

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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

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 1/1/2021 to 12/31/2021 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) Steven N. Lavenda, CPA Partner
(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

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	27,055	2,038		29,093	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,055	2,038		29,093	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 64.28%

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

426 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 745 (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: 12/31/21 Fiscal Year: 12/31/21

* 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

Page 3

Facility Name: Victory Centre of Roseland

Report Period Beginning:

1/1/2021

Ending: 12/31/2021

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	283,805	144,872	5,717	434,394		434,394	1
2	Housekeeping, Laundry and Maintenance	147,077	45,472	165,782	358,331	(16,216)	342,115	2
3	Heat and Other Utilities			194,378	194,378	(15,733)	178,645	3
4	Other (specify):							4
5	TOTAL General Services	430,882	190,344	365,877	987,103	(31,949)	955,154	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	437,733	3,733	284,557	726,023	8,020	734,043	6
7	Activities and Social Services	41,564	4,637	13,717	59,918	2,061	61,979	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	479,297	8,370	298,274	785,941	10,081	796,022	9
	C. General Administration							
10	Administrative and Clerical	249,060	7,402	640,224	896,686	(175,920)	720,766	10
11	Marketing Materials, Promotions and Advertising	107,597	4,128	40,673	152,398	18,671	171,069	11
12	Employee Benefits and Payroll Taxes			230,526	230,526		230,526	12
13	Insurance-Property, Liability and Malpractice			197,618	197,618	3,615	201,233	13
14	Other (specify):					26,078	26,078	14
15	TOTAL General Administration	356,657	11,530	1,109,041	1,477,228	(127,557)	1,349,671	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,266,836	210,244	1,773,192	3,250,272	(149,424)	3,100,848	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			467,787	467,787	48,055	515,842	17
18	Interest			384,336	384,336	(1,062)	383,274	18
19	Real Estate Taxes			108,594	108,594		108,594	19
20	Rent -- Facility and Grounds			1,387	1,387	13,172	14,559	20
21	Rent -- Equipment			12,079	12,079		12,079	21
22	Other (specify):			38,205	38,205		38,205	22
23	TOTAL Ownership			1,012,388	1,012,388	60,165	1,072,553	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,266,836	210,244	2,785,580	4,262,660	(89,260)	4,173,400	24

STATE OF ILLINOIS

Page 3A

Victory Centre of Roseland

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	40,851	17 1
2	Telephone Service	(4,695)	10 2
3	Late Fees	(600)	10 3
4	Bank Service Charges	(5,570)	10 4
5	Late Fees/Finance Charges	(293)	10 5
6	Resident Gifts	(245)	10 6
7	Bad Debt	(137,273)	10 7
8	Meals & Entertainment	(304)	10 8
9	Pet Care	(68)	07 9
10	Cable TV	(15,850)	03 10
11	Service Provider Fee	(180,000)	10 11
12	Interest Income	(1,062)	18 12
13	Additional R&M	6,962	02 13
14	Capitalized R&M	(28,116)	02 14
15	Damage Recovery	(600)	02 15
16			16
17	Pathway Management Allocation:		17
18	Maintenance	5,538	02 18
19	Utilities	117	03 19
20	Health Care / Personal Care	8,020	06 20
21	Community Life	2,129	07 21
22	Administrative	152,519	10 22
23	Marketing	18,671	11 23
24	Insurance	3,615	13 24
25	Employee Benefits	26,078	14 25
26	Depreciation	7,504	17 26
27	Rent - Building	13,172	20 27
28			28
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30			30
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95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(89,260)	101

Facility Name: Victory Centre of Roseland

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.24	\$ 19.41	1
2	Licensed Practical Nurses	1.47	28.09	2
3	Certified Nurse Assistants	10.64	15.47	3
4	Activity Director & Assistants	1.22	16.41	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.73	17.64	7
8	Dishwashers			8
9	Maintenance Workers	1.65	20.28	9
10	Housekeepers	2.37	15.71	10
11	Laundry			11
12	Managers			12
13	Other Administrative	6.07	19.73	13
14	Clerical			14
15	Marketing	1.74	29.65	15
16	Other			16
17	Total (lines 1 thru 16)	33.13	\$ 18.38	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? \$

(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%	0.83	\$ 3,897	1
2					2
3					3
4					4
5					5
Total				\$ 3897	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:

1/1/2021

Ending:

