions.)

Facility Name: Victory Centre of RiverWoods

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	\$ 4,890,520	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,890,520	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	365	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 365	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	5,657	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,657	14
	D. Other Revenue (specify):		
15	See Attached	1,700	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,700	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,898,242	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,097,915	19
20	Health Care/ Personal Care	690,665	20
21	General Administration	1,962,908	21
	B. Capital Expense		
22	Ownership	843,106	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)	\$ 4,594,594	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 303,648	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 303,648	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,585,949	32
33	Private Pay - Net Inpatient Revenue	304,571	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,890,520	37