

		FOR BHF USE				

LL2

**Supportive Living Facility**

**2006  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2006)**

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.</b></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: <u>36-4336170</u></p> <p>Date Current Owners were Certified: <u>7/2/2002</u></p> <p>Type of Ownership:</p> <table border="0"> <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 _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u></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 _____		<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>1/1/2006</u> to <u>12/31/2006</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 border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td rowspan="2">Paid Preparer</td> <td>(Type or Print Name) _____</td> </tr> <tr> <td>(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td rowspan="2">Paid Preparer</td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> </tr> <tr> <td>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</td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	Paid Preparer	(Type or Print Name) _____	(Title) _____	Paid Preparer	(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>	Paid Preparer	(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	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
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Facility Name Victory Centre Of River Oaks

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

**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	37,595	1
2	6	Double Unit Apartment	6	4,380	2
3		Other			3
4	109	TOTALS	109	41,975	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	34,801	2,160		36,961	5
6	Double Unit	3,985	247		4,232	6
7	Other					7
8	TOTALS	38,786	2,407		41,193	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.14%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 1,250 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 776 (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)

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**H. ACCOUNTING BASIS**

ACCURAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31/06 Fiscal Year: 12/31/06

\* 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. \_\_\_\_\_

**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? \_\_\_\_\_

If no, explain. \_\_\_\_\_

**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? \_\_\_\_\_

If no, explain. \_\_\_\_\_

Facility Name: Victory Centre Of River Oaks

Report Period Beginning:

1/1/2006

Ending: 12/31/2006

## 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	211,666	209,473	2,068	423,207	(165)	423,042	1
2	Housekeeping, Laundry and Maintenance	59,604	28,159	46,215	133,978	1,620	135,598	2
3	Heat and Other Utilities			103,107	103,107	550	103,657	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	271,270	237,632	151,390	660,292	2,005	662,297	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	455,020	68	22,131	477,219		477,219	6
7	Activities and Social Services	37,527		9,486	47,013		47,013	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	492,547	68	31,617	524,232		524,232	9
<b>C. General Administration</b>								
10	Administrative and Clerical	234,428	17,319	613,494	865,241	(262,612)	602,629	10
11	Marketing Materials, Promotions and Advertising	80,186		26,503	106,689	(106,689)		11
12	Employee Benefits and Payroll Taxes			208,069	208,069	(17,879)	190,190	12
13	Insurance-Property, Liability and Malpractice			89,577	89,577	26,221	115,798	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	314,614	17,319	937,643	1,269,576	(360,959)	908,617	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,078,431	255,019	1,120,650	2,454,100	(358,954)	2,095,146	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			423,717	423,717	(6,527)	417,190	17
18	Interest			437,617	437,617	(14,764)	422,853	18
19	Real Estate Taxes			106,060	106,060		106,060	19
20	Rent -- Facility and Grounds					13,859	13,859	20
21	Rent -- Equipment			3,059	3,059	1,081	4,140	21
22	Other (specify): MIP, Amortization			36,379	36,379		36,379	22
23	<b>TOTAL Ownership</b>			1,006,832	1,006,832	(6,351)	1,000,481	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,078,431	255,019	2,127,482	3,460,932	(365,305)	3,095,627	24

Report Period Beginning: 1/1/2006  
 Ending: 12/31/2006

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	(8,657) 17 1
2	Other Income	172 10 2
3	Late Fees-Financing Fees	(6) 10 3
4	Meals & Entertainment	(163) 11 4
5	Bank Charges	(228) 10 5
6	Resident Gifts	(406) 10 6
7	Bad Debt Expense	(36,497) 10 7
8	Marketing	(106,526) 11 8
9	Marketing Payroll Fee	(17,879) 12 9
10	Incentive Management Fee	(296,000) 10 10
11	Partnership Management Fee	(25,000) 10 11
12	Interest Income	(14,763) 18 12
13	Meal Income	(165) 01 13
14	Resident Reimbursables	(35) 10 14
15	Pathway Senior Living (Related Party)	
16	Management Fees	(202,152) 10 16
17	Maintenance	1,624 02 17
18	Utilities	850 03 18
19	Administrative	297,776 10 19
20	Employee Benefits	26,222 13 20
21	Depreciation	2,130 17 21
22	Interest Income	(1) 18 22
23	Rent - Building	13,859 20 23
24	Rent - Equipment	1,081 21 24
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101	Total	(865,305) 101

