

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input checked="" type="checkbox"/>	Other		Limited Partnership

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 1/1/2021 to 12/31/2021 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)

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

(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	28,462	1,052		29,514	5
6	Double Unit	730			730	6
7	Other					7
8	TOTALS	29,192	1,052		30,244	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.02%

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

613 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 992 (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: 12/31/21 Fiscal Year: 12/31/21

* 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:

1/1/2021

Ending:

12/31/2021

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	338,170	222,674	3,705	564,549		564,549	1
2	Housekeeping, Laundry and Maintenance	166,641	37,390	133,350	337,381	298	337,679	2
3	Heat and Other Utilities			115,994	115,994	122	116,116	3
4	Other (specify):							4
5	TOTAL General Services	504,811	260,064	253,049	1,017,924	420	1,018,344	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	574,518	4,865	149,516	728,899	8,338	737,237	6
7	Activities and Social Services	25,790	7,834	25,887	59,511	(4,877)	54,634	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	600,308	12,699	175,403	788,410	3,460	791,870	9
	C. General Administration							
10	Administrative and Clerical	251,625	9,681	749,866	1,011,172	(314,043)	697,129	10
11	Marketing Materials, Promotions and Advertising	83,639	3,352	48,675	135,666	19,410	155,076	11
12	Employee Benefits and Payroll Taxes			252,818	252,818		252,818	12
13	Insurance-Property, Liability and Malpractice			183,326	183,326	3,758	187,084	13
14	Other (specify):					27,110	27,110	14
15	TOTAL General Administration	335,264	13,033	1,234,685	1,582,982	(263,766)	1,319,216	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,440,383	285,796	1,663,137	3,389,316	(259,885)	3,129,431	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			390,919	390,919	(54,101)	336,818	17
18	Interest			350,053	350,053	(534)	349,519	18
19	Real Estate Taxes			263,824	263,824		263,824	19
20	Rent -- Facility and Grounds			1,732	1,732	13,693	15,425	20
21	Rent -- Equipment			18,395	18,395		18,395	21
22	Other (specify):			33,552	33,552		33,552	22
23	TOTAL Ownership			1,058,475	1,058,475	(40,942)	1,017,533	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,440,383	285,796	2,721,612	4,447,791	(300,827)	4,146,964	24

STATE OF ILLINOIS		Page 3A
Victory Centre of River Oaks		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	(61,902)	17 1
2 Per Fee	(250)	07 2
3 Meals & Entertainment	(790)	10 3
4 Bank Service Charges	(6,967)	10 4
5 Resident Gifts	(6,841)	07 5
6 Resident Reimbursables	(81)	10 6
7 Bad Debt	(204,742)	10 7
8 Management Fees	(222,354)	10 8
9 Service Fee	(12,661)	10 9
10 Interest Income	(534)	18 10
11 Partnership Mgmt Fee	(25,000)	10 11
12 Capitalized R&M	(5,459)	02 12
13		13
14		14
15 Pathway Management Allocation		15
16 Maintenance	5,757	02 16
17 Utilities	122	03 17
18 Health Care / Personal Care	8,338	06 18
19 Community Life	2,213	07 19
20 Administrative	158,552	10 20
21 Marketing	19,410	11 21
22 Insurance	3,758	13 22
23 Employee Benefits	27,110	14 23
24 Depreciation	7,801	17 24
25 Rent - Building	13,693	20 25
26		26
27		27
28		28
29		29
30		30
31		31
32		32
33		33
34		34
35		35
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91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(300,827)	101

Facility Name: Victory Centre of River Oaks

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.24	\$ 27.34	1
2	Licensed Practical Nurses	1.46	27.57	2
3	Certified Nurse Assistants	15.02	15.27	3
4	Activity Director & Assistants	0.69	17.91	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.75	16.67	7
8	Dishwashers			8
9	Maintenance Workers	1.85	19.59	9
10	Housekeepers	3.05	14.38	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.78	25.31	13
14	Clerical			14
15	Marketing	1.59	25.25	15
16	Other			16
17	Total (lines 1 thru 16)	38.44	\$ 18.02	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%	0.86	\$ 4,051	1
2					2
3					3
4					4
5					5
Total				\$ 4051	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:

