

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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.

<p>I. Facility ID Number: <u>1000068</u></p> <p>Facility Name: <u>Victory Centre of Roseland</u></p> <p>Address: <u>10450 S Michigan Ave</u> <u>Chicago</u> <u>60628</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 468-6400</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/30/2006</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: _____</p>	<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>		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2014</u> to <u>12/31/2014</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (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></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (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>
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Facility Name Victory Centre of Roseland

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	31,912	5,631		37,543	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,912	5,631		37,543	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.95%

D. Indicate the number of paid bed-hold days the SLF had during this year 637 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 42 (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: 12/31/14 Fiscal Year: 12/31/14

* 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 Roseland

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	217,089	167,896	21,689	406,674	7,616	414,290	1
2	Housekeeping, Laundry and Maintenance	104,241	42,495	138,100	284,836	9,093	293,929	2
3	Heat and Other Utilities			157,837	157,837	162	157,999	3
4	Other (specify):							4
5	TOTAL General Services	321,330	210,391	317,626	849,347	16,871	866,218	5
B. Health Care and Programs								
6	Health Care/ Personal Care	364,115	401	39,589	404,105	9,386	413,491	6
7	Activities and Social Services	33,209	3,056	19,778	56,043	8,137	64,180	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	397,324	3,457	59,367	460,148	17,523	477,671	9
C. General Administration								
10	Administrative and Clerical	195,923	24,386	663,229	883,538	(262,883)	620,655	10
11	Marketing Materials, Promotions and Advertising	43,110	936	42,552	86,598	32,407	119,005	11
12	Employee Benefits and Payroll Taxes			204,978	204,978		204,978	12
13	Insurance-Property, Liability and Malpractice			41,939	41,939	982	42,921	13
14	Other (specify):					18,763	18,763	14
15	TOTAL General Administration	239,033	25,322	952,698	1,217,053	(210,731)	1,006,322	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	957,687	239,170	1,329,691	2,526,548	(176,337)	2,350,211	16
Capital Expenses								
D. Ownership								
17	Depreciation			495,108	495,108	65,763	560,871	17
18	Interest			426,709	426,709	(2,007)	424,702	18
19	Real Estate Taxes			75,857	75,857		75,857	19
20	Rent -- Facility and Grounds			1,116	1,116	10,189	11,305	20
21	Rent -- Equipment			9,122	9,122	87	9,209	21
22	Other (specify): Mortgage Insurance Premium/Amort.			52,821	52,821		52,821	22
23	TOTAL Ownership			1,060,733	1,060,733	74,032	1,134,765	23
24	GRAND TOTAL (Sum of lines 16 and 23)	957,687	239,170	2,390,424	3,587,281	(102,304)	3,484,977	24

Victory Centre of Roseland

Report Period Beginning: 1/1/2014
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 65,763	17	1
2	Guest Meals	(80)	01	2
3	Employee Meals	(116)	01	3
4	Maintenance Fees	(50)	02	4
5	Damage Recovery	(45)	10	5
6	Telephone Service	(20,053)	10	6
7	Other Income	(626)	10	7
8	Meals & Entertainment	(725)	10	8
9	Bank Service Charges	(1,522)	10	9
10	Charitable Contributions	(2,160)	10	10
11	Resident Gifts	(2,899)	10	11
12	Bad Debt Tenant	(46,235)	10	12
13	Bad Debt Medicaid	(143,763)	10	13
14	Cable TV	(12,918)	10	14
15	Management Fees	(49,407)	10	15
16	Service Provider Fee	(141,485)	10	16
17	Interest Income- Escrows	(16)	18	17
18	Interest Income	(1,990)	18	18
19	Additional R&M	4,676	02	19
20				20
21	Pathway Management LLC			21
22	Maintenance	3,501	02	22
23	Utilities	162	03	23
24	Health Care / Personal Care	4,566	06	24
25	Community Life	1,601	07	25
26	Administrative	82,188	10	26
27	Marketing	13,738	11	27
28	Insurance	55	13	28

29	Employee Benefits	8,383	14	29
30	Rent - Building	9,422	20	30
31	Rent - Equipment	43	21	31
32				32
33	Pathway Senior Living LLC			33
34	Dietary	7,812	01	34
35	Maintenance	966	02	35
36	Health Care / Personal Care	4,820	06	36
37	Community Life	6,536	07	37
38	Administrative	76,770	10	38
39	Marketing	18,669	11	39
40	Insurance	927	13	40
41	Employee Benefits	10,380	14	41
42	Rent - Building	767	20	42
43	Rent - Equipment	44	21	43
44				44
45				45
46				46
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99			99
100			100

101	Total	(102,304)	101
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Facility Name: Victory Centre of Roseland

Report Period Beginning 1/1/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.39	\$ 24.37	1
2	Licensed Practical Nurses	1.94	23.04	2
3	Certified Nurse Assistants	9.94	9.70	3
4	Activity Director & Assistants	1.06	15.11	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.68	12.02	7
8	Dishwashers			8
9	Maintenance Workers	1.98	14.10	9
10	Housekeepers	2.28	9.78	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.83	19.49	13
14	Clerical			14
15	Marketing	0.63	32.98	15
16	Other			16
17	Total (lines 1 thru 16)	32.73	\$ 14.07	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	0.001225%	1.64	\$ 6,324	1
2	Robert Helle	0.001225%	1.64	4,928	2
3					3
4					4
5					5
				Total	\$ 11251.66 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:

1/1/2014

Ending:

12/31/2014

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)	\$ 3,514,925	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				201,827			11,458	11,458	43,213	6
7	Various			2006	708,000		20	35,400	35,400	283,200	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)				\$ 15,780,677	\$ 495,108		\$ 471,739	\$ (23,369)	\$ 3,841,338	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	\$ 891,318	\$	\$ 89,132	89,132	10	\$ 671,311	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 891,318	\$	\$ 89,132	89,132		\$ 671,311	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

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Roseland

Report Period Beginning:

1/1/2014 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	Plumbing Repairs	2007	4,025	20	201	201	
3	Hvac Repairs	2007	6,987	20	349	349	
4	Plumbing, Electrical, Concrete, Compressor	2008	37,892	20	1,895	1,895	
5	Offsite Improvements	2009	8,996	20	450	450	
6	Storage Shed	2009	5,660	20	283	283	
7	Dormer Repair	2009	2,752	20	138	138	
8	Electrical Work	2010	8,193	20	410	410	
9	Dryer Exhaust System	2010	4,980	20	249	249	
10	Sidewalk Repair	2010	2,145	20	107	107	
11	Exhaust Fan Motor	2010	1,743	20	87	87	
12	Sump Pump	2010	2,975	20	149	149	
13	Replace 2 Compressor Boards	2010	2,531	20	127	127	
14	Heating Repairs, Network Failure	2010	2,538	20	127	127	
15	Surveillance Camera Installation	2011	2,635	20	132	132	
16	Wooden Fence	2011	3,070	20	154	154	
17	Phone System Repairs	2011	2,981	20	149	149	
18	Hvac Repairs	2011	6,915	20	346	346	
19	Hvac Repairs	2011	2,633	20	132	132	
20	Voicemail System	2012	12,347	20	1,235	1,235	
21	Hot Water Pipe Repair	2012	3,980	20	199	199	
22	Isl Custom Ptac	2013	7,975	20	399	399	
23	Electromagnetic Lock/Delayed Egress	2013	5,619	20	281	281	
24	Sandblasting Signs And Post Sleeves	2013	5,235	20	262	262	
25	Ignition Module, Pressure Switch, Mount	2013	2,551	20	128	128	
26	Custom Carpet In Dining Room	2014	14,681	20	734	734	
27	Phone System	2014	14,983	20	1,498	1,498	
28	Phone System	2014	14,983	20	749	749	
29	Custom Carpet	2014	2,804	20	140	140	
30	Ptac System	2014	7,019	20	351	351	
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 201,827	\$	\$ 11,458	\$ 11,458	\$

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

9	
Accumulated depreciation	
	1
1,610	2
2,794	3
12,314	4
2,699	5
1,698	6
828	7
2,049	8
1,245	9
536	10
436	11
744	12
633	13
635	14
527	15
614	16
596	17
1,383	18
527	19
4,939	20
796	21
797	22
562	23
524	24
255	25
734	26
1,498	27
749	28
140	29
351	30
	31
	32
	33
43,213	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Roseland

Report Period Beginning:

1/1/2014 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
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Roseland

Report Period Beginning:

1/1/2014 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
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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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Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

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			/ /	1,116			5
6	Allocated from Pathway			/ /	10,189			6
7	TOTAL				\$ 11,305			7

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

9. Rental amount for movable equipment \$ 9,209

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	\$ 7,497,001	3/1/47	5.3500	\$ 403,190	1
2	IHDA		X	2nd Mortgage	/ /	2,756,452	2,323,573	3/1/47	1.0000	23,512	2
3					/ /			/ /			3
	Working Capital										
4	Security Deposit Interest		X		/ /			/ /			7
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,806,452	\$ 9,820,573			\$ 426,708	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(1,990)	8
9	Interest Income- Escrow		X		/ /			/ /		(16)	9
10	TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 9,820,573			\$ 424,702	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 Roseland

Report Period Beginning: 1/1/2014

Ending: 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,365,702	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	824,313		3
4	Supply Inventory (priced at)	5,431		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,911		6
7	Other Prepaid Expenses	11,291		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,791,155		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,017,803	\$	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	740,407		15
16	Equipment, at Historical Cost	993,959		16
17	Accumulated Depreciation (book methods)	(4,253,623)		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):	272,884		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,031,159	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,048,962	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 64,497	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,691		30
31	Accrued Taxes Payable	77,073		31
32	Accrued Interest Payable	35,360		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	150,873		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 359,494	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,820,574		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)	\$ 9,820,574	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,180,068	\$	45
46	TOTAL EQUITY	\$ 7,868,894	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,048,962	\$	47

*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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	\$ 3,849,492	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,849,492	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	196	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 196	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,006	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,006	14
D. Other Revenue (specify):			
15	See Attached	41,468	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 41,468	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,893,162	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	849,347	19
20	Health Care/ Personal Care	460,148	20
21	General Administration	1,217,053	21
B. Capital Expense			
22	Ownership	1,060,733	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)	\$ 3,587,281	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 305,881	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 305,881	31