

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2007  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2007)**

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><b>I.</b></p> <p>Facility Name: <u>Victory Centre of Park Forest</u></p> <hr/> <p>Address: <u>101 Main Street</u> <u>Park Forest</u> <u>60466</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 283-2921</u> Fax # _____</p> <p>Federal Employer ID Number: <u>36-4270870</u></p> <p>Date Current Owners were Certified: <u>3/19/2002</u></p> <p>Type of Ownership:</p> <table border="0"> <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></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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2007</u> to <u>12/31/2007</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 border="1"> <tr> <td rowspan="2" style="width: 20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td align="right">(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td align="right">(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> </tr> <tr> <td></td> <td>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</td> </tr> <tr> <td></td> <td align="right">Phone # (217) 782-1630</td> </tr> </table>	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 &amp; 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>		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
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Facility Name Victory Centre of Park ForestReport Period Beginning: 1/1/2007 Ending: 12/31/2007

## 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	67	Single Unit Apartment	67	24,455	1
2	12	Double Unit Apartment	12	4,380	2
3		Other		2,584	3
4	79	TOTALS	79	31,419	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	20,923	3,164		24,087	5
6	Double Unit	2,563	388		2,951	6
7	Other	2,245	339		2,584	7
8	TOTALS	25,731	3,891		29,622	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.28%D. Indicate the number of paid bed-hold days the SLF had during this year 540 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 799 (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)

## H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\* I. Is your fiscal year identical to your tax year?  YES  NOTax Year: 12/31/07 Fiscal Year: 12/31/07

\* 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. \_\_\_\_\_

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/AIf no, explain. N/AL. 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/AIf no, explain. N/A

Facility Name: Victory Centre of Park Forest

Report Period Beginning:

1/1/2007

Ending: 12/31/2007

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	191,383	152,569	1,939	345,891	(1,445)	344,446	1
2	Housekeeping, Laundry and Maintenance	52,865	29,480	59,159	141,504	1,141	142,645	2
3	Heat and Other Utilities			92,711	92,711	454	93,165	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	244,248	182,049	153,809	580,106	150	580,256	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	427,140	84	5,009	432,233		432,233	6
7	Activities and Social Services	24,008		5,138	29,146		29,146	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	451,148	84	10,147	461,379		461,379	9
<b>C. General Administration</b>								
10	Administrative and Clerical	153,046	5,579	585,831	744,456	147,267	891,723	10
11	Marketing Materials, Promotions and Advertising	63,879		15,916	79,795		79,795	11
12	Employee Benefits and Payroll Taxes			163,613	163,613	16,117	179,730	12
13	Insurance-Property, Liability and Malpractice			51,355	51,355	3,566	54,921	13
14	Other (specify):			26,646	26,646		26,646	14
15	<b>TOTAL General Administration</b>	216,925	5,579	843,361	1,065,865	166,950	1,232,815	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	912,321	187,712	1,007,317	2,107,350	167,100	2,274,450	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			316,071	316,071	4,739	320,810	17
18	Interest			409,729	409,729	(1,505)	408,224	18
19	Real Estate Taxes			120,626	120,626		120,626	19
20	Rent -- Facility and Grounds					9,267	9,267	20
21	Rent -- Equipment			3,347	3,347		3,347	21
22	Other (specify):			327,060	327,060		327,060	22
23	<b>TOTAL Ownership</b>			1,176,833	1,176,833	12,501	1,189,334	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	912,321	187,712	2,184,150	3,284,183	179,601	3,463,784	24

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2007 Ending: 12/31/2007

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.01	\$ 27.65	1
2	Licensed Practical Nurses	2.25	21.98	2
3	Certified Nurse Assistants	11.87	10.76	3
4	Activity Director & Assistants	0.69	16.75	4
5	Social Service Workers	-		5
6	Head Cook	0.98	18.21	6
7	Cook Helpers/Assistants	7.09	10.46	7
8	Dishwashers	-		8
9	Maintenance Workers	0.57	21.57	9
10	Housekeepers	0.81	16.19	10
11	Laundry	-		11
12	Managers	-		12
13	Other Administrative	2.72	23.51	13
14	Clerical	0.42	23.19	14
15	Marketing	1.23	24.88	15
16	Other	-		16
17	<b>Total (lines 1 thru 16)</b>	<b>29.65</b>	<b>\$ 14.79</b>	<b>17</b>

**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%	3.69	\$ 13,586	1
2	Jerry Finis	29%	3.69	20,379	2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
<b>Total</b>				<b>\$ 33965</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	N/A	1
2		2
<b>Total</b>		<b>3</b>

