

		FOR BHF USE			

LL2

### Supportive Living Facility

**2020**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2020)**

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><b>I. Facility ID Number:</b> <u>1000068</u></p> <p><b>Facility Name:</b> <u>Victory Centre of Roseland</u></p> <hr/> <p><b>Address:</b> <u>10450 S Michigan Ave</u> <u>Chicago</u> <u>60628</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(773) 468-6400</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>11/30/2006</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;"><b>IRS Exemption Code</b> _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td style="border: none;"></td> </tr> </table>	<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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2020</u> to <u>12/31/2020</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____</td> <td style="border: none; text-align: right;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) _____</td> <td style="border: none;"></td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____</td> <td style="border: none; text-align: right;">(Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">*Subject to the attached Accountants' Consulting Report</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name <u>Steven N. 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Lavenda, CPA</u>			and Title) <u>Partner</u>			(Firm Name <u>Marcum LLP</u>			& Address) <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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<p><b>In the event there are further questions about this report, please contact:</b></p> <p><b>Name:</b> <u>Steven N. Lavenda</u> <b>Telephone Number:</b> <u>(847) - 282- 6300</u></p> <p><b>Email Address:</b> _____</p>	<p align="center"><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>IL DEPT OF HEALTHCARE AND FAMILY SERVICES</b>          201 S. Grand Avenue East          Springfield, IL 62763-0001 <span style="float: right;">Phone # (217) 782-1630</span></p>																																																						

Facility Name Victory Centre of Roseland

Report Period Beginning: 1/1/2020 Ending: 12/31/2020

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	124	Single Unit Apartment	124	45,384	1
2		Double Unit Apartment			2
3		Other			3
4	124	TOTALS	124	45,384	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	29,239	5,160		34,399	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,239	5,160		34,399	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.80%

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

643 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 685 (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: 12/31/2020 Fiscal Year: 12/31/2020

\* 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

Facility Name: Victory Centre of Roseland

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	257,713	173,966	4,408	436,087		436,087	1
2	Housekeeping, Laundry and Maintenance	152,417	44,436	115,085	311,938	1,807	313,745	2
3	Heat and Other Utilities			160,520	160,520	143	160,663	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>410,130</b>	<b>218,402</b>	<b>280,013</b>	<b>908,545</b>	<b>1,951</b>	<b>910,496</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	481,826	24,541	271,062	777,429	14,257	791,686	6
7	Activities and Social Services	47,123	5,537	8,008	60,668	2,291	62,959	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>528,949</b>	<b>30,078</b>	<b>279,070</b>	<b>838,097</b>	<b>16,548</b>	<b>854,645</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	276,994	8,187	833,278	1,118,459	(193,324)	925,135	10
11	Marketing Materials, Promotions and Advertising	60,971	1,799	61,800	124,570	14,161	138,731	11
12	Employee Benefits and Payroll Taxes			242,117	242,117		242,117	12
13	Insurance-Property, Liability and Malpractice			158,359	158,359	4,043	162,402	13
14	Other (specify):					25,406	25,406	14
15	<b>TOTAL General Administration</b>	<b>337,965</b>	<b>9,986</b>	<b>1,295,554</b>	<b>1,643,505</b>	<b>(149,715)</b>	<b>1,493,790</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,277,044</b>	<b>258,466</b>	<b>1,854,637</b>	<b>3,390,147</b>	<b>(131,216)</b>	<b>3,258,931</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			463,920	463,920	49,547	513,467	17
18	Interest			391,385	391,385	(16,373)	375,012	18
19	Real Estate Taxes			89,006	89,006		89,006	19
20	Rent -- Facility and Grounds			1,161	1,161	12,711	13,872	20
21	Rent -- Equipment			10,102	10,102	0	10,102	21
22	Other (specify):			45,499	45,499		45,499	22
23	<b>TOTAL Ownership</b>			<b>1,001,073</b>	<b>1,001,073</b>	<b>45,886</b>	<b>1,046,959</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,277,044</b>	<b>258,466</b>	<b>2,855,710</b>	<b>4,391,220</b>	<b>(85,330)</b>	<b>4,305,890</b>	<b>24</b>

