

Facility Name Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units _____

	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	32,485	1
2	26	Double Unit Apartment	26	18,980	2
3		Other			3
4	115	TOTALS	115	51,465	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	28,437	4,048		32,485	5
6	Double Unit	7,677	3,430		11,107	6
7	Other					7
8	TOTALS	36,114	7,478		43,592	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.70%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,608 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 652 (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: 12/31/05 Fiscal Year: 12/31/05

* 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 Centre Of River Woods Slf

Report Period Beginning:

1/1/2005

Ending: 12/31/2005

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	221,048	215,854	3,752	440,654		440,654	1
2	Housekeeping, Laundry and Maintenance	88,523	26,706	51,112	166,341	1,015	167,356	2
3	Heat and Other Utilities			112,252	112,252	698	112,950	3
4	Other (specify):							4
5	TOTAL General Services	309,571	242,560	167,116	719,247	1,712	720,959	5
B. Health Care and Programs								
6	Health Care/ Personal Care	431,846		6,127	437,973		437,973	6
7	Activities and Social Services	25,051		9,377	34,428		34,428	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	456,897		15,504	472,401		472,401	9
C. General Administration								
10	Administrative and Clerical	207,911	22,361	817,544	1,047,816	(354,876)	692,940	10
11	Marketing Materials, Promotions and Advertising	104,043		23,797	127,840	(127,840)	(0)	11
12	Employee Benefits and Payroll Taxes			281,027	281,027	22,542	303,569	12
13	Insurance-Property, Liability and Malpractice			55,502	55,502	6,877	62,379	13
14	Other (specify):							14
15	TOTAL General Administration	311,954	22,361	1,177,870	1,512,185	(453,297)	1,058,888	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,078,422	264,921	1,360,490	2,703,833	(451,585)	2,252,248	16
Capital Expenses								
D. Ownership								
17	Depreciation			545,224	545,224	(70,849)	474,375	17
18	Interest			583,738	583,738	(25,778)	557,960	18
19	Real Estate Taxes			62,755	62,755		62,755	19
20	Rent -- Facility and Grounds					14,417	14,417	20
21	Rent -- Equipment			2,358	2,358	2,494	4,852	21
22	Other (specify): Amortization			12,390	12,390		12,390	22
23	TOTAL Ownership			1,206,465	1,206,465	(79,716)	1,126,749	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,078,422	264,921	2,566,955	3,910,298	(531,301)	3,378,997	24

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning 1/1/2005 Ending: 12/31/2005

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.50	\$ 33.76	1
2	Licensed Practical Nurses	1.46	29.41	2
3	Certified Nurse Assistants	15.04	9.83	3
4	Activity Director & Assistants	0.50	24.09	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.86	11.99	7
8	Dishwashers			8
9	Maintenance Workers	0.92	27.30	9
10	Housekeepers	2.20	7.89	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.80	55.52	13
14	Clerical			14
15	Marketing	1.00	50.02	15
16	Other			16
17	Total (lines 1 thru 16)	32.29	\$ 16.06	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	Brian Cloch	29	9.24	\$ 62,009	1
2	Jerry Finis	29	9.24	78,491	2
3	Robert Helle	13	9.24	68,304	3
4	E Keledjian	29	9.24	62,220	4
5					5
Total				\$ 271,023	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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 <u>1</u>	City <u>2</u>
See Attached	See Attached

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
See Attached	See Attached	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: _____ If yes, what is the value of those services? \$ _____
 (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 Woods Slf

Report Period Beginning: 1/1/2005

Ending: 12/31/2005

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	109		2003	2003	\$ 10,971,031	\$ 398,947	28	\$ 398,947	\$	\$ 997,367	1
2	Allocated From Pathway					2,300			(2,300)		2
3											3
4											4
5											5
Improvement Type											
6	Total From Page 5A				-	-		-	-	-	6
7	Site Improvements		2003		63,245	4,216	20	3,162	(1,054)	9,486	7
8	Nurse Call System		2005		3,762	752	20	188	(564)	188	8
9								-	-	-	9
10								-	-	-	10
11								-	-	-	11
12								-	-	-	12
13								-	-	-	13
14								-	-	-	14
15								-	-	-	15
16								-	-	-	16
17	TOTAL (lines 1 thru 16)				\$ 11,038,038	\$ 406,215		\$ 402,297	\$ (3,918)	\$ 1,007,041	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	\$ 720,784	\$ 141,309	\$ 72,078	(69,231)	10	\$ 215,140	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)		\$ 720,784	\$ 141,309	\$ 72,078	(69,231)	\$ 215,140	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 Woods Slf

Report Period Beginning: 1/1/2005 Ending: 12/31/2005

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 Woods Slf

Report Period Beginning: 1/1/2005

Ending: 2/31/2005

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	Allocated From Pathway		/ /	14,417			5
6			/ /				6
7	TOTAL			\$ 14,417			7

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

9. Rental amount for movable equipment \$ 4,852

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	IHDA		X	Mortgage	6/1/02	\$ 7,150,000	\$ 6,992,002	12/1/33	7.2000	\$ 559,171
2	Cook County		X	Mortgage	6/13/02	1,800,000	1,719,831	12/1/43	1.0000	17,400
3	IHDA		X	Mortgage	6/1/02	750,000	704,868	12/1/33	1.0000	7,167
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 9,700,000	\$ 9,416,701			\$ 583,738
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		-25,611
9	Allocated From Pathway				/ /			/ /		-168
10	TOTALS (lines 7, 8 and 9)					\$ 9,700,000	\$ 9,416,701			\$ 557,959

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

STATE OF ILLINOIS

Page 7

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2005

Ending:

12/31/2005

12/31/2005

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 557,411	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	534,054		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	53,597		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	823		8
9	Other(specify): See Attached	265,430		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,411,315	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	214,935		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	67,007		15
16	Equipment, at Historical Cost	720,784		16
17	Accumulated Depreciation (book methods)	(1,514,747)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	660,317		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(400,306)		20
21	Restricted Funds	30,369		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	636,501		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,304,711	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,716,026	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 243,533	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,414		30
31	Accrued Taxes Payable	63,071		31
32	Accrued Interest Payable	5,508		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Attached	381,021		35
36	Notes Payable			36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 731,547	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,416,701		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)	\$ 9,416,701	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,148,248	\$	45
46	TOTAL EQUITY	\$ 3,567,778	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,716,026	\$	47

*(See instructions.)

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2005

Ending:

12/31/2005

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,511,371	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,511,371	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	25,611	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 25,611	14
D. Other Revenue (specify):			
15	See Attached	920	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 920	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,537,902	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	719,247	19
20	Health Care/ Personal Care	472,401	20
21	General Administration	1,512,185	21
B. Capital Expense			
22	Ownership	1,206,465	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)	\$ 3,910,298	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (372,396)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (372,396)	31