

		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>1000068</u></p> <p>Facility Name: <u>Victory Centre Of Roseland</u></p> <p>Address: <u>10450 South Michigan Avenue</u> <u>Chicago</u> <u>60628</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 468-6400</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/30/2006</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%; 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) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 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) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 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 Roseland

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	124	Single Unit Apartment	124	45,260	1
2		Double Unit Apartment			2
3		Other			3
4	124	TOTALS	124	45,260	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	32,423	5,722		38,145	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,423	5,722		38,145	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.28%

D. Indicate the number of paid bed-hold days the SLF had during this year 782 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 175 (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 Roseland

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	174,824	164,806	124,882	464,512	(5,671)	458,841	1
2	Housekeeping, Laundry and Maintenance	114,260	46,705	218,552	379,517	(10,309)	369,208	2
3	Heat and Other Utilities			156,480	156,480	286	156,766	3
4	Other (specify):							4
5	TOTAL General Services	289,084	211,511	499,914	1,000,509	(15,695)	984,814	5
B. Health Care and Programs								
6	Health Care/ Personal Care	447,979	488	17,466	465,933		465,933	6
7	Activities and Social Services	31,417	5,379	22,086	58,882		58,882	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	479,396	5,867	39,552	524,815		524,815	9
C. General Administration								
10	Administrative and Clerical	150,936	21,369	779,582	951,887	(282,843)	669,044	10
11	Marketing Materials, Promotions and Advertising	55,839	1,152	57,375	114,366	54,446	168,812	11
12	Employee Benefits and Payroll Taxes			162,358	162,358		162,358	12
13	Insurance-Property, Liability and Malpractice			41,526	41,526	306	41,832	13
14	Other (specify):					22,137	22,137	14
15	TOTAL General Administration	206,775	22,521	1,040,841	1,270,137	(205,954)	1,064,183	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	975,255	239,899	1,580,307	2,795,461	(221,649)	2,573,812	16
Capital Expenses								
D. Ownership								
17	Depreciation			495,054	495,054	54,984	550,038	17
18	Interest			441,089	441,089	(923)	440,166	18
19	Real Estate Taxes			43,714	43,714		43,714	19
20	Rent -- Facility and Grounds			372	372	11,267	11,639	20
21	Rent -- Equipment			13,791	13,791	708	14,499	21
22	Other (specify):			53,685	53,685		53,685	22
23	TOTAL Ownership			1,047,705	1,047,705	66,036	1,113,741	23
24	GRAND TOTAL (Sum of lines 16 and 23)	975,255	239,899	2,628,012	3,843,166	(155,612)	3,687,554	24

Victory Centre Of Roseland

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 54,984	17	1
2	Unidine Adjustment	(5,673)	01	2
3	Maintenance Fees	(139)	02	3
4	Damage Recovery	(117)	13	4
5	Telephone Service	(23,041)	10	5
6	Interest Income	(923)	18	6
7	Other Income	(604)	10	7
8	Bank Service Charges	(3,050)	10	8
9	Late Fees/Finance Charges	(228)	10	9
10	Charitable Contributions	(2,784)	10	10
11	Resident Gifts	(6,585)	10	11
12	Bad Debt	(60,152)	10	12
13	Cable TV	(25,250)	10	13
14	Capitalized R&M	(12,528)	02	14
15				15
16				16
17	PATHWAY MANAGEMENT LLC			17
18	Dietary	2	01	18
19	Maintenance	179	02	19
20	Utilities	286	03	20
21	Administrative	66,198	10	21
22	Marketing	43,115	11	22
23	Insurance	30	13	23
24	Employee Benefits	9,805	14	24
25	Rent - Building	10,910	20	25
26	Rent - Equipment	635	21	26
27				27
28	PATHWAY SENIOR LIVING LLC			28
29	Maintenance	2,179	02	29
30	Administrative	196,687	10	30
31	Marketing	11,331	11	31
32	Insurance	393	13	32
33	Employee Benefits	12,332	14	33
34	Rent - Building	357	20	34
35	Rent - Equipment	73	21	35
36	Management Fees	(52,499)	10	36
37	Service Provider Fees	(146,122)	10	37
38	Partnership Management Fee	(225,415)	10	38
39				39
40				40
41				41
42				42
43				43
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94			94
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96			96
97			97
98			98
99			99
100			100
101	Total	(155,612)	101

