

		FOR BHF USE			

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

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.

I. Facility ID Number: 1000014 Facility Name: Victory Centre of River Oaks Address: 1370 Ring Road Calumet City 60409 Number City Zip Code County: Cook Telephone Number: (708) 730-0994 Fax # Federal Employer ID Number: 36-4336170 Date Current Owners were Certified: 7/2/2002 Type of Ownership: <table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code</td><td>☐ Corporation</td><td>☐ Other</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☒ Other</td><td>Limited Partnership</td></tr></table> In the event there are further questions about this report, please contact: Name: Steve Lavenda Telephone Number: (847) 236 - 1111 Email Address: slavenda@frronline.com	☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code	☐ Corporation	☐ Other		☐ "Sub-S" Corp.			☐ Limited Liability Co.			☒ Other	Limited Partnership	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2010 to 12/31/2010 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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) _____</td><td></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Title) _____</td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) Steven N. Lavenda, C.P.A.</td><td></td></tr><tr><td>(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</td><td></td></tr><tr><td></td><td>(Telephone) (847) 236-1111</td><td>Fax (847) 236-1155</td></tr></table> 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	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____		Paid Preparer	(Title) _____		(Signed) _____	(Date) _____	(Print Name and Title) Steven N. Lavenda, C.P.A.		(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015			(Telephone) (847) 236-1111	Fax (847) 236-1155
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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	103	Single Unit Apartment	103	37,595	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	109	TOTALS	109	39,785	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	35,160	2,018		37,178	5
6	Double Unit	328	19		347	6
7	Other					7
8	TOTALS	35,488	2,037		37,525	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.32%

D. Indicate the number of paid bed-hold days the SLF had during this year

249 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 43 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

* 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 Oaks

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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					5	6	
1	Dietary and Food Purchase	162,272	128,820	220,712	511,804	(7,134)	504,670	1
2	Housekeeping, Laundry and Maintenance	114,472	41,451	80,909	236,832	132	236,964	2
3	Heat and Other Utilities			118,293	118,293	551	118,844	3
4	Other (specify):							4
5	TOTAL General Services	276,744	170,271	419,914	866,929	(6,451)	860,478	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	453,212	887	6,667	460,766		460,766	6
7	Activities and Social Services	31,909	2,712	4,877	39,498	199	39,697	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	485,121	3,599	11,544	500,264	199	500,463	9
	C. General Administration							
10	Administrative and Clerical	239,420	27,773	466,957	734,150	(170,641)	563,509	10
11	Marketing Materials, Promotions and Advertising	60,544	279	28,674	89,497	40,062	129,559	11
12	Employee Benefits and Payroll Taxes			195,481	195,481	23,795	219,276	12
13	Insurance-Property, Liability and Malpractice			50,896	50,896	1,290	52,186	13
14	Other (specify):							14
15	TOTAL General Administration	299,964	28,052	742,008	1,070,024	(105,494)	964,530	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,061,829	201,922	1,173,466	2,437,217	(111,746)	2,325,471	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			398,784	398,784	39,011	437,795	17
18	Interest			408,788	408,788	(16,880)	391,908	18
19	Real Estate Taxes			135,862	135,862		135,862	19
20	Rent -- Facility and Grounds			132	132	12,558	12,690	20
21	Rent -- Equipment			2,737	2,737	78	2,815	21
22	Other (specify): MIP, Service Fee			55,177	55,177		55,177	22
23	TOTAL Ownership			1,001,480	1,001,480	34,767	1,036,247	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,061,829	201,922	2,174,946	3,438,697	(76,979)	3,361,718	24

Report Period Beginning:1/1/2010

Ending:12/31/2010

NON-ALLOWABLE EXPENSES			Sch. V Line	
			Reference	
		Amount		
1	Non-Straight Line Depreciation	\$ 32,557	17	1
2	Guest Meals	(915)	01	2
3	Employee Meals	(1,796)	01	3
4	Unidine Adjustment	(4,423)	01	4
5	Maintenance Fees	(60)	02	5
6	Damage Recovery	(816)	10	6
7	Bank Service Charges	(3,000)	10	7
8	Late Fees/ Finance Charges	(20)	10	8
9	Charitable Contributions	(2,180)	10	9
10	Resident Gifts	(47)	10	10
11	Bad Debt	(3,898)	10	11
12	Asset Management Fee	(5,004)	10	12
13	Partnership Management Fee	(25,000)	10	13
14	Interest Income	(16,880)	18	14
15				15
16				16
17	PATHWAY MANAGEMENT LLC:			17
18	Maintenance	92	02	18
19	Utilities	456	03	19
20	Administrative	93,480	10	20
21	Marketing Materials	35,444	11	21
22	Insurance	1,290	13	22
23	Employee Benefits	14,341	12	23
24	Rent- Building	9,722	20	24
25	Rent- Equipment	24	21	25
26				26
27				27
28	PATHWAY SENIOR LIVING LLC:			28
29	Maintenance	100	02	29
30	Utilities	95	3	30
31	Activites	199	07	31
32	Administrative	3,498	10	32
33	Marketing Materials	4,618	11	33
34	Employee Benefits	9,454	12	34
35	Depreciation	6,454	17	35
36	Rent- Building	2,836	20	36
37	Rent- Equipment	54	21	37
38	Management Fees	(227,654)	10	38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
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95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(76,979)	101

