

		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.

I. Facility ID Number: 1000027

Facility Name: Victory Centre River Woods

Address: 1800 Riverwood Drive Melrose Park 60160
 Number City Zip Code

County: Cook

Telephone Number: (708) 547-5800 Fax # _____

Federal Employer ID Number: _____

Date Current Owners were Certified: 7/30/2003

Type of Ownership:

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
Paid Preparer	(Signed) _____	(Date) _____
	<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>

In the event there are further questions about this report, please contact:
 Name: Steven N. Lavenda Telephone Number: (847) - 282- 6300
 Email Address: _____

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 River Woods

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	89	Single Unit Apartment	89	32,574	1
2	18	Double Unit Apartment	18	6,588	2
3		Other		6,420	3
4	107	TOTALS	107	45,582	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	28,874	3,700		32,574	5
6	Double Unit	6,211	377		6,588	6
7	Other	5,752	668		6,420	7
8	TOTALS	40,837	4,745		45,582	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 955 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 878 (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 River Woods

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	387,625	271,710	3,980	663,315	(30)	663,285	1
2	Housekeeping, Laundry and Maintenance	158,283	42,761	127,576	328,620	24,635	353,255	2
3	Heat and Other Utilities			128,405	128,405	(1,697)	126,708	3
4	Other (specify):							4
5	TOTAL General Services	545,908	314,471	259,961	1,120,340	22,908	1,143,248	5
B. Health Care and Programs								
6	Health Care/ Personal Care	593,668	31,922	108,181	733,771	19,302	753,073	6
7	Activities and Social Services	37,616	3,902	8,945	50,463	1,874	52,337	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	631,284	35,824	117,126	784,234	21,176	805,410	9
C. General Administration								
10	Administrative and Clerical	196,976	9,661	2,122,940	2,329,577	(672,341)	1,657,236	10
11	Marketing Materials, Promotions and Advertising	99,454	688	62,258	162,400	19,172	181,572	11
12	Employee Benefits and Payroll Taxes			288,901	288,901		288,901	12
13	Insurance-Property, Liability and Malpractice			162,573	162,573	5,474	168,047	13
14	Other (specify):					34,396	34,396	14
15	TOTAL General Administration	296,430	10,349	2,636,672	2,943,451	(613,299)	2,330,152	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,473,622	360,644	3,013,759	4,848,025	(569,215)	4,278,810	16
Capital Expenses								
D. Ownership								
17	Depreciation			464,064	464,064	(66,720)	397,344	17
18	Interest			206,445	206,445	(1,109)	205,336	18
19	Real Estate Taxes			84,144	84,144		84,144	19
20	Rent -- Facility and Grounds			41	41	17,209	17,250	20
21	Rent -- Equipment			10,011	10,011	44	10,055	21
22	Other (specify):			37,566	37,566		37,566	22
23	TOTAL Ownership			802,271	802,271	(50,577)	751,694	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,473,622	360,644	3,816,030	5,650,296	(619,792)	5,030,504	24

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	(79,478)	17 1
2	Invest Meals	(38)	01 2
3	Maintenance Fees	(235)	02 3
4	Community Life Income	(65)	07 4
5	NSF Fees	(589)	10 5
6	Late Fees	(100)	10 6
7	Meals & Entertainment	(275)	10 7
8	Interest Income-Escrows	(352)	18 8
9	Interest Income	(758)	18 9
10	Bank Service Charges	(3,480)	10 10
11	Charitable Contributions	(5,000)	10 11
12	Resident Gifts	(1,741)	10 12
13	Bad Debt Expense	(492,619)	10 13
14	Pet Care	(1,213)	07 14
15	Cable TV	(1,891)	03 15
16	Management Fees	(387,820)	10 16
17	Partnership Mgmt Fee	(25,000)	10 17
18	Additional R&M	18,754	02 18
19			19
20	Pathway Management Allocation:		20
21	Maintenance	6,116	2 21
22	Utilities	194	3 22
23	Health Care / Personal Care	19,302	6 23
24	Community Life	3,152	7 24
25	Administrative	214,282	10 25
26	Marketing	19,172	11 26
27	Insurance	5,474	13 27
28	Employee Benefits	34,396	14 28
29	Depreciation	12,758	17 29
30	Rent - Building	17,209	20 30
31	Rent - Equipment	44	21 31
32			32
33			33
34			34
35			35
36			36
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92			92
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94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(619,792)	101

