

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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: Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</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>1/1/2018</u> to <u>12/31/2018</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="1" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> <tr> <td rowspan="5" style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2"><i>*Subject to the attached Accountants' Consulting Report</i></td> </tr> <tr> <td colspan="2">(Print Name and Title) _____</td> </tr> <tr> <td colspan="2">(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> </tr> <tr> <td colspan="2">(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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	<i>*Subject to the attached Accountants' Consulting Report</i>		(Print Name and Title) _____		(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 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: 1/1/2018 Ending: 12/31/2018

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	22,581	3,985		26,566	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,581	3,985		26,566	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 58.70%

D. Indicate the number of paid bed-hold days the SLF had during this year 315 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 8 (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: 12/31/18 Fiscal Year: 12/31/18

* 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:

1/1/2018

Ending: 12/31/2018

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	257,527	178,660	11,680	447,867	(559)	447,308	1
2	Housekeeping, Laundry and Maintenance	135,816	51,475	199,338	386,629	12,439	399,068	2
3	Heat and Other Utilities			175,982	175,982	322	176,304	3
4	Other (specify):							4
5	TOTAL General Services	393,343	230,135	387,000	1,010,478	12,202	1,022,680	5
B. Health Care and Programs								
6	Health Care/ Personal Care	530,015	692	51,042	581,749	11,043	592,792	6
7	Activities and Social Services	36,241	5,274	20,550	62,065	1,467	63,532	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	566,256	5,966	71,592	643,814	12,510	656,324	9
C. General Administration								
10	Administrative and Clerical	227,410	21,053	734,305	982,768	(279,138)	703,630	10
11	Marketing Materials, Promotions and Advertising	56,885	5,012	66,494	128,391	14,768	143,159	11
12	Employee Benefits and Payroll Taxes			263,267	263,267		263,267	12
13	Insurance-Property, Liability and Malpractice			82,117	82,117	862	82,979	13
14	Other (specify):					24,783	24,783	14
15	TOTAL General Administration	284,295	26,065	1,146,183	1,456,543	(238,725)	1,217,818	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,243,894	262,166	1,604,775	3,110,835	(214,013)	2,896,822	16
Capital Expenses								
D. Ownership								
17	Depreciation			459,697	459,697	47,426	507,123	17
18	Interest			403,963	403,963	(29,019)	374,944	18
19	Real Estate Taxes			103,902	103,902		103,902	19
20	Rent -- Facility and Grounds			2,442	2,442	9,972	12,414	20
21	Rent -- Equipment			9,543	9,543	43	9,586	21
22	Other (specify):			45,499	45,499		45,499	22
23	TOTAL Ownership			1,025,046	1,025,046	28,422	1,053,468	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,243,894	262,166	2,629,821	4,135,881	(185,591)	3,950,290	24

Report Period Beginning: 1/1/2018
 Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ 44,852	17 1
2	Guest Meals	(209)	01 2
3	Telephone Service	(8,740)	10 3
4	Termination Fees	(150)	10 4
5	Other Income	(379)	10 5
6	Employee Meals	(350)	01 6
7	Meals & Entertainment	(2,072)	10 7
8	Bank Service Charges	(3,397)	10 8
9	Charitable Contributions	(1,618)	10 9
10	Resident Gifts	(1,777)	10 10
11	Bad Debt - Tenant	(21,376)	10 11
12	Cable TV	(19,317)	10 12
13	Management Fees	(25,172)	10 13
14	Service Provider Fee	(153,564)	10 14
15	Interest Income-Eacrows	(25,976)	18 15
16	Interest Income	(3,043)	18 16
17	Additional R&M	7,769	02 17
18	Resident Reimbursables	(12)	10 18
19	Bad Debt - Medicaid	(146,332)	10 19
20	Pet Care	(187)	07 20
21	Partnership Mgmt Fee	(11,378)	10 21
22	Partnership Misc Expense	(15,962)	10 22
23	Income Taxes	(36)	10 23
24			24
25	PATHWAY MANAGEMENT LLC		25
26	Maintenance	4,670	02 26
27	Utilities	322	03 27
28	Health Care/Personal Care	11,042	06 28
29	Community Life	1,654	07 29
30	Administrative	132,091	10 30
31	Marketing	14,768	11 31
32	Insurance	862	13 32
33	Employee Benefits	24,782	14 33
34	Depreciation	2,574	17 34
35	Rent - Building	9,972	20 35
36	Rent - Equipment	43	21 36
37			37
38			38
39			39
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99			99
100	Total	(185,691)	100 101

