

		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: 1000027

Facility Name: Victory Centre River Woods

Address: 1800 Riverwood DriveMelrose Park60160

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

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 1/1/2021 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)
(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	89	Single Unit Apartment	89	32,485	1
2	18	Double Unit Apartment	18	6,570	2
3		Other		4,063	3
4	107	TOTALS	107	43,118	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	34,277	556		34,833	5
6	Double Unit	4,222			4,222	6
7	Other	4,063			4,063	7
8	TOTALS	42,562	556		43,118	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

840 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 1492 (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 River Woods

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	406,012	251,566	3,979	661,557	(496)	661,061	1
2	Housekeeping, Laundry and Maintenance	138,639	53,356	149,271	341,266	19,487	360,753	2
3	Heat and Other Utilities			137,922	137,922	(1,914)	136,008	3
4	Other (specify):							4
5	TOTAL General Services	544,651	304,922	291,172	1,140,745	17,077	1,157,822	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	507,949	5,283	124,045	637,277	11,887	649,164	6
7	Activities and Social Services	42,881	4,271	18,140	65,292	2,065	67,357	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	550,830	9,554	142,185	702,569	13,952	716,521	9
	C. General Administration							
10	Administrative and Clerical	211,471	10,392	1,490,759	1,712,622	(969,683)	742,939	10
11	Marketing Materials, Promotions and Advertising	141,359	1,003	42,409	184,771	27,672	212,443	11
12	Employee Benefits and Payroll Taxes			298,979	298,979		298,979	12
13	Insurance-Property, Liability and Malpractice			206,960	206,960	5,357	212,317	13
14	Other (specify):					38,649	38,649	14
15	TOTAL General Administration	352,830	11,395	2,039,107	2,403,332	(898,004)	1,505,328	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,448,311	325,871	2,472,464	4,246,646	(866,976)	3,379,670	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			456,530	456,530	(53,808)	402,722	17
18	Interest			194,425	194,425	(2,358)	192,067	18
19	Real Estate Taxes			91,877	91,877		91,877	19
20	Rent -- Facility and Grounds			56	56	19,522	19,578	20
21	Rent -- Equipment			9,562	9,562		9,562	21
22	Other (specify):			34,925	34,925		34,925	22
23	TOTAL Ownership			787,375	787,375	(36,644)	750,731	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,448,311	325,871	3,259,839	5,034,021	(903,619)	4,130,402	24

STATE OF ILLINOIS		Page 3A
Victory Centre River Woods		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	(64,929)	17 1
2 Guest Meals	(496)	01 2
3 Maintenance Fees	(540)	02 3
4 NSF Fees	(368)	10 4
5 Other Income	(3,399)	10 5
6 Meals & Entertainment	(622)	10 6
7 Bank Service Charges	(6,804)	10 7
8 Resident Gifts	(3,056)	10 8
9 Bad Debt	(576,061)	10 9
10 Pet Care	(1,090)	07 10
11 Cable TV	(2,088)	03 11
12 Management Fees	(239,766)	10 12
13 Partnership Mgmt Fee	(25,000)	10 13
14 Incentive Management Fee	(340,631)	10 14
15 Interest Income	(2,358)	18 15
16 Additional R&M	11,819	02 16
17		17
18		18
19 Pathway Management Allocation:		19
20 Maintenance	8,208	2 20
21 Utilities	174	3 21
22 Health Care / Personal Care	11,887	6 22
23 Community Life	3,155	7 23
24 Administrative	226,044	10 24
25 Marketing	27,672	11 25
26 Insurance	5,357	13 26
27 Employee Benefits	38,649	14 27
28 Depreciation	11,121	17 28
29 Rent - Building	19,522	20 29
30		30
31		31
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99		99
100		100
101 Total	(903,619)	101