Facility Name: Victory Centre River Woods

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	1.07	\$ 28.33	1
2	Licensed Practical Nurses	2.74	26.18	2
3	Certified Nurse Assistants	13.52	13.56	3
4	Activity Director & Assistants	1.09	16.56	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.76	15.85	7
8	Dishwashers			8
9	Maintenance Workers	2.25	18.94	9
10	Housekeepers	2.52	13.29	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.22	22.43	13
14	Clerical			14
15	Marketing	1.91	25.06	15
16	Other			16
17	Total (lines 1 thru 16)	41.08	\$ 17.25	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%	1.45	\$ 6,808	1
2					2
3					3
4					4
5					5
				Total	6
				\$ 6808	

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 River Woods

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	\$ 464,064	35	\$ 313,458	\$ (150,606)	\$ 6,254,916	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				846,559		20	42,331	42,331	225,881	6
7	Various		2003		63,245		20	3,162	3,162	50,595	7
8	Various		2005		3,762		20	188	188	2,634	8
9	Various		2007		4,594		20	230	230	2,985	9
10	Various		2009		42,129		20	2,106	2,106	23,171	10
11	Various		2010		35,866		20	1,794	1,794	17,934	11
12	Various		2011		12,497		20	625	625	5,624	12
13	Various		2012		23,045		20	1,153	1,153	9,219	13
14											14
15	Allocated from Pathway Management					12,758			(12,758)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,002,728	\$ 476,822		\$ 365,047	\$ (111,775)	\$ 6,592,959	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	\$ 1,135,246	\$	\$ 32,297	32,297		\$ 1,053,349	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 1,135,246	\$	\$ 32,297	32,297		\$ 1,053,349	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**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	Remove Squares Of Concrete From Sidewalk By Back Of Building	2013	3,500		20	175	175	1,225	1
2	Radiator & Generator	2013	6,440		20	322	322	2,254	2
3	Signage	2014	4,941		20	247	247	1,729	3
4	Remove & Replace Mixing Valve	2014	3,250		20	163	163	1,138	4
5	Dining Room Floor	2014	24,906		20	1,245	1,245	8,717	5
6	Compressor Replacement	2014	10,716		20	536	536	3,751	6
7	Vav Controller, Economizer Board, Gas Regulator	2014	4,775		20	239	239	1,672	7
8	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	389,789		20	19,489	19,489	116,936	8
9	Phone System	2015	25,424		20	1,271	1,271	7,627	9
10	Ac- Elevator Room	2015	6,301		20	315	315	1,890	10
11	Full Facility Renovation Project- Carpet, Plumbing, Paint, Sprinkle	2015	171,700		20	8,585	8,585	51,510	11
12	Replace Mixing Valve Actuator For Heating Systems	2015	3,200		20	160	160	960	12
13	Roof Repair	2016	5,159		20	258	258	1,290	13
14	6 Replacement Doors- 1st Floor Common Areas	2016	4,481		20	224	224	1,120	14
15	Replace- Lead Soil Stack/Flashing- Roof	2016	8,250		20	413	413	2,063	15
16	Concrete Replacement	2016	2,500		20	125	125	625	16
17	Elevator Pit Ladder	2017	9,744		20	487	487	1,949	17
18	7 Ac Units	2017	4,492		20	225	225	899	18
19	New Fire Panel	2017	4,768		20	238	238	953	19
20	10 Ac Units	2017	6,458		20	323	323	1,292	20
21	Optigaurd Door Detection For 2 Elevators	2017	7,000		20	350	350	1,400	21
22	Boiler Leak Repair	2017	3,153		20	158	158	474	22
23	Site Improvements	2018	3,994		20	200	200	599	23
24	Marketing Banners	2018	6,310		20	316	316	947	24
25	Roof Repairs	2018	4,290		20	215	215	644	25
26	Mold Restoration	2018	2,790		20	140	140	419	26
27	Auto Doors For Men & Womens Rooms	2018	5,595		20	280	280	840	27
28	Boiler Replacement	2018	9,464		20	473	473	1,419	28
29	Oil Coolers & Hydraulic Valves	2018	23,247		20	1,162	1,162	3,487	29
30	Walk-In Cooler Repair	2018	3,336		20	167	167	501	30
31	5 A/C Units	2018	3,236		20	162	162	486	31
32	Parking Lot Refresh	2019	22,009		20	1,100	1,100	2,200	32
33	Floor Replacement	2019	2,580		20	129	129	258	33
34	TOTAL (lines 1 thru 33)		\$ 797,798	\$		\$ 39,892	\$ 39,892	\$ 223,274	34

