

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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 ID Number: 1000068

Facility Name: Victory Centre of Roseland

Address: 10450 S Michigan Ave Chicago 60628
Number City Zip Code

County: Cook

Telephone Number: (773) 468-6400 **Fax #** _____

Federal Employer ID Number: _____

Date Current Owners were Certified: 11/30/2006

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: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2013 to 12/31/2013 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 & Rothblatt, P.C. 111 Pfingsten 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 Roseland

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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	124	Single Unit Apartment	124	45,260	1
2		Double Unit Apartment			2
3		Other			3
4	124	TOTALS	124	45,260	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	29,277	5,167		34,444	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,277	5,167		34,444	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.10%

D. Indicate the number of paid bed-hold days the SLF had during this year 542 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 4 (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

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/13 Fiscal Year: 12/31/13

* 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. _____

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 Roseland

Report Period Beginning:

1/1/2013

Ending: 12/31/2013

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	156,303	143,082	108,433	407,818	(145)	407,673	1
2	Housekeeping, Laundry and Maintenance	115,116	45,954	181,724	342,794	11,836	354,630	2
3	Heat and Other Utilities			126,153	126,153	175	126,328	3
4	Other (specify):							4
5	TOTAL General Services	271,419	189,036	416,310	876,765	11,866	888,631	5
B. Health Care and Programs								
6	Health Care/ Personal Care	409,619	541	14,422	424,582	6,593	431,175	6
7	Activities and Social Services	32,834	2,019	17,038	51,891	6,233	58,124	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	442,453	2,560	31,460	476,473	12,826	489,299	9
C. General Administration								
10	Administrative and Clerical	169,416	16,864	829,410	1,015,690	(487,194)	528,496	10
11	Marketing Materials, Promotions and Advertising	49,015	834	36,287	86,136	22,238	108,374	11
12	Employee Benefits and Payroll Taxes			197,629	197,629		197,629	12
13	Insurance-Property, Liability and Malpractice			40,198	40,198	579	40,777	13
14	Other (specify):					17,316	17,316	14
15	TOTAL General Administration	218,431	17,698	1,103,524	1,339,653	(447,061)	892,592	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	932,303	209,294	1,551,294	2,692,891	(422,369)	2,270,522	16
Capital Expenses								
D. Ownership								
17	Depreciation			495,108	495,108	58,483	553,591	17
18	Interest			431,730	431,730	(37,009)	394,721	18
19	Real Estate Taxes			78,867	78,867		78,867	19
20	Rent -- Facility and Grounds			387	387	10,738	11,125	20
21	Rent -- Equipment			12,219	12,219	119	12,338	21
22	Other (specify): Mortgage Insurance Premium/Amort			52,920	52,920		52,920	22
23	TOTAL Ownership			1,071,231	1,071,231	32,331	1,103,562	23
24	GRAND TOTAL (Sum of lines 16 and 23)	932,303	209,294	2,622,525	3,764,122	(390,039)	3,374,083	24

Victory Centre of Roseland

Report Period Beginning: 1/1/2013
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 58,483	17	1
2	Guest Meals	(42)	01	2
3	Employee Meals	(113)	01	3
4	Damage Recovery	(198)	10	4
5	Telephone Service	(17,813)	10	5
6	Late Fees	(75)	10	6
7	Other Income	(556)	10	7
8	Meals & Entertainment	(1,731)	10	8
9	Bank Service Charge	(2,400)	10	9
10	Charitable Contributions	(814)	10	10
11	Resident Gifts	(1,981)	10	11
12	Bad Debt Tenant	(17,491)	10	12
13	Bad Debt Medicaid	(121,325)	10	13
14	Cable TV	(22,935)	10	14
15	Partnership Mgmt Fee	(254,355)	10	15
16	Interest Income- Escrows	(183)	18	16
17	Interest Income	(36,826)	18	17
18	Capitalized R&M	(2,551)	02	18
19	Additional R&M	7,304	02	19
20				20
21				21
22				22
23	PATHWAY MANAGEMENT LLC:			23
24	Dietary	10	01	24
25	Maintenance	4,539	02	25
26	Utilities	175	03	26
27	Health Care/ Personal Care	4,425	06	27
28	Comumunity Life	1,206	07	28

29	Administrative	66,660	10	29
30	Marketing	10,668	11	30
31	Insurance	2	13	31
32	Employee Benefits	8,569	14	32
33	Rent- Building	10,031	20	33
34	Rent- Equipment	44	21	34
35				35
36				36
37	PATHWAY SENIOR LIVING LLC:			37
38	Maintenance	2,544	02	38
39	Health Care/ Personal Care	2,168	06	39
40	Comumunity Life	5,027	07	40
41	Administrative	67,993	10	41
42	Marketing	11,570	11	42
43	Insurance	577	13	43
44	Employee Benefits	8,747	14	44
45	Rent - Building	707	20	45
46	Rent - Equipment	75	21	46
47	Management Fees	(47,643)	10	47
48	Service Provider Fee	(132,530)	10	48
49				49
50				50
51				51
52				52
101	Total	(390,039)		101

