

		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: 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 1/1/2021 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)

(Type or Print Name)

(Title)

(Signed)

\*Subject to the attached Accountants' Consulting Report

(Print Name Steven N. Lavenda, CPAand Title Partner)

(Firm Name Marcum LLP& Address Nine Parkway North, Suite 200 Deerfield, IL 60015)

(Telephone) (847) 282-6300Fax (847) 282-6301

PAID PREPARER

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 Ridge

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

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		1,139	3
4	110	TOTALS	110	41,289	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	28,964	545		29,509	5
6	Double Unit	4,789			4,789	6
7	Other					7
8	TOTALS	33,753	545		34,298	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified  
bed days on line 4, column 4.) 83.07%

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

775 Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. 1319 (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? No If yes, did the facility make all of the  
required payments of interest and principal? 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 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 Sierra Ridge

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	360,378	219,957	5,280	585,615	(519)	585,096	1
2	Housekeeping, Laundry and Maintenance	175,051	25,515	160,096	360,662	15,222	375,884	2
3	Heat and Other Utilities			186,513	186,513	(27,374)	159,139	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	535,429	245,472	351,889	1,132,790	(12,671)	1,120,119	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	759,081	12,870	151,566	923,517	9,455	932,972	6
7	Activities and Social Services	29,993	6,390	26,283	62,666	279	62,945	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	789,074	19,260	177,849	986,183	9,734	995,917	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	297,658	8,764	736,645	1,043,067	(255,431)	787,636	10
11	Marketing Materials, Promotions and Advertising	129,220	3,542	57,404	190,166	22,012	212,178	11
12	Employee Benefits and Payroll Taxes			345,080	345,080		345,080	12
13	Insurance-Property, Liability and Malpractice			194,501	194,501	4,261	198,762	13
14	Other (specify):					30,743	30,743	14
15	<b>TOTAL General Administration</b>	426,878	12,306	1,333,630	1,772,814	(198,415)	1,574,399	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,751,381	277,038	1,863,368	3,891,787	(201,352)	3,690,435	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			384,568	384,568	61,562	446,130	17
18	Interest			280,626	280,626	(2,399)	278,227	18
19	Real Estate Taxes			153,843	153,843		153,843	19
20	Rent -- Facility and Grounds			2,446	2,446	15,529	17,975	20
21	Rent -- Equipment			21,777	21,777		21,777	21
22	Other (specify):			43,163	43,163		43,163	22
23	<b>TOTAL Ownership</b>			886,423	886,423	74,692	961,115	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,751,381	277,038	2,749,791	4,778,210	(126,660)	4,651,550	24

STATE OF ILLINOIS		Page 3A
Victory Centre Sierra Ridge		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	52,716	17 1
2 Guest Meals	(519)	01 2
3 Laundry Machine Income	(345)	02 3
4 Telephone Service	(8,361)	10 4
5 NSF Fees	(72)	10 5
6 Bank Service Charges	(9,064)	10 6
7 Late Fees/Finance Charges	(156)	10 7
8 Resident Gifts	(1,005)	10 8
9 Bad Debt	(180,412)	10 9
10 Meals & Entertainment	(460)	10 10
11 Pet Care	(2,231)	07 11
12 Cable TV	(27,512)	03 12
13 Management Fees	(69,968)	10 13
14 Service Provider Fee	(158,038)	10 14
15 Asset Management Fee	(7,500)	10 15
16 Interest Income	(2,399)	18 16
17 Additional R&M	9,038	02 17
18		18
19		19
20 Pathway Management Allocation		20
21 Maintenance	6,529	2 21
22 Utilities	138	3 22
23 Health Care / Personal Care	9,455	6 23
24 Community Life	2,510	7 24
25 Administrative	179,805	10 25
26 Marketing	22,012	11 26
27 Insurance	4,361	13 27
28 Employee Benefits	30,743	14 28
29 Depreciation	8,846	17 29
30 Rent - Building	15,529	20 30
31		31
32		32
33		33
34		34
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95		95
96		96
97		97
98		98
99		99
100 Total	(126,660)	100 101