12/31/2021

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	\$ 467,787	35	\$ 424,881	\$ (42,906)	\$ 6,489,092	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				709,354		20	35,472	35,472	182,237	6
7	Various			2006	708,000		20	35,400	35,400	531,000	7
8	Various			2007	11,012		20	550	550	8,257	8
9	Various			2008	37,892		20	1,895	1,895	25,577	9
10	Various			2009	17,408		20	871	871	11,321	10
11	Various			2010	25,105		20	1,256	1,256	15,065	11
12	Various			2011	18,234		20	913	913	10,032	12
13	Various			2012	16,327		20	816	816	14,535	13
14	Various			2013	21,380		20	1,070	1,070	9,623	14
15											15
16	Allocated from Pathway Management					7,504			(7,504)		16
17	TOTAL (lines 1 thru 16)				\$ 16,435,562	\$ 475,291		\$ 503,124	\$ 27,833	\$ 7,296,739	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	\$ 976,293	\$	\$ 12,718	12,718		\$ 913,938	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 976,293	\$	\$ 12,718	12,718		\$ 913,938	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:

1/1/2021

Ending:

12/31/2021

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	Custom Carpet In Dining Room	2014	\$ 14,681	\$ 475,291	20	\$ 734	\$ (474,557)	\$ 5,872	1
2	Phone System	2014	14,983		20	749	749	10,488	2
3	Phone System	2014	14,983		20	749	749	5,993	3
4	Custom Carpet	2014	2,804		20	140	140	1,121	4
5	Ptac System	2014	7,019		20	351	351	2,808	5
6	Mulch	2015	3,224		20	161	161	1,128	6
7	Emergency Call System	2015	44,913		20	2,246	2,246	15,720	7
8	Emergency Call System	2015	62,751		20	3,138	3,138	21,964	8
9	Water Heater	2015	19,800		20	990	990	6,930	9
10	Ac Units	2015	3,989		20	199	199	1,395	10
11	Ptac Units	2015	30,329		20	1,516	1,516	10,614	11
12	Ptac Units	2015	11,564		20	578	578	4,047	12
13	Ac Repair - 1St Floor	2015	5,835		20	292	292	2,043	13
14	Ptac Units	2016	7,045		20	352	352	2,113	14
15	Replace Secuity System And Cameras	2016	2,535		20	127	127	761	15
16	First Floor Air Control	2016	12,124		20	606	606	3,637	16
17	Administrative Door Replacement	2016	4,000		20	200	200	1,200	17
18	Phone Hub	2016	3,500		20	175	175	1,050	18
19	Air Control/System	2016	4,663		20	233	233	1,399	19
20	Air Control/System	2016	5,578		20	279	279	1,674	20
21	Repairs To Doors And Locks	2016	4,923		20	246	246	1,477	21
22	Custom Carpeting In Various Units	2016	73,545		20	3,677	3,677	22,063	22
23	Roof Repairs	2016	2,780		20	139	139	834	23
24	Ptac Unit Replacements	2017	9,336		20	467	467	2,334	24
25	Water Heaters	2017	13,930		20	697	697	3,484	25
26	Ashphalt Replacement And Seal Coating	2017	7,550		20	378	378	1,889	26
27	Shingle Replacement	2017	2,900		20	145	145	725	27
28	Replace Parking Lot Poles	2017	7,105		20	355	355	1,776	28
29	Ptac 15K Gas Heat	2017	8,564		20	428	428	2,141	29
30	Water Tank And Vav Valves	2017	8,370		20	419	419	2,094	30
31	15K 14500 Btu Gas Heat	2017	22,792		20	1,140	1,140	5,699	31
32	Cabinet Doors	2017	3,322		20	166	166	830	32
33	15K 14500 Btu Gas Heat	2017	5,311		20	266	266	1,329	33
34	TOTAL (lines 1 thru 33)		\$ 446,748	\$ 475,291		\$ 22,338	\$ (452,953)	\$ 148,632	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:

1/1/2021

Ending:

