

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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>1/1/2011</u> to <u>12/31/2011</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <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 & 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																																												
<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>	_____																																												
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 & 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>																																													

Facility Name Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	32,485	1
2	20	Double Unit Apartment	20	7,300	2
3		Other		4,443	3
4	109	TOTALS	109	44,228	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	28,805	3,721		32,526	5
6	Double Unit	2,021	239		2,260	6
7	Other	4,443			4,443	7
8	TOTALS	35,269	3,960		39,229	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.70%

D. Indicate the number of paid bed-hold days the SLF had during this year
121 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 45 (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: 12/31/2011 Fiscal Year: 12/31/2011

* 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:

1/1/2011

Ending: 12/31/2011

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	177,785	192,834	142,648	513,267	(9,420)	503,847	1
2	Housekeeping, Laundry and Maintenance	118,825	37,685	122,329	278,839	2,856	281,695	2
3	Heat and Other Utilities			120,777	120,777	(306)	120,471	3
4	Other (specify):							4
5	TOTAL General Services	296,610	230,519	385,754	912,883	(6,870)	906,013	5
B. Health Care and Programs								
6	Health Care/ Personal Care	442,219	341	15,912	458,472	3,686	462,158	6
7	Activities and Social Services	35,699	4,490	20,899	61,088	(450)	60,638	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	477,918	4,831	36,811	519,560	3,236	522,796	9
C. General Administration								
10	Administrative and Clerical	180,048	29,478	605,528	815,054	(41,693)	773,361	10
11	Marketing Materials, Promotions and Advertising	63,849	155	43,255	107,259	65,948	173,207	11
12	Employee Benefits and Payroll Taxes			187,865	187,865		187,865	12
13	Insurance-Property, Liability and Malpractice			34,910	34,910	513	35,423	13
14	Other (specify):					26,814	26,814	14
15	TOTAL General Administration	243,897	29,633	871,558	1,145,088	51,582	1,196,670	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,018,425	264,983	1,294,123	2,577,531	47,948	2,625,479	16
Capital Expenses								
D. Ownership								
17	Depreciation			456,687	456,687	34,092	490,779	17
18	Interest			486,470	486,470	(694)	485,776	18
19	Real Estate Taxes			90,357	90,357		90,357	19
20	Rent -- Facility and Grounds			326	326	13,647	13,973	20
21	Rent -- Equipment			8,234	8,234	858	9,092	21
22	Other (specify):			44,766	44,766		44,766	22
23	TOTAL Ownership			1,086,840	1,086,840	47,903	1,134,743	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,018,425	264,983	2,380,963	3,664,371	95,851	3,760,222	24

Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2011
Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 34,092	17	1
2	Meals Program Income	(918)	01	2
3	Unidine Adjustment	(8,505)	01	3
4	Pet Fees	(450)	07	4
5	Other Income	(117)	10	5
6				6
7	Bank Service Charges	(3,400)	10	7
8	Late Fees/Finance Charges	(572)	10	8
9	Charitable Contributions	(2,030)	10	9
10	Resident Gifts	(23,986)	10	10
11	Bad Debt	(53,528)	10	11
12	Cable TV	(652)	03	12
13	Asset Management Fees	(10,900)	10	13
14	Partner Management Fees	(25,000)	10	14
15	Interest Income	(694)	18	15
16	Additional R&M	3,686	06	16
17				17
18	PATHWAY MANAGEMENT LLC:			18
19	Dietary	3	01	19
20	Maintenance	216	02	20
21	Utilities	346	03	21
22	Administrative	80,181	10	22
23	Marketing	52,223	11	23
24	Insurance	37	13	24
25	Employee Benefits	11,877	14	25
26	Rent - Building	13,214	20	26
27	Rent - Equipment	769	21	27
28				28
29	PATHWAY SENIOR LIVING LLC:			29
30	Maintenance	2,640	2	30
31	Administrative	238,234	10	31
32	Marketing	13,725	11	32
33	Insurance	476	13	33
34	Employee Benefits	14,937	14	34
35	Rent - Building	433	20	35
36	Rent - Equipment	89	21	36
37	Management Fees	(240,575)	10	37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
53				53

54			54
55			55
56			56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
76			76
77			77
78			78
79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	95,851	101