Facility Name: Victory Centre River Woods

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	0.18	\$ 22.10	1
2	Licensed Practical Nurses	1.91	29.35	2
3	Certified Nurse Assistants	10.88	16.92	3
4	Activity Director & Assistants	1.28	16.10	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.37	17.17	7
8	Dishwashers			8
9	Maintenance Workers	2.09	19.07	9
10	Housekeepers	1.78	15.05	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.90	26.09	13
14	Clerical			14
15	Marketing	1.98	34.41	15
16	Other			16
17	Total (lines 1 thru 16)	35.37	\$ 19.69	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%	1.23	\$ 5,776	1
2					2
3					3
4					4
5					5
Total				\$ 5776	6

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

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

Facility Name: Victory Centre River Woods

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	\$ 456,530	35	\$ 313,458	\$ (143,072)	\$ 6,568,374	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				1,082,709		20	54,137	54,137	276,538	6
7	Various			2003	63,245		20	3,162	3,162	53,757	7
8	Various			2005	3,762		20	188	188	2,822	8
9	Various			2007	4,594		20	230	230	3,215	9
10	Various			2009	42,129		20	2,106	2,106	25,277	10
11	Various			2010	35,866		20	1,794	1,794	19,728	11
12	Various			2011	12,497		20	625	625	6,249	12
13	Various			2012	23,045		20	1,153	1,153	10,372	13
14	Various			2013	9,940		20	497	497	3,976	14
15											15
16	Allocated from Pathway Management					11,121			(11,121)		16
17	TOTAL (lines 1 thru 16)				\$ 12,248,818	\$ 467,651		\$ 377,350	\$ (90,301)	\$ 6,970,308	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	\$ 1,142,084	\$	\$ 25,372	25,372		\$ 1,078,721	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,142,084	\$	\$ 25,372	25,372		\$ 1,078,721	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 River Woods

#

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	Signage	2014	\$ 4,941	\$ 467,651	20	\$ 247	\$ (467,404)	\$ 1,976	1
2	Remove & Replace Mixing Valve	2014	3,250		20	163	163	1,301	2
3	Dining Room Floor	2014	24,906		20	1,245	1,245	9,962	3
4	Compressor Replacement	2014	10,716		20	536	536	4,287	4
5	Vav Controller, Economizer Board, Gas Regulator	2014	4,775		20	239	239	1,911	5
6	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	389,789		20	19,489	19,489	136,425	6
7	Phone System	2015	25,424		20	1,271	1,271	8,898	7
8	Ac- Elevator Room	2015	6,301		20	315	315	2,205	8
9	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	171,700		20	8,585	8,585	60,095	9
10	Replace Mixing Valve Actuator For Heating Systems	2015	3,200		20	160	160	1,120	10
11	Roof Repair	2016	5,159		20	258	258	1,548	11
12	6 Replacement Doors- 1st Floor Common Areas	2016	4,481		20	224	224	1,344	12
13	Replace- Lead Soil Stack/Flashing- Roof	2016	8,250		20	413	413	2,476	13
14	Concrete Replacement	2016	2,500		20	125	125	750	14
15	Elevator Pit Ladder	2017	9,744		20	487	487	2,436	15
16	7 Ac Units	2017	4,492		20	225	225	1,124	16
17	New Fire Panel	2017	4,768		20	238	238	1,191	17
18	10 Ac Units	2017	6,458		20	323	323	1,615	18
19	Optigaurd Door Detection For 2 Elevators	2017	7,000		20	350	350	1,750	19
20	Boiler Leak Repair	2017	3,153		20	158	158	632	20
21	Site Improvements	2018	3,994		20	200	200	799	21
22	Marketing Banners	2018	6,310		20	316	316	1,263	22
23	Roof Repairs	2018	4,290		20	215	215	859	23
24	Mold Restoration	2018	2,790		20	140	140	559	24
25	Auto Doors For Men & Womens Rooms	2018	5,595		20	280	280	1,120	25
26	Boiler Replacement	2018	9,464		20	473	473	1,892	26
27	Oil Coolers & Hydraulic Valves	2018	23,247		20	1,162	1,162	4,649	27
28	Walk-In Cooler Repair	2018	3,336		20	167	167	668	28
29	5 A/C Units	2018	3,236		20	162	162	648	29
30	Parking Lot Refresh	2019	22,009		20	1,100	1,100	3,300	30
31	Floor Replacement	2019	2,580		20	129	129	387	31
32	Elevator Repair	2019	3,350		20	168	168	504	32
33	Rtu Unit	2020	3,670		20	183	183	366	33
34	TOTAL (lines 1 thru 33)		\$ 794,878	\$ 467,651		\$ 39,746	\$ (427,905)	\$ 260,060	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	A/C System	2020	\$ 8,970	\$ 467,651	20	\$ 449	\$ (467,202)	\$ 898	1
2	A/C Compressor Repair	2020	7,846		20	392	392	784	2
3	Repair / Improvement	2020	7,450		20	373	373	746	3
4	Boiler Repair	2020	2,890		20	144	144	288	4
5	Boiler Repair, Gasket Replacements	2020	2,890		20	144	144	288	5
6	Replacement Module Kit - Compressor	2020	2,896		20	145	145	290	6
7	Building Paint Refresh	2020	8,800		20	440	440	880	7
8	Replace Threaded Pipe	2021	4,163		20	208	208	208	8
9	Valve Replacement	2021	2,952		20	148	148	148	9
10	Water Check Valve	2021	2,586		20	129	129	129	10
11	Pipe Replacement	2021	3,493		20	175	175	175	11
12	Boilers	2021	7,851		20	393	393	393	12
13	Resident Pendants	2021	3,710		20	185	185	185	13
14	Roof Replacement	2021	221,334		20	11,067	11,067	11,067	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 287,831	\$ 467,651		\$ 14,391	\$ (453,260)	\$ 16,478	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									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 River Woods

