

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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><b>I. Facility ID Number:</b> <u>1000068</u></p> <p><b>Facility Name:</b> <u>Victory Centre of Roseland</u></p> <p><b>Address:</b> <u>10450 S Michigan Ave</u> <u>Chicago</u> <u>60628</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(773) 468-6400</u> <b>Fax #</b> _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/30/2006</u></p> <p><b>Type of Ownership:</b></p> <table border="0"> <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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 282 - 6300</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2015</u> to <u>12/31/2015</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 border="0"> <tr> <td style="border: 1px solid black; width: 20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="border: 1px solid black;"><b>Paid Preparer</b></td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) _____ (Title) _____	<b>Paid Preparer</b>	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</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: 1/1/2015 Ending: 12/31/2015

**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	29,441	5,195		34,636	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,441	5,195		34,636	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 76.53%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 641 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 84 (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: 12/31/15 Fiscal Year: 12/31/15

\* 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:

1/1/2015

Ending: 12/31/2015

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	227,047	165,406	22,256	414,709	6,713	421,422	1
2	Housekeeping, Laundry and Maintenance	140,249	50,758	149,651	340,658	(1,339)	339,319	2
3	Heat and Other Utilities			158,062	158,062	184	158,246	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>367,296</b>	<b>216,164</b>	<b>329,969</b>	<b>913,429</b>	<b>5,558</b>	<b>918,987</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	462,676	789	88,913	552,378	10,269	562,647	6
7	Activities and Social Services	33,202	3,629	23,827	60,658	6,996	67,654	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>495,878</b>	<b>4,418</b>	<b>112,740</b>	<b>613,036</b>	<b>17,265</b>	<b>630,301</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	201,376	17,471	821,289	1,040,136	(443,992)	596,144	10
11	Marketing Materials, Promotions and Advertising	41,313	2,826	56,853	100,992	32,112	133,104	11
12	Employee Benefits and Payroll Taxes			251,615	251,615		251,615	12
13	Insurance-Property, Liability and Malpractice			46,553	46,553	6,897	53,450	13
14	Other (specify):					21,610	21,610	14
15	<b>TOTAL General Administration</b>	<b>242,689</b>	<b>20,297</b>	<b>1,176,310</b>	<b>1,439,296</b>	<b>(383,373)</b>	<b>1,055,923</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,105,863</b>	<b>240,879</b>	<b>1,619,019</b>	<b>2,965,761</b>	<b>(360,550)</b>	<b>2,605,211</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			499,338	499,338	71,826	571,164	17
18	Interest			421,425	421,425	(2,171)	419,254	18
19	Real Estate Taxes			94,688	94,688		94,688	19
20	Rent -- Facility and Grounds			1,096	1,096	7,468	8,564	20
21	Rent -- Equipment			13,884	13,884	179	14,063	21
22	Other (specify): Mortgage Insurance/Amortization			52,276	52,276		52,276	22
23	<b>TOTAL Ownership</b>			<b>1,082,707</b>	<b>1,082,707</b>	<b>77,302</b>	<b>1,160,009</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,105,863</b>	<b>240,879</b>	<b>2,701,726</b>	<b>4,048,468</b>	<b>(283,248)</b>	<b>3,765,220</b>	<b>24</b>

Victory Centre of Roseland

Report Period Beginning: 1/1/2015  
Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 71,432	17	1
2	Guest Meals	(6)	01	2
3	Employee Meals	(9)	01	3
4	Telephone Service	(15,324)	10	4
5	Other Income	(69)	10	5
6	Meals & Entertainment	(997)	10	6
7	Bank Service Charges	(1,257)	10	7
8	Charitable Contributions	(685)	10	8
9	Resident Gifts	(4,234)	10	9
10	Resident Reimbursables	(25)	10	10
11	Bad Debt - Tenant	(57,772)	10	11
12	Bad Debt - Medicaid	(35,333)	10	12
13	Bad Debt - Medicaid Prior Period	(24,772)	10	13
14	Cable TV	(16,792)	10	14
15	Management Fees	(47,225)	10	15
16	Service Provider Fee	(142,045)	10	16
17	Partnership Accounting Ex	(1,700)	10	17
18	Partnership Management Fee	(247,258)	10	18
19	Interest Income	(2,171)	18	19
20	Additional R&M	947	02	20
21	Capitalized R&M	(5,835)	02	21
22				22
23	Pathway Management LLC			23
24	Maintenance	2,817	02	24
25	Utilities	184	03	25
26	Health Care/ Personal Care	4,076	06	26
27	Community Life	1,197	07	27
28	Administrative	77,856	10	28

29	Marketing	14,346	11	29
30	Insurance	96	13	30
31	Employee Benefits	9,947	14	31
32	Depreciation	394	17	32
33	Rent - Building	6,743	20	33
34	Rent - Equipment	41	21	34
35				35
36	Pathway Senior Living LLC			36
37	Dietary	6,728	01	37
38	Maintenance	732	02	38
39	Health Care / Personal Care	6,193	06	39
40	Community Life	5,799	07	40
41	Administrative	73,640	10	41
42	Marketing	17,766	11	42
43	Insurance	6,801	13	43
44	Employee Benefits	11,663	14	44
45	Rent - Building	725	20	45
46	Rent - Equipment	138	21	46
47				47
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49				49
50				50
51				51
52				52
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92			92
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94			94
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96			96
97			97
98			98
99			99
100			100