Facility Name: Victory Centre of Roseland

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.95	\$ 23.38	1
2	Licensed Practical Nurses	1.73	23.04	2
3	Certified Nurse Assistants	10.24	10.64	3
4	Activity Director & Assistants	1.04	15.21	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.46	10.08	7
8	Dishwashers			8
9	Maintenance Workers	2.19	15.63	9
10	Housekeepers	2.21	9.55	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.18	19.49	13
14	Clerical			14
15	Marketing	0.71	32.98	15
16	Other			16
17	Total (lines 1 thru 16)	31.71	\$ 14.13	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	Jerry Finis	25%	1.6	\$ 1,582	1
2					2
3					3
4					4
5					5
				Total	\$ 1,582 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 Centre of Roseland

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land 406,682 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	124		2006		14,870,850	\$ 495,108	35	\$ 424,881	\$ (70,227)	\$ 3,090,044	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				855,356			43,105	43,105	279,555	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)				\$ 15,726,206	\$ 495,108		\$ 467,986	\$ (27,122)	\$ 3,369,599	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	\$ 856,046	\$	\$ 85,605	85,605	10	\$ 582,180	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 856,046	\$	\$ 85,605	85,605		\$ 582,180	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

9	
Accumulated depreciation	
	1
247,800	2
1,409	3
2,445	4
10,420	5
2,249	6
1,415	7
690	8
1,639	9
996	10
429	11
348	12
595	13
507	14
508	15
395	16
461	17
447	18
1,037	19
395	20
3,704	21
597	22
399	23
281	24
262	25
128	26
	27
	28
	29
	30
	31
	32
	33
279,555	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Roseland

Report Period Beginning:

1/1/2013 Ending:

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	Ac
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
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26								
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30								
31								
32								
33								
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

9 Accumulated Depreciation	
	1
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	3
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Roseland

Report Period Beginning:

1/1/2013 Ending:

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	Ac
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1								
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4								
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26								
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28								
29								
30								
31								
32								
33								
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

9 Accumulated Depreciation	
	1
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	3
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Facility Name: Victory Centre of RoselandReport Period Beginning: 1/1/2013Ending: 2/31/2013**IX. RENTAL COSTS****A. Building and Fixed Equipment**1. Name of Party Holding Lease: N/A2. 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	Storage Rental			/ /	387			5
6	Allocated from Pathway			/ /	10,738			6
7	TOTAL				\$ 11,125			7

8. Is movable equipment rental included in building rental? YES NO9. Rental amount for movable equipment \$ 12,338

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	/ /	\$ 8,050,000	\$ 7,581,845	3/1/47	5.3500	\$ 407,620
2	IHDA		X	2ND Mortgage	/ /	2,756,452	2,383,649	3/1/47	1.0000	24,110
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,806,452	\$ 9,965,494			\$ 431,730
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		-36,826
9	Interest Income- Escrow		X		/ /			/ /		-182
10	TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 9,965,494			\$ 394,722

* 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 Roseland

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,264,059	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	962,958		3
4	Supply Inventory (priced at)	5,431		4
5	Short-Term Investments			5
6	Prepaid Insurance	43,833		6
7	Other Prepaid Expenses	14,584		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,533,544		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,824,409	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	406,682		13
14	Buildings, at Historical Cost	14,870,850		14
15	Leasehold Improvements, at Historical Cost	725,726		15
16	Equipment, at Historical Cost	914,222		16
17	Accumulated Depreciation (book methods)	(3,758,515)		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):	287,711		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,446,676	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,271,085	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 113,424	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	89,499		30
31	Accrued Taxes Payable	76,044		31
32		35,789		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	373,658		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 688,414	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,965,494		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)	\$ 9,965,494	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,653,908	\$	45
46	TOTAL EQUITY	\$ 7,617,177	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,271,085	\$	47

*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,559,261	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,559,261	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	155	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 155	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	37,009	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 37,009	14
	D. Other Revenue (specify):		
15	See Attached	37,220	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 37,220	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,633,645	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	876,765	19
20	Health Care/ Personal Care	476,473	20
21	General Administration	1,339,653	21
	B. Capital Expense		
22	Ownership	1,071,231	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)	\$ 3,764,122	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (130,477)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (130,477)	31