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	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			/ /	56			5
6	Allocated from Pathway			/ /	19,522			6
7	TOTAL				\$ 19,578			7

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

9. Rental amount for movable equipment \$ 9,563

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	\$ 5,004,491	10/30/44	3.5500	\$ 183,089	1
2	Cook County DOR		X	2nd Mortgage	6/13/02	1,800,000	1,076,581	6/13/42	1.0000	10,985	2
3	IHDA		X	3rd Mortgage	12/1/03	750,000	6,192	12/1/33	1.0000	351	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,646,600	\$ 6,087,264			\$ 194,425	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,358	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,646,600	\$ 6,087,264			\$ 192,067	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.

Facility Name: Victory Centre River Woods

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	\$ 319,769	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,449,430		3
4	Supply Inventory (priced at)	14,271		4
5	Short-Term Investments			5
6	Prepaid Insurance	29,542		6
7	Other Prepaid Expenses	25,259		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,511,194		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,349,465	\$	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	964,952		15
16	Equipment, at Historical Cost	1,555,278		16
17	Accumulated Depreciation (book methods)	(9,150,530)		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	122,487		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,382,038	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,731,503	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 463,121	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	122,281		30
31	Accrued Taxes Payable	90,541		31
32	Accrued Interest Payable	17,810		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	410,736		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,104,489	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,087,264		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached			43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,087,264	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,191,753	\$	45
46	TOTAL EQUITY	\$ 1,539,750	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,731,503	\$	47

*(See instructions.)

Facility Name: Victory Centre River Woods

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	\$ 4,883,017	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,883,017	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	63,980	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	496	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 64,476	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,358	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,358	14
	D. Other Revenue (specify):		
15	See Attached	4,307	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,307	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,954,158	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,140,745	19
20	Health Care/ Personal Care	702,569	20
21	General Administration	2,403,332	21
	B. Capital Expense		
22	Ownership	787,375	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)	\$ 5,034,021	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (79,863)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (79,863)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,777,398	32
33	Private Pay - Net Inpatient Revenue	105,619	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,883,017	37