Facility Name: Victory Centre of River Oaks

Report Period Beginning 1/1/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 35.59	1
2	Licensed Practical Nurses	1.65	26.78	2
3	Certified Nurse Assistants	13.13	10.51	3
4	Activity Director & Assistants	0.68	22.44	4
5	Social Service Workers			5
6	Head Cook	0.03	22.16	6
7	Cook Helpers/Assistants	8.51	9.10	7
8	Dishwashers			8
9	Maintenance Workers	1.58	16.37	9
10	Housekeepers	3.00	9.73	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.22	22.05	13
14	Clerical			14
15	Marketing	1.08	26.91	15
16	Other			16
17	Total (lines 1 thru 16)	35.88	\$ 14.23	17

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	

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%		\$	1
2	Jerry Finis	29%			2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	1
2		2
Total		3

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 Oaks Report Period Beginning: 1/1/2010 Ending: 12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 541,601 Year land was acquired 2002

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		2002	2002	\$ 9,842,367	\$ 398,784	35	\$ 281,210	\$ (117,574)	\$ 3,027,109	1
2											2
3											3
4	Allocated from Pathway Senior Living					6,454			(6,454)		4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				183,715			9,186	9,186	24,477	6
7	Various			2002	246,335		20	137,333	137,333		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)				\$ 10,272,417	\$ 405,238		\$ 427,729	\$ 22,491	\$ 3,051,587	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	\$ 514,493	\$	\$ 10,066	10,066	10	\$ 438,999	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 531,139	\$	\$ 10,066	10,066		\$ 455,645	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Victory Centre of River Oaks

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	<u>Carpet</u>	2005	1,039		20	52	52	468	2
3	<u>Air Conditioning</u>	2005	11,778		20	589	589	5,301	3
4	<u>Air Conditioning</u>	2005	957		20	48	48	430	4
5	<u>Air Conditioning</u>	2005	1,412		20	71	71	635	5
6	<u>Repair Parking Lot</u>	2007	4,198		20	210	210	840	6
7	<u>Repair Walk-In Freezer</u>	2007	2,690		20	135	135	538	7
8	<u>Replace Carpeting In Common Area</u>	2008	15,028		20	751	751	2,254	8
9	<u>Dorman Door Closer Operator</u>	2008	4,065		20	203	203	610	9
10	<u>Repair Heating</u>	2008	7,591		20	380	380	1,139	10
11	<u>Plumbing</u>	2008	4,430		20	222	222	665	11
12	<u>Boiler</u>	2009	8,880		20	444	444	888	12
13	<u>Locks</u>	2009	7,843		20	392	392	784	13
14	<u>Land Improvements</u>	2009	14,000		20	700	700	1,400	14
15	<u>Paint</u>	2009	9,332		20	467	467	933	15
16	<u>Carpet</u>	2009	40,000		20	2,000	2,000	4,000	16
17	<u>Paint</u>	2009	18,664		20	933	933	1,866	17
18	<u>Kitchened Drain Line Repair</u>	2009	2,740		20	137	137	274	18
19	<u>Paving</u>	2010	7,200		20	360	360	360	19
20	<u>Hp Pump</u>	2010	1,816		20	91	91	91	20
21	<u>Boiler Replacement</u>	2010	14,023		20	701	701	701	21
22	<u>Door Frame Guards</u>	2010	3,714		20	186	186	186	22
23	<u>Carpet</u>	2010	1,055		20	53	53	53	23
24	<u>Repair Entrance Door</u>	2010	1,260		20	63	63	63	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	<u>Total Book Depreciation</u>								33
34	TOTAL (lines 1 thru 33)		\$ 183,715	\$		\$ 9,186	\$ 9,186	\$ 24,477	34

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

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
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21									21
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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									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

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
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2010

Ending: 2/31/2010

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			/ /	132			5
6	Allocated From Pathway			/ /	12,558			6
7	TOTAL				\$ 12,690			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 2,815

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	5/1/01	\$ 6,150,000	\$ 5,823,197	9/1/42	6.7000	\$ 392,010	1
2	Cook County		X	2nd Mortgage	5/29/01	2,000,000	1,653,941	11/1/42	1.0000	16,778	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,150,000	\$ 7,477,138			\$ 408,788	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-16,880	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 7,477,138			\$ 391,908	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 Oaks**Report Period Beginning: **1/1/2010**Ending: **12/31/2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2010**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,466,885	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	167,204		3
4	Supply Inventory (priced at)	5,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	29,196		6
7	Other Prepaid Expenses	16,957		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	991,168		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,676,766	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	308,240		15
16	Equipment, at Historical Cost	609,000		16
17	Accumulated Depreciation (book methods)	(3,718,502)		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	197,687		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,780,393	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,457,159	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 164,146	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	98,461		29
30	Accrued Salaries Payable	97,642		30
31	Accrued Taxes Payable	149,267		31
32	Accrued Interest Payable	1,415		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	169,965		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 680,896	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,378,677		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)	\$ 7,378,677	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,059,573	\$	45
46	TOTAL EQUITY	\$ 2,397,586	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,457,159	\$	47

Facility Name: Victory Centre of River Oaks

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,820,694	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,820,694	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	7,134	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 7,134	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	16,880	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 16,880	14
	D. Other Revenue (specify):		
15	See Attached	2,527	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 2,527	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,847,235	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	866,929	19
20	Health Care/ Personal Care	500,264	20
21	General Administration	1,070,024	21
	B. Capital Expense		
22	Ownership	1,001,480	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 3,438,697	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 408,538	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 408,538	31