

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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

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
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other Limited Partnership

GOVERNMENTAL
State
County
Other

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 1/1/2019 to 12/31/2019 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)
(Print Name and Title)
(Firm Name & Address)
(Telephone)

*Subject to the attached Accountants' Consulting Report
(Date)

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: 1/1/2019 Ending: 12/31/2019

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	21,729	3,835		25,564	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,729	3,835		25,564	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 56.48%

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

499 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 60 (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: 12/31/19 Fiscal Year: 12/31/19

* 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 principal? 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 principal? 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 principal? N/A

If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Victory Centre of Roseland

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	277,524	174,094	5,579	457,197	(306)	456,891	1
2	Housekeeping, Laundry and Maintenance	154,410	42,630	162,625	359,665	(39,620)	320,045	2
3	Heat and Other Utilities			197,644	197,644	195	197,839	3
4	Other (specify):							4
5	TOTAL General Services	431,934	216,724	365,848	1,014,506	(39,731)	974,775	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	494,522	738	113,587	608,847	7,142	615,989	6
7	Activities and Social Services	32,631	4,634	24,610	61,875	652	62,527	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	527,153	5,372	138,197	670,722	7,794	678,516	9
	C. General Administration							
10	Administrative and Clerical	244,826	6,452	593,972	845,250	(122,668)	722,582	10
11	Marketing Materials, Promotions and Advertising	56,577	8,943	79,751	145,271	18,850	164,121	11
12	Employee Benefits and Payroll Taxes			245,838	245,838		245,838	12
13	Insurance-Property, Liability and Malpractice			140,706	140,706	1,397	142,103	13
14	Other (specify):					22,247	22,247	14
15	TOTAL General Administration	301,403	15,395	1,060,267	1,377,065	(80,174)	1,296,891	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,260,490	237,491	1,564,312	3,062,293	(112,111)	2,950,182	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			463,179	463,179	46,387	509,566	17
18	Interest			399,051	399,051	(53,103)	345,948	18
19	Real Estate Taxes			79,268	79,268		79,268	19
20	Rent -- Facility and Grounds			426	426	11,243	11,669	20
21	Rent -- Equipment			14,391	14,391	38	14,429	21
22	Other (specify):			45,499	45,499		45,499	22
23	TOTAL Ownership			1,001,814	1,001,814	4,565	1,006,379	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,260,490	237,491	2,566,126	4,064,107	(107,546)	3,956,561	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Roseland		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ 37,185	17 1
2 Additional R&M	8,524	02 2
3 Capitalized R&M	(51,951)	02 3
4 Interest Income-Escrows	(49,931)	18 4
5 Interest Income	(3,173)	18 5
6 Guest Meals	(130)	01 6
7 Employee Meals	(176)	01 7
8 Maintenance Fees	(105)	02 8
9 Telephone Service	(8,298)	10 9
10 Pet Care	(7)	07 10
11 Late Fees	(30)	10 11
12 Other Income	(400)	10 12
13 Meals & Entertainment	(660)	10 13
14 Bank Service Charges	(3,417)	10 14
15 Late Fees/Finance Charges	(529)	10 15
16 Charitable Contributions	(150)	10 16
17 Resident Gifts	(3,023)	10 17
18 Resident Reimbursables	(185)	10 18
19 Bad Debt - Tenant	(2,222)	10 19
20 Bad Debt - Medicaid	(39,000)	10 20
21 Cable TV	(14,746)	10 21
22 Management Fees	(24,499)	10 22
23 Service Provider Fee	(148,122)	10 23
24 Partnership Misc Expense	(2,542)	10 24
25		25
26		26
27 Pathway Management Allocation		27
28 Maintenance	3,912	2 28
29 Utilities	195	3 29
30 Health Care / Personal Care	7,142	6 30
31 Community Life	659	7 31
32 Administrative	125,237	10 32
33 Marketing	18,850	11 33
34 Insurance	1,397	13 34
35 Employee Benefits	22,247	14 35
36 Depreciation	9,202	17 36
37 Rent - Building	11,343	20 37
38 Rent - Equipment	38	21 38
39		39
40		40
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99		99
100		100
101 Total	(107,546)	101

Facility Name: Victory Centre of Roseland

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.97	\$ 30.65	1
2	Licensed Practical Nurses	1.98	25.80	2
3	Certified Nurse Assistants	11.67	13.46	3
4	Activity Director & Assistants	0.94	16.73	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.88	15.03	7
8	Dishwashers			8
9	Maintenance Workers	2.20	19.50	9
10	Housekeepers	2.49	12.54	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.50	18.11	13
14	Clerical			14
15	Marketing	1.30	20.99	15
16	Other			16
17	Total (lines 1 thru 16)	36.92	\$ 16.41	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	

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).

