

		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 River Oaks

Address: 1370 Ring Road Calumet City 60409  
Number City Zip Code

County: Cook

Telephone Number: (708) 730-0994 Fax # \_\_\_\_\_

Federal Employer ID Number: 36-4336170

Date Current Owners were Certified: 7/2/2002

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 _____	

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) Steven N. Lavenda, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.  
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

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 River Oaks

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	103	Single Unit Apartment	103	37,595	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	109	TOTALS	109	39,785	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	36,171	2,076		38,247	5
6	Double Unit	204	12		216	6
7	Other					7
8	TOTALS	36,375	2,088		38,463	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.68%

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

1,256 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 78 (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 River Oaks

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	246,405	198,294	5,433	450,132	(725)	449,407	1
2	Housekeeping, Laundry and Maintenance	111,649	42,933	101,273	255,855	(881)	254,974	2
3	Heat and Other Utilities			108,993	108,993	847	109,840	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	358,054	241,227	215,699	814,980	(759)	814,221	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	426,908	879	12,651	440,438		440,438	6
7	Activities and Social Services	50,795	3,950	5,863	60,608		60,608	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	477,703	4,829	18,514	501,046		501,046	9
<b>C. General Administration</b>								
10	Administrative and Clerical	336,232	20,697	626,956	983,885	(311,491)	672,394	10
11	Marketing Materials, Promotions and Advertising	51,298	65	18,059	69,422	50,132	119,554	11
12	Employee Benefits and Payroll Taxes			208,195	208,195	23,941	232,136	12
13	Insurance-Property, Liability and Malpractice			53,665	53,665	(428)	53,237	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	387,530	20,762	906,875	1,315,167	(237,845)	1,077,322	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,223,287	266,818	1,141,088	2,631,193	(238,604)	2,392,589	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			398,788	398,788	(86,040)	312,748	17
18	Interest			412,459	412,459	(315)	412,144	18
19	Real Estate Taxes			183,047	183,047		183,047	19
20	Rent -- Facility and Grounds					26,814	26,814	20
21	Rent -- Equipment			4,819	4,819		4,819	21
22	Other (specify):			58,617	58,617	2,341	60,958	22
23	<b>TOTAL Ownership</b>			1,057,730	1,057,730	(57,200)	1,000,530	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,223,287	266,818	2,198,818	3,688,923	(295,804)	3,393,119	24

Facility Name: Victory Centre Of River Oaks

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	1.00	\$ 24.90	1
2	Licensed Practical Nurses	2.20	22.92	2
3	Certified Nurse Assistants	13.34	9.74	3
4	Activity Director & Assistants	1.09	22.44	4
5	Social Service Workers			5
6	Head Cook	1.00	22.17	6
7	Cook Helpers/Assistants	10.43	9.24	7
8	Dishwashers			8
9	Maintenance Workers	1.86	16.37	9
10	Housekeepers	2.53	9.18	10
11	Laundry			11
12	Managers			12
13	Other Administrative	7.33	22.05	13
14	Clerical			14
15	Marketing	1.04	23.75	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>41.82</b>	<b>\$ 14.06</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%	4.38	\$ 4,966	1
2	Jerry Finis	29%	4.38	7,043	2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
				<b>Total</b>	<b>\$ 12009 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
		<b>Total \$ 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 River Oaks

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

A. Purchase price of land 541,601 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	109		2002	2002	\$ 9,842,367	\$ 398,788	35	\$ 281,210	\$ (117,578)	\$ 2,745,899	1
2											2
3	Allocated from Pathway Senior Living					1,911			(1,911)		3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				400,982			20,049	20,049	140,308	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)				\$ 10,243,349	\$ 400,699		\$ 301,259	\$ (99,440)	\$ 2,886,207	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	\$ 489,017	\$	\$ 8,160	8,160	10	\$ 428,933	18
19	Vehicles	16,646		3,329	3,329	5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 505,663	\$	\$ 11,489	11,489		\$ 445,579	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 River Oaks

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 Improvements	2002	246,335		20	12,317	12,317	125,016	2
3	Carpet	2005	1,039		20	52	52	416	3
4	Air Conditioning	2005	11,778		20	589	589	4,712	4
5	Air Conditioning	2005	957		20	48	48	382	5
6	Air Conditioning	2005	1,412		20	71	71	564	6
7	Repair Parking Lot	2007	4,198		20	210	210	630	7
8	Repair Walk-In Freezer	2007	2,690		20	135	135	404	8
9	Replace Carpeting In Common Area	2008	15,028		20	751	751	1,503	9
10	Dorman Door Closer Operator	2008	4,065		20	203	203	407	10
11	Repair Heating	2008	7,591		20	380	380	759	11
12	Plumbing	2008	4,430		20	222	222	443	12
13	Boiler	2009	8,880		20	444	444	444	13
14	Locks	2009	7,843		20	392	392	392	14
15	Land Improvements	2009	14,000		20	700	700	700	15
16	Paint	2009	9,332		20	467	467	467	16
17	Carpet	2009	40,000		20	2,000	2,000	2,000	17
18	Paint	2009	18,664		20	933	933	933	18
19	Kitchened Drain Line Repair	2009	2,740		20	137	137	137	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	<b>Total Book Depreciation</b>								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 400,982	\$		\$ 20,049	\$ 20,049	\$ 140,308	34

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

Facility Name & ID Number Victory Centre Of River Oaks

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	<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 & ID Number Victory Centre Of River Oaks

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 River Oaks

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			/ /	26,814			6
7	<b>TOTAL</b>				\$ 26,814			7

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

9. Rental amount for movable equipment \$ 4,819

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	5/1/01	\$ 6,150,000	\$ 5,921,823	9/1/42	6.7000	\$ 395,281
2	Cook County		X	2nd Mortgage	5/29/01	200,000	1,653,905	11/1/42	1.0000	17,178
3					/ /			/ /		
	<b>Working Capital</b>									
4	Allocated from Pathway SL, LLC				/ /			/ /		6,614
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 6,350,000	\$ 7,575,728			\$ 419,073
	<b>B. Non-Facility Related</b>									
8	Interest Income				/ /			/ /		-6,929
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,350,000	\$ 7,575,728			\$ 412,144

\* 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 River Oaks**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	\$ 326,099	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	885,310		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	64,479		6
7	Other Prepaid Expenses	5,576		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>See Attached</b>	747,609		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,029,073	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	277,058		15
16	Equipment, at Historical Cost	585,638		16
17	Accumulated Depreciation (book methods)	(3,319,718)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(87,978)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <b>See Attached</b>	297,241		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 8,136,209	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 10,165,282	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 327,566	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	94,278		29
30	Accrued Salaries Payable	32,788		30
31	Accrued Taxes Payable	175,770		31
32	Accrued Interest Payable			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>	2,060		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 632,462	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,481,450		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)	\$ 7,481,450	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 8,113,912	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,051,370	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 10,165,282	\$	47

Facility Name: Victory Centre Of River Oaks

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	\$ 3,707,992	1
2	Discounts and Allowances		2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 3,707,992	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		8
9	Non-Resident Meals	725	9
10	Laundry		10
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$ 725	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	6,929	13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$ 6,929	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	9,252	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 9,252	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,724,898	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	814,980	19
20	Health Care/ Personal Care	501,046	20
21	General Administration	1,315,167	21
<b>B. Capital Expense</b>			
22	Ownership	1,057,730	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)	\$ 3,688,923	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 35,975	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 35,975	31