**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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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 Park Forest

Report Period Beginning: 1/1/2007

Ending: 12/31/2007

**VIII. OWNERSHIP COSTS**

A. Purchase price of land 146,208 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	79		2002	2002	\$ 7,210,303	\$ 262,197	28	\$ 257,511	\$ (4,686)	\$ 1,482,604	1
2											2
3		Allocated from Pathway Senior Living, LLC				3,192			(3,192)		3
4											4
5											5
<b>Improvement Type</b>											
6		Total From Supplemental Page 5's									6
7		Land Improvements		2002	323,939	20,188	20	16,197	(3,991)	97,182	7
8		Entrance Canopy		2003	1,892	208	20	95	(113)	473	8
9		Flagpole		2003	1,570	177	20	79	(99)	393	9
10		Outdoor Sign		2003	3,225	364	20	161	(203)	806	10
11		Carpeting		2006	3,462	126	20	173	47	346	11
12		Carpeting		2006	9,587	349	20	479	130	959	12
13		Nursing Call System Phone		2007	1,495	299	20	75	(224)	75	13
14											14
15											15
16											16
17		TOTAL (lines 1 thru 16)			\$ 7,555,473	\$ 287,100		\$ 274,769	\$ (12,331)	\$ 1,582,837	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	\$ 460,417	\$ 32,164	\$ 46,042	13,878	10	\$ 267,897	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 460,417	\$ 32,164	\$ 46,042	13,878		\$ 267,897	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 Park Forest

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

**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	<b>Total Book Depreciation</b>								33			
34	<b>TOTAL (lines 1 thru 33)</b>							\$	\$	\$	\$	34

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

Facility Name & ID Number Victory Centre of Park Forest

Report Period Beginning:

1/1/2007

Ending:

12/31/2007

**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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25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Victory Centre of Park Forest

Report Period Beginning: 1/1/2007 Ending: 12/31/2007

**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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2007

Ending: 2/31/2007

**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				/ /				5
6	Allocated from Pathway SL, LLC			/ /	9,267			6
7	TOTAL				\$ 9,267			7

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

9. Rental amount for movable equipment \$ 3,347

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			
	<b>A. Directly Facility Related Long-Term</b>									
1	Red Capital Premium		X	1st Mortgage	2/1/01	\$ 5,500,000	\$ 5,477,334	4/1/42	7.7100	\$ 370,920
2	IHDA		X	2nd Mortgage	11/4/02	500,000	472,061	/ /		5,000
3	Red Capital Premium		X		/ /		183,710	/ /		
	<b>Working Capital</b>									
4	Pathway Development		X		/ /		402,197	/ /		33,809
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 6,000,000	\$ 6,535,302			\$ 409,729
	<b>B. Non-Facility Related</b>									
8	Interest Income		X		/ /			/ /		(2,677)
9	Allocated from Pathway SL, LLC				/ /			/ /		1,172
10	TOTALS (lines 7, 8 and 9)					\$ 6,000,000	\$ 6,535,302			\$ 408,224

\* 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 Park Forest

Report Period Beginning: 1/1/2007

Ending: 12/31/2007

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2007

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 428,110	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	276,914		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	40,583		6
7	Other Prepaid Expenses	2,000		7
8	Accounts Receivable (owners or related parties)	1,911		8
9	Other(specify): <a href="#">See Attached</a>	664,061		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,413,579	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,210,303		14
15	Leasehold Improvements, at Historical Cost	323,939		15
16	Equipment, at Historical Cost	481,648		16
17	Accumulated Depreciation (book methods)	(2,096,025)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(389,500)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached</a>	462,654		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 6,139,227	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,552,806	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 154,469	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,835		30
31	Accrued Taxes Payable	240,000		31
32	Accrued Interest Payable	173,396		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	398		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 616,098	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	6,063,241		38
39	Mortgage Payable	472,061		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 6,535,302	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,151,400	\$	45
46	<b>TOTAL EQUITY</b>	\$ 401,406	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,552,806	\$	47

\*(See instructions.)

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2007

Ending:

12/31/2007

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,500,185	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 2,500,185	3
<b>B. Other Operating Revenue</b>			
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
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,677	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 2,677	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	3,135	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 3,135	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,505,997	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	580,106	19
20	Health Care/ Personal Care	461,379	20
21	General Administration	1,065,865	21
<b>B. Capital Expense</b>			
22	Ownership	1,176,833	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 3,284,183	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (778,186)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (778,186)	31