

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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.

I. Facility ID Number: 1000068

Facility Name: Victory Centre of Roseland

Address: 10450 S Michigan Ave Chicago 60628

Number City Zip Code

County: Cook

Telephone Number: (773) 468-6400 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 11/30/2006

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☒	Other		Limited Partnership

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2017 to 12/31/2017 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)		
	(Title)		
Paid Preparer	(Signed)		
	* Subject to the attached Accountants' Consulting Report	(Date)	
	(Print Name and Title)		
	(Firm Name & Address)	Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015	
	(Telephone)	(847) 282-6300	Fax (847) 282-6301
	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		

Facility Name Victory Centre of Roseland

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	22,930	4,046		26,976	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,930	4,046		26,976	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 59.60%

D. Indicate the number of paid bed-hold days the SLF had during this year

544 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 59 (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: 12/31/17 Fiscal Year: 12/31/17

* 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:

1/1/2017

Ending:

12/31/2017

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	247,022	169,413	5,323	421,758	(3,068)	418,690	1
2	Housekeeping, Laundry and Maintenance	133,065	40,237	93,355	266,657	13,569	280,226	2
3	Heat and Other Utilities			180,931	180,931	228	181,159	3
4	Other (specify):							4
5	TOTAL General Services	380,087	209,650	279,609	869,346	10,729	880,075	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	497,463	490	38,587	536,540	(8,313)	528,227	6
7	Activities and Social Services	33,140	5,442	18,175	56,757	(7,466)	49,291	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	530,603	5,932	56,762	593,297	(15,779)	577,518	9
	C. General Administration							
10	Administrative and Clerical	223,081	11,256	568,949	803,286	(66,896)	736,390	10
11	Marketing Materials, Promotions and Advertising	56,840	4,250	61,395	122,485	(8,115)	114,370	11
12	Employee Benefits and Payroll Taxes			232,851	232,851		232,851	12
13	Insurance-Property, Liability and Malpractice			60,080	60,080	1,529	61,609	13
14	Other (specify):					25,853	25,853	14
15	TOTAL General Administration	279,921	15,506	923,275	1,218,702	(47,628)	1,171,074	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,190,611	231,088	1,259,646	2,681,345	(52,678)	2,628,667	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			451,656	451,656	52,005	503,661	17
18	Interest			410,070	410,070	(15,441)	394,629	18
19	Real Estate Taxes			93,318	93,318		93,318	19
20	Rent -- Facility and Grounds			2,321	2,321	8,355	10,676	20
21	Rent -- Equipment			8,888	8,888	72	8,960	21
22	Other (specify):MIP/Amortization			52,276	52,276		52,276	22
23	TOTAL Ownership			1,018,529	1,018,529	44,992	1,063,521	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,190,611	231,088	2,278,175	3,699,874	(7,686)	3,692,188	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Roseland		
Report Period Beginning:	1/1/2017	
Ending:	12/31/2017	
Sch. V Line		
NON-ALLOWABLE EXPENSES		Reference
1	Non-Straight Line Depreciation	\$ 30,016 17 1
2	Guest Meals	(583) 01 2
3	Telephone Service	(8,640) 10 3
4	Termination Fees	(43) 10 4
5	Other Income	(68) 10 5
6	Meals & Entertainment	(1,873) 10 6
7	Bank Service Charges	(1,956) 10 7
8	Charitable Contributions	(1,618) 10 8
9	Resident Gifts	(1,863) 10 9
10	Bad Debt	(43,207) 10 10
11	Cable TV	(24,425) 10 11
12	Management Fees	(45,509) 10 12
13	Service Provider Fee	(126,288) 10 13
14	Interest Income-Escrows	(14,976) 18 14
15	Interest Income	(464) 18 15
16	Additional R&M	8,996 02 16
17		
18	PATHWAY SENIOR LIVING LLC	
19	Dietary	519 01 19
20	Maintenance	809 02 20
21	Health Care/Personal Care	5,411 06 21
22	Community Life	4,992 07 22
23	Administrative	81,225 10 23
24	Marketing	16,161 11 24
25	Insurance	1,060 13 25
26	Employee Benefits	10,474 14 26
27	Rent - Building	915 20 27
28	Rent - Equipment	55 21 28
29		
30	PATHWAY MANAGEMENT LLC	
31	Maintenance	3,764 02 31
32	Utilities	228 03 32
33	Health Care/Personal Care	8,978 06 33
34	Community Life	456 07 34
35	Administrative	113,722 10 35
36	Marketing	11,169 11 36
37	Insurance	468 13 37
38	Employee Benefits	15,379 14 38
39	Depreciation	1,985 17 39
40	Rent - Building	7,440 20 40
41	Rent - Equipment	17 21 41
42	Shared Services	(6,340) 10 42
43	Shared Services	(3,083) 01 43
44	Shared Services	(22,694) 06 44
45	Shared Services	(12,914) 07 45
46	Shared Services	(35,445) 11 46
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101	Total	(7,686) 101

