

		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 Senior Centre</u></p> <p>Address: <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u> <small>Number City Zip Code</small></p> <p>County: <u>Will</u></p> <p>Telephone Number: (<u>815</u>) <u>724-0308</u> Fax # ()</p> <p>Federal Employer ID Number: <u>36-4192159</u></p> <p>Date Current Owners were Certified: <u>01/17/2000</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 S. Peddicord</u> Telephone Number: <u>217-787-8554</u> Email Address: <u>margelpeddicord@gmail.com</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>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>01/01/2008</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" style="width: 20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> <tr> <td rowspan="4" style="vertical-align: top;">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- 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- 787-8554</u> Fax # () _____	
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Facility Name Victory Senior CentreReport Period Beginning: 01/01/2008 Ending: 12/31/2008

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	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	28	Single Unit Apartment	28	10,248	1
2	2	Double Unit Apartment	2	732	2
3		Other		350	3
4	30	TOTALS	30	11,330	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	7,918	1,547		9,465	5
6	Double Unit	544	106		650	6
7	Other	293	57		350	7
8	TOTALS	8,755	1,710		10,465	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.37%D. Indicate the number of paid bed-hold days the SLF had during this year 99 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 23 (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

ACCRAUAL MODIFIED CASH* CASH* I. Is your fiscal year identical to your tax year? YES NOTax 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? 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? NA

If no, explain. _____

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? NA

If no, explain. _____

Facility Name: Victory Senior Centre

Report Period Beginning:

01/01/2008

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	42,299	65,462	469	108,230	(1,886)	106,344	1
2	Housekeeping, Laundry and Maintenance	25,445	7,337	49,370	82,152	(4,887)	77,265	2
3	Heat and Other Utilities			37,905	37,905	98	38,003	3
4	Other (specify):							4
5	TOTAL General Services	67,743	72,799	87,744	228,286	(6,675)	221,611	5
B. Health Care and Programs								
6	Health Care/ Personal Care	297,905	2,269	772	300,946		300,946	6
7	Activities and Social Services	12,061	425	5,244	17,730		17,730	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	309,966	2,694	6,016	318,676		318,676	9
C. General Administration								
10	Administrative and Clerical	70,371	1,782	161,007	233,159	(79,783)	153,376	10
11	Marketing Materials, Promotions and Advertising	8,365		12,316	20,681	69	20,750	11
12	Employee Benefits and Payroll Taxes			79,536	79,536	4,187	83,723	12
13	Insurance-Property, Liability and Malpractice			13,952	13,952	1,318	15,270	13
14	Other (specify):							14
15	TOTAL General Administration	78,735	1,782	266,810	347,327	(74,209)	273,118	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	456,445	77,275	360,569	894,290	(80,884)	813,406	16
Capital Expenses								
D. Ownership								
17	Depreciation			124,832	124,832	17,915	142,747	17
18	Interest			2,107	2,107	225	2,332	18
19	Real Estate Taxes			17,709	17,709		17,709	19
20	Rent -- Facility and Grounds					1,023	1,023	20
21	Rent -- Equipment							21
22	Other (specify):			6,871	6,871	156	7,027	22
23	TOTAL Ownership			151,518	151,518	19,319	170,837	23
24	GRAND TOTAL (Sum of lines 16 and 23)	456,445	77,275	512,087	1,045,808	(61,565)	984,243	24

Facility Name: Victory Senior Centre

Report Period Beginning: 01/01/2008 Ending: 12/31/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 25.86	1
2	Licensed Practical Nurses	0.70	24.20	2
3	Certified Nurse Assistants	9.90	10.15	3
4	Activity Director & Assistants	0.32	13.61	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.64	12.01	7
8	Dishwashers			8
9	Maintenance Workers	0.51	16.91	9
10	Housekeepers			10
11	Laundry			11
12	Managers	0.07	19.29	12
13	Other Administrative	1.62	11.09	13
14	Clerical			14
15	Marketing			15
16	Other	0.36		16
17	Total (lines 1 thru 16)	16.12	\$	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%	1.08	\$ 5,112	1
2	Jerry Finis	29%	1.08	4,544	2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
Total				\$ 9,656	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 Senior Centre

Report Period Beginning: 01/01/2008

Ending: 12/31/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 115,359	28	\$ 115,359	\$	\$ 1,052,560	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Air conditioners		2005	2005	1,405	270	20	70	(200)	280	6
7	Building acquisition costs		1999	1999	135,000	4,909	20	6,750	1,841	67,500	7
8	Window treatments		1999	1999	2,479		20	124	124	1,240	8
9	Carpeting		1999	1999	39,050	799	20	1,953	1,154	19,530	9
10	Roofing		2008	2008	5,113		20	128	128	128	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,355,321	\$ 121,337		\$ 124,384	\$ 3,047	\$ 1,141,238	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	\$ 183,696	\$ 3,495	\$ 18,197	14,702		\$ 159,246	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 183,696	\$ 3,495	\$ 18,197	14,702	\$ 159,246	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

Depreciation above	142,581
Central office	
Allocation	166
Page 3, line 17	<u>142,747</u>

Facility Name: Victory Senior Centre

Report Period Beginning: 01/01/2008

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

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 central office		/ /	1,023			6
7	TOTAL			\$ 1,023			7

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

YES NO

9. Rental amount for movable equipment \$ _____

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	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Amount of Note				
			YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		A. Directly Facility Related Long-Term										
1		IHDA		x	Mortgage	5/9/99	\$ 995,000	\$ 811,662	5/1/39	1.0000	\$ 8,932	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6		Allocated from Pathway				/ /			/ /		225	6
7		TOTAL Facility Related					\$ 995,000	\$ 811,662			\$ 9,157	7
		B. Non-Facility Related										
8		Interest income offset				/ /			/ /		(6,825)	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 811,662			\$ 2,332	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.

STATE OF ILLINOIS

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Facility Name: Victory Senior Centre

Report Period Beginning: 01/01/2008

Ending: 12/31/2008

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2008

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 47,746	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	98,555		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	15,227		6
7	Other Prepaid Expenses	8,700		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	425,775		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 596,003	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	226,630		16
17	Accumulated Depreciation (book methods)	(1,316,883)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(64,152)		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)	\$ 2,167,868	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,763,871	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 108,566	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	10,273		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	24,628		30
31	Accrued Taxes Payable	17,700		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See attached	70,007		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 231,174	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	789,488		38
39	Mortgage Payable			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)	\$ 789,488	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,020,662	\$	45
46	TOTAL EQUITY	\$ 1,743,209	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,763,871	\$	47

*(See instructions.)

Facility Name: Victory Senior Centre

Report Period Beginning: 01/01/2008

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	\$ 890,515	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 890,515	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			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 890,515	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	228,286	19
20	Health Care/ Personal Care	318,676	20
21	General Administration	347,327	21
B. Capital Expense			
22	Ownership	151,518	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)	\$ 1,045,807	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (155,292)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (155,292)	31