

		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>1000054</u></p> <p>Facility Name: <u>Victory Centre Of Sierra Ridge Slf</u></p> <p>Address: <u>4150 West Gatling Blvd</u> <u>Country Club Hills</u> <u>60478</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 957-8300</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/5/2006</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) _____ (Date) _____ (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) _____ (Date) _____ (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>
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Facility Name Victory Centre Of Sierra Ridge 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	100	Single Unit Apartment	100	36,500	1
2	10	Double Unit Apartment	10	3,650	2
3		Other		3,076	3
4	110	TOTALS	110	43,226	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	28,516	7,442		35,958	5
6	Double Unit	121	29		150	6
7	Other	3,076			3,076	7
8	TOTALS	31,713	7,471		39,184	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.65%

D. Indicate the number of paid bed-hold days the SLF had during this year 851 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: 12/31/2011 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? No If yes, did the facility make all of the required payments of interest and principle? N/A

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 Sierra Ridge 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	192,545	179,765	163,648	535,958	(13,874)	522,084	1
2	Housekeeping, Laundry and Maintenance	132,812	44,083	114,201	291,096	2,972	294,068	2
3	Heat and Other Utilities			131,292	131,292	361	131,653	3
4	Other (specify):							4
5	TOTAL General Services	325,357	223,848	409,141	958,346	(10,541)	947,805	5
B. Health Care and Programs								
6	Health Care/ Personal Care	502,116	395	13,814	516,325		516,325	6
7	Activities and Social Services	39,548	4,114	21,581	65,243		65,243	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	541,664	4,509	35,395	581,568		581,568	9
C. General Administration								
10	Administrative and Clerical	224,070	22,695	605,501	852,266	(31,416)	820,851	10
11	Marketing Materials, Promotions and Advertising	73,548	132	55,215	128,895	68,638	197,533	11
12	Employee Benefits and Payroll Taxes			211,052	211,052	12,361	223,413	12
13	Insurance-Property, Liability and Malpractice			40,081	40,081	533	40,614	13
14	Other (specify):					15,546	15,546	14
15	TOTAL General Administration	297,618	22,827	911,849	1,232,294	65,663	1,297,957	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,164,639	251,184	1,356,385	2,772,208	55,122	2,827,330	16
Capital Expenses								
D. Ownership								
17	Depreciation			364,945	364,945	117,683	482,628	17
18	Interest			481,088	481,088	(911)	480,177	18
19	Real Estate Taxes			72,302	72,302		72,302	19
20	Rent -- Facility and Grounds			336	336	14,204	14,540	20
21	Rent -- Equipment			15,479	15,479	892	16,371	21
22	Other (specify):			58,429	58,429		58,429	22
23	TOTAL Ownership			992,579	992,579	131,868	1,124,447	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,164,639	251,184	2,348,964	3,764,787	186,990	3,951,777	24

Victory Centre Of Sierra Ridge Slf

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 117,683	17	1
2	Employee Meals	(1,222)	01	2
3	Unidine Adjustment	(12,655)	01	3
4	Damage Recovery	(1,005)	10	4
5	Telephone Service	(31,352)	10	5
6	Other Income	(538)	10	6
7	Meals and Entertainment	(38)	10	7
8	Bank Service Charges	(3,099)	10	8
9	Late Fees/Finance Charges	(2,515)	10	9
10	Charitable Contributions	(2,142)	10	10
11	Resident Gifts	(4,368)	10	11
12	Bad Debt	(34,508)	10	12
13	Cable TV	(25,214)	10	13
14	Asset Management Fee	(7,500)	10	14
15	Interest Income	(911)	18	15
16	NSF Fees	(150)	10	16
17				17
18	Pathway Management LLC			18
19	Dietary	3	01	19
20	Maintenance	225	02	20
21	Utilities	361	03	21
22	Administrative	83,452	10	22
23	Marketing	54,353	11	23
24	Insurance	38	13	24
25	Employee Benefits	12,361	12	25
26	Rent - Building	13,753	20	26
27	Rent - Equipment	800	21	27
28				28
29	Pathway Senior Living LLC			29
30	Maintenance	2,747	02	30
31	Administrative	247,954	10	31
32	Marketing	14,285	11	32
33	Insurance	495	13	33
34	Employee Benefits	15,546	14	34
35	Rent - Building	451	20	35
36	Rent - Equipment	92	21	36
37	Management Fees	(44,574)	10	37
38	Service Provider Fees	(205,817)	10	38
39				39
40				40
41				41
42				42
43				43
44				44
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96			96
97			97
98			98
99			99
100			100
101	Total	186,990	101

