

		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><b>I. Facility ID Number:</b> <u>1000054</u></p> <p><b>Facility Name:</b> <u>Victory Centre Sierra Ridge</u></p> <hr/> <p><b>Address:</b> <u>4150 W Gatling Blvd</u> <u>Country Club Hills</u> <u>60478</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 957-8300</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>1/5/2006</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT  <input type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <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> </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <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>	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<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>1/1/2020</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;">(Type or Print Name)</td> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td style="border: none;">(Title)</td> <td colspan="2" style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Paid Preparer</td> <td style="border: none;">(Signed) _____</td> <td style="border: none;">(Date) _____</td> </tr> <tr> <td style="border: none;">(Print Name and Title)</td> <td colspan="2" style="border: none;"><u>Steven N. Lavenda, CPA</u> <u>Partner</u></td> </tr> <tr> <td style="border: none;">(Firm Name &amp; Address)</td> <td colspan="2" style="border: none;"><u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> </tr> <tr> <td style="border: none;">(Telephone)</td> <td style="border: none;"><u>(847) 282-6300</u></td> <td style="border: none;">Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name)	_____		(Title)	_____		Paid Preparer	(Signed) _____	(Date) _____	(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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<p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Steven N. Lavenda</u> <b>Telephone Number:</b> <u>(847) - 282- 6300</u></p> <p><b>Email Address:</b> _____</p>	<p align="center"> <b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>IL DEPT OF HEALTHCARE AND FAMILY SERVICES</b>          201 S. Grand Avenue East          Springfield, IL 62763-0001 <span style="float: right;">Phone # (217) 782-1630</span> </p>																								

Facility Name Victory Centre Sierra Ridge

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	100	Single Unit Apartment	100	36,600	1
2	10	Double Unit Apartment	10	3,660	2
3		Other			3
4	110	TOTALS	110	40,260	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	29,014	6,802		35,816	5
6	Double Unit	537	119		656	6
7	Other					7
8	TOTALS	29,551	6,921		36,472	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.59%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
833 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 915 (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?** 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

Facility Name: Victory Centre Sierra Ridge

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	316,115	239,441	3,968	559,524	(657)	558,867	1
2	Housekeeping, Laundry and Maintenance	187,932	49,002	195,713	432,647	13,549	446,196	2
3	Heat and Other Utilities			140,306	140,306	183	140,489	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>504,047</b>	<b>288,443</b>	<b>339,987</b>	<b>1,132,477</b>	<b>13,075</b>	<b>1,145,552</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	595,878	34,062	523,102	1,153,042	18,220	1,171,262	6
7	Activities and Social Services	35,887	2,209	20,218	58,314	996	59,310	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>631,765</b>	<b>36,271</b>	<b>543,320</b>	<b>1,211,356</b>	<b>19,216</b>	<b>1,230,572</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	296,491	14,058	1,311,517	1,622,066	(486,930)	1,135,136	10
11	Marketing Materials, Promotions and Advertising	70,746	3,533	57,969	132,248	18,097	150,345	11
12	Employee Benefits and Payroll Taxes			280,490	280,490		280,490	12
13	Insurance-Property, Liability and Malpractice			152,694	152,694	5,167	157,861	13
14	Other (specify):					32,467	32,467	14
15	<b>TOTAL General Administration</b>	<b>367,237</b>	<b>17,591</b>	<b>1,802,670</b>	<b>2,187,498</b>	<b>(431,199)</b>	<b>1,756,299</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,503,049</b>	<b>342,305</b>	<b>2,685,977</b>	<b>4,531,331</b>	<b>(398,908)</b>	<b>4,132,423</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			390,239	390,239	53,644	443,883	17
18	Interest			286,884	286,884	(1,670)	285,214	18
19	Real Estate Taxes			262,630	262,630		262,630	19
20	Rent -- Facility and Grounds			4,328	4,328	16,244	20,572	20
21	Rent -- Equipment			21,539	21,539	41	21,580	21
22	Other (specify):			37,866	37,866		37,866	22
23	<b>TOTAL Ownership</b>			<b>1,003,486</b>	<b>1,003,486</b>	<b>68,259</b>	<b>1,071,745</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,503,049</b>	<b>342,305</b>	<b>3,689,463</b>	<b>5,534,817</b>	<b>(330,649)</b>	<b>5,204,168</b>	<b>24</b>

