

		FOR BHF USE			

LL2

Supportive Living Facility

**2008
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2008)**

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>I.</p> <p>Facility Name: <u>Victory Centre of Park Forest</u></p> <p>Address: <u>101 Main Street</u> <u>Park Forest</u> <u>60466</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>708</u>) <u>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>Margel Peddicord</u> Telephone Number: (<u>217</u>) <u>787-8554</u> Email Address: _____</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>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2008</u> to <u>12/31/2008</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">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Type or Print Name) _____</td> <td>(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) <u>See attached compilation report</u></td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Margel S. Peddicord</u> <u>CPA</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>Margel S. Peddicord, CPA & Associates</u> <u>5300 Jaeger Dr. Springfield, IL 62711</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>217</u>) <u>787-8554</u> Fax # () _____</td> <td></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____	(Title) _____	Paid Preparer	(Signed) <u>See attached compilation report</u>	(Date) _____	(Print Name and Title) <u>Margel S. Peddicord</u> <u>CPA</u>		(Firm Name & Address) <u>Margel S. Peddicord, CPA & Associates</u> <u>5300 Jaeger Dr. Springfield, IL 62711</u>		(Telephone) <u>217</u>) <u>787-8554</u> Fax # () _____	
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Facility Name: Victory Centre of Park Forest

Report Period Beginning:

1/1/2008

Ending: 12/31/2008

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	187,478	168,278	1,867	357,623	(3,578)	354,045	1
2	Housekeeping, Laundry and Maintenance	48,584	26,398	61,252	136,234	574	136,808	2
3	Heat and Other Utilities			91,128	91,128	250	91,378	3
4	Other (specify):							4
5	TOTAL General Services	236,062	194,676	154,247	584,985	(2,754)	582,231	5
B. Health Care and Programs								
6	Health Care/ Personal Care	374,264	3,865	1,072	379,201		379,201	6
7	Activities and Social Services	30,801	3,036	7,832	41,670	(1,311)	40,359	7
8	Other (specify):			149	149	(149)		8
9	TOTAL Health Care and Programs	405,065	6,901	9,053	421,020	(1,460)	419,560	9
C. General Administration								
10	Administrative and Clerical	192,431		288,594	481,025	(90,638)	390,387	10
11	Marketing Materials, Promotions and Advertising	60,769		103,313	164,083	175	164,258	11
12	Employee Benefits and Payroll Taxes			145,464	145,464	10,631	156,095	12
13	Insurance-Property, Liability and Malpractice			36,625	36,625	3,347	39,972	13
14	Other (specify):							14
15	TOTAL General Administration	253,201		573,997	827,198	(76,485)	750,713	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	894,328	201,578	737,298	1,833,203	(80,699)	1,752,504	16
Capital Expenses								
D. Ownership								
17	Depreciation			316,070	316,070	(26,937)	289,133	17
18	Interest			362,135	362,135	572	362,707	18
19	Real Estate Taxes			82,800	82,800		82,800	19
20	Rent -- Facility and Grounds					2,598	2,598	20
21	Rent -- Equipment			5,011	5,011		5,011	21
22	Other (specify):			38,533	38,533	395	38,928	22
23	TOTAL Ownership			804,550	804,550	(23,372)	781,178	23
24	GRAND TOTAL (Sum of lines 16 and 23)	894,328	201,578	1,541,848	2,637,753	(104,071)	2,533,682	24

Facility Name: Victory Centre of Park Forest

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.77	\$ 34.87	1
2	Licensed Practical Nurses	1.95	21.71	2
3	Certified Nurse Assistants	11.73	9.53	3
4	Activity Director & Assistants	1.02	13.03	4
5	Social Service Workers			5
6	Head Cook	1.59	17.60	6
7	Cook Helpers/Assistants	5.50	8.68	7
8	Dishwashers			8
9	Maintenance Workers	0.79	17.35	9
10	Housekeepers	0.98	8.91	10
11	Laundry			11
12	Managers	0.10	19.79	12
13	Other Administrative	3.19	19.98	13
14	Clerical			14
15	Marketing	0.92	21.51	15
16	Other	1.45		16
17	Total (lines 1 thru 16)	29.99	\$	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%	2.74	\$ 12,980	1
2	Jerry Finis	29%	2.74	11,538	2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
Total				\$ 24,518	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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: _____ If yes, what is the value of those services? \$ _____
 (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:

1/1/2008

Ending:

12/31/2008

VIII. OWNERSHIP COSTSA. 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	\$ 262,197	\$	\$ 1,758,798	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2002	323,939	20,188		20,188		162,436	6
7		Entrance Canopy		2003	1,892	208		26	(182)	1,892	7
8		Flagpole		2003	1,570	177		111	(66)	1,570	8
9		Outdoor Sign		2003	3,225	364		228	(136)	3,225	9
10		Carpeting		2006	3,462	126		126		257	10
11		Carpeting		2006	9,587	349		349		712	11
12		Nurse Call System		2007	1,495	299		298	(1)	598	12
13		A/C Compressor		2008	6,872			172	172	172	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,562,345	\$ 283,908		\$ 283,695	\$ (213)	\$ 1,929,660	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	\$ 463,204	\$ 32,162	\$ 5,015	(27,147)		\$ 455,074	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 463,204	\$ 32,162	\$ 5,015	(27,147)		\$ 455,074	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: Victory Centre of Park Forest

Report Period Beginning: 1/1/2008

Ending: 2/31/2008

IX. RENTAL COSTS**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: _____

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			/ /	2,598			6
7	TOTAL				\$ 2,598			7

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

9. Rental amount for movable equipment \$ 5,011

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	Red Mortgage Capital		x	Mortgage	/ /	\$ 5,500,000	\$ 5,378,268	4/1/42	6.1600	\$ 335,332
2	IHDA			2nd Mortgage	/ /			/ /		5,000
3					/ /			/ /		
	Working Capital									
4	PD LLC				/ /			/ /		24,628
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 5,500,000	\$ 5,378,268			\$ 364,960
	B. Non-Facility Related									
8	Interset income offset				/ /			/ /		(2,825)
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 5,500,000	\$ 5,378,268			\$ 362,135

* 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.

STATE OF ILLINOIS

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Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2008

Ending: 12/31/2008

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 232,515	\$	1
2	Cash-Patient Deposits	550		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	420,930		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	45,954		6
7	Other Prepaid Expenses	12,893		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	719,194		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,432,036	\$	10
	B. Long-Term Assets			
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	513,481		16
17	Accumulated Depreciation (book methods)	(2,412,095)		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,781,836	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,213,872	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 37,930	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,339		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,354		30
31	Accrued Taxes Payable	259,111		31
32	Accrued Interest Payable	179,017		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See attached	54,068		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 588,818	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	426,660		38
39	Mortgage Payable	5,932,016		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)	\$ 6,358,676	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,947,494	\$	45
46	TOTAL EQUITY	\$ 266,378	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,213,872	\$	47

*(See instructions.)

Facility Name: Victory Centre of Park Forest

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	\$ 2,502,524	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,502,524	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	Other income	200	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 200	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,502,724	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	584,985	19
20	Health Care/ Personal Care	421,020	20
21	General Administration	827,198	21
B. Capital Expense			
22	Ownership	804,550	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)	\$ 2,637,753	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (135,029)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (135,029)	31