

		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: 1000002

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:

Date Current Owners were Certified: 1/17/2000

Type of Ownership:

VOLUNTARY, NON-PROFIT X PROPRIETARY GOVERNMENTAL

Charitable Corp.

Trust

IRS Exemption Code

Individual State

Partnership County

Corporation Other

"Sub-S" Corp.

Limited Liability Co.

Trust

X 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)

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

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>28</u>	Single Unit Apartment	<u>28</u>	<u>10,248</u>	1
2	<u>2</u>	Double Unit Apartment	<u>2</u>	<u>732</u>	2
3		Other		<u>630</u>	3
4	<u>30</u>	TOTALS	<u>30</u>	<u>11,610</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>7,797</u>	<u>1,485</u>		<u>9,282</u>	5
6	Double Unit					6
7	Other	<u>630</u>			<u>630</u>	7
8	TOTALS	<u>8,427</u>	<u>1,485</u>		<u>9,912</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.37%

D. Indicate the number of paid bed-hold days the SLF had during this year 240 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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 Senior Centre

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	11,215	49,688	59,776	120,679	(2,310)	118,370	1
2	Housekeeping, Laundry and Maintenance	21,897	22,574	45,017	89,488	4,747	94,235	2
3	Heat and Other Utilities			32,721	32,721	83	32,804	3
4	Other (specify):							4
5	TOTAL General Services	33,112	72,262	137,514	242,888	2,521	245,409	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	247,571	269	3,786	251,626		251,626	6
7	Activities and Social Services	13,902	866	3,994	18,762	(168)	18,594	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	261,473	1,135	7,780	270,388	(168)	270,220	9
	C. General Administration							
10	Administrative and Clerical	89,446	5,126	137,650	232,222	(28,395)	203,827	10
11	Marketing Materials, Promotions and Advertising	6,053	36	6,053	12,142	8,332	20,474	11
12	Employee Benefits and Payroll Taxes			83,569	83,569		83,569	12
13	Insurance-Property, Liability and Malpractice			9,592	9,592	166	9,758	13
14	Other (specify):					5,207	5,207	14
15	TOTAL General Administration	95,499	5,162	236,864	337,525	(14,690)	322,835	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	390,084	78,559	382,158	850,801	(12,337)	838,464	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			131,810	131,810	(1,214)	130,596	17
18	Interest			7,340	7,340	(23)	7,317	18
19	Real Estate Taxes			19,501	19,501		19,501	19
20	Rent -- Facility and Grounds			93	93	3,330	3,423	20
21	Rent -- Equipment			4,830	4,830	40	4,870	21
22	Other (specify):			125	125		125	22
23	TOTAL Ownership			163,699	163,699	2,133	165,832	23
24	GRAND TOTAL (Sum of lines 16 and 23)	390,084	78,559	545,857	1,014,500	(10,204)	1,004,296	24

Victory Senior Centre

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (1,214)	17	1
2	Meal Program Income	(350)	01	2
3	Guest Meals	(12)	01	3
4	Employee Meals	(327)	01	4
5	Unidine Adjustment	(1,621)	01	5
6	Pet Fee	(250)	10	6
7	NSF Fee	(30)	10	7
8	Bank Service Charges	(2,800)	10	8
9	Charitable Contributions	(445)	10	9
10	Resident Gifts	(168)	07	10
11	Bad Debt	(2,207)	10	11
12	Community/Public Relations	(173)	10	12
13	Partnership Management Fees	(10,000)	10	13
14	Interest Income	(23)	18	14
15	Meals & Entertainment	(200)	10	15
16	Additional R&M	4,104	02	16
17				17
18	PATHWAY MANAGEMENT LLC			18
19	Maintenance	42	02	19
20	Utilities	70	03	20
21	Administrative	21,738	10	21
22	Marketing	4,707	11	22
23	Insurance	14	13	23
24	Employee Benefits	2,758	14	24
25	Rent - Building	2,313	20	25
26	Rent - Equipment	19	21	26
27				27
28	PATHWAY SENIOR LIVING LLC:			28
29	Maintenance	601	02	29
30	Utilities	13	3	30
31	Administrative	24,897	10	31
32	Marketing	3,625	11	32
33	Insurance	152	13	33
34	Employee Benefits	2,449	14	34
35	Rent - Building	1,017	20	35
36	Rent - Equipment	21	21	36
37	Management Fees	(58,926)	10	37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
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92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total	(10,204)		101

