

		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.

<p>I. Facility ID Number: <u>1000068</u></p> <p>Facility Name: <u>Victory Centre Of Roseland</u></p> <p>Address: <u>10450 South Michigan Avenue</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 checked="" 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 type="checkbox"/> Other _____</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 checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<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>1/1/2012</u> to <u>12/31/2012</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) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>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) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name Victory Centre Of Roseland

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	124	Single Unit Apartment	124	45,384	1
2		Double Unit Apartment			2
3		Other			3
4	124	TOTALS	124	45,384	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	32,890	5,804		38,694	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,890	5,804		38,694	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.26%

D. Indicate the number of paid bed-hold days the SLF had during this year 580 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 94 (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 Roseland

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	182,526	175,384	124,344	482,254	(5,306)	476,948	1
2	Housekeeping, Laundry and Maintenance	110,492	35,927	146,063	292,482	(2,226)	290,256	2
3	Heat and Other Utilities			144,539	144,539	281	144,820	3
4	Other (specify):							4
5	TOTAL General Services	293,018	211,311	414,946	919,275	(7,251)	912,024	5
B. Health Care and Programs								
6	Health Care/ Personal Care	423,933	436	16,715	441,084		441,084	6
7	Activities and Social Services	32,224	1,892	16,495	50,611		50,611	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	456,157	2,328	33,210	491,695		491,695	9
C. General Administration								
10	Administrative and Clerical	147,944	17,986	795,464	961,394	(427,232)	534,162	10
11	Marketing Materials, Promotions and Advertising	60,179	129	30,449	90,757	27,107	117,864	11
12	Employee Benefits and Payroll Taxes			181,681	181,681		181,681	12
13	Insurance-Property, Liability and Malpractice			41,554	41,554	(493)	41,061	13
14	Other (specify):					17,657	17,657	14
15	TOTAL General Administration	208,123	18,115	1,049,148	1,275,386	(382,961)	892,425	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	957,298	231,754	1,497,304	2,686,356	(390,212)	2,296,144	16
Capital Expenses								
D. Ownership								
17	Depreciation			493,795	493,795	58,317	552,112	17
18	Interest			436,522	436,522	(31,209)	405,313	18
19	Real Estate Taxes			70,343	70,343		70,343	19
20	Rent -- Facility and Grounds			386	386	11,292	11,678	20
21	Rent -- Equipment			11,615	11,615	134	11,749	21
22	Other (specify):			53,313	53,313		53,313	22
23	TOTAL Ownership			1,065,974	1,065,974	38,534	1,104,508	23
24	GRAND TOTAL (Sum of lines 16 and 23)	957,298	231,754	2,563,278	3,752,330	(351,679)	3,400,651	24

Victory Centre Of Roseland

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 58,317	17	1
2	Guest Meals	(77)	01	2
3	Employee Meals	(80)	01	3
4	Unidine Adjustment	(5,149)	01	4
5	Maintenance Fees	(425)	02	5
6	Damage Recovery	(1,055)	13	6
7	Telephone Service	(21,492)	10	7
8	NSF Fees	(30)	10	8
9	Other Income	(758)	10	9
10	Bank Service Charges	(2,900)	10	10
11	Charitable Contributions	(2,043)	10	11
12	Resident Gifts	(2,918)	10	12
13	Bad Debt - Tenant	(20,741)	10	13
14	Bad Debt - Medicaid	(15,052)	10	14
15	Cable TV	(30,887)	10	15
16	Interest Income	(31,209)	18	16
17	Meals & Entertainment	(1,148)	11	17
18	Capitalized R&M	(3,980)	02	18
19				19
20	PATHWAY SENIOR LIVING LLC			20
21	Management Fees	(55,341)	10	21
22	Service Provider Fee	(144,487)	10	22
23	Partnership Management Fee	(288,730)	10	23
24	Maintenance Fees	2,037	02	24
25	Utilities	44	03	25
26	Administrative	84,430	10	26
27	Marketing	12,293	11	27
28	Insurance	514	13	28
29	Employee Benefits	8,305	14	29
30	Rent - Building	3,450	20	30
31	Rent - Equipment	71	21	31
32				32
33				33
34	PATHWAY MANAGEMENT LLC:			34
35	Maintenance Fees	142	02	35
36	Utilities	237	03	36
37	Administrative	73,717	10	37
38	Marketing	15,962	11	38
39	Insurance	48	13	39
40	Employee Benefits	9,352	14	40
41	Rent - Building	7,842	20	41
42	Rent - Equipment	63	21	42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
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92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(351,679)	101