Facility Name: Victory Centre Sierra Ridge

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	1.32	\$ 28.15	1
2	Licensed Practical Nurses	2.91	28.76	2
3	Certified Nurse Assistants	15.39	15.85	3
4	Activity Director & Assistants	0.87	16.59	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.97	15.79	7
8	Dishwashers			8
9	Maintenance Workers	1.66	27.08	9
10	Housekeepers	3.01	13.01	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.78	24.78	13
14	Clerical			14
15	Marketing	1.97	31.61	15
16	Other			16
17	Total (lines 1 thru 16)	43.88	\$ 19.19	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		
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: 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	0.01225%	0.98	\$ 4,595	1
2					2
3					3
4					4
5					5
Total				\$ 4595	6

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

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

Facility Name: Victory Centre Sierra Ridge

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

**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 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	110		2006	2006	\$ 14,125,609	\$ 384,568	35	\$ 403,589	\$ 19,021	\$ 6,457,424	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Total From Supplemental Page 5's				439,559		20	21,981	21,981	124,959	6
7	Various			2006	42,076		20	2,104	2,104	33,661	7
8	Various			2007	5,160		20	258	258	3,870	8
9	Various			2008	3,920		20	196	196	2,744	9
10	Various			2009	40,920		20	2,046	2,046	26,806	10
11	Various			2010	8,509		20	425	425	5,104	11
12	Various			2011	24,778		20	1,240	1,240	13,631	12
13	Various			2012	26,606		20	1,331	1,331	20,747	13
14	Various			2013	12,224		20	611	611	5,500	14
15	Allocated from Pathway Management					8,846			(8,846)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,729,361	\$ 393,414		\$ 433,781	\$ 40,367	\$ 6,694,446	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	\$ 849,778	\$	\$ 12,349	12,349		\$ 800,264	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 849,778	\$	\$ 12,349	12,349		\$ 800,264	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 &amp; ID Number Victory Centre Sierra Ridge