Facility Name: Victory Senior Centre

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	0.97	\$ 25.87	1
2	Licensed Practical Nurses	0.79	22.33	2
3	Certified Nurse Assistants	7.17	10.65	3
4	Activity Director & Assistants	0.53	12.55	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	0.55	9.84	7
8	Dishwashers			8
9	Maintenance Workers	0.52	19.66	9
10	Housekeepers	0.04	9.51	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.46	29.43	13
14	Clerical			14
15	Marketing	0.15	19.78	15
16	Other			16
17	Total (lines 1 thru 16)	12.17	\$ 15.41	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	29%	0.53	\$ 2,034	1
2					2
3					3
4					4
5					5
Total				\$ 2034	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

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

Facility Name: Victory Senior Centre

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	\$ 131,810	35	\$ 115,359	\$ (16,451)	\$ 1,413,283	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				69,862			3,493	3,493	8,151	6
7	Various			1999	176,529		20				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)				\$ 3,418,665	\$ 131,810		\$ 118,852	\$ (12,957)	\$ 1,421,434	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	\$ 263,472	\$	\$ 11,744	11,744	10	\$ 203,762	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 263,472	\$	\$ 11,744	11,744		\$ 203,762	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:

1/1/2012

Ending:

12/31/2012

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	Air Conditioners	2005	1,405	20	70	70	562	2
3	Roofing	2008	5,113	20	256	256	1,150	3
4	Repipe Floor Drains	2009	8,975	20	449	449	1,796	4
5	Landscaping	2009	7,000	20	350	350	1,400	5
6	Water Heater Repairs	2009	5,974	20	299	299	897	6
7	Seal/Coating Concrete	2011	5,546	20	277	277	555	7
8	Install Carrier Rtu	2012	6,950	20	348	348	348	8
9	Sif Nurse Call System	2012	28,900	20	1,445	1,445	1,445	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)		\$ 69,862	\$	\$ 3,493	\$ 3,493	\$ 8,151	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: 1/1/2012 Ending: 12/31/2012

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

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
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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: 1/1/2012

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	
		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			/ /	93			5
6	Allocated from Pathway			/ /	3,330			6
7	TOTAL				\$ 3,423			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 4,870

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	\$ 723,526	5/1/39	1.0000	\$ 7,340	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 723,526			\$ 7,340	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-23	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 723,526			\$ 7,317	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 Senior Centre

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	\$ 93,128	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	95,862		3
4	Supply Inventory (priced at)	2,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	7,596		6
7	Other Prepaid Expenses	7,286		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	230,034		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 436,262	\$	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	51,825		15
16	Equipment, at Historical Cost	312,922		16
17	Accumulated Depreciation (book methods)	(1,870,539)		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	3,496		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,819,978	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,256,240	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 112,015	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,702		30
31	Accrued Taxes Payable	19,577		31
32	Accrued Interest Payable	603		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	13,449		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 195,346	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	723,526		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)	\$ 723,526	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 918,872	\$	45
46	TOTAL EQUITY	\$ 1,337,368	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,256,240	\$	47

*(See instructions.)

Facility Name: Victory Senior Centre

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	\$ 993,706	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 993,706	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	2,310	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,310	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	23	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 23	14
	D. Other Revenue (specify):		
15	See Attached	2,461	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,461	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 998,500	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	242,888	19
20	Health Care/ Personal Care	270,388	20
21	General Administration	337,525	21
	B. Capital Expense		
22	Ownership	163,699	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)	\$ 1,014,500	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (16,000)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (16,000)	31

