

		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>1000002</u></p> <p>Facility Name: <u>Victory Senior Centre</u></p> <p>Address: <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(815) 724-0308</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/17/2000</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.</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>
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Facility Name Victory Senior Centre

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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other		499	3
4	30	TOTALS	30	11,449	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	6,893	1,313		8,206	5
6	Double Unit	126	24		150	6
7	Other	499			499	7
8	TOTALS	7,518	1,337		8,855	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 77.34%

D. Indicate the number of paid bed-hold days the SLF had during this year 63 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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 Senior Centre

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	14,311	46,782	63,533	124,626	(6,169)	118,457	1
2	Housekeeping, Laundry and Maintenance	21,074	23,729	61,004	105,807	328	106,135	2
3	Heat and Other Utilities			35,460	35,460	73	35,533	3
4	Other (specify):							4
5	TOTAL General Services	35,385	70,511	159,997	265,893	(5,768)	260,125	5
B. Health Care and Programs								
6	Health Care/ Personal Care	255,401	268	3,825	259,494	(3,728)	255,766	6
7	Activities and Social Services	6,895	719	4,731	12,345	(168)	12,177	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	262,296	987	8,556	271,839	(3,896)	267,943	9
C. General Administration								
10	Administrative and Clerical	71,861	5,386	159,450	236,697	(16,402)	220,295	10
11	Marketing Materials, Promotions and Advertising	494	36	13,314	13,844	13,820	27,664	11
12	Employee Benefits and Payroll Taxes			73,865	73,865		73,865	12
13	Insurance-Property, Liability and Malpractice			9,652	9,652	108	9,760	13
14	Other (specify):					5,619	5,619	14
15	TOTAL General Administration	72,355	5,422	256,281	334,058	3,145	337,203	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	370,036	76,920	424,834	871,790	(6,519)	865,271	16
Capital Expenses								
D. Ownership								
17	Depreciation			138,423	138,423	(1,573)	136,850	17
18	Interest			7,567	7,567	(32)	7,535	18
19	Real Estate Taxes			17,938	17,938		17,938	19
20	Rent -- Facility and Grounds			96	96	2,860	2,956	20
21	Rent -- Equipment			5,176	5,176	180	5,356	21
22	Other (specify):			125	125		125	22
23	TOTAL Ownership			169,325	169,325	1,435	170,760	23
24	GRAND TOTAL (Sum of lines 16 and 23)	370,036	76,920	594,159	1,041,115	(5,084)	1,036,031	24

Victory Senior Centre

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (1,573)	17	1
2	Guest Meals	(42)	01	2
3	Employee Meals	(545)	01	3
4	Unidine Adjustment	(5,583)	01	4
5	Damage Recovery	(250)	02	5
6	Other Income	(65)	10	6
7	Bank Service Charges	(3,000)	10	7
8	Charitable Contributions	(540)	10	8
9	Resident Gifts	(168)	07	9
10	Bad Debt	(17,652)	10	10
11				11
12	Community/Public Relations	(1,456)	10	12
13				13
14	Partnership Management Fees	(10,000)	10	14
15	Interest Income	(32)	18	15
16	Additional R&M	1,818	06	16
17	Capitalized R&M	(5,546)	06	17
18				18
19	PATHWAY MANAGEMENT LLC			19
20	Dietary	1	01	20
21	Maintenance	45	02	21
22	Utilities	73	03	22
23	Administrative	16,802	10	23
24	Marketing	10,944	11	24
25	Insurance	8	13	25
26	Employee Benefits	2,489	14	26
27	Rent - Building	2,769	20	27
28	Rent - Equipment	161	21	28
29				29
30	PATHWAY SENIOR LIVING LLC:			30
31	Maintenance	533	02	31
32	Administrative	49,923	10	32
33	Marketing	2,876	11	33
34	Insurance	100	13	34
35	Employee Benefits	3,130	14	35
36	Rent - Building	91	20	36
37	Rent - Equipment	19	21	37
38	Management Fees	(50,414)	10	38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
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95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(5,084)	101

