

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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: 1000069

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:

Date Current Owners were Certified: 12/05/2006

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☐ Partnership	☐ County
IRS Exemption Code	☐ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☒ Other Limited Partnership	

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 1/1/2012 to 12/31/2012 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)

(Signed) (Date)

Paid Preparer (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 Bartlett

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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	<u>104</u>	Single Unit Apartment		<u>38,064</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>104</u>	TOTALS		<u>38,064</u>	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	<u>23,817</u>	<u>12,825</u>		<u>36,642</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>23,817</u>	<u>12,825</u>		<u>36,642</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.26%

D. Indicate the number of paid bed-hold days the SLF had during this year 335 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 7 (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: 12/31/2012 Fiscal Year: 12/31/2012

* 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:

1/1/2012

Ending:

12/31/2012

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	202,438	206,811	164,557	573,806		573,806	1
2	Housekeeping, Laundry and Maintenance	153,342	34,241	88,039	275,622	2,462	278,084	2
3	Heat and Other Utilities			127,693	127,693	317	128,010	3
4	Other (specify):							4
5	TOTAL General Services	355,780	241,052	380,289	977,121	2,779	979,900	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	532,290	680	14,132	547,102		547,102	6
7	Activities and Social Services	40,240	3,643	19,491	63,374		63,374	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	572,530	4,323	33,623	610,476		610,476	9
	C. General Administration							
10	Administrative and Clerical	179,700	27,026	497,393	704,119	(132,133)	571,986	10
11	Marketing Materials, Promotions and Advertising	106,614	1,229	40,452	148,295	29,992	178,287	11
12	Employee Benefits and Payroll Taxes			228,548	228,548		228,548	12
13	Insurance-Property, Liability and Malpractice			36,474	36,474	635	37,109	13
14	Other (specify):					19,949	19,949	14
15	TOTAL General Administration	286,314	28,255	802,867	1,117,436	(81,557)	1,035,879	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,214,624	273,630	1,216,779	2,705,033	(78,778)	2,626,255	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			596,810	596,810	(110,632)	486,178	17
18	Interest			543,033	543,033	(25,610)	517,423	18
19	Real Estate Taxes			96,355	96,355		96,355	19
20	Rent -- Facility and Grounds			324	324	12,759	13,083	20
21	Rent -- Equipment			17,248	17,248	151	17,399	21
22	Other (specify):			124,311	124,311		124,311	22
23	TOTAL Ownership			1,378,081	1,378,081	(123,332)	1,254,749	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,214,624	273,630	2,594,860	4,083,114	(202,109)	3,881,005	24

Report Period Beginning:	1/1/2012
Ending:	12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (110,632)	17	1
2	Meal Program Income	(522)	09	2
3	Guest Meals	(218)	09	3
4	Employee Meals	(309)	09	4
5	Unidine Adjustment	(7,954)	09	5
6	Maintenance Fees	(15)	15	6
7	Damage Recovery	(1,161)	15	7
8	Telephone Service	(27,282)	15	8
9	Bank Service Charges	(2,760)	10	9
10	Charitable Contributions	(1,892)	10	10
11	Resident Gifts	(986)	10	11
12	Band Debt-Tenant	(11,488)	10	12
13	Bad Debt - Medicaid	(9,451)	10	13
14	Cable TV	(23,059)	10	14
15	Other Income	(65)	15	15
16	Meals & Entertainment	(1,932)	11	16
17	Asset Management Fee	(10,404)	10	17
18	Partnership Management Fee	(25,000)	10	18
19	Interest Income	(25,610)	18	19
20				20
21				21
22				22
23	PATHWAY SENIOR LIVING LLC:			23
24	Management Fees	(111,776)	10	24
25	Service Provider Fee	(114,000)	10	25
26	Maintenance Fees	2,302	02	26
27	Utilities	50	03	27
28	Administrative	95,393	10	28
29	Marketing	13,889	11	29
30	Insurance	581	13	30
31	Employee Benefits	9,383	14	31
32	Rent - Building	3,898	20	32
33	Rent - Equipment	80	21	33
34				34
35				35
36	PATHWAY MANAGEMENT LLC:			36
37	Maintenance Fees	160	02	37
38	Utilities	267	03	38
39	Administrative	83,290	10	39
40	Marketing	18,035	11	40
41	Insurance	54	13	41
42	Employee Benefits	10,566	14	42
43	Rent - Building	8,861	20	43
44	Rent - Equipment	71	21	44
45				45
46				46
47				47
48				48
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95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(239,636)		101