Facility Name: Victory Centre Of Sierra Ridge Slf

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	1.47	\$ 26.49	1
2	Licensed Practical Nurses	1.86	21.89	2
3	Certified Nurse Assistants	13.97	11.59	3
4	Activity Director & Assistants	1.40	13.54	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.77	9.47	7
8	Dishwashers			8
9	Maintenance Workers	1.71	19.24	9
10	Housekeepers	3.38	9.15	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.87	18.35	13
14	Clerical			14
15	Marketing	1.00	35.22	15
16	Other			16
17	Total (lines 1 thru 16)	40.43	\$ 13.85	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%	2.3	\$ 7,471	1
2	Jerry Finis	29%	2.3	7,471	2
3	Robert Helle	13%	2.3	3,452	3
4	E. Keledjian	29%	2.3	7,471	4
5					5
				Total	\$ 25865.85 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 Sierra Ridge Slf

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 675,000 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	110		2006	2006	\$ 14,125,609	\$ 364,945	35	\$ 403,589	\$ 38,644	\$ 2,421,534	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				125,363			6,268	6,268	23,132	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)				\$ 14,250,972	\$ 364,945		\$ 409,857	\$ 44,912	\$ 2,444,666	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	\$ 727,710	\$	\$ 72,771	72,771	10	\$ 422,537	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 727,710	\$	\$ 72,771	72,771		\$ 422,537	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 Sierra Ridge 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	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	Site Improvements	2006	42,076		20	2,104	2,104	12,623	2
3	Hvac Repairs	2007	2,532		20	127	127	633	3
4	Removal/Replacement Of Drywall	2007	2,628		20	131	131	657	4
5	Door System Repairs	2008	3,920		20	196	196	784	5
6	Offsite Improvements	2009	31,000		20	1,550	1,550	4,650	6
7	Parking Lot Crack Sealing	2009	7,040		20	352	352	1,056	7
8	Canopy Repairs	2009	2,880		20	144	144	640	8
9	Compressore	2010	5,900		20	295	295	590	9
10	Vacuums, Wet Drys	2010	2,609		20	130	130	260	10
11	Parking Lot Repairs	2011	15,178		20	759	759	759	11
12	Fence	2011	2,250		20	113	113	113	12
13	Building Signage	2011	7,350		20	368	368	368	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	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 125,363	\$		\$ 6,268	\$ 6,268	\$ 23,132	34

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

Facility Name & ID Number Victory Centre Of Sierra Ridge 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	
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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 Sierra Ridge 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	
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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: Victory Centre Of Sierra Ridge 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			/ /	336			5
6	Pathway SL & Pathway Mgmt Alloc.			/ /	14,204			6
7	TOTAL				\$ 14,540			7

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

9. Rental amount for movable equipment \$ 16,371

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	Capmark		X	1st Mortgage	4/1/06	\$ 8,200,000	\$ 7,850,964	3/1/46	5.8700	\$ 462,740
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,834,803	5/1/47	1.0000	18,348
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,200,000	\$ 9,685,767			\$ 481,088
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		-911
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 9,685,767			\$ 480,177

* 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 Sierra Ridge 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	\$ 1,144,636	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,152,760		3
4	Supply Inventory (priced at)	6,617		4
5	Short-Term Investments			5
6	Prepaid Insurance	47,266		6
7	Other Prepaid Expenses	16,574		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	677,489		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,045,342	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	675,000		13
14	Buildings, at Historical Cost	13,978,740		14
15	Leasehold Improvements, at Historical Cost	97,854		15
16	Equipment, at Historical Cost	737,520		16
17	Accumulated Depreciation (book methods)	(2,989,853)		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	258,032		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,757,293	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,802,635	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 41,916	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	115,965		29
30	Accrued Salaries Payable	98,511		30
31	Accrued Taxes Payable	163,554		31
32	Accrued Interest Payable	56,921		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	167,808		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 644,675	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,569,802		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)	\$ 9,569,802	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,214,477	\$	45
46	TOTAL EQUITY	\$ 5,588,158	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,802,635	\$	47

*(See instructions.)

Facility Name: Victory Centre Of Sierra Ridge 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	\$ 4,234,651	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,234,651	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	13,877	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 13,877	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	911	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 911	14
D. Other Revenue (specify):			
15	See Attached	71,134	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 71,134	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,320,573	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	958,346	19
20	Health Care/ Personal Care	581,568	20
21	General Administration	1,232,294	21
B. Capital Expense			
22	Ownership	992,579	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)	\$ 3,764,787	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 555,786	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 555,786	31