Facility Name: Victory Centre of Roseland

Report Period Beginning 1/1/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.69	\$ 27.95	1
2	Licensed Practical Nurses	2.83	25.24	2
3	Certified Nurse Assistants	11.59	12.80	3
4	Activity Director & Assistants	1.01	15.80	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.58	13.84	7
8	Dishwashers			8
9	Maintenance Workers	2.92	16.61	9
10	Housekeepers	1.35	11.53	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.36	16.86	13
14	Clerical			14
15	Marketing	1.19	23.02	15
16	Other			16
17	Total (lines 1 thru 16)	36.52	\$ 15.68	17

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			

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%	1.35	\$ 6,737	1
2					2
3					3
4					4
5					5
Total				\$ 6737	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	1
2		2
Total		3

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3?

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

YES NO X

C. Does page 3 include any costs derived from transactions (including rent) with related parties?

YES X 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).

OTHER RELATED BUSINESS ENTITIES				
<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u> 5
See Attached				

Facility Name: Victory Centre of Roseland Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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	\$ 453,645	35	\$ 424,881	\$ (28,764)	\$ 4,789,568	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				535,691			28,151	28,151	89,979	6
7	Various			2006	708,000		20	35,400	35,400	389,400	7
8	Various			2007	11,012		20	551	551	6,056	8
9	Various			2008	37,892		20	1,895	1,895	17,998	9
10	Various			2009	17,408		20	871	871	7,838	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,180,853	\$ 453,645		\$ 491,748	\$ 38,103	\$ 5,300,840	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	\$ 910,384	\$	\$ 11,913	11,913		\$ 863,833	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 910,384	\$	\$ 11,913	11,913		\$ 863,833	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:

1/1/2017

Ending:

12/31/2017

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	Electrical Work	2010	8,193		20	410	410	3,278	2
3	Dryer Exhaust System	2010	4,980		20	249	249	1,992	3
4	Sidewalk Repair	2010	2,145		20	107	107	858	4
5	Exhaust Fan Motor	2010	1,743		20	87	87	697	5
6	Sump Pump	2010	2,975		20	149	149	1,190	6
7	Replace 2 Compressor Boards	2010	2,531		20	127	127	1,013	7
8	Heating Repairs, Network Failure	2010	2,538		20	127	127	1,015	8
9	Surveillance Camera Installation	2011	2,635		20	132	132	922	9
10	Wooden Fence	2011	3,070		20	154	154	1,075	10
11	Phone System Repairs	2011	2,981		20	149	149	1,043	11
12	Hvac Repairs	2011	6,915		20	346	346	2,420	12
13	Hvac Repairs	2011	2,633		20	132	132	921	13
14	Voicemail System	2012	12,347		20	1,235	1,235	8,643	14
15	Hot Water Pipe Repair	2012	3,980		20	199	199	1,393	15
16	Isl Custom Ptac	2013	7,975		20	399	399	1,994	16
17	Electromagnetic Lock/Delayed Egress	2013	5,619		20	281	281	1,405	17
18	Sandblasting Signs And Post Sleeves	2013	5,235		20	262	262	1,309	18
19	Ignition Module, Pressure Switch, Mount	2013	2,551		20	128	128	638	19
20	Custom Carpet In Dining Room	2014	14,681		20	734	734	2,936	20
21	Phone System	2014	14,983		20	1,498	1,498	5,993	21
22	Phone System	2014	14,983		20	749	749	2,997	22
23	Custom Carpet	2014	2,804		20	140	140	561	23
24	Ptac System	2014	7,019		20	351	351	1,404	24
25	Mulch	2015	3,224		20	161	161	484	25
26	Emergency Call System	2015	44,913		20	2,246	2,246	6,737	26
27	Emergency Call System	2015	62,751		20	3,138	3,138	9,413	27
28	Water Heater	2015	19,800		20	990	990	2,970	28
29	Ac Units	2015	3,989		20	199	199	598	29
30	Ptac Units	2015	30,329		20	1,516	1,516	4,549	30
31	Ptac Units	2015	11,564		20	578	578	1,735	31
32	Ac Repair - 1St Floor	2015	5,835		20	292	292	875	32
33	Ptac Units	2016	7,045		20	352	352	704	33
34	TOTAL (lines 1 thru 33)		\$ 324,963	\$		\$ 17,615	\$ 17,615	\$ 73,761	34

