

		FOR BHF USE			

LL2

Supportive Living Facility
2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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>I. Facility ID Number: <u>1000014</u></p> <p>Facility Name: <u>Victory Centre of River Oaks</u></p> <hr/> <p>Address: <u>1370 Ring Road</u> <u>Calumet City</u> <u>60409</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 730-0994</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/30/2003</u></p> <p>Type of Ownership:</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>IRS Exemption Code _____</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>In the event there are further questions about this report, please contact: Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) - 282- 6300</u> Email Address: _____</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	IRS Exemption Code _____	<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>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</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%; vertical-align: top;">Officer or Administrator of Provider</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 style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;"><i>*Subject to the attached Accountants' Consulting Report</i></td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, CPA</u> <u>Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u></td> <td>Fax <u>(847) 282-6301</u></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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		<i>*Subject to the attached Accountants' Consulting Report</i>			(Print Name and Title) <u>Steven N. Lavenda, CPA</u> <u>Partner</u>			(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u>	Fax <u>(847) 282-6301</u>
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Facility Name Victory Centre of River Oaks

Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	37,698	1
2	6	Double Unit Apartment	6	2,196	2
3		Other			3
4	109	TOTALS	109	39,894	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	25,997	1,402		27,399	5
6	Double Unit	1,726	57		1,783	6
7	Other					7
8	TOTALS	27,723	1,459		29,182	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 73.15%

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

727 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 605 (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: 12/31/2020 Fiscal Year: 12/31/2020

* 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

Facility Name: Victory Centre of River Oaks

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

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	275,368	249,246	3,478	528,092	(14)	528,078	1
2	Housekeeping, Laundry and Maintenance	150,803	24,565	158,701	334,069	(13,454)	320,615	2
3	Heat and Other Utilities			109,918	109,918	150	110,068	3
4	Other (specify):							4
5	TOTAL General Services	426,171	273,811	272,097	972,079	(13,319)	958,760	5
B. Health Care and Programs								
6	Health Care/ Personal Care	511,233	25,276	242,495	779,004	14,871	793,875	6
7	Activities and Social Services	34,473	4,016	20,769	59,258	(1,427)	57,831	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	545,706	29,292	263,264	838,262	13,444	851,706	9
C. General Administration								
10	Administrative and Clerical	199,761	11,045	994,763	1,205,569	(437,976)	767,593	10
11	Marketing Materials, Promotions and Advertising	85,731	9,163	62,194	157,088	14,771	171,859	11
12	Employee Benefits and Payroll Taxes			239,946	239,946		239,946	12
13	Insurance-Property, Liability and Malpractice			145,863	145,863	4,217	150,080	13
14	Other (specify):					26,499	26,499	14
15	TOTAL General Administration	285,492	20,208	1,442,766	1,748,466	(392,490)	1,355,976	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,257,369	323,311	1,978,127	3,558,807	(392,365)	3,166,442	16
Capital Expenses								
D. Ownership								
17	Depreciation			403,191	403,191	(65,370)	337,821	17
18	Interest			356,605	356,605	(5,011)	351,594	18
19	Real Estate Taxes			194,216	194,216		194,216	19
20	Rent -- Facility and Grounds			1,164	1,164	13,258	14,422	20
21	Rent -- Equipment			16,601	16,601	34	16,635	21
22	Other (specify):			33,552	33,552		33,552	22
23	TOTAL Ownership			1,005,329	1,005,329	(57,090)	948,239	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,257,369	323,311	2,983,456	4,564,136	(449,455)	4,114,681	24

Victory Centre of River Oaks

Report Period Beginning: 1/1/2020
Ending: 12/31/2020

Sch. V Line

Table with columns: Line, Description, Amount, Reference. Includes categories like NON-ALLOWABLE EXPENSES, Depreciation, Interest Income, and a Total of (449,455) at line 101.

