

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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.

<p><b>I. Facility ID Number:</b> <u>1000002</u></p> <p><b>Facility Name:</b> <u>Victory Senior Centre</u></p> <p><b>Address:</b> <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Will County</u></p> <p><b>Telephone Number:</b> <u>(815) 724-0308</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>1/17/2000</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236 - 1111</u>  <b>Email Address:</b> _____</p>	<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	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2013</u> to <u>12/31/2013</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></td> </tr> </table> <p align="right">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</p>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>			(Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	
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Facility Name Victory Senior Centre

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

**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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other		185	3
4	30	TOTALS	30	11,135	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
5	Single Unit	8,840	368		9,208	5
6	Double Unit	494	21		515	6
7	Other	185			185	7
8	TOTALS	9,519	389		9,908	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.98%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 247 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 9 (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: 12/31/2013 Fiscal Year: 12/31/2013

\* 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 principle? 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 principle? 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 principle? N/A

If no, explain. N/A

Facility Name: Victory Senior Centre

Report Period Beginning:

1/1/2013

Ending: 12/31/2013

## 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	14,313	62,297	61,747	138,357	(1,014)	137,343	1
2	Housekeeping, Laundry and Maintenance	22,463	17,379	35,463	75,305	7,004	82,309	2
3	Heat and Other Utilities			32,303	32,303	62	32,365	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>36,776</b>	<b>79,676</b>	<b>129,513</b>	<b>245,965</b>	<b>6,052</b>	<b>252,017</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	245,688	387	4,538	250,613	2,327	252,940	6
7	Activities and Social Services	14,406	1,170	3,999	19,575	2,093	21,668	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>260,094</b>	<b>1,557</b>	<b>8,537</b>	<b>270,188</b>	<b>4,420</b>	<b>274,608</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	87,214	5,990	148,777	241,981	(36,950)	205,031	10
11	Marketing Materials, Promotions and Advertising	7,360	28	7,694	15,082	7,851	22,933	11
12	Employee Benefits and Payroll Taxes			80,816	80,816		80,816	12
13	Insurance-Property, Liability and Malpractice			9,538	9,538	205	9,743	13
14	Other (specify):					6,113	6,113	14
15	<b>TOTAL General Administration</b>	<b>94,574</b>	<b>6,018</b>	<b>246,825</b>	<b>347,417</b>	<b>(22,781)</b>	<b>324,636</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>391,444</b>	<b>87,251</b>	<b>384,875</b>	<b>863,570</b>	<b>(12,309)</b>	<b>851,261</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			133,458	133,458	(25,937)	107,521	17
18	Interest			7,111	7,111	(22)	7,089	18
19	Real Estate Taxes			23,104	23,104		23,104	19
20	Rent -- Facility and Grounds			94	94	3,790	3,884	20
21	Rent -- Equipment			4,172	4,172	43	4,215	21
22	Other (specify):Amortization			125	125		125	22
23	<b>TOTAL Ownership</b>			<b>168,064</b>	<b>168,064</b>	<b>(22,126)</b>	<b>145,938</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>391,444</b>	<b>87,251</b>	<b>552,939</b>	<b>1,031,634</b>	<b>(34,435)</b>	<b>997,199</b>	<b>24</b>

**Victory Senior Centre**


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Report Period Beginning: 1/1/2013  
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (25,937)	17	1
2	Meal Program Income	(688)	01	2
3	Employee Meals	(330)	01	3
4	Other Income	(340)	10	4
5	Meals & Entertainment	(282)	10	5
6	Bank Service Charges	(2,250)	10	6
7	Charitable Contributions	(197)	10	7
8	Resident Gifts	(107)	07	8
9	Resident Reimbursables	(625)	10	9
10	Bad Debt - Tenant	(438)	10	10
11	Bad Debt - Medicaid	(6,748)	10	11
12	Maintenance Fee	(210)	02	12
13	Partnership Mgmt Fee	(10,000)	10	13
14	Interest Income - Escrows	(1)	18	14
15	Interest Income	(21)	18	15
16	Additional R&M	4,714	02	16
17				17
18	Pathway Management LLC			18
19	Dietary	4	01	19
20	Maintenance	1,602	02	20
21	Utilities	62	03	21
22	Health Care / Personal Care	1,562	06	22
23	Community Life	426	07	23
24	Administrative	23,532	10	24
25	Marketing	3,766	11	25
26	Insurance	1	13	26
27	Employee Benefits	3,025	14	27
28	Rent - Building	3,541	20	28

29	Rent - Equipment	16	21	29
30				30
31	Pathway Senior Living LLC			31
32	Management Fees	(63,605)	10	32
33	Maintenance	898	02	33
34	Health Care / Personal Care	765	06	34
35	Community Life	1,774	07	35
36	Administrative	24,003	10	36
37	Marketing	4,085	11	37
38	Insurance	204	13	38
39	Employee Benefits	3,088	14	39
40	Rent - Building	249	20	40
41	Rent - Equipment	27	21	41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
	<b>Total</b>	(34,435)		<b>101</b>