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

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	Replace Secuity System And Cameras	2016	2,535		20	127	127	254	2
3	First Floor Air Control	2016	12,124		20	606	606	1,212	3
4	Administrative Door Replacement	2016	4,000		20	200	200	400	4
5	Phone Hub	2016	3,500		20	175	175	350	5
6	Air Control/System	2016	4,663		20	233	233	466	6
7	Air Control/System	2016	5,578		20	279	279	558	7
8	Repairs To Doors And Locks	2016	4,923		20	246	246	492	8
9	Custom Carpeting In Various Units	2016	73,545		20	3,677	3,677	7,354	9
10	Roof Repairs	2016	2,780		20	139	139	278	10
11	Ptac Unit Replacements	2017	9,336		20	467	467	467	11
12	Water Heaters	2017	13,930		20	697	697	697	12
13	Ashphalt Replacement And Seal Coating	2017	7,550		20	378	378	378	13
14	Shingle Replacement	2017	2,900		20	145	145	145	14
15	Replace Parking Lot Poles	2017	7,105		20	355	355	355	15
16	Ptac 15K Gas Heat	2017	8,564		20	428	428	428	16
17	Water Tank And Vav Valves	2017	8,370		20	419	419	419	17
18	15K 14500 Btu Gas Heat	2017	22,792		20	1,140	1,140	1,140	18
19	Cabinet Doors	2017	3,322		20	166	166	166	19
20	15K 14500 Btu Gas Heat	2017	5,311		20	266	266	266	20
21	Paint Conference/Dining/Tv Romms	2017	7,900		20	395	395	395	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)		\$ 210,727	\$		\$ 10,536	\$ 10,536	\$ 16,219	34

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

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: 1/1/2017

Ending: 2/31/2017

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	2,321			5
6	Allocated from Pathway			/ /	8,355			6
7	TOTAL				\$ 10,676			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 8,960

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	\$ 7,213,519	3/1/47	5.2500	\$ 388,389	1
2	IHDA		X	2nd Mortgage	3/1/07	2,756,452	2,139,697	3/1/47	1.0000	21,681	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,806,452	\$ 9,353,216			\$ 410,070	7
	B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /		(14,976)	8
9	Interest Income		X		/ /			/ /		(464)	9
10	TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 9,353,216			\$ 394,629	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: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 117,405	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,047,379		3
4	Supply Inventory (priced at)	7,189		4
5	Short-Term Investments			5
6	Prepaid Insurance	67,223		6
7	Other Prepaid Expenses	8,289		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	3,345,852		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,593,337	\$	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	925,019		15
16	Equipment, at Historical Cost	1,225,195		16
17	Accumulated Depreciation (book methods)	(5,660,392)		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	228,403		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,005,093	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,598,430	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 97,769	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	58,621		30
31	Accrued Taxes Payable	90,482		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	See Attached	213,825		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 494,640	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,353,216		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	1		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,353,217	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,847,857	\$	45
46	TOTAL EQUITY	\$ 6,750,573	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,598,430	\$	47

*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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	\$ 3,440,008	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,440,008	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	583	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 583	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	15,441	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 15,441	14
	D. Other Revenue (specify):		
15		17,997	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 17,997	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,474,029	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	869,346	19
20	Health Care/ Personal Care	593,297	20
21	General Administration	1,218,702	21
	B. Capital Expense		
22	Ownership	1,018,529	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)	\$ 3,699,874	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (225,845)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (225,845)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,535,414	32
33	Private Pay - Net Inpatient Revenue	215,533	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,689,061	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,440,008	37