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.62	\$ 28.67	1
2	Licensed Practical Nurses	2.21	23.70	2
3	Certified Nurse Assistants	12.39	12.59	3
4	Activity Director & Assistants	1.00	17.35	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.71	14.21	7
8	Dishwashers			8
9	Maintenance Workers	1.65	20.14	9
10	Housekeepers	2.63	12.14	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.31	17.33	13
14	Clerical			14
15	Marketing	1.59	17.25	15
16	Other			16
17	Total (lines 1 thru 16)	38.12	\$ 15.69	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%	1.03	\$ 7,817	1
2					2
3					3
4					4
5					5
				Total	6
				\$ 7817	

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:

1/1/2018

Ending:

12/31/2018

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	\$ 459,697	35	\$ 424,881	\$ (34,816)	\$ 5,214,449	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				536,572			28,195	28,195	108,132	6
7	Various		2006		708,000		20	35,400	35,400	424,800	7
8	Various		2007		11,012		20	551	551	6,607	8
9	Various		2008		37,892		20	1,895	1,895	19,893	9
10	Various		2009		17,408		20	871	871	8,708	10
11	Various		2010		25,105		20	1,255	1,255	11,298	11
12											12
13	Allocated from Pathway Management					2,574			(2,574)		13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,206,839	\$ 462,271		\$ 493,047	\$ 30,776	\$ 5,793,887	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	\$ 932,012	\$	\$ 14,076	14,076		\$ 877,909	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 932,012	\$	\$ 14,076	14,076		\$ 877,909	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:

1/1/2018

Ending:

12/31/2018

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	Surveillance Camera Installation	2011	2,635		20	132	132	1,054	1
2	Wooden Fence	2011	3,070		20	154	154	1,228	2
3	Phone System Repairs	2011	2,981		20	149	149	1,192	3
4	Hvac Repairs	2011	6,915		20	346	346	2,766	4
5	Hvac Repairs	2011	2,633		20	132	132	1,053	5
6	Voicemail System	2012	12,347		20	1,235	1,235	9,878	6
7	Hot Water Pipe Repair	2012	3,980		20	199	199	1,592	7
8	Isl Custom Ptac	2013	7,975		20	399	399	2,392	8
9	Electromagnetic Lock/Delayed Egress	2013	5,619		20	281	281	1,686	9
10	Sandblasting Signs And Post Sleeves	2013	5,235		20	262	262	1,571	10
11	Ignition Module, Pressure Switch, Mount	2013	2,551		20	128	128	765	11
12	Custom Carpet In Dining Room	2014	14,681		20	734	734	3,670	12
13	Phone System	2014	14,983		20	1,498	1,498	7,492	13
14	Phone System	2014	14,983		20	749	749	3,746	14
15	Custom Carpet	2014	2,804		20	140	140	701	15
16	Ptac System	2014	7,019		20	351	351	1,755	16
17	Mulch	2015	3,224		20	161	161	645	17
18	Emergency Call System	2015	44,913		20	2,246	2,246	8,983	18
19	Emergency Call System	2015	62,751		20	3,138	3,138	12,550	19
20	Water Heater	2015	19,800		20	990	990	3,960	20
21	Ac Units	2015	3,989		20	199	199	798	21
22	Ptac Units	2015	30,329		20	1,516	1,516	6,066	22
23	Ptac Units	2015	11,564		20	578	578	2,313	23
24	Ac Repair - 1St Floor	2015	5,835		20	292	292	1,167	24
25	Ptac Units	2016	7,045		20	352	352	1,057	25
26	Replace Security System And Cameras	2016	2,535		20	127	127	380	26
27	First Floor Air Control	2016	12,124		20	606	606	1,819	27
28	Administrative Door Replacement	2016	4,000		20	200	200	600	28
29	Phone Hub	2016	3,500		20	175	175	525	29
30	Air Control/System	2016	4,663		20	233	233	699	30
31	Air Control/System	2016	5,578		20	279	279	837	31
32	Repairs To Doors And Locks	2016	4,923		20	246	246	738	32
33	Custom Carpeting In Various Units	2016	73,545		20	3,677	3,677	11,032	33
34	TOTAL (lines 1 thru 33)		\$ 410,726	\$		\$ 21,903	\$ 21,903	\$ 96,708	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:

