

		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.

**I. Facility ID Number:** 1000011

**Facility Name:** Victory Centre Of Park Forest

**Address:** 101 Main Street Park Forest 60466  
Number City Zip Code

**County:** Cook

**Telephone Number:** (708) 283-2921 Fax # \_\_\_\_\_

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 3/19/2002

**Type of Ownership:**

<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>	

**In the event there are further questions about this report, please contact:**  
**Name:** Steve Lavenda **Telephone Number:** (847) 236 - 1111  
**Email Address:** \_\_\_\_\_

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) _____	
	(Title) _____	
<b>Paid Preparer</b>	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>	
	(Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C. 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

Facility Name Victory Centre Of Park Forest

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	67	Single Unit Apartment	67	24,455	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	79	TOTALS	79	28,835	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	22,457	1,651		24,108	5
6	Double Unit	1,283	94		1,377	6
7	Other					7
8	TOTALS	23,740	1,745		25,485	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.38%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 608 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 25 (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)

N/A

**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 Centre Of Park Forest

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	160,995	123,928	91,806	376,729	(8,277)	368,452	1
2	Housekeeping, Laundry and Maintenance	94,424	27,394	77,783	199,601	(3,668)	195,933	2
3	Heat and Other Utilities			81,885	81,885	225	82,110	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	255,419	151,322	251,474	658,215	(11,720)	646,495	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	370,572		9,389	379,961		379,961	6
7	Activities and Social Services		3,350	12,726	16,076	(655)	15,421	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	370,572	3,350	22,115	396,037	(655)	395,382	9
<b>C. General Administration</b>								
10	Administrative and Clerical	183,512	24,489	408,255	616,256	(35,196)	581,060	10
11	Marketing Materials, Promotions and Advertising	44,442	418	34,181	79,041	42,866	121,907	11
12	Employee Benefits and Payroll Taxes			153,029	153,029		153,029	12
13	Insurance-Property, Liability and Malpractice			23,589	23,589	333	23,922	13
14	Other (specify):					17,429	17,429	14
15	<b>TOTAL General Administration</b>	227,954	24,907	619,054	871,915	25,432	897,347	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	853,945	179,579	892,643	1,926,167	13,057	1,939,224	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			328,763	328,763	155,820	484,583	17
18	Interest			323,817	323,817	(17,348)	306,469	18
19	Real Estate Taxes			55,034	55,034		55,034	19
20	Rent -- Facility and Grounds			240	240	8,870	9,110	20
21	Rent -- Equipment			5,019	5,019	558	5,577	21
22	Other (specify):			32,160	32,160		32,160	22
23	<b>TOTAL Ownership</b>			745,033	745,033	147,900	892,933	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	853,945	179,579	1,637,676	2,671,200	160,957	2,832,157	24

## Victory Centre Of Park Forest

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 155,820	17	1
2	Guest Meals	(65)	01	2
3	Employee Meals	(1,271)	01	3
4	Unidine Adjustment	(6,943)	01	4
5	Other Income	(49)	10	5
6	Bank Service Charges	(3,100)	10	6
7	NSF Fees	(60)	10	7
8	Charitable Contributions	(1,428)	10	8
9	Resident Gifts	(119)	10	9
10	Bad Debt	(76,036)	10	10
11	Interest- Other	(17,093)	18	11
12	Asset Management Fee	(5,000)	10	12
13	Interest Income- Escrows	(247)	18	13
14	Interest Income	(7)	18	14
15	Pet Care	(655)	07	15
16	Capitalized R&M	(5,525)	02	16
17				17
18	PATHWAY MANAGEMENT LLC:			18
19	Dietary	2	01	19
20	Maintenance	141	02	20
21	Utilites	225	03	21
22	Administrative & Clerical	52,118	10	22
23	Marketing	33,945	11	23
24	Insurance	24	13	24
25	Employee Benefits	7,720	14	25
26	Rent - Building	8,589	20	26
27	Rent - Equipment	500	21	27
28				28
29	PATHWAY SENIOR LIVING LLC:			29
30	Maintenance	1,716	02	30
31	Administrative & Clerical	154,853	10	31
32	Marketing	8,921	11	32
33	Insurance	309	13	33
34	Employee Benefits	9,709	14	34
35	Rent - Building	281	20	35
36	Rent - Equipment	58	21	36
37	Management Fees	(156,375)	10	37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
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90			90
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94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	<b>Total</b>	160,957	101

Facility Name: Victory Centre Of Park Forest

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	0.75	\$ 25.22	1
2	Licensed Practical Nurses	2.03	20.53	2
3	Certified Nurse Assistants	10.78	10.91	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.27	10.65	7
8	Dishwashers			8
9	Maintenance Workers	1.79	15.93	9
10	Housekeepers	1.85	9.11	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.07	28.71	13
14	Clerical			14
15	Marketing	0.87	24.65	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>28.41</b>	<b>\$ 14.45</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%	1.43	\$ 4,666	1	
2	Jerry Finis	29%	1.43	4,666	2	
3	Robert Helle	13%	1.43	2,156	3	
4	E. Keledijan	29%	1.43	4,666	4	
5					5	
				<b>Total</b>	<b>\$ 16153.85</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>\$</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	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 Centre Of Park Forest