Facility Name: Victory Centre Of Bartlett

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.21	\$ 42.78	1
2	Licensed Practical Nurses	1.71	26.73	2
3	Certified Nurse Assistants	14.35	11.03	3
4	Activity Director & Assistants	1.04	18.55	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.31	10.46	7
8	Dishwashers			8
9	Maintenance Workers	2.67	15.94	9
10	Housekeepers	3.10	10.07	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.36	19.80	13
14	Clerical			14
15	Marketing	0.89	57.81	15
16	Other			16
17	Total (lines 1 thru 16)	38.64	\$ 15.11	17

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).

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%	2.02	\$ 7,792	1
2					2
3					3
4					4
5					5
Total				\$ 7792	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$		1
2				2
Total		\$		3

Facility Name: Victory Centre Of Bartlett

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	\$ 596,810	35	\$ 395,559	\$ (201,251)	\$ 2,373,354	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				321,316			16,065	16,065	84,424	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)				\$ 14,165,893	\$ 596,810		\$ 411,625	\$ (185,185)	\$ 2,457,778	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	\$ 758,930	\$	\$ 74,554	74,554	10	\$ 437,781	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 758,930	\$	\$ 74,554	74,554		\$ 437,781	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

****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: 1/1/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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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

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
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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: 1/1/2012

Ending: 2/31/2012

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☒ NO
3	Original Building			/ /	\$ 324			3	9. Rental amount for movable equipment \$ 17,399
4	Additions			/ /				4	
5	Allocated from Pathway			/ /	12,759			5	
6	Storage Rental			/ /				6	
7	TOTAL				\$ 13,083			7	
									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	4/1/07	\$ 10,330,000	\$ 9,659,270	5/1/48	5.3150	\$ 516,673	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,601,514	5/1/48	1.0000	26,360	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 12,260,784			\$ 543,033	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-25,602	8
9	Interest Income - Escrow		X		/ /			/ /		-8	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 12,260,784			\$ 517,423	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: 1/1/2012

Ending: 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,390,052	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	505,074		3
4	Supply Inventory (priced at)	4,321		4
5	Short-Term Investments			5
6	Prepaid Insurance	34,514		6
7	Other Prepaid Expenses	23,210		7
8	Accounts Receivable (owners or related parties)	175		8
9	Other(specify): See Attached	865,341		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,822,687	\$	10
	B. Long-Term Assets			
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	333,865		15
16	Equipment, at Historical Cost	762,223		16
17	Accumulated Depreciation (book methods)	(3,976,323)		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): See Attached	706,703		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,580,135	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,402,822	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 112,908	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	109,281		30
31	Accrued Taxes Payable	101,061		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	32,030		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 355,280	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,260,784		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	138,221		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 12,399,005	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,754,285	\$	45
46	TOTAL EQUITY	\$ 2,648,537	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,402,822	\$	47

*(See instructions.)

Facility Name: Victory Centre Of Bartlett

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,179,860	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,179,860	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	9,003	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 9,003	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	25,610	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 25,610	14
	D. Other Revenue (specify):		
15		114,841	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 114,841	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,329,314	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	977,121	19
20	Health Care/ Personal Care	610,476	20
21	General Administration	1,117,436	21
	B. Capital Expense		
22	Ownership	1,378,081	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)	\$ 4,083,114	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 246,200	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 246,200	31