101	Total	(283,248)	101
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Facility Name: Victory Centre of Roseland

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.71	\$ 23.28	1
2	Licensed Practical Nurses	2.31	22.37	2
3	Certified Nurse Assistants	11.94	10.97	3
4	Activity Director & Assistants	1.13	14.12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.98	12.16	7
8	Dishwashers			8
9	Maintenance Workers	2.07	15.60	9
10	Housekeepers	3.44	10.20	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.97	19.49	13
14	Clerical			14
15	Marketing	0.74	26.67	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>37.29</b>	<b>\$ 14.26</b>	<b>17</b>

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%	1.58	\$ 4,671	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 4671</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	1
2		2
<b>Total</b>		<b>3</b>

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:

1/1/2015

Ending:

12/31/2015

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	\$ 499,732	35	\$ 424,881	\$ (74,851)	\$ 3,939,806	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				373,219			20,028	20,028	58,836	6
7	Various		2006		708,000		20	35,400	35,400	318,600	7
8	Various		2007		11,012		20	551	551	4,955	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 15,963,081	\$ 499,732		\$ 480,860	\$ (18,872)	\$ 4,322,198	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	\$ 903,042	\$	\$ 90,304	90,304	10	\$ 761,616	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 903,042	\$	\$ 90,304	90,304		\$ 761,616	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:

1/1/2015 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	2008	37,892		20	1,895	1,895	
3	2009	8,996		20	450	450	
4	2009	5,660		20	283	283	
5	2009	2,752		20	138	138	
6	2010	8,193		20	410	410	
7	2010	4,980		20	249	249	
8	2010	2,145		20	107	107	
9	2010	1,743		20	87	87	
10	2010	2,975		20	149	149	
11	2010	2,531		20	127	127	
12	2010	2,538		20	127	127	
13	2011	2,635		20	132	132	
14	2011	3,070		20	154	154	
15	2011	2,981		20	149	149	
16	2011	6,915		20	346	346	
17	2011	2,633		20	132	132	
18	2012	12,347		20	1,235	1,235	
19	2012	3,980		20	199	199	
20	2013	7,975		20	399	399	
21	2013	5,619		20	281	281	
22	2013	5,235		20	262	262	
23	2013	2,551		20	128	128	
24	2014	14,681		20	734	734	
25	2014	14,983		20	1,498	1,498	
26	2014	14,983		20	749	749	
27	2014	2,804		20	140	140	
28	2014	7,019		20	351	351	
29	2015	3,224		20	161	161	
30	2015	44,913		20	2,246	2,246	
31	2015	62,751		20	3,138	3,138	
32	2015	19,800		20	990	990	
33	2015	3,989		20	199	199	
34		\$ 325,491	\$		\$ 17,641	\$ 17,641	\$

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

<b>9</b>	
<b>Accumulated depreciation</b>	
	1
14,209	2
3,149	3
1,981	4
966	5
2,458	6
1,494	7
643	8
523	9
893	10
760	11
762	12
659	13
768	14
745	15
1,729	16
658	17
6,173	18
995	19
1,196	20
843	21
785	22
383	23
1,468	24
2,997	25
1,498	26
280	27
702	28
161	29
2,246	30
3,138	31
990	32
199	33
56,450	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Roseland

Report Period Beginning:

1/1/2015 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	Ptac Units	2015	30,329	20	1,516	1,516	
3	Ptac Units	2015	11,564	20	578	578	
4	Ac Repair - 1St Floor	2015	5,835	20	292	292	
5							
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31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 47,728	\$	\$ 2,386	\$ 2,386	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
	<b>1</b>
<b>1,516</b>	<b>2</b>
<b>578</b>	<b>3</b>
<b>292</b>	<b>4</b>
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	<b>32</b>
	<b>33</b>
<b>2,386</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Roseland

Report Period Beginning:

1/1/2015 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							
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24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$	\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
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Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

**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			/ /	1,096			5
6	Allocated from Pathway			/ /	7,468			6
7	<b>TOTAL</b>				\$ 8,564			7

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

9. Rental amount for movable equipment \$ 14,063

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				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1	IHDA		X	1st Mortgage	9/1/05	\$ 8,050,000	\$ 7,407,504	3/1/47	5.3500	\$ 398,517	1
2	IHDA		X	2nd Mortgage	9/1/05	2,756,452	2,262,893	3/1/47	1.0000	22,908	2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 10,806,452	\$ 9,670,397			\$ 421,425	7
	<b>B. Non-Facility Related</b>										
8	Interest Income		X		/ /			/ /		-2,171	8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 10,806,452	\$ 9,670,397			\$ 419,254	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: **1/1/2015**Ending: **12/31/2015****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,163,137	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	715,781		3
4	Supply Inventory (priced at )	5,431		4
5	Short-Term Investments			5
6	Prepaid Insurance	57,500		6
7	Other Prepaid Expenses	11,388		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	2,916,364		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,869,601	\$	10
	<b>B. Long-Term Assets</b>			
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	871,095		15
16	Equipment, at Historical Cost	1,052,513		16
17	Accumulated Depreciation (book methods)	(4,759,403)		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):	258,057		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 12,699,794	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 17,569,395	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 316,108	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,990		30
31	Accrued Taxes Payable	95,420		31
32	Accrued Interest Payable	34,911		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	172,756		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 665,185	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,670,397		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 9,670,397	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 10,335,582	\$	45
46	<b>TOTAL EQUITY</b>	\$ 7,233,813	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 17,569,395	\$	47

\*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,856,506	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,856,506</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	15	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 15</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,171	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 2,171</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15		34,128	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 34,128</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,892,820</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	913,429	19
20	Health Care/ Personal Care	613,036	20
21	General Administration	1,439,296	21
<b>B. Capital Expense</b>			
22	Ownership	1,082,707	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 4,048,468</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (155,648)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (155,648)</b>	<b>31</b>