1/1/2021

Ending:

12/31/2021

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	\$ 390,919	35	\$ 281,210	\$ (109,709)	\$ 6,120,419	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				463,129		20	22,940	22,940	129,521	6
7	Various			2002	246,335		20			246,335	7
8	Various			2005	15,186		20	758	758	15,186	8
9	Various			2007	6,888		20	345	345	5,168	9
10	Various			2008	31,114		20	1,556	1,556	21,782	10
11	Various			2009	101,459		20	5,073	5,073	65,947	11
12	Various			2010	29,068		20	1,454	1,454	17,442	12
13	Various			2011	6,448		20	322	322	3,546	13
14	Various			2012	10,871		20	544	544	5,436	14
15	Various			2013	21,094		20	1,055	1,055	9,494	15
16	Allocated from Pathway Management					7,801			(7,801)		16
17	TOTAL (lines 1 thru 16)				\$ 10,773,959	\$ 398,720		\$ 315,257	\$ (83,463)	\$ 6,640,276	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	\$ 752,233	\$	\$ 21,561	21,561		\$ 687,758	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 768,879	\$	\$ 21,561	21,561		\$ 704,404	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:

1/1/2021

Ending:

12/31/2021

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	Dining Room Painting	2014	\$ 4,950	\$ 398,720	20	\$ 248	\$ (398,472)	\$ 1,981	1
2	1St Floor Bathroom Renovation	2014	17,510		20	876	876	7,005	2
3	Dvr System	2014	3,700		20	185	185	1,480	3
4	Compressor	2014	2,780		20	139	139	1,112	4
5	Dining Room Window Treatments	2014	4,812		20	241	241	1,925	5
6	Hot Water Heater	2014	10,440		20	522	522	4,176	6
7	Nurse Call System	2015	74,794		20	3,740	3,740	26,178	7
8	Phone System	2015	20,442		20	1,022	1,022	7,155	8
9	Doors	2015	3,233		20	162	162	1,132	9
10	Sealcoating	2015	5,349		20	267	267	1,871	10
11	Windows	2015	122,530		20	6,127	6,127	42,887	11
12	Shower Apt 406	2015	3,695		20	185	185	1,294	12
13	New Bearing Assembly	2015	2,804		20	140	140	981	13
14	Raise Sidewalks	2015	2,515		20	126	126	881	14
15	Phone System- Adj Of 2015 Asset	2016	(315)		20	(236)	(236)	(315)	15
16	Ada Power Adapter	2016	2,547		20	127	127	763	16
17	Generator- Replaced Coolant Crossover Tube	2016	3,102		20	155	155	930	17
18	Replace Broken Circulator	2016	4,925		20	246	246	1,477	18
19	Replaced Rtu	2016	10,260		20	513	513	3,078	19
20	Red Hardwood Mulch	2016	5,848		20	292	292	1,754	20
21	Repaired Leak	2016	2,691		20	135	135	810	21
22	Laundry & Wellness Outlets	2016	2,581		20	129	129	974	22
23	Hvac Repairs	2016	4,086		20	204	204	1,224	23
24	Elevator Pit Ladders	2017	4,075		20	204	204	1,019	24
25	Doors Closers & Locks Through Facility	2017	3,099		20	155	155	775	25
26	Vav Controllers	2018	2,584		20	129	129	516	26
27	New Awning	2018	3,250		20	163	163	651	27
28	Gt Mechanical	2018	3,477		20	174	174	696	28
29	Elevator Repair	2018	4,075		20	204	204	816	29
30	Gt Mechanical	2018	4,179		20	209	209	836	30
31	Shower Replacement Rms - 309 & 408	2019	9,100		20	455	455	1,365	31
32	New Security System	2019	4,018		20	201	201	603	32
33	Installation Of Dvr	2019	4,018		20	201	201	603	33
34	TOTAL (lines 1 thru 33)		\$ 357,154	\$ 398,720		\$ 17,640	\$ (381,080)	\$ 118,633	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 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	Roofing Repair	2019	\$ 6,770	\$ 398,720	20	\$ 339	\$ (398,381)	\$ 1,017	1
2	Repair Of Triple Duty Butterfly Valves	2019	2,691		20	135	135	405	2
3	A/C Unit Repair	2019	7,643		20	382	382	1,146	3
4	Condensor Fan Motor	2019	3,321		20	166	166	498	4
5	Hot Water Pipe Repairs	2019	8,267		20	413	413	1,239	5
6	Repair Hot Water Boiler	2019	2,711		20	136	136	408	6
7	Painted 6 Units	2019	3,740		20	187	187	561	7
8	New Controller And Combustion Motor	2020	3,150		20	158	158	316	8
9	New Locks	2020	3,058		20	153	153	306	9
10	Replacement Of Sara System - Emergency Call Light System	2020	11,672		20	584	584	1,168	10
11	Replacement Locks	2020	3,058		20	153	153	306	11
12	Hvac Repairs	2020	4,883		20	244	244	488	12
13	Elevator Repair	2020	3,254		20	163	163	326	13
14	Repair Leak On Distributor Tube	2020	4,043		20	202	202	404	14
15	Repair Hot Water - 4Th Flr	2020	5,709		20	285	285	570	15
16	Roof Repairs Above Rms 407 And 408	2020	2,600		20	130	130	260	16
17	Update Sara System (Emergency Monitoring)	2021	23,946		20	1,197	1,197	1,197	17
18	Repair Elevator #2	2021	2,815		20	141	141	141	18
19	Motor And Pump Repair	2021	2,644		20	132	132	132	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)		\$ 105,975	\$ 398,720		\$ 5,300	\$ (393,420)	\$ 10,888	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
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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 Centre of River Oaks Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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			/ /	1,732			5
6	Allocated from Pathway			/ /	13,693			6
7	TOTAL				\$ 15,425			7

