

Facility Name Victory Centre Of Sierra Ridge Slf

Report Period Beginning: 1/1/2009 Ending: 12/31/2009

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		3,885	3
4	110	TOTALS	110	44,035	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	28,827	7,673		36,500	5
6	Double Unit	167	39		206	6
7	Other	3,885			3,885	7
8	TOTALS	32,879	7,712		40,591	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.18%

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

1,179 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 39 (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: 12/31/2009 Fiscal Year: 12/31/2009

* 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	272,833	200,896	5,576	479,305	(2,410)	476,895	1
2	Housekeeping, Laundry and Maintenance	125,432	43,259	115,141	283,832	(4,938)	278,894	2
3	Heat and Other Utilities			127,346	127,346	860	128,206	3
4	Other (specify):							4
5	TOTAL General Services	398,265	244,155	248,063	890,483	(6,488)	883,995	5
B. Health Care and Programs								
6	Health Care/ Personal Care	456,864	225	5,034	462,123		462,123	6
7	Activities and Social Services	85,858	5,939	5,772	97,569		97,569	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	542,722	6,164	10,806	559,692		559,692	9
C. General Administration								
10	Administrative and Clerical	344,821	21,260	956,547	1,322,628	(633,819)	688,809	10
11	Marketing Materials, Promotions and Advertising	72,955		21,169	94,124	50,566	144,690	11
12	Employee Benefits and Payroll Taxes			208,612	208,612	29,611	238,223	12
13	Insurance-Property, Liability and Malpractice			53,459	53,459	3,220	56,679	13
14	Other (specify):							14
15	TOTAL General Administration	417,776	21,260	1,239,787	1,678,823	(550,422)	1,128,401	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,358,763	271,579	1,498,656	3,128,998	(556,910)	2,572,088	16
Capital Expenses								
D. Ownership								
17	Depreciation			497,223	497,223	(17,760)	479,463	17
18	Interest			489,633	489,633	3,356	492,989	18
19	Real Estate Taxes			108,382	108,382		108,382	19
20	Rent -- Facility and Grounds					27,226	27,226	20
21	Rent -- Equipment			1,220	1,220		1,220	21
22	Other (specify):			59,324	59,324	2,377	61,701	22
23	TOTAL Ownership			1,155,782	1,155,782	15,199	1,170,981	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,358,763	271,579	2,654,438	4,284,780	(541,712)	3,743,068	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	1.00	\$ 26.49	1
2	Licensed Practical Nurses	2.75	19.36	2
3	Certified Nurse Assistants	14.31	9.77	3
4	Activity Director & Assistants	2.81	14.70	4
5	Social Service Workers			5
6	Head Cook	1.00	19.26	6
7	Cook Helpers/Assistants	10.96	10.21	7
8	Dishwashers			8
9	Maintenance Workers	2.26	16.46	9
10	Housekeepers	2.77	8.32	10
11	Laundry			11
12	Managers			12
13	Other Administrative	8.10	20.46	13
14	Clerical			14
15	Marketing	1.02	34.41	15
16	Other			16
17	Total (lines 1 thru 16)	46.99	\$ 13.90	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%	4.45	\$ 5,043	1
2	Jerry Finis	29%	4.45	7,151	2
3	Robert Helle	13%			3
4	E Keledjian	29%			4
5					5
				Total	\$ 12194 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ N/A 1
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).

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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	\$ 497,223	35	\$ 403,589	\$ (93,634)	\$ 1,614,356	1
2											2
3	Allocated from Pathway SL, LLC					1,940			(1,940)		3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				92,076			4,604	4,604	11,131	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)				\$ 14,217,685	\$ 499,163		\$ 408,193	\$ (90,970)	\$ 1,625,487	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	\$ 712,700	\$	\$ 71,270	71,270	10	\$ 277,134	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 712,700	\$	\$ 71,270	71,270		\$ 277,134	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	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	8,415	2
3	Hvac Repairs	2007	2,532		20	127	127	380	3
4	Removal/Replacement Of Drywall	2007	2,628		20	131	131	394	4
5	Door System Repairs	2008	3,920		20	196	196	392	5
6	Offsite Improvements	2009	31,000		20	1,550	1,550	1,550	6
7	Parking Lot Crack Sealing	2009	7,040		20	352	352		7
8	Canopy Repairs	2009	2,880		20	144	144		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	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 92,076	\$		\$ 4,604	\$ 4,604	\$ 11,131	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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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 Slf

Report Period Beginning: 1/1/2009

Ending: 2/31/2009

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			/ /	27,226			6
7	TOTAL				\$ 27,226			7

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

9. Rental amount for movable equipment \$ 1,220

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	\$ 8,006,428	3/1/46	5.8700	\$ 470,451
2	Department of Planning		X	2nd Mortgage	5/1/08	2,000,000	1,897,691	3/1/48	1.0000	19,182
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,200,000	\$ 9,904,119			\$ 489,634
	B. Non-Facility Related									
8	Interest Income				/ /			/ /		-3,360
9	Allocated from Pathway SL, LLC				/ /			/ /		6,716
10	TOTALS (lines 7, 8 and 9)					\$ 10,200,000	\$ 9,904,119			\$ 492,990

* 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: **1/1/2009**

Ending:

12/31/2009**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/09**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,282,957	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	929,491		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	47,853		6
7	Other Prepaid Expenses	4,612		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	602,868		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,867,781	\$	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	73,076		15
16	Equipment, at Historical Cost	716,610		16
17	Accumulated Depreciation (book methods)	(2,125,316)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(54,794)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	265,320		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,528,636	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,396,417	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 332,318	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	106,994		29
30	Accrued Salaries Payable	27,582		30
31	Accrued Taxes Payable	197,065		31
32	Accrued Interest Payable	58,415		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	7,239		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 729,613	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,797,125		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)	\$ 9,797,125	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,526,738	\$	45
46	TOTAL EQUITY	\$ 5,869,679	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,396,417	\$	47

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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	\$ 4,047,282	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 4,047,282	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	3,005	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 3,005	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,360	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 3,360	14
D. Other Revenue (specify):			
15	See Attached	62,278	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 62,278	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,115,925	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	890,483	19
20	Health Care/ Personal Care	559,692	20
21	General Administration	1,678,823	21
B. Capital Expense			
22	Ownership	1,155,782	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)	\$ 4,284,780	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (168,855)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (168,855)	31