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%	1.64	\$ 10,261	1
2					2
3					3
4					4
5					5
Total				\$ 10261	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Victory Centre of Roseland

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	\$ 463,179	35	\$ 424,881	\$ (38,298)	\$ 5,639,330	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				635,643		20	33,149	33,149	133,987	6
7	Various			2006	708,000		20	35,400	35,400	460,200	7
8	Various			2007	11,012		20	551	551	7,157	8
9	Various			2008	37,892		20	1,895	1,895	21,787	9
10	Various			2009	17,408		20	871	871	9,579	10
11	Various			2010	25,105		20	1,255	1,255	12,553	11
12	Various			2011	18,233		20	912	912	8,205	12
13											13
14	Allocated from Pathway Management					9,202			(9,202)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,324,143	\$ 472,381		\$ 498,913	\$ 26,532	\$ 6,292,800	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	\$ 948,777	\$	\$ 10,653	10,653		\$ 888,562	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 948,777	\$	\$ 10,653	10,653		\$ 888,562	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:

1/1/2019

Ending:

12/31/2019

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	Voicemail System	2012	12,347		20	1,235	1,235	11,112	1
2	Hot Water Pipe Repair	2012	3,980		20	199	199	1,791	2
3	Isl Custom Ptac	2013	7,975		20	399	399	2,791	3
4	Electromagnetic Lock/Delayed Egress	2013	5,619		20	281	281	1,967	4
5	Sandblasting Signs And Post Sleeves	2013	5,235		20	262	262	1,832	5
6	Ignition Module, Pressure Switch, Mount	2013	2,551		20	128	128	893	6
7	Custom Carpet In Dining Room	2014	14,681		20	734	734	4,404	7
8	Phone System	2014	14,983		20	1,498	1,498	8,990	8
9	Phone System	2014	14,983		20	749	749	4,495	9
10	Custom Carpet	2014	2,804		20	140	140	841	10
11	Ptac System	2014	7,019		20	351	351	2,106	11
12	Mulch	2015	3,224		20	161	161	806	12
13	Emergency Call System	2015	44,913		20	2,246	2,246	11,228	13
14	Emergency Call System	2015	62,751		20	3,138	3,138	15,688	14
15	Water Heater	2015	19,800		20	990	990	4,950	15
16	Ac Units	2015	3,989		20	199	199	997	16
17	Ptac Units	2015	30,329		20	1,516	1,516	7,582	17
18	Ptac Units	2015	11,564		20	578	578	2,891	18
19	Ac Repair - 1St Floor	2015	5,835		20	292	292	1,459	19
20	Ptac Units	2016	7,045		20	352	352	1,409	20
21	Replace Secuity System And Cameras	2016	2,535		20	127	127	507	21
22	First Floor Air Control	2016	12,124		20	606	606	2,425	22
23	Administrative Door Replacement	2016	4,000		20	200	200	800	23
24	Phone Hub	2016	3,500		20	175	175	700	24
25	Air Control/System	2016	4,663		20	233	233	933	25
26	Air Control/System	2016	5,578		20	279	279	1,116	26
27	Repairs To Doors And Locks	2016	4,923		20	246	246	985	27
28	Custom Carpeting In Various Units	2016	73,545		20	3,677	3,677	14,709	28
29	Roof Repairs	2016	2,780		20	139	139	556	29
30	Ptac Unit Replacements	2017	9,336		20	467	467	1,400	30
31	Water Heaters	2017	13,930		20	697	697	2,090	31
32	Ashphalt Replacement And Seal Coating	2017	7,550		20	378	378	1,133	32
33	Shingle Replacement	2017	2,900		20	145	145	435	33
34	TOTAL (lines 1 thru 33)		\$ 428,988	\$		\$ 22,816	\$ 22,816	\$ 116,019	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:

1/1/2019

Ending:

12/31/2019

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	Replace Parking Lot Poles	2017	7,105		20	355	355	1,066	1
2	Ptac 15K Gas Heat	2017	8,564		20	428	428	1,285	2
3	Water Tank And Vav Valves	2017	8,370		20	419	419	1,256	3
4	15K 14500 Btu Gas Heat	2017	22,792		20	1,140	1,140	3,419	4
5	Cabinet Doors	2017	3,322		20	166	166	498	5
6	15K 14500 Btu Gas Heat	2017	5,311		20	266	266	797	6
7	Paint Conference/Dining/Tv Romms	2017	7,900		20	395	395	1,185	7
8	Building Improvement	2018	5,584		20	279	279	558	8
9	5 Heating Units	2018	8,877		20	444	444	888	9
10	Complete Temperature System	2018	4,830		20	242	242	483	10
11	Roof Repair	2018	6,695		20	335	335	670	11
12	12 Hvac Units	2019	10,034		20	502	502	502	12
13	Emergency Call System	2019	14,494		20	725	725	725	13
14	Bas Controls	2019	15,974		20	799	799	799	14
15	Water Heater	2019	5,125		20	256	256	256	15
16	Ahu #5	2019	3,185		20	159	159	159	16
17	Ahu #1 System Controls	2019	11,838		20	592	592	592	17
18	Elevator Repair	2019	4,704		20	235	235	235	18
19	Hvac Repair	2019	4,287		20	214	214	214	19
20	Elevator Repair	2019	2,631		20	132	132	132	20
21	Elevator Repair	2019	7,011		20	351	351	351	21
22	Painting Of Vacant Units	2019	6,750		20	338	338	338	22
23	Painting-Art Rm,Bathrm,Ed Office,Unit 123,104,106,117,119,215,35	2019	3,975		20	199	199	199	23
24	Carpet - Units 325,242,103,213	2019	11,524		20	576	576	576	24
25	Carpet Installation - Vacant Units	2019	5,590		20	280	280	280	25
26	Carpet - Units 117,202,102,104,119	2019	7,365		20	368	368	368	26
27	Carpet Glue Down	2019	2,818		20	141	141	141	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 206,655	\$		\$ 10,333	\$ 10,333	\$ 17,968	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
12									12
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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: 1/1/2019 Ending: 2/31/2019

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			/ /	426			5
6	Allocated from Pathway Management			/ /	11,243			6
7	TOTAL				\$ 11,669			7

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

9. Rental amount for movable equipment \$ 14,429

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	\$ 6,997,678	3/1/47	5.2500	\$ 378,901	1
2	IHDA		X	2nd Mortgage	3/1/07	2,756,452	2,014,014	3/1/47	1.0000	20,150	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,806,452	\$ 9,011,692			\$ 399,051	7
	B. Non-Facility Related										
8	Interest Income-Escrows				/ /			/ /		(49,931)	8
9	Interest Income				/ /			/ /		(3,173)	9
10	TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 9,011,692			\$ 345,947	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.

STATE OF ILLINOIS

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Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 335,334	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	936,352		3
4	Supply Inventory (priced at)	7,981		4
5	Short-Term Investments			5
6	Prepaid Insurance	18,952		6
7	Other Prepaid Expenses	9,022		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,551,400		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,859,041	\$	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	1,007,342		15
16	Equipment, at Historical Cost	1,288,898		16
17	Accumulated Depreciation (book methods)	(6,651,730)		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	1,416,274		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,347,652	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,206,693	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 128,317	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,531		30
31	Accrued Taxes Payable	90,328		31
32	Accrued Interest Payable	32,876		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	246,694		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 554,746	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,011,692		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	21,987		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 9,033,679	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,588,425	\$	45
46	TOTAL EQUITY	\$ 5,618,268	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,206,693	\$	47

*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 3,449,806	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,449,806	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	306	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 306	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	53,104	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 53,104	14
	D. Other Revenue (specify):		
15	See Attached	16,545	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 16,545	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,519,761	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,014,506	19
20	Health Care/ Personal Care	670,722	20
21	General Administration	1,377,065	21
	B. Capital Expense		
22	Ownership	1,001,814	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)	\$ 4,064,107	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (544,346)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (544,346)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,111,133	32
33	Private Pay - Net Inpatient Revenue	338,673	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,449,806	37