Facility Name: Victory Senior Centre

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	0.98	\$ 24.93	1
2	Licensed Practical Nurses	0.67	18.33	2
3	Certified Nurse Assistants	7.70	11.17	3
4	Activity Director & Assistants	0.29	11.63	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	0.62	11.05	7
8	Dishwashers			8
9	Maintenance Workers	0.58	17.50	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.47	23.51	13
14	Clerical			14
15	Marketing	0.01	17.64	15
16	Other			16
17	Total (lines 1 thru 16)	12.32	\$ 14.44	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%	0.46	\$ 1,504	1
2	Jerry Finis	29%	0.46	1,504	2
3	Robert Helle	13%	0.46	695	3
4	E. Keledjian	29%	0.46	1,504	4
5					5
				Total	6
				\$ 5207	

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 Senior Centre

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 138,423	35	\$ 115,359	\$ (23,064)	\$ 1,297,924	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				34,012			1,701	1,701	4,658	6
7	Building Acquisition Costs			1999	135,000		20	6,750	6,750	87,750	7
8	Window Treatments			1999	2,479		20	124	124	1,612	8
9	Carpeting			1999	39,050		20	1,953	1,953	25,387	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,382,815	\$ 138,423		\$ 125,887	\$ (12,536)	\$ 1,417,330	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	\$ 255,634	\$	\$ 10,964	10,964	10	\$ 192,019	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 255,634	\$	\$ 10,964	10,964		\$ 192,019	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 Senior Centre

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	Air Conditioners	2005	1,405		20	70	70	491	2
3	Roofing	2008	5,113		20	256	256	895	3
4	Repipe Floor Drains	2009	8,975		20	449	449	1,347	4
5	Landscaping	2009	7,000		20	350	350	1,050	5
6	Water Heater Repairs	2009	5,974		20	299	299	598	6
7	Seal/Coating Concrete	2011	5,546		20	277	277	277	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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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)		\$ 34,012	\$		\$ 1,701	\$ 1,701	\$ 4,658	34

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

Facility Name & ID Number Victory Senior Centre

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 Senior Centre

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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24								24	
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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 Senior Centre

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			/ /	96			5
6	Allocated from Pathway			/ /	2,860			6
7	TOTAL				\$ 2,956			7

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

9. Rental amount for movable equipment \$ 5,356

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	6/1/00	\$ 995,000	\$ 746,358	5/1/39	1.0000	\$ 7,567	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 746,358			\$ 7,567	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /			-32
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 746,358			\$ 7,535	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 Senior Centre**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	\$ 3,094	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	152,786		3
4	Supply Inventory (priced at)	2,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	10,993		6
7	Other Prepaid Expenses	7,286		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	208,172		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 384,687	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	15,975		15
16	Equipment, at Historical Cost	300,980		16
17	Accumulated Depreciation (book methods)	(1,738,729)		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	3,621		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,904,121	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,288,808	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 97,364	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	22,832		29
30	Accrued Salaries Payable	37,790		30
31	Accrued Taxes Payable	19,183		31
32	Accrued Interest Payable	622		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	34,120		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 211,911	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	723,526		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)	\$ 723,526	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 935,437	\$	45
46	TOTAL EQUITY	\$ 1,353,371	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,288,808	\$	47

*(See instructions.)

Facility Name: Victory Senior Centre

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	\$ 928,576	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 928,576	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	6,170	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,170	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	32	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 32	14
D. Other Revenue (specify):			
15	See Attached	3,947	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,947	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 938,725	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	265,893	19
20	Health Care/ Personal Care	271,839	20
21	General Administration	334,058	21
B. Capital Expense			
22	Ownership	169,325	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)	\$ 1,041,115	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (102,390)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (102,390)	31

