

Facility Name Victory Centre of Sierra Ridge SLF

Report Period Beginning: 1/1/2008 Ending: 12/31/2008

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	36,600	1
2	10	Double Unit Apartment	10	3,660	2
3		Other		2,709	3
4	110	TOTALS	110	42,969	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	29,645	6,954		36,599	5
6	Double Unit	2,383	559		2,942	6
7	Other	2,194	515		2,709	7
8	TOTALS	34,222	8,028		42,250	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.33%

D. Indicate the number of paid bed-hold days the SLF had during this year 668 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 524 (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

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

* 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

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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	293,829	222,731	9,025	525,585	(3,828)	521,757	1
2	Housekeeping, Laundry and Maintenance	112,493	41,943	98,656	253,092	968	254,060	2
3	Heat and Other Utilities			149,819	149,819	421	150,240	3
4	Other (specify):							4
5	TOTAL General Services	406,322	264,674	257,500	928,496	(2,439)	926,057	5
B. Health Care and Programs								
6	Health Care/ Personal Care	473,669	4,949	1,794	480,412		480,412	6
7	Activities and Social Services	55,989	3,648	6,448	66,085		66,085	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	529,658	8,597	8,242	546,497		546,497	9
C. General Administration								
10	Administrative and Clerical	303,270	20,658	473,441	797,369	(162,070)	635,299	10
11	Marketing Materials, Promotions and Advertising	91,621	12,592	34,428	138,641	259	138,900	11
12	Employee Benefits and Payroll Taxes			248,762	248,762	17,925	266,687	12
13	Insurance-Property, Liability and Malpractice			61,188	61,188	5,644	66,832	13
14	Other (specify):							14
15	TOTAL General Administration	394,891	33,250	817,819	1,245,960	(138,242)	1,107,718	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,330,871	306,521	1,083,561	2,720,953	(140,680)	2,580,273	16
Capital Expenses								
D. Ownership								
17	Depreciation			646,308	646,308	(170,103)	476,205	17
18	Interest			476,232	476,232	(2,875)	473,357	18
19	Real Estate Taxes			403,460	403,460		403,460	19
20	Rent -- Facility and Grounds					4,381	4,381	20
21	Rent -- Equipment			1,213	1,213		1,213	21
22	Other (specify):			60,537	60,537	666	61,203	22
23	TOTAL Ownership			1,587,750	1,587,750	(167,930)	1,419,820	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,330,871	306,521	2,671,311	4,308,703	(308,611)	4,000,092	24

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.04	\$ 25.90	1
2	Licensed Practical Nurses	2.78	22.25	2
3	Certified Nurse Assistants	14.32	9.71	3
4	Activity Director & Assistants	1.79	15.00	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.67	11.15	7
8	Dishwashers			8
9	Maintenance Workers	1.93	14.07	9
10	Housekeepers	3.03	8.89	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.93	24.57	13
14	Clerical			14
15	Marketing	1.42	31.06	15
16	Other			16
17	Total (lines 1 thru 16)	44.91	\$ 14.25	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%	4.62	\$ 21,885	1
2	Jerry Finis	29%	4.62	19,453	2
3	Robert Helle	13%			3
4	E Keledjian	29%			4
5					5
Total				\$ 41,338.35	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 <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).

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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	\$ 646,308	35	\$ 403,589	\$ (242,719)	\$ 1,210,767	1
2	Allocated from Pathway SL, LLC					713			(713)		2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				51,156			2,754	2,754	7,220	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)				\$ 14,176,765	\$ 647,021		\$ 406,343	\$ (240,678)	\$ 1,217,986	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	\$ 698,627	\$	\$ 69,863	69,863	10	\$ 205,864	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 698,627	\$	\$ 69,863	69,863		\$ 205,864	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

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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	2006	42,076		20	2,104	2,104	6,312	2
3	2007	2,532		20	127	127	253	3
4	2007	2,628		20	131	131	263	4
5	2008	3,920		20	392	392	392	5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								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								33
34		\$ 51,156	\$		\$ 2,754	\$ 2,754	\$ 7,220	34

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

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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	
13								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								33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

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Ending:

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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
13								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								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 SLFReport Period Beginning: 1/1/2008Ending: 2/31/2008**IX. RENTAL COSTS****A. Building and Fixed Equipment**1. Name of Party Holding Lease: N/A2. 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			/ /	4,381			6
7	TOTAL				\$ 4,381			7

8. Is movable equipment rental included in building rental? YES NO YES NO9. Rental amount for movable equipment \$ 1,213

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	3/1/06	\$ 8,200,000	\$ 8,068,586	3/1/46	5.8700	\$ 473,982
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,938,391	3/1/48	1.0000	2,250
3					/ /			/ /		
	Working Capital									
4	Allocated from Pathway SL, LLC				/ /			/ /		964
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,200,000	\$ 10,006,977			\$ 477,196
	B. Non-Facility Related									
8	Interest Income - Escrows				/ /			/ /		-2,941
9	Interest Income				/ /			/ /		-897
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 10,006,977			\$ 473,357

* 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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 99,525	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	800,878		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	58,877		6
7	Other Prepaid Expenses	4,096		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,502,526		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,465,902	\$	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	42,076		15
16	Equipment, at Historical Cost	698,627		16
17	Accumulated Depreciation (book methods)	(1,781,529)		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	224,024		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,836,938	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,302,840	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 141,968	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	102,858		29
30	Accrued Salaries Payable	71,335		30
31	Accrued Taxes Payable	280,008		31
32	Accrued Interest Payable	39,366		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35				35
36	See Attached	7,379		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 642,914	\$	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,904,119		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)	\$ 9,904,119	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,547,033	\$	45
46	TOTAL EQUITY	\$ 5,755,807	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,302,840	\$	47

*(See instructions.)

Facility Name: Victory Centre of Sierra Ridge SLF

Report Period Beginning: 1/1/2008

Ending:

12/31/2008

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	\$ 3,820,977	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,820,977	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,838	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,838	14
D. Other Revenue (specify):			
15	See Attached	64,659	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 64,659	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,889,474	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	928,496	19
20	Health Care/ Personal Care	546,497	20
21	General Administration	1,245,960	21
B. Capital Expense			
22	Ownership	1,587,750	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)	\$ 4,308,703	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (419,229)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (419,229)	31