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$ 328,763	28	\$ 257,511	\$ (71,252)	\$ 2,512,648	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				216,105			10,805	10,805	31,890	6
7	Various			2002	323,939		20	161,970	161,970		7
8	Various			2003	6,687		20	3,009	3,009		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,757,034	\$ 328,763		\$ 433,295	\$ 104,532	\$ 2,544,538	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	\$ 512,874	\$	\$ 51,287	51,287	10	\$ 466,707	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 512,874	\$	\$ 51,287	51,287		\$ 466,707	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:

1/1/2011

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	<u>Carpeting</u>	2006	3,462		20	173	173	1,039	2
3	<u>Carpeting</u>	2006	9,587		20	479	479	2,876	3
4	<u>Nursing Call System Phone</u>	2007	1,495		20	75	75	374	4
5	<u>A/C Compressor</u>	2008	6,872		20	344	344	1,203	5
6	<u>Water Heaters</u>	2008	16,650		20	833	833	2,499	6
7	<u>Flooring</u>	2009	55,541		20	2,777	2,777	8,331	7
8	<u>Painting</u>	2009	41,240		20	2,062	2,062	6,186	8
9	<u>Air Handler</u>	2009	20,293		20	1,015	1,015	3,044	9
10	<u>Asphalt Patching</u>	2009	15,890		20	795	795	2,384	10
11	<u>Landscaping</u>	2009	16,450		20	823	823	2,468	11
12	<u>Dining Room - Drywall</u>	2010	1,130		20	57	57	114	12
13	<u>Excavation In Kitchen Area</u>	2011	2,800		20	140	140	140	13
14	<u>Install Ada Remps</u>	2011	2,725		20	136	136	136	14
15	<u>Code Alert System</u>	2011	9,298		20	465	465	465	15
16	<u>Code Alert, Cust Id</u>	2011	2,085		20	104	104	104	16
17	<u>Solarium &amp; Residential Drain Tile</u>	2011	3,641		20	182	182	182	17
18	<u>Tuckpoint For Exterior Sif Wall &amp; Code Alert</u>	2011	3,846		20	192	192	192	18
19	<u>Concrete Removal &amp; Replacement</u>	2011	3,100		20	155	155	155	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	<u>Total Book Depreciation</u>								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 216,105	\$		\$ 10,805	\$ 10,805	\$ 31,890	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:

1/1/2011

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	
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 & ID Number Victory Centre Of Park Forest

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	
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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	<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: 1/1/2011

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			/ /	240			5
6	Allocated from Pathway SL & Pathway			/ /	8,870			6
7	<b>TOTAL</b>				\$ 9,110			7

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

9. Rental amount for movable equipment \$ 5,577

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</b>										
	<b>Long-Term</b>										
1	Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 5,352,732	4/1/42	6.1600	\$ 301,724	1
2	IHDA		X	2nd Mortgage	11/4/02	500,000	433	/ /	1.0000	5,000	2
3	Red Mortgage Capital		X	3rd Mortgage	/ /		157,644	/ /			3
	<b>Working Capital</b>										
4	Pathway Development		X	Loan	/ /		402,197	/ /	Prime + 1%		4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 6,000,000	\$ 5,913,006			\$ 306,724	7
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		-254	8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,000,000	\$ 5,913,006			\$ 306,470	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 Park Forest

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 561,520	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	686,886		3
4	Supply Inventory (priced at )	5,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	36,662		6
7	Other Prepaid Expenses	10,062		7
8	Accounts Receivable (owners or related parties)	1,675		8
9	Other(specify): <a href="#">See Attached</a>	521,229		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,823,453	\$	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	399,672		15
16	Equipment, at Historical Cost	691,115		16
17	Accumulated Depreciation (book methods)	(3,371,802)		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): <a href="#">See Attached</a>	88,460		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 5,163,956	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,987,409	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 23,831	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	147,506		29
30	Accrued Salaries Payable	53,291		30
31	Accrued Taxes Payable	104,937		31
32	Accrued Interest Payable	234,560		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>	149,182		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 713,307	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,765,500		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>	\$ 5,765,500	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,478,807	\$	45
46	<b>TOTAL EQUITY</b>	\$ 508,602	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,987,409	\$	47

\*(See instructions.)

Facility Name: Victory Centre Of Park Forest

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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,713,003	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,713,003</b>	<b>3</b>
<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	8,279	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 8,279</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	254	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 254</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	60,409	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 60,409</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,781,945</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	658,215	19
20	Health Care/ Personal Care	396,037	20
21	General Administration	871,915	21
<b>B. Capital Expense</b>			
22	Ownership	745,033	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,671,200</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 110,745</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 110,745</b>	<b>31</b>