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

9. Rental amount for movable equipment \$ 18,395

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	IHDA		X	1st Mortgage	10/1/02	\$ 6,150,000	\$ 4,983,056	9/1/42	6.7000	\$ 338,336	1
2	Cook County		X	2nd Mortgage	10/1/02	2,000,000	2,359,224	11/1/42	1.0000	11,717	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,150,000	\$ 7,342,280			\$ 350,053	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-534	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 7,342,280			\$ 349,519	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: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 167,983	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,140,292		3
4	Supply Inventory (priced at)	467		4
5	Short-Term Investments			5
6	Prepaid Insurance	40,986		6
7	Other Prepaid Expenses	27,428		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	2,107,654		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,484,810	\$	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	572,310		15
16	Equipment, at Historical Cost	1,086,006		16
17	Accumulated Depreciation (book methods)	(8,387,648)		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	118,625		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,773,261	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,258,071	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 330,198	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	107,014		30
31	Accrued Taxes Payable	236,323		31
32	Accrued Interest Payable	38,236		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	443,228		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,154,999	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,342,280		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	425,139		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 7,767,419	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,922,418	\$	45
46	TOTAL EQUITY	\$ (1,664,347)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,258,071	\$	47

*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 3,535,406	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,535,406	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	202,931	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 202,931	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	534	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 534	14
	D. Other Revenue (specify):		
15	See Attached	250	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 250	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,739,121	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,017,924	19
20	Health Care/ Personal Care	788,410	20
21	General Administration	1,582,982	21
	B. Capital Expense		
22	Ownership	1,058,475	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)	\$ 4,447,791	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (708,670)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (708,670)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,367,647	32
33	Private Pay - Net Inpatient Revenue	167,759	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,535,406	37