Facility Name: Victory Centre Of River Oaks

Report Period Beginning: 1/1/2006 Ending: 12/31/2006

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.06	\$ 28.28	1
2	Licensed Practical Nurses	2.24	20.68	2
3	Certified Nurse Assistants	17.54	9.74	3
4	Activity Director & Assistants	1.54	11.74	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.47	10.75	7
8	Dishwashers			8
9	Maintenance Workers	1.10	10.90	9
10	Housekeepers	2.24	7.43	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.58	42.10	13
14	Clerical	0.59	6.84	14
15	Marketing	1.80	21.45	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>39.15</b>	<b>\$ 13.24</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	Brian Cloch	29%	5.89	\$ 35,107	1
2	Jerry Finis	29%	5.89	49,460	2
3	Robert Helle	13%	5.89	44,923	3
4	E. Keledjian	29%	5.89	37,547	4
5					5
<b>Total</b>				<b>\$ 167,037</b>	<b>6</b>

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

	Amount of Fee	
1	\$	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: \_\_\_\_\_ 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 Oaks

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

## 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	\$ 357,868	28	\$ 357,868	\$	\$ 1,625,367	1	
2											2	
3											3	
4											4	
5											5	
<b>Improvement Type</b>												
6	Total From Supplemental Page 5's											6
7	Land Improvements			2002	246,335		20	12,317	12,317	88,066	7	
8	Carpet			2005	1,039		20	52	52	260	8	
9	Air Conditioning			2005	11,778		20	589	589	2,945	9	
10	Air Conditioning			2005	957		20	48	48	239	10	
11	Air Conditioning			2005	1,412		20	71	71	353	11	
12	Leasehold Improvement Book Depreciation					9,013			(9,013)		12	
13	Allocation From Pathway Senior Living					2,130			(2,130)		13	
14											14	
15											15	
16											16	
17	TOTAL (lines 1 thru 16)				\$ 10,103,888	\$ 369,011		\$ 370,944	\$ 1,933	\$ 1,717,229	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	\$ 429,166	\$ 51,509	\$ 42,917	(8,592)	10	\$ 384,130	18
19	Vehicles	16,646	5,327	3,329	(1,998)	5	6,658	19
20	TOTAL (lines 18 and 19)		\$ 445,812	\$ 56,836	\$ 46,246	(10,590)	\$ 390,788	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

Report Period Beginning:

1/1/2006

Ending:

12/31/2006

**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
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28								28
29								29
30								30
31								31
32								32
33								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	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: 1/1/2006 Ending: 12/31/2006

**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
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30								30
31								31
32								32
33								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	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:

1/1/2006

Ending:

12/31/2006

**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
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31								31
32								32
33								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	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: 1/1/2006

Ending: 2/31/2006

**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			/ /				5
6	Pathway Senior Living Allocation		/ /	13,859			6
7	<b>TOTAL</b>			<b>\$ 13,859</b>			<b>7</b>

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

9. Rental amount for movable equipment \$ 4,140

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 Long-Term</b>									
1	IHDA		X	1st Mortgage	5/1/01	\$ 6,150,000	\$ 6,006,861	12/1/42	6.7000	\$ 418,950
2	Cook County		X	2nd Mortgage	5/29/01	2,000,000	1,823,432	10/1/42	1.0000	18,463
3					/ /			/ /		
	<b>Working Capital</b>									
4	Misc. Interest				/ /			/ /		204
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					<b>\$ 8,150,000</b>	<b>\$ 7,830,293</b>			<b>\$ 437,617</b>
	<b>B. Non-Facility Related</b>									
8	Interest Income				/ /			/ /		(14,763)
9	Allocation From Pathway Senior Living				/ /			/ /		(1)
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 8,150,000</b>	<b>\$ 7,830,293</b>			<b>\$ 422,853</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 Centre Of River Oaks