1/1/2018

Ending:

12/31/2018

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	Roof Repairs	2016	2,780		20	139	139	417	1
2	Ptac Unit Replacements	2017	9,336		20	467	467	934	2
3	Water Heaters	2017	13,930		20	697	697	1,393	3
4	Ashphalt Replacement And Seal Coating	2017	7,550		20	378	378	755	4
5	Shingle Replacement	2017	2,900		20	145	145	290	5
6	Replace Parking Lot Poles	2017	7,105		20	355	355	711	6
7	Ptac 15K Gas Heat	2017	8,564		20	428	428	856	7
8	Water Tank And Vav Valves	2017	8,370		20	419	419	837	8
9	15K 14500 Btu Gas Heat	2017	22,792		20	1,140	1,140	2,279	9
10	Cabinet Doors	2017	3,322		20	166	166	332	10
11	15K 14500 Btu Gas Heat	2017	5,311		20	266	266	531	11
12	Paint Conference/Dining/Tv Romms	2017	7,900		20	395	395	790	12
13	Building Improvement	2018	5,584		20	279	279	279	13
14	5 Heating Units	2018	8,877		20	444	444	444	14
15	Complete Temperature System	2018	4,830		20	242	242	242	15
16	Roof Repair	2018	6,695		20	335	335	335	16
17									17
18									18
19									19
20									20
21									21
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 125,846	\$		\$ 6,292	\$ 6,292	\$ 11,424	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:

1/1/2018

Ending:

12/31/2018

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
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16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								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: 1/1/2018

Ending: 2/31/2018

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			/ /	2,442			5
6	Allocated from Pathway Management			/ /	9,972			6
7	TOTAL				\$ 12,414			7

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

9. Rental amount for movable equipment \$ 9,585

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	1st Mortgage	3/1/07	\$ 8,050,000	\$ 7,108,010	3/1/47	5.2500	\$ 382,904	1
2		IHDA		X	2nd Mortgage	3/1/07	2,756,452	2,077,118	3/1/47	1.0000	21,059	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 10,806,452	\$ 9,185,127			\$ 403,963	7
		B. Non-Facility Related										
8		Interest Income - Escrows		X		/ /			/ /		(25,976)	8
9		Interest Income		X		/ /			/ /		(3,043)	9
10		TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 9,185,127			\$ 374,944	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: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 678,647	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	901,057		3
4	Supply Inventory (priced at)	9,250		4
5	Short-Term Investments			5
6	Prepaid Insurance	109,010		6
7	Other Prepaid Expenses	16,807		7
8	Accounts Receivable (owners or related parties)	430		8
9	Other(specify): <u>See Attached</u>	1,383,964		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,099,165	\$	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	14,880,186		14
15	Leasehold Improvements, at Historical Cost	946,542		15
16	Equipment, at Historical Cost	1,259,055		16
17	Accumulated Depreciation (book methods)	(6,188,551)		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): <u>See Attached</u>	1,389,604		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,693,518	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,792,683	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 44,108	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	51,004		30
31	Accrued Taxes Payable	98,628		31
32	Accrued Interest Payable	33,943		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	217,265		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 444,948	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,185,128		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)	\$ 9,185,128	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,630,076	\$	45
46	TOTAL EQUITY	\$ 6,162,607	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,792,683	\$	47

*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 3,567,342	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,567,342	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	559	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 559	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	29,010	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 29,010	14
D. Other Revenue (specify):			
15	See Attached	19,445	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 19,445	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,616,356	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,010,478	19
20	Health Care/ Personal Care	643,814	20
21	General Administration	1,456,543	21
B. Capital Expense			
22	Ownership	1,025,046	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)	\$ 4,135,881	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (519,525)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (519,525)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,751,581	32
33	Private Pay - Net Inpatient Revenue	278,124	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	537,637	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,567,342	37