Facility Name: Victory Centre Of Roseland

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	2.04	\$ 23.38	1
2	Licensed Practical Nurses	1.76	23.04	2
3	Certified Nurse Assistants	10.71	10.79	3
4	Activity Director & Assistants	1.06	14.56	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.08	10.86	7
8	Dishwashers			8
9	Maintenance Workers	1.68	18.64	9
10	Housekeepers	2.44	8.93	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.31	21.50	13
14	Clerical			14
15	Marketing	0.88	32.99	15
16	Other			16
17	Total (lines 1 thru 16)	31.96	\$ 14.40	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%	1.79	\$ 6,896	1
2					2
3					3
4					4
5					5
				Total	\$ 6896 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:

1/1/2012

Ending:

12/31/2012

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	\$ 493,795	35	\$ 424,881	\$ (68,914)	\$ 2,665,163	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				833,976			42,317	42,317	236,169	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)				\$ 15,704,826	\$ 493,795		\$ 467,198	\$ (26,597)	\$ 2,901,332	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	\$ 849,135	\$	\$ 84,914	84,914	10	\$ 496,575	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 849,135	\$	\$ 84,914	84,914		\$ 496,575	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 Centre Of Roseland

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	2006	708,000		20	35,400	35,400	212,400	2
3	2007	4,025		20	201	201	1,207	3
4	2007	6,987		20	349	349	2,096	4
5	2008	37,892		20	1,895	1,895	8,525	5
6	2009	8,996		20	450	450	1,800	6
7	2009	5,660		20	283	283	1,132	7
8	2009	2,752		20	138	138	552	8
9	2010	8,193		20	410	410	1,229	9
10	2010	4,980		20	249	249	747	10
11	2010	2,145		20	107	107	322	11
12	2010	1,743		20	87	87	261	12
13	2010	2,975		20	149	149	447	13
14	2010	2,531		20	127	127	380	14
15	2010	2,538		20	127	127	381	15
16	2011	2,635		20	132	132	264	16
17	2011	3,070		20	154	154	307	17
18	2011	2,981		20	149	149	298	18
19	2011	6,915		20	346	346	691	19
20	2011	2,633		20	132	132	263	20
21	2012	12,347		20	1,235	1,235	2,469	21
22	2012	3,980		20	199	199	398	22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
33	Total Book Depreciation							33
34	TOTAL (lines 1 thru 33)		\$ 833,976	\$	\$ 42,317	\$ 42,317	\$ 236,169	34

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

Facility Name & ID Number Victory Centre Of Roseland

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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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 Centre Of Roseland

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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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 Centre Of Roseland

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	Allocated from Pathway			/ /	11,292			5
6	Storage Rental			/ /	386			6
7	TOTAL				\$ 11,678			7

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

9. Rental amount for movable equipment \$ 11,748

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original					
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	1st Mortgage	4/1/07	\$ 8,050,000	\$ 7,662,280	3/1/47	5.3500	\$ 411,820	1
2		IHDA		X	2nd Mortgage	4/1/07	2,756,452	2,443,129	3/1/47	1.0000	24,702	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 10,806,452	\$ 10,105,408			\$ 436,521	7
		B. Non-Facility Related										
8		Interest Income		X		/ /			/ /		-31,209	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 10,105,408			\$ 405,313	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: **1/1/2012**

Ending:

12/31/2012**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2012**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,353,601	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,052,278		3
4	Supply Inventory (priced at)	5,431		4
5	Short-Term Investments			5
6	Prepaid Insurance	38,942		6
7	Other Prepaid Expenses	19,792		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	2,147,352		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,617,396	\$	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	881,178		16
17	Accumulated Depreciation (book methods)	(3,263,407)		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	302,538		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,923,567	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,540,963	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 122,080	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	61,955		30
31	Accrued Taxes Payable	71,007		31
32	Accrued Interest Payable	36,197		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	398,516		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 689,755	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,105,409		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)	\$ 10,105,409	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,795,164	\$	45
46	TOTAL EQUITY	\$ 7,745,799	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,540,963	\$	47

*(See instructions.)

Facility Name: Victory Centre Of Roseland

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.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,043,679	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,043,679	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	5,306	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,306	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	31,208	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 31,208	14
D. Other Revenue (specify):			
15	See Attached	44,567	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 44,567	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,124,760	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	919,275	19
20	Health Care/ Personal Care	491,695	20
21	General Administration	1,275,386	21
B. Capital Expense			
22	Ownership	1,065,974	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)	\$ 3,752,330	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 372,430	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 372,430	31

