

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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> <hr/> <p>Address: <u>10450 S Michigan Ave</u> <u>Chicago</u> <u>60628</u></p> <p align="center">Number City Zip Code</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:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>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>1/1/2016</u> to <u>12/31/2016</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____ *</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td colspan="2">* Subject to the attached Accountants Consulting Report</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u></td> <td>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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____ *	(Date) _____		* Subject to the attached Accountants Consulting Report			(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>
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Facility Name Victory Centre of Roseland

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	27,575	4,866		32,441	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,575	4,866		32,441	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.48%

D. Indicate the number of paid bed-hold days the SLF had during this year
631 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 74 (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: 12/31/16 Fiscal Year: 12/31/16

* 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:

1/1/2016

Ending: 12/31/2016

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	231,268	171,067	23,686	426,021	3,430	429,451	1
2	Housekeeping, Laundry and Maintenance	147,166	40,471	85,337	272,974	5,751	278,725	2
3	Heat and Other Utilities			166,165	166,165	202	166,367	3
4	Other (specify):							4
5	TOTAL General Services	378,434	211,538	275,188	865,160	9,383	874,543	5
B. Health Care and Programs								
6	Health Care/ Personal Care	443,029		50,115	493,144	12,242	505,386	6
7	Activities and Social Services	32,701	4,955	16,728	54,384	5,067	59,451	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	475,730	4,955	66,843	547,528	17,309	564,837	9
C. General Administration								
10	Administrative and Clerical	209,841	22,568	735,285	967,694	(289,869)	677,825	10
11	Marketing Materials, Promotions and Advertising	69,852	2,883	60,798	133,533	26,750	160,283	11
12	Employee Benefits and Payroll Taxes			246,641	246,641		246,641	12
13	Insurance-Property, Liability and Malpractice			53,825	53,825	1,857	55,682	13
14	Other (specify):					23,742	23,742	14
15	TOTAL General Administration	279,693	25,451	1,096,549	1,401,693	(237,520)	1,164,173	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,133,857	241,944	1,438,580	2,814,381	(210,828)	2,603,553	16
Capital Expenses								
D. Ownership								
17	Depreciation			517,795	517,795	59,403	577,198	17
18	Interest			415,885	415,885	(5,506)	410,379	18
19	Real Estate Taxes			66,836	66,836		66,836	19
20	Rent -- Facility and Grounds			1,538	1,538	7,793	9,331	20
21	Rent -- Equipment			10,512	10,512	289	10,801	21
22	Other (specify): Mortgage Insurance/Amortization			52,276	52,276		52,276	22
23	TOTAL Ownership			1,064,842	1,064,842	61,979	1,126,821	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,133,857	241,944	2,503,422	3,879,223	(148,849)	3,730,374	24

Report Period Beginning: 1/1/2016
 Ending: 12/31/2016

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Non-Straight Line Depreciation	\$ 57,312	17 1
2	Maintenance Fees	(35)	02 2
3	Telephone Service	(9,434)	10 3
4	Other Income	(557)	10 4
5	Meals & Entertainment	(475)	10 5
6	Bank Service Charges	(1,200)	10 6
7	Charitable Contributions	(1,618)	10 7
8	Resident Gifts	(1,649)	10 8
9	Resident Reimbursables	(15)	10 9
10	Bad Debt	(45,919)	10 10
11	Cable TV	(20,172)	10 11
12	Management Fees	(42,495)	10 12
13	Service Provider Fee	(136,652)	10 13
14	Partnership Mgmt. Fee	(187,866)	10 14
15	Interest Income - Escrow	(2,251)	18 15
16	Interest Income	(3,255)	18 16
17	Additional R&M	4,614	02 17
18	Capitalized R&M	(2,780)	02 18
19	Termination Fees	(837)	10 19
20			20
21	PATHWAY SENIOR LIVING LLC		21
22	Dietary	3,430	01 22
23	Maintenance	821	02 23
24	Health Care/Personal Care	7,239	06 24
25	Community Life	5,067	07 25
26	Administrative	72,203	10 26
27	Marketing	16,968	11 27
28	Insurance	1,077	13 28
29	Employee Benefits	11,805	14 29
30	Rent - Building	879	20 30
31	Rent - Equipment	243	21 31
32			32
33	PATHWAY MANAGEMENT LLC		33
34	Maintenance	3,129	02 34
35	Utilities	202	03 35
36	Health Care/Personal Care	5,003	06 36
37	Administrative	86,817	10 37
38	Marketing	9,782	11 38
39	Insurance	786	13 39
40	Employee Benefits	11,937	14 40
41	Depreciation	2,091	17 41
42	Rent - Building	6,914	20 42
43	Rent - Equipment	46	21 43
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99			99
100			100
101	Total	(148,849)	101

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.94	\$ 25.41	1
2	Licensed Practical Nurses	2.42	22.37	2
3	Certified Nurse Assistants	11.29	11.95	3
4	Activity Director & Assistants	1.01	15.53	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.55	13.01	7
8	Dishwashers			8
9	Maintenance Workers	2.99	16.20	9
10	Housekeepers	2.00	11.16	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.18	19.49	13
14	Clerical			14
15	Marketing	1.26	26.67	15
16	Other			16
17	Total (lines 1 thru 16)	35.64	\$ 15.30	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%	1.43	\$ 7,172	1
2					2
3					3
4					4
5					5
Total				\$ 7,172	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:

1/1/2016

Ending:

12/31/2016

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	2006	\$ 14,870,850	\$ 519,886	35	\$ 424,881	\$ (95,005)	\$ 4,364,687	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				456,018			24,168	24,168	68,795	6
7	Various		2006		708,000		20	35,400	35,400	354,000	7
8	Various		2007		11,012		20	551	551	5,506	8
9	Various		2008		37,892		20	1,895	1,895	16,104	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,083,772	\$ 519,886		\$ 486,894	\$ (32,992)	\$ 4,809,091	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	\$ 851,920	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 903,042	\$	\$ 90,304	90,304		\$ 851,920	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:

1/1/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	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	Offsite Improvements	2009	8,996		20	450	450	3,599	2
3	Storage Shed	2009	5,660		20	283	283	2,264	3
4	Dormer Repair	2009	2,752		20	138	138	1,104	4
5	Electrical Work	2010	8,193		20	410	410	2,868	5
6	Dryer Exhaust System	2010	4,980		20	249	249	1,743	6
7	Sidewalk Repair	2010	2,145		20	107	107	751	7
8	Exhaust Fan Motor	2010	1,743		20	87	87	610	8
9	Sump Pump	2010	2,975		20	149	149	1,042	9
10	Replace 2 Compressor Boards	2010	2,531		20	127	127	886	10
11	Heating Repairs, Network Failure	2010	2,538		20	127	127	888	11
12	Surveillance Camera Installation	2011	2,635		20	132	132	791	12
13	Wooden Fence	2011	3,070		20	154	154	921	13
14	Phone System Repairs	2011	2,981		20	149	149	894	14
15	Hvac Repairs	2011	6,915		20	346	346	2,074	15
16	Hvac Repairs	2011	2,633		20	132	132	790	16
17	Voicemail System	2012	12,347		20	1,235	1,235	7,408	17
18	Hot Water Pipe Repair	2012	3,980		20	199	199	1,194	18
19	Isl Custom Ptac	2013	7,975		20	399	399	1,595	19
20	Electromagnetic Lock/Delayed Egress	2013	5,619		20	281	281	1,124	20
21	Sandblasting Signs And Post Sleeves	2013	5,235		20	262	262	1,047	21
22	Ignition Module, Pressure Switch, Mount	2013	2,551		20	128	128	510	22
23	Custom Carpet In Dining Room	2014	14,681		20	734	734	2,202	23
24	Phone System	2014	14,983		20	1,498	1,498	4,495	24
25	Phone System	2014	14,983		20	749	749	2,247	25
26	Custom Carpet	2014	2,804		20	140	140	421	26
27	Ptac System	2014	7,019		20	351	351	1,053	27
28	Mulch	2015	3,224		20	161	161	322	28
29	Emergency Call System	2015	44,913		20	2,246	2,246	4,491	29
30	Emergency Call System	2015	62,751		20	3,138	3,138	6,275	30
31	Water Heater	2015	19,800		20	990	990	1,980	31
32	Ac Units	2015	3,989		20	199	199	399	32
33	Ptac Units	2015	30,329		20	1,516	1,516	3,033	33
34	TOTAL (lines 1 thru 33)		\$ 317,928	\$		\$ 17,263	\$ 17,263	\$ 61,021	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:

1/1/2016

Ending:

12/31/2016

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	2015	11,564		20	578	578	1,156	2
3	2015	5,835		20	292	292	584	3
4	2016	7,045		20	352	352	352	4
5	2016	2,535		20	127	127	127	5
6	2016	12,124		20	606	606	606	6
7	2016	4,000		20	200	200	200	7
8	2016	3,500		20	175	175	175	8
9	2016	4,663		20	233	233	233	9
10	2016	5,578		20	279	279	279	10
11	2016	4,923		20	246	246	246	11
12	2016	73,545		20	3,677	3,677	3,677	12
13	2016	2,780		20	139	139	139	13
14								14
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31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 138,091	\$		\$ 6,905	\$ 6,905	\$ 7,774	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:

1/1/2016

Ending:

12/31/2016

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
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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: 1/1/2016

Ending: 2/31/2016

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			/ /	1,538			5
6	Allocated from Pathway			/ /	7,793			6
7	TOTAL				\$ 9,331			7

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

9. Rental amount for movable equipment \$ 10,800

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	3/1/07	\$ 8,050,000	\$ 7,313,099	3/1/47	5.2500	\$ 393,588
2	IHDA		X	2nd Mortgage	3/1/07	2,756,452	2,201,603	3/1/47	1.0000	22,297
3										
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 10,806,452	\$ 9,514,702			\$ 415,885
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(3,255)
9	Interest Income - Escrows		X		/ /			/ /		(2,251)
10	TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 9,514,702			\$ 410,379

* 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: 1/1/2016

Ending:

12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 916,537	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	559,441		3
4	Supply Inventory (priced at)	5,431		4
5	Short-Term Investments			5
6	Prepaid Insurance	59,804		6
7	Other Prepaid Expenses	14,561		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	3,208,360		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,764,134	\$	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	897,394		15
16	Equipment, at Historical Cost	1,148,739		16
17	Accumulated Depreciation (book methods)	(5,277,198)		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):	243,230		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,289,697	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,053,831	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 259,613	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	49,096		30
31	Accrued Taxes Payable	84,972		31
32	Accrued Interest Payable	34,439		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	203,054		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 631,174	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,514,702		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)	\$ 9,514,702	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,145,876	\$	45
46	TOTAL EQUITY	\$ 6,907,955	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 17,053,831	\$	47

*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,525,869	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,525,869	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	5,506	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,506	14
D. Other Revenue (specify):			
15		21,988	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 21,988	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,553,363	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	865,160	19
20	Health Care/ Personal Care	547,528	20
21	General Administration	1,401,693	21
B. Capital Expense			
22	Ownership	1,064,842	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)	\$ 3,879,223	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (325,860)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (325,860)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,877,843	32
33	Private Pay - Net Inpatient Revenue	69,695	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,578,331	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,525,869	37