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.66	\$ 27.13	1
2	Licensed Practical Nurses	3.05	25.00	2
3	Certified Nurse Assistants	11.56	13.10	3
4	Activity Director & Assistants	0.98	16.83	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.02	14.68	7
8	Dishwashers			8
9	Maintenance Workers	1.84	17.36	9
10	Housekeepers	3.01	13.48	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.24	22.65	13
14	Clerical			14
15	Marketing	2.35	17.53	15
16	Other			16
17	Total (lines 1 thru 16)	36.72	\$ 16.46	17

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%	1.11	\$ 5,245	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$ 5244.698406	6

VI. (B) Management fees paid to unrelated parties

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

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 Centre of River Oaks

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	\$ 403,191	35	\$ 281,210	\$ (121,981)	\$ 5,839,209	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				454,818		20	22,744	22,744	115,019	6
7	Various		2002		246,335		20			246,335	7
8	Various		2005		15,186		20	760	760	14,428	8
9	Various		2007		6,888		20	345	345	4,823	9
10	Various		2008		31,114		20	1,556	1,556	20,226	10
11	Various		2009		101,459		20	5,073	5,073	60,874	11
12	Various		2010		29,068		20	1,454	1,454	15,988	12
13	Various		2011		6,448		20	322	322	3,224	13
14	Various		2012		10,871		20	544	544	4,892	14
15	Allocated from Pathway Management					9,829			(9,829)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 10,744,554	\$ 413,020		\$ 314,009	\$ (99,011)	\$ 6,325,019	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	\$ 748,621	\$	\$ 23,812	23,812		\$ 666,197	18
19	Vehicles	16,646					16,646	19
20	TOTAL (lines 18 and 19)	\$ 765,267	\$	\$ 23,812	23,812		\$ 682,843	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**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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Rooftop Unit	2013	8,850		20	443	443	3,541	1
2	Sign	2013	5,436		20	272	272	2,175	2
3	Heat Exchangers	2013	3,300		20	165	165	1,320	3
4	Shrubbery	2013	3,508		20	175	175	1,403	4
5	Dining Room Painting	2014	4,950		20	248	248	1,733	5
6	1St Floor Bathroom Renovation	2014	17,510		20	876	876	6,129	6
7	Dvr System	2014	3,700		20	185	185	1,295	7
8	Compressor	2014	2,780		20	139	139	973	8
9	Dining Room Window Treatments	2014	4,812		20	241	241	1,684	9
10	Hot Water Heater	2014	10,440		20	522	522	3,654	10
11	Nurse Call System	2015	74,794		20	3,740	3,740	22,438	11
12	Phone System	2015	20,442		20	1,022	1,022	6,133	12
13	Doors	2015	3,233		20	162	162	970	13
14	Sealcoating	2015	5,349		20	267	267	1,604	14
15	Windows	2015	122,530		20	6,127	6,127	36,760	15
16	Shower Apt 406	2015	3,695		20	185	185	1,109	16
17	New Bearing Assembly	2015	2,804		20	140	140	841	17
18	Raise Sidewalks	2015	2,515		20	126	126	755	18
19	Phone System- Adj Of 2015 Asset	2016	(315)		20	(16)	(16)	(79)	19
20	Ada Power Adapter	2016	2,547		20	127	127	636	20
21	Generator- Replaced Coolant Crossover Tube	2016	3,102		20	155	155	775	21
22	Replace Broken Circulator	2016	4,925		20	246	246	1,231	22
23	Replaced Rtu	2016	10,260		20	513	513	2,565	23
24	Red Hardwood Mulch	2016	5,848		20	292	292	1,462	24
25	Repaired Leak	2016	2,691		20	135	135	675	25
26	Laundry & Wellness Outlets	2016	2,581		20	129	129	845	26
27	Hvac Repairs	2016	4,086		20	204	204	1,020	27
28	Elevator Pit Ladders	2017	4,075		20	204	204	815	28
29	Doors Closers & Locks Through Facility	2017	3,099		20	155	155	620	29
30	Vav Controllors	2018	2,584		20	129	129	387	30
31	New Awning	2018	3,250		20	163	163	488	31
32	Gt Mechanical	2018	3,477		20	174	174	522	32
33	Elevator Repair	2018	4,075		20	204	204	612	33
34	TOTAL (lines 1 thru 33)		\$ 356,933	\$		\$ 17,849	\$ 17,849	\$ 107,091	34

