

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2009  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2009)**

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 Name: Victory Centre of Bartlett

Address: 1101 West Bartlett Road Bartlett 60103  
Number City Zip Code

County: Cook

Telephone Number: (630) 213-0100 Fax # (630) 837-9356

Federal Employer ID Number: 61-1455530

Date Current Owners were Certified: 12/05/2006

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: slavenda@frronline.com

**II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER**

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2009 to 12/31/2009 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.

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) _____	(Title) _____
Paid Preparer	(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 Pfungsten 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 Bartlett

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	104	Single Unit Apartment	104	37,960	1
2		Double Unit Apartment			2
3		Other			3
4	104	TOTALS	104	37,960	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	24,075	12,963		37,038	5
6	Double Unit					6
7	Other					7
8	TOTALS	24,075	12,963		37,038	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.57%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
859 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 101 (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?**

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 Bartlett

Report Period Beginning:

1/1/2009

Ending: 12/31/2009

## 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	301,599	164,911	6,834	473,344	(5,062)	468,282	1
2	Housekeeping, Laundry and Maintenance	141,941	41,621	82,805	266,367	(4,493)	261,874	2
3	Heat and Other Utilities			140,212	140,212	817	141,029	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	443,540	206,532	229,851	879,923	(8,738)	871,185	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	500,425	717	6,702	507,844		507,844	6
7	Activities and Social Services	79,166	3,389	6,746	89,301		89,301	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	579,591	4,106	13,448	597,145		597,145	9
<b>C. General Administration</b>								
10	Administrative and Clerical	318,016	18,040	516,822	852,878	(202,183)	650,695	10
11	Marketing Materials, Promotions and Advertising	54,868		22,153	77,021	48,213	125,234	11
12	Employee Benefits and Payroll Taxes			251,945	251,945	28,149	280,094	12
13	Insurance-Property, Liability and Malpractice			49,996	49,996	3,061	53,057	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	372,884	18,040	840,916	1,231,840	(122,760)	1,109,080	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,396,015	228,678	1,084,215	2,708,908	(131,498)	2,577,410	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			630,789	630,789	(149,250)	481,539	17
18	Interest			565,039	565,039	126	565,165	18
19	Real Estate Taxes			89,367	89,367		89,367	19
20	Rent -- Facility and Grounds					25,881	25,881	20
21	Rent -- Equipment			1,448	1,448		1,448	21
22	Other (specify):			72,541	72,541	2,260	74,801	22
23	<b>TOTAL Ownership</b>			1,359,184	1,359,184	(120,983)	1,238,201	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,396,015	228,678	2,443,399	4,068,092	(252,481)	3,815,611	24

Facility Name: Victory Centre Of Bartlett

Report Period Beginning 1/1/2009

Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.77	\$ 26.69	1
2	Licensed Practical Nurses	2.55	23.64	2
3	Certified Nurse Assistants	16.09	9.92	3
4	Activity Director & Assistants	2.08	18.28	4
5	Social Service Workers			5
6	Head Cook	1.29	20.66	6
7	Cook Helpers/Assistants	12.17	9.72	7
8	Dishwashers			8
9	Maintenance Workers	2.23	16.42	9
10	Housekeepers	3.34	9.46	10
11	Laundry			11
12	Managers			12
13	Other Administrative	7.86	18.29	13
14	Clerical	0.58	15.76	14
15	Marketing	0.65	40.70	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>49.62</b>	<b>\$ 13.53</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%	4.23	\$ 4,794	1
2	Jerry Finis	29%	4.23	6,798	2
3	Robert Helle	13%			3
4	E Keledjian	29%			4
5					5
<b>Total</b>				<b>\$ 11592</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>\$ 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 Bartlett

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 909,090 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	104		2006		\$ 13,844,577	\$ 630,789	35	\$ 395,559	\$ (235,230)	\$ 1,186,677	1
2	Allocated from Pathway Senior Living, LLC					1,844			(1,844)		2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				254,721			12,735	12,735	37,805	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)				\$ 14,099,298	\$ 632,633		\$ 408,294	\$ (224,339)	\$ 1,224,482	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	\$ 733,842	\$	\$ 73,244	73,244	10	\$ 215,319	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 733,842	\$	\$ 73,244	73,244		\$ 215,319	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 Bartlett

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

**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	Land Improvement	2006	265,482		20	13,274	13,274	39,822	2
3	Offsite Improvements	2008	(29,549)		20	(1,477)	(1,477)	(2,955)	3
4	Land Improvements	2009	4,369		20	218	218	218	4
5	Building Improvement	2009	8,907		20	445	445	445	5
6	Generator Repairs	2009	2,627		20	131	131	131	6
7	Boiler Pumps	2009	2,885		20	144	144	144	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	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 254,721	\$		\$ 12,735	\$ 12,735	\$ 37,805	34

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

Facility Name & ID Number Victory Centre Of Bartlett

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

**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 Bartlett

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

**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 Bartlett

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			/ /	25,881			6
7	TOTAL				\$ 25,881			7

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

9. Rental amount for movable equipment \$ 1,448

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	IHDA		X	1st Mortgage	4/1/07	\$ 10,330,000	\$ 10,039,351	5/1/42	5.3150	\$ 536,391	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,824,877	5/1/42	1.0000	28,584	2
3					/ /			/ /			3
	<b>Working Capital</b>										
4	Pathway Development	X			/ /			/ /		64	4
5	Allocated from Pathway SL, LLC				/ /			/ /		6,384	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 12,864,227			\$ 571,423	7
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		-5,590	8
9	Interest Income - Escrows		X		/ /			/ /		-668	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 12,864,227			\$ 565,165	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 Bartlett**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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 380,736	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	751,592		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	(81,461)		6
7	Other Prepaid Expenses	6,791		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>See Attached</b>	856,619		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,914,277	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	909,090		13
14	Buildings, at Historical Cost	13,844,577		14
15	Leasehold Improvements, at Historical Cost	278,758		15
16	Equipment, at Historical Cost	731,675		16
17	Accumulated Depreciation (book methods)	(2,173,481)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(84,144)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>See Attached</b>	706,703		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 14,213,178	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 16,127,455	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 661,848	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	193,748		29
30	Accrued Salaries Payable	50,594		30
31	Accrued Taxes Payable	98,176		31
32	Accrued Interest Payable	46,820		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<b>See Attached</b>	44,559		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,095,745	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,670,480		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</b> (sum of lines 38 thru 43)	\$ 12,670,480	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 13,766,225	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,361,230	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 16,127,455	\$	47

Facility Name: Victory Centre Of Bartlett

Report Period Beginning: 1/1/2009

Ending:

12/31/2009

**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	\$ 3,956,259	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,956,259	3
<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	320	8
9	Non-Resident Meals	5,062	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 5,382	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	6,258	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 6,258	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	71,251	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 71,251	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,039,150	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	879,923	19
20	Health Care/ Personal Care	597,145	20
21	General Administration	1,231,840	21
<b>B. Capital Expense</b>			
22	Ownership	1,359,184	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 4,068,092	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ (28,942)	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ (28,942)	31