

		FOR BHF USE			

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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>I. Facility ID Number: <u>1000027</u></p> <p>Facility Name: <u>Victory Centre Of River Woods SIF</u></p> <p>Address: <u>1800 Riverwood Drive</u> <u>Melrose Park</u> <u>60160</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 547-5800</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>7/30/2003</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <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 <u>Limited Partnership</u></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: _____</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 <u>Limited Partnership</u>	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2012</u> to <u>12/31/2012</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 style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) _____ (Title) _____ </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & 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> </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) _____ (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 & 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 Woods Slf

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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	20	Double Unit Apartment	20	7,320	2
3		Other		4,513	3
4	109	TOTALS	109	44,407	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	30,497	3,939		34,436	5
6	Double Unit	1,968	232		2,200	6
7	Other	4,513			4,513	7
8	TOTALS	36,978	4,171		41,149	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.66%

D. Indicate the number of paid bed-hold days the SLF had during this year
151 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 48 (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: 12/31/2012 Fiscal Year: 12/31/2012

* 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:

1/1/2012

Ending: 12/31/2012

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	206,104	207,288	133,809	547,201	(1,731)	545,470	1
2	Housekeeping, Laundry and Maintenance	124,254	39,877	116,773	280,904	10,818	291,722	2
3	Heat and Other Utilities			118,028	118,028	(658)	117,370	3
4	Other (specify):							4
5	TOTAL General Services	330,358	247,165	368,610	946,133	8,429	954,562	5
B. Health Care and Programs								
6	Health Care/ Personal Care	463,553	735	16,235	480,523		480,523	6
7	Activities and Social Services	37,667	3,086	16,752	57,505	(400)	57,105	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	501,220	3,821	32,987	538,028	(400)	537,628	9
C. General Administration								
10	Administrative and Clerical	190,625	13,297	1,098,486	1,302,408	(673,486)	628,922	10
11	Marketing Materials, Promotions and Advertising	70,822	205	27,747	98,774	34,521	133,295	11
12	Employee Benefits and Payroll Taxes			204,932	204,932		204,932	12
13	Insurance-Property, Liability and Malpractice			35,162	35,162	702	35,864	13
14	Other (specify):					22,051	22,051	14
15	TOTAL General Administration	261,447	13,502	1,366,327	1,641,276	(616,212)	1,025,064	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,093,025	264,488	1,767,924	3,125,437	(608,184)	2,517,253	16
Capital Expenses								
D. Ownership								
17	Depreciation			440,518	440,518	53,240	493,758	17
18	Interest			477,141	477,141	(26,827)	450,314	18
19	Real Estate Taxes			31,348	31,348		31,348	19
20	Rent -- Facility and Grounds			339	339	14,103	14,442	20
21	Rent -- Equipment			17,094	17,094	167	17,261	21
22	Other (specify):MIP Insurance &Amortization			44,165	44,165		44,165	22
23	TOTAL Ownership			1,010,605	1,010,605	40,683	1,051,288	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,093,025	264,488	2,778,529	4,136,042	(567,501)	3,568,541	24

Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2012
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 53,240	17	1
2	Guest Meals	(914)	01	2
3	Employee Meals	(411)	01	3
4	Unidine Adjustment	(407)	01	4
5	Pet Fee	(400)	07	5
6	Other Income	(1,407)	10	6
7	Bank Service Charges	(2,900)	10	7
8	Late Fees/Finance Charges	(455)	10	8
9	Charitable Contributions	(1,616)	10	9
10	Resident Gifts	(4,507)	10	10
11	Bad Debt	(121,636)	10	11
12	Cable TV	(1,008)	03	12
13	Asset Management Fees	(10,900)	10	13
14	Partner Management Fees	(25,000)	10	14
15	Incentive Management Fee	(453,012)	10	15
16	Interest Income	(26,827)	18	16
17	Meals & Entertainment	(765)	11	17
18	Additional R&M	8,127	02	18
19	Maintenance Income	(30)	02	19
20	PATHWAY MANAGEMENT LLC:			20
21	Maintenance	177	02	21
22	Utilities	295	03	22
23	Administrative	92,062	10	23
24	Marketing	19,934	11	24
25	Insurance	60	13	25
26	Employee Benefits	11,679	14	26
27	Rent - Building	9,794	20	27
28	Rent - Equipment	79	21	28
29				29
30				30
31	PATHWAY SENIOR LIVING LLC:			31
32	Maintenance	2,544	02	32
33	Utilities	55	03	33
34	Administrative	105,441	10	34
35	Marketing	15,352	11	35
36	Insurance	642	13	36
37	Employee Benefits	10,372	14	37
38	Rent - Building	4,309	20	38
39	Rent - Equipment	88	21	39
40	Management Fees	(249,557)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
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96			96
97			97
98			98
99			99
100			100
101	Total	(567,501)	101