12/31/2021

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	Paint Conference/Dining/Tv Romms	2017	\$ 7,900	\$ 475,291	20	\$ 395	\$ (474,896)	\$ 1,975	1
2	Building Improvement	2018	5,584		20	279	279	1,116	2
3	5 Heating Units	2018	8,877		20	444	444	1,776	3
4	Complete Temperature System	2018	4,830		20	242	242	967	4
5	Roof Repair	2018	6,695		20	335	335	1,340	5
6	12 Hvac Units	2019	10,034		20	502	502	1,506	6
7	Emergency Call System	2019	14,494		20	725	725	2,175	7
8	Bas Controls	2019	15,974		20	799	799	2,397	8
9	Water Heater	2019	5,125		20	256	256	768	9
10	Ahu #5	2019	3,185		20	159	159	477	10
11	Ahu #1 System Controls	2019	11,838		20	592	592	1,776	11
12	Elevator Repair	2019	4,704		20	235	235	705	12
13	Hvac Repair	2019	4,287		20	214	214	642	13
14	Elevator Repair	2019	2,631		20	132	132	396	14
15	Elevator Repair	2019	7,011		20	351	351	1,053	15
16	Painting Of Vacant Units	2019	6,750		20	338	338	1,014	16
17	Painting-Art Rm,Bathrm,Ed Office,Unit 123,104,106,117,119,215,35	2019	3,975		20	199	199	597	17
18	Carpet - Units 325,242,103,213	2019	11,524		20	576	576	1,728	18
19	Carpet Installation - Vacant Units	2019	5,590		20	280	280	840	19
20	Carpet - Units 117,202,102,104,119	2019	7,365		20	368	368	1,104	20
21	Carpet Glue Down	2019	2,818		20	141	141	423	21
22	Install Faucets	2020	4,003		20	200	200	400	22
23	Replacement Tile In Dining Area	2020	10,074		20	504	504	1,008	23
24	Repairs To York Condenser - 33% Down	2020	4,596		20	230	230	460	24
25	New Water Heaters	2020	34,200		20	1,710	1,710	3,420	25
26	3 Ptac Units	2020	2,618		20	131	131	262	26
27	8 Ptac Units	2020	6,990		20	350	350	700	27
28	Plumbing Work - Power Rod	2020	2,660		20	133	133	266	28
29	York Condenser	2021	9,332		20	467	467	467	29
30	Exit Auto Operator	2021	2,859		20	143	143	143	30
31	Motor/Pulleys For Exhaust Fans	2021	5,967		20	298	298	298	31
32	10 Custom Unit Entry Locks (Lock Down Cylinders)	2021	2,841		20	142	142	142	32
33	3Rd Floor Shower Repair	2021	10,616		20	531	531	531	33
34	TOTAL (lines 1 thru 33)		\$ 247,947	\$ 475,291		\$ 12,401	\$ (462,890)	\$ 32,872	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	Hvac Repair	2021	3,256		20	163	163	163	1
2	Compressors Wiring	2021	2,645		20	132	132	132	2
3	Hot Water Heater New Blower And Gaskets	2021	2,517		20	126	126	126	3
4	Repaired Elevator Door Protection Edge	2021	3,729		20	186	186	186	4
5	Elevator Repair	2021	2,512		20	126	126	126	5
6									6
7									7
8									8
9									9
10									10
11									11
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,659	\$		\$ 733	\$ 733	\$ 733	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: 1/1/2021 Ending: 12/31/2021

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			/ /	1,387			5
6	Allocated from Pathway Management			/ /	13,172			6
7	TOTAL				\$ 14,559			7

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

9. Rental amount for movable equipment \$ 12,079

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	\$ 6,757,518	3/1/47	5.2500	\$ 365,129	1
2	IHDA		X	2nd Mortgage	3/1/07	2,756,452	1,885,793	3/1/47	1.0000	19,207	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,806,452	\$ 8,643,311			\$ 384,336	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-1,062	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,806,452	\$ 8,643,311			\$ 383,274	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

Page 7

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 179,112	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	928,877		3
4	Supply Inventory (priced at)	8,349		4
5	Short-Term Investments			5
6	Prepaid Insurance	29,572		6
7	Other Prepaid Expenses	23,373		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	2,069,851		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,239,134	\$	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	14,880,186		14
15	Leasehold Improvements, at Historical Cost	1,073,965		15
16	Equipment, at Historical Cost	1,337,391		16
17	Accumulated Depreciation (book methods)	(7,583,437)		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	1,223,260		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,338,047	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,577,181	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 251,041	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	95,984		30
31	Accrued Taxes Payable	101,569		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	312,364		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 793,834	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,643,311		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	27,123		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 8,670,434	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,464,268	\$	45
46	TOTAL EQUITY	\$ 5,112,913	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,577,181	\$	47

*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 3,427,960	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,427,960	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	5,578	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)	\$ 5,578	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,062	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,062	14
	D. Other Revenue (specify):		
15	See Attached	9,634	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,634	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,444,234	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	987,103	19
20	Health Care/ Personal Care	785,941	20
21	General Administration	1,477,228	21
	B. Capital Expense		
22	Ownership	1,012,388	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)	\$ 4,262,660	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (818,426)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (818,426)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,207,486	32
33	Private Pay - Net Inpatient Revenue	220,474	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,427,960	37