Report Period Beginning: 1/1/2006

Ending: 12/31/2006

12/31/2006

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2006

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 61,291	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,023,095		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	19,340		6
7	Other Prepaid Expenses	31,522		7
8	Accounts Receivable (owners or related parties)	8,796		8
9	Other(specify): <a href="#">See Attached</a>	379,949		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,523,993	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	10,088,702		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	460,998		16
17	Accumulated Depreciation (book methods)	(2,439,460)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	618,061		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	102,008		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached</a>	84,737		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 9,456,647	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,980,640	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 395,990	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	35,200		30
31	Accrued Taxes Payable	136,297		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 567,487	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,830,293		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>	\$ 7,830,293	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,397,780	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,582,860	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,980,640	\$	47

\*(See instructions.)

Facility Name

Victory Centre Of River Oaks

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

**Supplemental Schedule of Other Assets and Liabilities**

<b>Other Current Assets:</b>	<b>Operating</b>	<b>After Consolidation</b>	<b>Other Current Liabilities</b>	<b>Operating</b>	<b>After Consolidation</b>
09A Payroll/Benefit Reserve	76,600	-	36A	-	-
09B Operating Expense Reserve	2,100	-	36B	-	-
09C Real Estate Tax Escr lhda	(50,093)	-	36C	-	-
09D Insurance Escrow lhda	149,757	-	36D	-	-
09E Debt Service Reserve lhda	40,881	-	36E	-	-
09F Notes Receivable L.P.	160,000	-	36F	-	-
09G Utility Deposits	524	-	36G	-	-
09H Resident Allowance	180	-	36H	-	-
09I	-	-	36I	-	-
09J	-	-	36J	-	-
	<u>379,949</u>	<u>-</u>		<u>-</u>	<u>-</u>
	<u>379,949</u>	<u>-</u>		<u>-</u>	<u>-</u>
<b>Other Non-Current Assets:</b>	<b>Operating</b>	<b>After Consolidation</b>	<b>Other Non-Current Liabilities</b>	<b>Operating</b>	<b>After Consolidation</b>
23A Long Term Reserve Acct.	80,704	-	43A	-	-
23B Medicaid Working Cap lhda	526	-	43B	-	-
23C Mip Escrow lhda	3,507	-	43C	-	-
23D	-	-	43D	-	-
23E	-	-	43E	-	-
23F	-	-	43F	-	-
23G	-	-	43G	-	-
23H	-	-	43H	-	-
23I	-	-	43I	-	-
23J	-	-	43J	-	-
	<u>84,737</u>	<u>-</u>		<u>-</u>	<u>-</u>
	<u>84,737</u>	<u>-</u>		<u>-</u>	<u>-</u>

Facility Name: Victory Centre Of River Oaks

Report Period Beginning: 1/1/2006

Ending:

12/31/2006

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,326,285	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,326,285	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		9
10	Laundry	1,645	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 1,645	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	14,763	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 14,763	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	537	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 537	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,343,230	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	660,292	19
20	Health Care/ Personal Care	524,232	20
21	General Administration	1,269,576	21
<b>B. Capital Expense</b>			
22	Ownership	1,006,832	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)	\$ 3,460,932	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (117,702)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (117,702)	31

Supplemental Schedule of Other Revenue & Expense

15A	Nsf Fees		300
15B	Meal Program Income	(Adj Page 3)	165
15C	Other Income	(Adj Page 3)	72
15D			
15E			
15F			
15G			
15H			
15I			
15J			
15K			
15L			
15M			
15N			
15O			
15P			
15Q			
15R			
15S			

537