Facility Name: Victory Centre Of Roseland

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	1.76	\$ 23.38	1
2	Licensed Practical Nurses	2.04	21.62	2
3	Certified Nurse Assistants	11.83	10.98	3
4	Activity Director & Assistants	1.03	14.65	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.96	9.38	7
8	Dishwashers			8
9	Maintenance Workers	2.12	15.76	9
10	Housekeepers	2.34	9.20	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.67	19.78	13
14	Clerical			14
15	Marketing	0.90	29.88	15
16	Other			16
17	Total (lines 1 thru 16)	34.66	\$ 13.53	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	25%	1.82	\$ 5,927	1
2	Jerry Finis	25%	1.82	5,927	2
3	Robert Helle	25%	1.82	2,738	3
4	E. Keledijan	25%	1.82	5,927	4
5					5
				Total	\$ 20517.81 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 Roseland

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 406,682 Year land was acquired 2006

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	124		2006		\$ 14,870,850	\$ 495,054	35	\$ 424,881	\$ (70,173)	\$ 2,240,282	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				817,650			40,883	40,883	192,419	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)				\$ 15,688,500	\$ 495,054		\$ 465,764	\$ (29,290)	\$ 2,432,701	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	\$ 842,738	\$	\$ 84,274	84,274	10	\$ 411,022	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 842,738	\$	\$ 84,274	84,274		\$ 411,022	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 Roseland

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	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	Land Improvements	2006	708,000		20	35,400	35,400	177,000	2
3	Plumbing Repairs	2007	4,025		20	201	201	1,006	3
4	Hvac Repairs	2007	6,987		20	349	349	1,746	4
5	Plumbing, Electrical, Concrete, Compressor	2008	37,892		20	1,895	1,895	6,631	5
6	Offsite Improvements	2009	8,996		20	450	450	1,350	6
7	Storage Shed	2009	5,660		20	283	283	849	7
8	Dormer Repair	2009	2,752		20	138	138	414	8
9	Electrical Work	2010	8,193		20	410	410	820	9
10	Dryer Exhaust System	2010	4,980		20	249	249	498	10
11	Sidewalk Repair	2010	2,145		20	107	107	214	11
12	Exhaust Fan Motor	2010	1,743		20	87	87	174	12
13	Sump Pump	2010	2,975		20	149	149	298	13
14	Replace 2 Compressor Boards	2010	2,531		20	127	127	254	14
15	Heating Repairs, Network Failure	2010	2,538		20	127	127	254	15
16	Surveillance Camera Installation	2011	2,635		20	132	132	132	16
17	Wooden Fence	2011	3,070		20	154	154	154	17
18	Phone System Repairs	2011	2,981		20	149	149	149	18
19	Hvac Repairs	2011	6,915		20	346	346	346	19
20	Hvac Repairs	2011	2,633		20	132	132	132	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)		\$ 817,650	\$		\$ 40,883	\$ 40,883	\$ 192,419	34

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

Facility Name & ID Number Victory Centre Of Roseland

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	
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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 Roseland

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	
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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 Roseland

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			/ /	372			5
6	Pathway SL & Pathway Mgmt Alloc.			/ /	11,267			6
7	TOTAL				\$ 11,639			7

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

9. Rental amount for movable equipment \$ 14,499

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	1st Mortgage	4/1/07	\$ 8,050,000	\$ 7,764,987	3/1/47	5.3500	\$ 415,801	1
2	IHDA		X	2nd Mortgage	4/1/07	2,756,452	2,475,563	3/1/47	1.0000	25,288	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,806,452	\$ 10,240,550			\$ 441,089	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-923	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 10,240,550			\$ 440,166	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 Roseland

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	\$ 1,055,040	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,169,417		3
4	Supply Inventory (priced at)	5,431		4
5	Short-Term Investments			5
6	Prepaid Insurance	49,208		6
7	Other Prepaid Expenses	12,874		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,577,466		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,869,436	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	406,682		13
14	Buildings, at Historical Cost	14,870,850		14
15	Leasehold Improvements, at Historical Cost	725,726		15
16	Equipment, at Historical Cost	862,434		16
17	Accumulated Depreciation (book methods)	(2,769,612)		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	317,365		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,413,445	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,282,881	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 82,907	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	135,141		29
30	Accrued Salaries Payable	68,932		30
31	Accrued Taxes Payable	71,290		31
32	Accrued Interest Payable	36,586		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	394,093		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 788,949	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,105,409		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)	\$ 10,105,409	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,894,358	\$	45
46	TOTAL EQUITY	\$ 7,388,523	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,282,881	\$	47

*(See instructions.)

Facility Name: Victory Centre Of Roseland

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	\$ 4,023,204	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,023,204	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	5,673	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,673	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	923	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 923	14
D. Other Revenue (specify):			
15	See Attached	48,476	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 48,476	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,078,276	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,000,509	19
20	Health Care/ Personal Care	524,815	20
21	General Administration	1,270,137	21
B. Capital Expense			
22	Ownership	1,047,705	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)	\$ 3,843,166	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 235,110	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 235,110	31