#

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	Wireless System	2014	\$ 81,226	\$ 393,414	20	\$ 4,061	\$ (389,353)	\$ 32,490	1
2	Flooring	2014	21,382		20	1,069	1,069	8,553	2
3	Compressor Replacement	2014	13,190		20	660	660	5,277	3
4	Lightening Protection	2015	8,115		20	406	406	2,841	4
5	Shamrock Electric	2015	6,742		20	337	337	2,360	5
6	Door Replacement	2015	13,500		20	675	675	4,725	6
7	Phone System Exp	2015	5,546		20	277	277	3,327	7
8	Condensor Replacement	2015	7,690		20	385	385	4,615	8
9	Doors And Locks- Northeast Door	2016	3,032		20	152	152	910	9
10	Concrete/Asphalt Work-Fix Cracks, Seal Coat, Line Striping	2016	3,860		20	193	193	1,158	10
11	Painting Community Room	2016	3,600		20	180	180	1,080	11
12	Painting 2Nd/Third Floors	2016	18,350		20	918	918	5,506	12
13	Painting 1St Floor	2016	19,140		20	957	957	5,742	13
14	Phone System Installation	2016	4,348		20	217	217	1,304	14
15	Repair Of 4 Corridor Ahu'S Served By 2 Control Panels	2016	3,046		20	152	152	913	15
16	Ahu1 Piping Repair-Recover Refrigerant, Remove Evaporator Coil	2016	11,350		20	568	568	3,406	16
17	Dining Room Ceiling Water Damage	2016	4,500		20	225	225	1,350	17
18	Server Room A/C	2017	4,500		20	225	225	1,125	18
19	Landscaping North End	2017	9,900		20	495	495	2,475	19
20	Compressor Replacement	2017	8,150		20	408	408	2,039	20
21	Common Area Carpet Replacement- Offices And 1St Floor	2017	77,928		20	3,896	3,896	19,481	21
22	Installed 2 Seal, Seal Kit, Gasket And Water Slinger For Pumps #1	2017	3,107		20	155	155	776	22
23	Landscaping & Mulch	2018	5,275		20	264	264	1,056	23
24	Generator Repair	2018	4,389		20	219	219	877	24
25	Boiler Programmer	2018	5,585		20	279	279	1,117	25
26	Boiler Motor	2019	3,200		20	160	160	480	26
27	Hvac Upgrade	2019	9,700		20	485	485	1,455	27
28	Roof Repair	2019	6,836		20	342	342	1,026	28
29	Boiler Replacement & Repair	2019	4,353		20	218	218	654	29
30	Program New Fobs	2019	3,554		20	178	178	534	30
31	Paint Common Areas/Doors	2019	2,690		20	135	135	405	31
32	Elevator Repair	2019	2,631		20	132	132	396	32
33	Elevator Repair	2019	7,011		20	351	351	1,053	33
34	TOTAL (lines 1 thru 33)		\$ 387,426	\$ 393,414		\$ 19,374	\$ (374,040)	\$ 120,506	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	Carpeting	2019	\$ 3,244	\$ 393,414	20	\$ 162	\$ (393,252)	\$ 486	1
2	Carpeting	2019	2,910		20	146	146	438	2
3	Door Rebuild	2020	2,700		20	135	135	270	3
4	3 Ton Kitchen Mini Split	2020	14,975		20	749	749	1,498	4
5	Boiler Repair	2020	4,300		20	215	215	430	5
6	A/C Unit	2020	2,630		20	131	131	262	6
7	Key Fob System	2021	4,630		20	232	232	232	7
8	Cabinetry	2021	5,850		20	293	293	293	8
9	Replace Regulator	2021	7,736		20	387	387	387	9
10	Ada Front Door Button Replacement	2021	3,158		20	158	158	158	10
11									11
12									12
13									13
14									14
15									15
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 52,133	\$ 393,414		\$ 2,607	\$ (390,807)	\$ 4,453	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
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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)		\$	\$		\$	\$	\$	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: 1/1/2021 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 Rental			/ /	2,446			5
6	Allocated from Pathway Management			/ /	15,529			6
7	TOTAL				\$ 17,975			7

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

9. Rental amount for movable equipment \$ 21,777

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	Orix Real Estate Capital		X	1st Mortgage	3/1/12	\$ 8,200,000	\$ 6,925,181	3/1/46	3.9300	\$ 266,101	1
2	Cook County DOR		X	2nd Mortgage	5/1/08	2,000,000	1,391,864	5/1/47	1.0000	14,525	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,200,000	\$ 8,317,045			\$ 280,626	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,399	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 8,317,045			\$ 278,227	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: 1/1/2021

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 134,581	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,543,205		3
4	Supply Inventory (priced at )	13,628		4
5	Short-Term Investments			5
6	Prepaid Insurance	37,036		6
7	Other Prepaid Expenses	42,650		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	2,105,329		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,876,429	\$	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	470,247		15
16	Equipment, at Historical Cost	994,289		16
17	Accumulated Depreciation (book methods)	(6,860,614)		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>	43,830		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 9,301,492	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,177,921	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 164,526	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	116,082		30
31	Accrued Taxes Payable	106,689		31
32	Accrued Interest Payable	22,353		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>	439,643		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 849,293	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,317,045		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	65,100		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 8,382,145	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,231,438	\$	45
46	<b>TOTAL EQUITY</b>	\$ 3,946,483	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,177,921	\$	47

\*(See instructions.)

Facility Name: Victory Centre Sierra Ridge

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	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 4,346,273	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,346,273	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	264,860	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	519	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 265,379	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	2,399	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 2,399	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	21,454	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 21,454	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,635,505	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	1,132,790	19
20	Health Care/ Personal Care	986,183	20
21	General Administration	1,772,814	21
	<b>B. Capital Expense</b>		
22	Ownership	886,423	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 4,778,210	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (142,705)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (142,705)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 4,190,667	32
33	Private Pay - Net Inpatient Revenue	155,606	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 4,346,273	37