Facility Name: Victory Centre Of River Woods Sif

Report Period Beginning 1/1/2011

Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.08	\$ 33.36	1
2	Licensed Practical Nurses	1.95	21.85	2
3	Certified Nurse Assistants	12.03	11.13	3
4	Activity Director & Assistants	1.03	16.73	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.32	8.28	7
8	Dishwashers			8
9	Maintenance Workers	2.28	16.19	9
10	Housekeepers	2.50	8.10	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.09	21.14	13
14	Clerical			14
15	Marketing	0.65	47.51	15
16	Other			16
17	Total (lines 1 thru 16)	35.92	\$ 13.63	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%	2.21	\$ 7,178	1
2	Jerry Finis	29%	2.21	7,178	2
3	Robert Helle	13%	2.21	3,316	3
4	E. Keledjian	29%	2.21	7,178	4
5					5
Total				\$ 24850	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:

1/1/2011

Ending:

12/31/2011

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	\$ 456,687	28	\$ 391,823	\$ (64,864)	\$ 3,355,429	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				98,847			4,942	4,942	12,808	6
7	Various			2003	63,245		20	3,162	3,162	25,297	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)				\$ 11,133,123	\$ 456,687		\$ 399,927	\$ (56,760)	\$ 3,393,534	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	\$ 908,519	\$	\$ 90,852	90,852	10	\$ 626,706	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 908,519	\$	\$ 90,852	90,852		\$ 626,706	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

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	1,129	2
3	Electrical Unit	2007	517		20	26	26	129	3
4	Phone System	2007	1,141		20	57	57	285	4
5	Hvac Repairs	2007	2,936		20	147	147	734	5
6	Land Improvements	2009	9,603		20	480	480	1,440	6
7	Locks	2009	4,842		20	242	242	726	7
8	Building Improvement	2009	7,380		20	369	369	1,107	8
9	Re-Key Locks	2009	3,307		20	165	165	496	9
10	Painting	2009	16,997		20	850	850	2,550	10
11	Drywall & Paint	2010	15,997		20	800	800	1,600	11
12	Demolish Wall	2010	7,685		20	384	384	768	12
13	Floor Removal	2010	7,894		20	395	395	790	13
14	Flooring	2010	4,290		20	215	215	430	14
15	Sewer Work	2011	12,497		20	625	625	625	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	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 98,847	\$		\$ 4,942	\$ 4,942	\$ 12,808	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:

1/1/2011 Ending:

12/31/2011

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 & ID Number Victory Centre Of River Woods Slf

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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: 1/1/2011

Ending: 2/31/2011

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			/ /	326			5
6	Allocated from Pathway			/ /	13,647			6
7	TOTAL				\$ 13,973			7

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

9. Rental amount for movable equipment \$ 9,092

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IDHA		X	1st Mortgage	12/1/03	\$ 7,150,000	\$ 6,411,556	12/1/33	7.2000	\$ 465,516	1
2		Cook County Treasurer		X	2nd Mortgage	12/1/03	1,800,000	1,491,858	12/1/43	1.0000	15,133	2
3		IDHA		X	3rd Mortgage	12/1/03	750,000	571,447	11/1/33	1.0000	5,821	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 9,700,000	\$ 8,474,861			\$ 486,470	7
		B. Non-Facility Related										
8		Interest Income		X		/ /			/ /		-694	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 9,700,000	\$ 8,474,861			\$ 485,776	10

* 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: 1/1/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 656,372	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,114,482		3
4	Supply Inventory (priced at)	5,304		4
5	Short-Term Investments			5
6	Prepaid Insurance	66,607		6
7	Other Prepaid Expenses	16,058		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	934,339		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,793,162	\$	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	124,348		15
16	Equipment, at Historical Cost	940,717		16
17	Accumulated Depreciation (book methods)	(4,295,728)		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	150,668		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,809,856	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,603,018	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 767,245	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	188,055		29
30	Accrued Salaries Payable	82,134		30
31	Accrued Taxes Payable	93,577		31
32	Accrued Interest Payable	40,720		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	155,369		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,327,100	\$	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)	\$ 9,613,906	\$	45
46	TOTAL EQUITY	\$ 1,989,112	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,603,018	\$	47

*(See instructions.)

Facility Name: Victory Centre Of River Woods Slf

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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	\$ 4,124,863	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,124,863	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	9,423	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 9,423	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	694	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 694	14
D. Other Revenue (specify):			
15	See Attached	2,380	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,380	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,137,360	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	912,883	19
20	Health Care/ Personal Care	519,560	20
21	General Administration	1,145,088	21
B. Capital Expense			
22	Ownership	1,086,840	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)	\$ 3,664,371	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 472,989	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 472,989	31

