

		FOR BHF USE			

LL2

**Supportive Living Facility**  
**2008**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2008)**

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> <p>Address: <u>1370 Ring Road</u> <u>Calumet City</u> <u>60409</u>        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>        Email Address: <u>slavenda@fronline.com</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>1/1/2008</u> to <u>12/31/2008</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> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> <td></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) _____	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																					
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Facility Name Victory Centre of River Oaks

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

**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		974	3
4	109	TOTALS	109	40,868	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	35,652	2,046		37,698	5
6	Double Unit	1,078	62		1,140	6
7	Other	921	53		974	7
8	TOTALS	37,651	2,161		39,812	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.42%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
1,811 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 311 (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: 12/31/08 Fiscal Year: 12/31/08

\* 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 Oaks

Report Period Beginning:

1/1/2008

Ending: 12/31/2008

## 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	237,329	205,298	6,334	448,961	(625)	448,336	1
2	Housekeeping, Laundry and Maintenance	64,750	37,332	101,035	203,117	(34,224)	168,893	2
3	Heat and Other Utilities			136,350	136,350	391	136,741	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>302,079</b>	<b>242,630</b>	<b>243,719</b>	<b>788,428</b>	<b>(34,458)</b>	<b>753,970</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	432,001	527	8,332	440,860		440,860	6
7	Activities and Social Services	48,875	5,174	3,653	57,702		57,702	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>480,876</b>	<b>5,701</b>	<b>11,985</b>	<b>498,562</b>		<b>498,562</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	215,493	15,968	671,418	902,879	(385,115)	517,764	10
11	Marketing Materials, Promotions and Advertising	69,982	11,076	26,706	107,764	225	107,989	11
12	Employee Benefits and Payroll Taxes			223,300	223,300	16,662	239,962	12
13	Insurance-Property, Liability and Malpractice			52,383	52,383	5,246	57,629	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>285,475</b>	<b>27,044</b>	<b>973,807</b>	<b>1,286,326</b>	<b>(362,982)</b>	<b>923,344</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,068,430</b>	<b>275,375</b>	<b>1,229,511</b>	<b>2,573,316</b>	<b>(397,440)</b>	<b>2,175,876</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			385,469	385,469	(81,335)	304,134	17
18	Interest			415,952	415,952	(15,825)	400,127	18
19	Real Estate Taxes			152,217	152,217		152,217	19
20	Rent -- Facility and Grounds					4,072	4,072	20
21	Rent -- Equipment			3,302	3,302		3,302	21
22	Other (specify):			35,286	35,286	619	35,905	22
23	<b>TOTAL Ownership</b>			<b>992,226</b>	<b>992,226</b>	<b>(92,469)</b>	<b>899,757</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,068,430</b>	<b>275,375</b>	<b>2,221,737</b>	<b>3,565,542</b>	<b>(489,909)</b>	<b>3,075,633</b>	<b>24</b>

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.02	\$ 28.30	1
2	Licensed Practical Nurses	2.06	21.90	2
3	Certified Nurse Assistants	14.00	9.55	3
4	Activity Director & Assistants	1.81	12.99	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.27	11.11	7
8	Dishwashers			8
9	Maintenance Workers	0.97	14.87	9
10	Housekeepers	2.06	8.09	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.00	20.73	13
14	Clerical			14
15	Marketing	1.30	25.85	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>38.49</b>	<b>\$ 13.35</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%	4.29	\$ 20,343	1
2	Jerry Finis	29%	4.29	18,082	2
3	Robert Helle	13%			3
4	E Keledjian	29%			4
5					5
<b>Total</b>				<b>\$ 38424.78</b>	<b>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					

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: 1/1/2008

Ending: 12/31/2008

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	\$ 385,469	35	\$ 281,210	\$ (104,259)	\$ 2,464,689	1
2											2
3											3
4											4
5											5
		<b>Improvement Type</b>									
6	Total From Supplemental Page 5's				299,523	662		14,976	14,314	120,259	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 10,141,890	\$ 386,131		\$ 296,187	\$ (89,944)	\$ 2,584,948	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	\$ 449,200	\$	\$ 4,618	4,618	10	\$ 420,774	18
19	Vehicles	16,646		3,329	3,329	5	13,317	19
20	TOTAL (lines 18 and 19)	\$ 465,846	\$	\$ 7,947	7,947		\$ 434,090	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:

1/1/2008

Ending:

12/31/2008

**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	2002	246,335		20	12,317	12,317	112,699	2
3	2005	1,039		20	52	52	364	3
4	2005	11,778		20	589	589	4,123	4
5	2005	957		20	48	48	335	5
6	2005	1,412		20	71	71	494	6
7	2007	4,198		20	210	210	420	7
8	2007	2,690		20	135	135	269	8
9	2008	15,028		20	751	751	751	9
10	2008	4,065		20	203	203	203	10
11	2008	7,591		20	380	380	380	11
12	2008	4,430		20	222	222	222	12
13								13
14								14
15			662			(662)		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		\$ 299,523	\$ 662		\$ 14,976	\$ 14,314	\$ 120,259	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: 1/1/2008 Ending: 12/31/2008

**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	<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:

1/1/2008

Ending:

12/31/2008

**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	<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: 1/1/2008

Ending: 2/31/2008

**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	Allocated from Pathway SL, LLC			/ /	4,072			6
7	<b>TOTAL</b>				\$ 4,072			7

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

9. Rental amount for movable equipment \$ 3,302

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	\$ 5,968,431	12/1/42	6.7000	\$ 398,341
2	Cook County		X	2nd Mortgage	5/29/01	200,000	1,697,849	10/1/42	1.0000	17,611
3					/ /			/ /		
	<b>Working Capital</b>									
4	Allocated from Pathway SL, LLC				/ /			/ /		896
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 6,350,000	\$ 7,666,280			\$ 416,848
	<b>B. Non-Facility Related</b>									
8	Interest Income - Escrows				/ /			/ /		-15,411
9	Interest Income				/ /			/ /		-1,310
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,350,000	\$ 7,666,280			\$ 400,127

\* 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: **1/1/2008**Ending: **12/31/2008****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/08**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 284,391	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	739,066		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	73,424		6
7	Other Prepaid Expenses	16,028		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	925,862		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,038,771	\$	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	9,842,367		14
15	Leasehold Improvements, at Historical Cost	246,335		15
16	Equipment, at Historical Cost	477,022		16
17	Accumulated Depreciation (book methods)	(2,920,930)		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>	222,398		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,408,793	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,447,564	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 450,279	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	90,552		29
30	Accrued Salaries Payable	54,895		30
31	Accrued Taxes Payable	155,000		31
32	Accrued Interest Payable	34,532		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>	7,698		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 792,956	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,575,728		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>	\$ 7,575,728	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,368,684	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,078,880	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,447,564	\$	47

\*(See instructions.)

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

**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	\$ 3,533,934	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,533,934	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		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	16,721	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 16,721	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	725	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 725	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,551,380	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	788,428	19
20	Health Care/ Personal Care	498,562	20
21	General Administration	1,286,326	21
<b>B. Capital Expense</b>			
22	Ownership	992,226	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)	\$ 3,565,542	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (14,162)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (14,162)	31