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.38	\$ 33.36	1
2	Licensed Practical Nurses	1.70	26.18	2
3	Certified Nurse Assistants	12.96	10.21	3
4	Activity Director & Assistants	1.02	17.70	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.80	10.11	7
8	Dishwashers			8
9	Maintenance Workers	2.14	16.70	9
10	Housekeepers	2.71	8.86	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.13	22.17	13
14	Clerical			14
15	Marketing	0.83	40.80	15
16	Other			16
17	Total (lines 1 thru 16)	36.68	\$ 14.33	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	29%	2.23	\$ 8,612	1
2					2
3					3
4					4
5					5
				Total	\$ 8612 6

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 Of River Woods Slf

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	\$ 440,518	28	\$ 391,823	\$ (48,696)	\$ 3,747,252	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				121,892			6,095	6,095	18,903	6
7	Various			2003	63,245		20	3,162	3,162	28,459	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)				\$ 11,156,168	\$ 440,518		\$ 401,079	\$ (39,439)	\$ 3,794,614	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	\$ 926,788	\$	\$ 92,679	92,679	10	\$ 718,278	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 926,788	\$	\$ 92,679	92,679		\$ 718,278	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:

1/1/2012

Ending:

12/31/2012

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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									1
2	Nurse Call System	2005	3,762		20	188	188	1,317	2
3	Electrical Unit	2007	517		20	26	26	155	3
4	Phone System	2007	1,141		20	57	57	342	4
5	Hvac Repairs	2007	2,936		20	147	147	881	5
6	Land Improvements	2009	9,603		20	480	480	1,920	6
7	Locks	2009	4,842		20	242	242	968	7
8	Building Improvement	2009	7,380		20	369	369	1,476	8
9	Re-Key Locks	2009	3,307		20	165	165	662	9
10	Painting	2009	16,997		20	850	850	3,400	10
11	Drywall & Paint	2010	15,997		20	800	800	2,400	11
12	Demolish Wall	2010	7,685		20	384	384	1,153	12
13	Floor Removal	2010	7,894		20	395	395	1,184	13
14	Flooring	2010	4,290		20	215	215	644	14
15	Sewer Work	2011	12,497		20	625	625	1,250	15
16	Compressor	2012	7,310		20	366	366	366	16
17	Pour Concrete Walkways & Paths	2012	7,675		20	384	384	384	17
18	Telephone System	2012	8,060		20	403	403	403	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	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 121,892	\$		\$ 6,095	\$ 6,095	\$ 18,903	34

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

Facility Name & ID Number Victory Centre Of River Woods Slf

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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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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 & ID Number Victory Centre Of River Woods Slf

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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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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: 1/1/2012

Ending: 2/31/2012

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			/ /	339			5
6	Allocated from Pathway			/ /	14,103			6
7	TOTAL				\$ 14,442			7

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

9. Rental amount for movable equipment \$ 17,261

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	IDHA		X	1st Mortgage	6/13/02	\$ 7,150,000	\$ 6,286,722	6/13/32	7.2000	\$ 456,817
2	Dept of Planning		X	2nd Mortgage	6/13/02	1,800,000	1,451,977	6/13/42	1.0000	14,736
3	IDHA		X	3rd Mortgage	12/1/03	750,000	548,107	12/1/33	1.0000	5,588
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 9,700,000	\$ 8,286,806			\$ 477,141
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		-26,827
9					/ /			/ /		9
10	TOTALS (lines 7, 8 and 9)					\$ 9,700,000	\$ 8,286,806			\$ 450,314

* 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 Woods Slf

Report Period Beginning: 1/1/2012

Ending: 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,627,525	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	928,636		3
4	Supply Inventory (priced at)	5,304		4
5	Short-Term Investments			5
6	Prepaid Insurance	56,019		6
7	Other Prepaid Expenses	20,442		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	978,482		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,616,408	\$	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	143,030		15
16	Equipment, at Historical Cost	971,477		16
17	Accumulated Depreciation (book methods)	(4,736,246)		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	138,278		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,406,390	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,022,798	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,292,515	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	97,362		30
31	Accrued Taxes Payable	63,986		31
32	Accrued Interest Payable	39,951		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	119,834		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,613,648	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,286,806		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)	\$ 8,286,806	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,900,454	\$	45
46	TOTAL EQUITY	\$ 2,122,344	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,022,798	\$	47

*(See instructions.)

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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	\$ 4,238,731	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,238,731	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	1,732	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,732	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	26,827	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 26,827	14
D. Other Revenue (specify):			
15	See Attached	2,905	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,905	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,270,195	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	946,133	19
20	Health Care/ Personal Care	538,028	20
21	General Administration	1,641,276	21
B. Capital Expense			
22	Ownership	1,010,605	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)	\$ 4,136,042	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 134,153	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 134,153	31

