

		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 Senior Centre

Address: 31 North Broadway Joliet 60435
Number City Zip Code

County: Cook

Telephone Number: (815) 724-0308 Fax # _____

Federal Employer ID Number: 36-4192159

Date Current Owners were Certified: 1/17/2000

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 Pfungsten 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 Senior Centre

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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	30	TOTALS	30	10,950	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	8,328	1,586		9,914	5
6	Double Unit	164	31		195	6
7	Other					7
8	TOTALS	8,492	1,617		10,109	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.32%

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

216 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 2 (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 Senior Centre

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			
A. General Services								
1	Dietary and Food Purchase	42,275	60,429	2,504	105,208	(508)	104,700	1
2	Housekeeping, Laundry and Maintenance	20,546	22,756	48,113	91,415	878	92,293	2
3	Heat and Other Utilities			32,574	32,574	228	32,802	3
4	Other (specify):							4
5	TOTAL General Services	62,821	83,185	83,191	229,197	598	229,795	5
B. Health Care and Programs								
6	Health Care/ Personal Care	268,669	163	1,491	270,323		270,323	6
7	Activities and Social Services	17,902	561	2,475	20,938		20,938	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	286,571	724	3,966	291,261		291,261	9
C. General Administration								
10	Administrative and Clerical	90,341	6,805	177,637	274,783	(54,413)	220,370	10
11	Marketing Materials, Promotions and Advertising			6,253	6,253	13,625	19,878	11
12	Employee Benefits and Payroll Taxes			87,576	87,576	7,839	95,415	12
13	Insurance-Property, Liability and Malpractice			13,330	13,330	853	14,183	13
14	Other (specify):							14
15	TOTAL General Administration	90,341	6,805	284,796	381,942	(32,096)	349,846	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	439,733	90,714	371,953	902,400	(31,498)	870,902	16
Capital Expenses								
D. Ownership								
17	Depreciation			138,718	138,718	11,817	150,535	17
18	Interest			8,015	8,015	(2,826)	5,189	18
19	Real Estate Taxes			19,047	19,047		19,047	19
20	Rent -- Facility and Grounds					7,208	7,208	20
21	Rent -- Equipment			3,503	3,503		3,503	21
22	Other (specify):			2,686	2,686	629	3,315	22
23	TOTAL Ownership			171,969	171,969	16,828	188,797	23
24	GRAND TOTAL (Sum of lines 16 and 23)	439,733	90,714	543,922	1,074,369	(14,670)	1,059,699	24

Facility Name: Victory Senior Centre

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	\$ 26.59	1
2	Licensed Practical Nurses	0.88	19.79	2
3	Certified Nurse Assistants	8.28	10.28	3
4	Activity Director & Assistants	0.67	12.85	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.64	12.38	7
8	Dishwashers			8
9	Maintenance Workers	0.56	17.62	9
10	Housekeepers	0.01	10.32	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.46	29.72	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	14.50	\$ 14.58	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%	1.18	\$ 1,335	1
2	Jerry Finis	29%	1.18	1,893	2
3	Robert Helle	13%			3
4	E Keledjian	29%			4
5					5
				Total	\$ 3228 6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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	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 Senior Centre

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

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	\$ 138,718	35	\$ 115,359	\$ (23,359)	\$ 1,067,206	1
2											2
3	Allocated from Pathway Senior Living					514			(514)		3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				28,467			1,424	1,424	1,533	6
7	Building Acquisition Costs			2005	135,000		20	6,750	6,750	74,250	7
8	Window Treatments			2005	2,479		20	124	124	1,364	8
9	Carpeting			2005	39,050		20	1,953	1,953	21,483	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,377,270	\$ 139,232		\$ 125,610	\$ (13,622)	\$ 1,165,836	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	\$ 249,254	\$	\$ 24,925	24,925	10	\$ 184,171	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 249,254	\$	\$ 24,925	24,925		\$ 184,171	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 Senior Centre

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	Air Conditioners	2005	1,405		20	70	70	351	2
3	Roofing	2008	5,113		20	256	256	384	3
4	Building Improvement	2009	8,975		20	449	449	449	4
5	Land Improvements	2009	7,000		20	350	350	350	5
6	Water Heater Repairs	2009	5,974		20	299	299		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	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 28,467	\$		\$ 1,424	\$ 1,424	\$ 1,533	34

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

Facility Name & ID Number Victory Senior Centre

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 Senior Centre

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 Senior Centre

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	Alloc. from Pathway Senior Living			/ /	7,208			6
7	TOTAL				\$ 7,208			7

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

9. Rental amount for movable equipment \$ 3,503

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	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 791,343	5/1/39	1.0000	\$ 8,015
2					/ /			/ /		
3					/ /			/ /		
Working Capital										
4	Allocated form Pathway		X		/ /			/ /		1,778
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 995,000	\$ 791,343			\$ 9,793
B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /		-4,140
9	Interest Income		X		/ /			/ /		-464
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 791,343			\$ 5,189

* 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 Senior Centre**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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 42,943	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	93,212		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,223		6
7	Other Prepaid Expenses	2,500		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	241,355		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 391,233	\$	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	15,975		15
16	Equipment, at Historical Cost	292,782		16
17	Accumulated Depreciation (book methods)	(1,455,600)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(66,838)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	73,270		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,181,863	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,573,096	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 107,749	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	22,378		29
30	Accrued Salaries Payable	24,058		30
31	Accrued Taxes Payable	18,822		31
32	Accrued Interest Payable	659		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	5,541		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 179,207	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	768,965		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)	\$ 768,965	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 948,172	\$	45
46	TOTAL EQUITY	\$ 1,624,924	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,573,096	\$	47

Facility Name: Victory Senior Centre

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	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 950,928	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 950,928	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	508	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 508	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	4,604	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 4,604	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 956,040	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	229,197	19
20	Health Care/ Personal Care	291,261	20
21	General Administration	381,942	21
B. Capital Expense			
22	Ownership	171,969	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,074,369	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (118,329)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (118,329)	31