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

Facility Name & ID Number Victory Centre River Woods

#

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	Elevator Repair	2019	3,350		20	168	168	336	1
2	Rtu Unit	2020	3,670		20	183	183	183	2
3	A/C System	2020	8,970		20	449	449	449	3
4	A/C Compressor Repair	2020	7,846		20	392	392	392	4
5	Repair / Improvement	2020	7,450		20	373	373	373	5
6	Boiler Repair	2020	2,890		20	144	144	144	6
7	Boiler Repair, Gasket Replacements	2020	2,890		20	144	144	144	7
8	Replacement Module Kit - Compressor	2020	2,896		20	145	145	145	8
9	Building Paint Refresh	2020	8,800		20	440	440	440	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 48,761	\$		\$ 2,439	\$ 2,439	\$ 2,607	34

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

Facility Name & ID Number Victory Centre River Woods

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
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16								16
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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 River Woods

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 Unit			/ /	41			5
6	Allocated from Pathway			/ /	17,209			6
7	TOTAL				\$ 17,250			7

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

9. Rental amount for movable equipment \$ 10,055

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	\$ 5,336,064	10/30/44	3.5500	\$ 194,671
2	Department of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,120,213	6/13/42	1.0000	11,423
3	IHDA		X	3rd Mortgage	12/1/03	750,000	6,192	12/1/33	1.0000	351
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 9,646,600	\$ 6,462,470			\$ 206,445
	B. Non-Facility Related									
8	Interest Income-Escrows				/ /			/ /		-352
9	Interest Income				/ /			/ /		-758
10	TOTALS (lines 7, 8 and 9)					\$ 9,646,600	\$ 6,462,470			\$ 205,336

* 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: 1/1/2020

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	\$ 1,016,372	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,613,419		3
4	Supply Inventory (priced at)	22,989		4
5	Short-Term Investments			5
6	Prepaid Insurance	186,124		6
7	Other Prepaid Expenses	32,915		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,392,721		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,264,540	\$	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	736,615		15
16	Equipment, at Historical Cost	1,518,870		16
17	Accumulated Depreciation (book methods)	(8,694,000)		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	133,509		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,584,845	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,849,385	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 920,447	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	94,198		30
31	Accrued Taxes Payable	87,538		31
32	Accrued Interest Payable	18,440		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	467,338		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,587,961	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,462,469		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,462,469	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,050,430	\$	45
46	TOTAL EQUITY	\$ 1,798,955	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,849,385	\$	47

*(See instructions.)

Facility Name: Victory Centre River Woods

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	\$ 5,141,229	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,141,229	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	30	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 30	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,110	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,110	14
D. Other Revenue (specify):			
15	See Attached	822,802	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 822,802	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,965,171	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,120,340	19
20	Health Care/ Personal Care	784,234	20
21	General Administration	2,943,451	21
B. Capital Expense			
22	Ownership	802,271	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)	\$ 5,650,296	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 314,875	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 314,875	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 4,945,030	32
33	Private Pay - Net Inpatient Revenue	196,199	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,141,229	37