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ 41,602	17 1
2	Guest Meals	(605)	01 2
3	Employee Meals	(52)	01 3
4	Laundry Machine Income	(704)	02 4
5	Telephone Service	(10,957)	10 5
6	NSF Fees	(1,740)	10 6
7	Additional R&M	8,400	02 7
8	Meals & Entertainment	(558)	10 8
9	Bank Service Charges	(3,172)	10 9
10	Charitable Contributions	(5,000)	10 10
11	Resident Gifts	(2,105)	10 11
12	Resident Reimbursables	(883)	10 12
13	Bad Debt Expense	(310,824)	10 13
14	Cable TV	(19,599)	10 14
15	Late Fees/Finance Charges	(505)	10 15
16	Management Fees	(72,319)	10 16
17	Service Provider Fee	(255,600)	10 17
18	Asset Management Fee	(7,500)	10 18
19	Interest Income-Escrows	(1,557)	18 19
20	Interest Income	(113)	18 20
21	Pet Care	(1,979)	07 21
22	Pathway Management Allocation		22 22
23	Maintenance	5,773	2 23
24	Utilities	183	3 24
25	Health Care / Personal Care	18,220	6 25
26	Community Life	2,975	7 26
27	Administrative	202,366	10 27
28	Marketing	18,097	11 28
29	Insurance	5,167	13 29
30	Employee Benefits	32,467	14 30
31	Depreciation	12,042	17 31
32	Rent - Building	16,344	20 32
33	Rent - Equipment	41	21 33
34			34 34
35			35 35
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98			98 98
99			99 99
100			100 100
101	Total	(330,649)	101 101

Facility Name: Victory Centre Sierra Ridge

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	\$ 31.50	1
2	Licensed Practical Nurses	2.25	25.46	2
3	Certified Nurse Assistants	15.10	13.81	3
4	Activity Director & Assistants	1.03	16.82	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.92	15.32	7
8	Dishwashers			8
9	Maintenance Workers	3.13	16.95	9
10	Housekeepers	2.87	13.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.06	23.51	13
14	Clerical			14
15	Marketing	1.07	31.73	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>42.09</b>	<b>\$ 17.17</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	0.01225%	1.36	\$ 6,426	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 6426 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					
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).

Facility Name: Victory Centre Sierra Ridge

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	\$ 390,239	35	\$ 403,589	\$ 13,350	\$ 6,053,835	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				434,278		20	21,717	21,717	108,061	6
7	Various		2006		42,076		20	2,104	2,104	31,557	7
8	Various		2007		5,160		20	258	258	3,612	8
9	Various		2008		3,920		20	196	196	2,548	9
10	Various		2009		40,920		20	2,046	2,046	24,760	10
11	Various		2010		8,509		20	425	425	4,679	11
12	Various		2011		24,778		20	1,240	1,240	12,391	12
13	Various		2012		26,606		20	1,331	1,331	19,416	13
14											14
15	Allocated from Pathway Management					12,042			(12,042)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,711,856	\$ 402,281		\$ 432,906	\$ 30,625	\$ 6,260,859	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	\$ 836,097	\$	\$ 10,977	10,977		\$ 787,915	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 836,097	\$	\$ 10,977	10,977		\$ 787,915	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 Sierra Ridge**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	Landscaping	2013	2,880		20	144	144	1,152	1
2	Emergency Elevator Repairs	2013	6,677		20	334	334	2,671	2
3	New Hot Water Heater	2013	2,667		20	133	133	1,066	3
4	Wireless System	2014	81,226		20	4,061	4,061	28,429	4
5	Flooring	2014	21,382		20	1,069	1,069	7,484	5
6	Compressor Replacement	2014	13,190		20	660	660	4,617	6
7	Lightening Protection	2015	8,115		20	406	406	2,435	7
8	Shamrock Electric	2015	6,742		20	337	337	2,023	8
9	Door Replacement	2015	13,500		20	675	675	4,050	9
10	Phone System Exp	2015	5,546		20	277	277	3,050	10
11	Condensor Replacement	2015	7,690		20	385	385	4,230	11
12	Doors And Locks- Northeast Door	2016	3,032		20	152	152	758	12
13	Concrete/Asphalt Work-Fix Cracks, Seal Coat, Line Striping	2016	3,860		20	193	193	965	13
14	Painting Community Room	2016	3,600		20	180	180	900	14
15	Painting 2Nd/Third Floors	2016	18,350		20	918	918	4,588	15
16	Painting 1St Floor	2016	19,140		20	957	957	4,785	16
17	Phone System Installation	2016	4,348		20	217	217	1,087	17
18	Repair Of 4 Corridor Ahu'S Served By 2 Control Panels	2016	3,046		20	152	152	761	18
19	Ahu1 Piping Repair-Recover Refrigerant, Remove Evaporator Coil	2016	11,350		20	568	568	2,838	19
20	Dining Room Ceiling Water Damage	2016	4,500		20	225	225	1,125	20
21	Server Room A/C	2017	4,500		20	225	225	900	21
22	Landscaping North End	2017	9,900		20	495	495	1,980	22
23	Compressor Replacement	2017	8,150		20	408	408	1,631	23
24	Common Area Carpet Replacement- Offices And 1St Floor	2017	77,928		20	3,896	3,896	15,585	24
25	Installed 2 Seal, Seal Kit, Gasket And Water Slinger For Pumps #1	2017	3,107		20	155	155	621	25
26	Landscaping & Mulch	2018	5,275		20	264	264	792	26
27	Generator Repair	2018	4,389		20	219	219	658	27
28	Boiler Programmer	2018	5,585		20	279	279	838	28
29	Boiler Motor	2019	3,200		20	160	160	320	29
30	Hvac Upgrade	2019	9,700		20	485	485	970	30
31	Roof Repair	2019	6,836		20	342	342	684	31
32	Boiler Replacement & Repair	2019	4,353		20	218	218	436	32
33	Program New Fobs	2019	3,554		20	178	178	356	33
34	TOTAL (lines 1 thru 33)		\$ 387,318	\$		\$ 19,367	\$ 19,367	\$ 104,785	34