Facility Name: Victory Senior Centre

Report Period Beginning 1/1/2013

Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 25.13	1
2	Licensed Practical Nurses	0.77	22.33	2
3	Certified Nurse Assistants	6.99	10.85	3
4	Activity Director & Assistants	0.52	13.34	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	0.45	15.27	7
8	Dishwashers			8
9	Maintenance Workers	0.50	20.58	9
10	Housekeepers	0.06	9.47	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.46	28.72	13
14	Clerical			14
15	Marketing	0.19	18.34	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>11.93</b>	<b>\$ 15.77</b>	<b>17</b>

**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	29%	0.57	\$ 559	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 559 6</b>

**VI. (B) Management fees paid to unrelated parties**

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

**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).

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 133,458	35	\$ 90,636	\$ (42,822)	\$ 1,503,919	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				93,208			4,661	4,661	12,251	6
7	Various			1999	176,529		20				7
8	Various			2005	1,405		20	70	70	632	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,443,416	\$ 133,458		\$ 95,367	\$ (38,091)	\$ 1,516,802	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	\$ 279,754	\$	\$ 12,154	12,154	10	\$ 215,919	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 279,754	\$	\$ 12,154	12,154		\$ 215,919	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

STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre

Report Period Beginning: 1/1/2013 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Roofing	2008	5,113	20	256	256	
3	Repipe Floor Drains	2009	8,975	20	449	449	
4	Landscaping	2009	7,000	20	350	350	
5	Water Heater Repairs	2009	5,974	20	299	299	
6	Seal/Coating Concrete	2011	5,546	20	277	277	
7	Install Carrier Rtu	2012	6,950	20	348	348	
8	Sif Nurse Call System	2012	28,900	20	1,445	1,445	
9	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491	20	775	775	
10	Hall To Elevator Flooring	2013	2,985	20	149	149	
11	Perimeter Flashing Repair	2013	6,275	20	314	314	
12							
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29							
30							
31							
32							
33	Total Book Depreciation						
34	TOTAL (lines 1 thru 33)		\$ 93,208	\$	\$ 4,661	\$ 4,661	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
	<b>1</b>
<b>1,406</b>	<b>2</b>
<b>2,244</b>	<b>3</b>
<b>1,750</b>	<b>4</b>
<b>1,196</b>	<b>5</b>
<b>832</b>	<b>6</b>
<b>695</b>	<b>7</b>
<b>2,890</b>	<b>8</b>
<b>775</b>	<b>9</b>
<b>149</b>	<b>10</b>
<b>314</b>	<b>11</b>
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<b>12,251</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre

Report Period Beginning:

1/1/2013 Ending:

**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	Ac
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1								
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33								
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
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STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre

Report Period Beginning:

1/1/2013 Ending:

**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	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Ac De
1								
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32								
33								
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
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Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

**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			/ /	94			5
6	Pathway SL & Mgmt Alloc			/ /	3,790			6
7	<b>TOTAL</b>				<b>\$ 3,884</b>			<b>7</b>

8. Is movable equipment rental included in building rental?

YES  NO

9. Rental amount for movable equipment \$ 4,215

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	
		Related**	Related**			Amount of Note	Amount of Note				
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 700,465	5/1/39	1.0000	\$ 7,111	1
2					/ /			/ /			2
3					/ /			/ /			3
<b>Working Capital</b>											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					<b>\$ 995,000</b>	<b>\$ 700,465</b>			<b>\$ 7,111</b>	<b>7</b>
<b>B. Non-Facility Related</b>											
8	Interest Income - Escrows		X		/ /			/ /			-1
9	Interest Income		X		/ /			/ /			-21
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 995,000</b>	<b>\$ 700,465</b>			<b>\$ 7,089</b>	<b>10</b>

\* 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 Senior Centre

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 157,315	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	84,764		3
4	Supply Inventory (priced at )	2,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	9,651		6
7	Other Prepaid Expenses	7,286		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	180,327		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 441,699	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	79,062		15
16	Equipment, at Historical Cost	331,434		16
17	Accumulated Depreciation (book methods)	(2,003,997)		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):	3,371		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,732,144	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,173,843	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 65,124	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	48,827		30
31	Accrued Taxes Payable	21,656		31
32	Accrued Interest Payable	584		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	13,871		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 150,062	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	700,465		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 700,465	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 850,527	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,323,316	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,173,843	\$	47

\*(See instructions.)

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

## XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	1	Amount	
	<b>Revenue</b>		
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,015,504	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,015,504	3
	<b>B. Other Operating Revenue</b>		
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	1,018	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 1,018	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	22	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 22	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	1,035	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 1,035	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,017,579	18

	2	Amount	
	<b>Expenses</b>		
	<b>A. Operating Expenses</b>		
19	General Services	245,965	19
20	Health Care/ Personal Care	270,188	20
21	General Administration	347,417	21
	<b>B. Capital Expense</b>		
22	Ownership	168,064	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</b> (sum of lines 19 thru 27)	\$ 1,031,634	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (14,055)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (14,055)	31