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

Facility Name & ID Number Victory Centre of River Oaks

#

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	Gt Mechanical	2018	4,179		20	209	209	627	1
2	Shower Replacement Rms - 309 & 408	2019	9,100		20	455	455	910	2
3	New Security System	2019	4,018		20	201	201	402	3
4	Installation Of Dvr	2019	4,018		20	201	201	402	4
5	Roofing Repair	2019	6,770		20	339	339	678	5
6	Repair Of Triple Duty Butterfly Valves	2019	2,691		20	135	135	270	6
7	A/C Unit Repair	2019	7,643		20	382	382	764	7
8	Condensor Fan Motor	2019	3,321		20	166	166	332	8
9	Hot Water Pipe Repairs	2019	8,267		20	413	413	826	9
10	Repair Hot Water Boiler	2019	2,711		20	136	136	272	10
11	Painted 6 Units	2019	3,740		20	187	187	374	11
12	New Controller And Combustion Motor	2020	3,150		20	158	158	158	12
13	New Locks	2020	3,058		20	153	153	153	13
14	Replacement Of Sara System - Emergency Call Light System	2020	11,672		20	584	584	584	14
15	Replacement Locks	2020	3,058		20	153	153	153	15
16	Hvac Repairs	2020	4,883		20	244	244	244	16
17	Elevator Repair	2020	3,254		20	163	163	163	17
18	Repair Leak On Distributor Tube	2020	4,043		20	202	202	202	18
19	Repair Hot Water - 4Th Flr	2020	5,709		20	285	285	285	19
20	Roof Repairs Above Rms 407 And 408	2020	2,600		20	130	130	130	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)		\$ 97,885	\$		\$ 4,895	\$ 4,895	\$ 7,928	34

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

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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
14								14
15								15
16								16
17								17
18								18
19								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)		\$	\$		\$	\$	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: 1/1/2020

Ending: 2/31/2020

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			/ /	1,164			5
6	Allocated from Pathway			/ /	13,258			6
7	TOTAL				\$ 14,422			7

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

9. Rental amount for movable equipment \$ 16,635

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	IDHA		X	1st Mortgage	10/1/02	\$ 6,150,000	\$ 5,087,223	9/1/42	6.7000	\$ 344,443
2	Cook County		X	2nd Mortgage	10/1/02	2,000,000	1,189,860	11/1/42	1.0000	12,162
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 8,150,000	\$ 6,277,083			\$ 356,605
	B. Non-Facility Related									
8	Interest Income-Escrows				/ /			/ /		-4,405
9	Interest Income				/ /			/ /		-607
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 6,277,083			\$ 351,594

* 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 of River Oaks

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 297,315	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	753,400		3
4	Supply Inventory (priced at)	8,972		4
5	Short-Term Investments			5
6	Prepaid Insurance	182,844		6
7	Other Prepaid Expenses	27,205		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	611,681		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,881,417	\$	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	1,058,448		16
17	Accumulated Depreciation (book methods)	(7,996,729)		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	114,832		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,132,829	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,014,246	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 197,454	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,086		30
31	Accrued Taxes Payable	201,937		31
32	Accrued Interest Payable	31,443		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	183,692		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 670,612	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,277,083		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	22,230		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,299,313	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,969,925	\$	45
46	TOTAL EQUITY	\$ (955,679)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,014,246	\$	47

*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 3,865,788	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,865,788	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	14	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 14	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	5,012	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,012	14
D. Other Revenue (specify):			
15	See Attached	612,626	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 612,626	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,483,440	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	972,079	19
20	Health Care/ Personal Care	838,262	20
21	General Administration	1,748,466	21
B. Capital Expense			
22	Ownership	1,005,329	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)	\$ 4,564,136	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (80,696)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (80,696)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,618,545	32
33	Private Pay - Net Inpatient Revenue	247,243	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,865,788	37