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

Facility Name & ID Number Victory Centre Sierra Ridge

#

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	Paint Common Areas/Doors	2019	2,690		20	135	135	270	1
2	Elevator Repair	2019	2,631		20	132	132	264	2
3	Elevator Repair	2019	7,011		20	351	351	702	3
4	Carpeting	2019	3,244		20	162	162	324	4
5	Carpeting	2019	2,910		20	146	146	292	5
6	Door Rebuild	2020	2,700		20	135	135	135	6
7	3 Ton Kitchen Mini Split	2020	14,975		20	749	749	749	7
8	Key Fob System	2020	3,870		20	193	193	193	8
9	Boiler Repair	2020	4,300		20	215	215	215	9
10	A/C Unit	2020	2,630		20	131	131	131	10
11									11
12									12
13									13
14									14
15									15
16									16
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 46,960	\$		\$ 2,350	\$ 2,350	\$ 3,276	34

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



Facility Name & ID Number Victory Centre Sierra Ridge

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 Sierra Ridge

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			/ /	4,328			5
6	Allocated from Pathway Management			/ /	16,244			6
7	<b>TOTAL</b>				\$ 20,572			7

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

9. Rental amount for movable equipment \$ 21,581

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Red Capital Mortgage		X	1st Mortgage	3/1/12	\$ 8,200,000	\$ 7,095,535	/ /		\$ 272,359
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,438,167	/ /		14,525
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 10,200,000	\$ 8,533,703			\$ 286,884
	<b>B. Non-Facility Related</b>									
8	Interest Income-Escrows				/ /			/ /		-1,557
9	Interest Income				/ /			/ /		-113
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 10,200,000	\$ 8,533,703			\$ 285,214

\* 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 Sierra Ridge

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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,067,542	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,275,675		3
4	Supply Inventory (priced at )	21,026		4
5	Short-Term Investments			5
6	Prepaid Insurance	184,997		6
7	Other Prepaid Expenses	37,409		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	1,673,899		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,260,548	\$	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	459,579		15
16	Equipment, at Historical Cost	964,734		16
17	Accumulated Depreciation (book methods)	(6,476,046)		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>	45,465		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 9,647,472	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 13,908,020	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 38,991	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	83,564		30
31	Accrued Taxes Payable	255,964		31
32	Accrued Interest Payable	37,420		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>	663,913		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,079,852	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,533,702		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	59,171		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 8,592,873	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,672,725	\$	45
46	<b>TOTAL EQUITY</b>	\$ 4,235,295	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 13,908,020	\$	47

\*(See instructions.)

Facility Name: Victory Centre Sierra Ridge

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,492,097	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,492,097</b>	<b>3</b>
<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	657	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 657</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	1,670	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 1,670</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	1,028,338	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 1,028,338</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 5,522,762</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,132,477	19
20	Health Care/ Personal Care	1,211,356	20
21	General Administration	2,187,498	21
<b>B. Capital Expense</b>			
22	Ownership	1,003,486	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>	<b>\$ 5,534,817</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (12,055)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (12,055)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 4,356,188	32
33	Private Pay - Net Inpatient Revenue	135,909	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>	<b>\$ 4,492,097</b>	<b>37</b>