Victory Centre of Roseland

Report Period Beginning: 1/1/2020  
 Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ 40,124	17 1
2	Maintenance Fees	(50)	02 2
3	Telephone Service	(6,380)	10 3
4	Late Fees	(20)	10 4
5	Other Income	(336)	10 5
6	Bank Service Charges	(2,845)	10 6
7	Resident Gifts	(6,654)	10 7
8	Bad Debt Expense	(85,228)	10 8
9	Meals & Entertainment	(471)	10 9
10	Pet Care	(37)	07 10
11	Cable TV	(15,552)	10 11
12	Management Fees	(54,113)	10 12
13	Service Provider Fee	(180,000)	10 13
14	Interest Income-Escrows	(16,173)	18 14
15	Interest Income	(200)	18 15
16	Capitalized R&M	(2,660)	02 16
17	Equipment Rental - Late Fee	(32)	21 17
18			18
19	Pathway Management Allocation:		19
20	Maintenance	4,517	2 20
21	Utilities	143	3 21
22	Health Care / Personal Care	14,257	6 22
23	Community Life	2,328	7 23
24	Administrative	188,275	10 24
25	Marketing	14,161	11 25
26	Insurance	4,043	13 26
27	Employee Benefits	25,406	14 27
28	Depreciation	9,423	17 28
29	Rent - Building	12,711	20 29
30	Rent - Equipment	32	21 30
31			31
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99			99
100			100
101	Total	(85,330)	101

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.65	\$ 28.85	1
2	Licensed Practical Nurses	2.17	26.50	2
3	Certified Nurse Assistants	11.01	14.11	3
4	Activity Director & Assistants	1.45	15.65	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.42	16.70	7
8	Dishwashers			8
9	Maintenance Workers	2.18	19.59	9
10	Housekeepers	2.18	14.00	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.28	31.08	13
14	Clerical			14
15	Marketing	1.30	22.59	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>32.65</b>	<b>\$ 18.81</b>	<b>17</b>

**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%	1.07	\$ 5,028	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 5028</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	N/A	1
2		2
<b>Total</b>		<b>3</b>

**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:

1/1/2020

Ending:

12/31/2020

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	\$ 463,920	35	\$ 424,881	\$ (39,039)	\$ 6,064,211	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				684,460		20	34,227	34,227	155,317	6
7	Various		2006		708,000		20	35,400	35,400	495,600	7
8	Various		2007		11,012		20	550	550	7,707	8
9	Various		2008		37,892		20	1,895	1,895	23,682	9
10	Various		2009		17,408		20	871	871	10,450	10
11	Various		2010		25,105		20	1,256	1,256	13,809	11
12	Various		2011		18,234		20	913	913	9,119	12
13	Various		2012		16,327		20	816	816	13,719	13
14											14
15	Allocated from Pathway Management					9,423			(9,423)		15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,389,288	\$ 473,343		\$ 500,809	\$ 27,466	\$ 6,793,614	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	\$ 969,302	\$	\$ 12,659	12,659		\$ 901,220	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 969,302	\$	\$ 12,659	12,659		\$ 901,220	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**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	Isl Custom Ptac	2013	7,975		20	399	399	3,190	1
2	Electromagnetic Lock/Delayed Egress	2013	5,619		20	281	281	2,248	2
3	Sandblasting Signs And Post Sleeves	2013	5,235		20	262	262	2,094	3
4	Ignition Module, Pressure Switch, Mount	2013	2,551		20	128	128	1,021	4
5	Custom Carpet In Dining Room	2014	14,681		20	734	734	5,138	5
6	Phone System	2014	14,983		20	749	749	9,739	6
7	Phone System	2014	14,983		20	749	749	5,244	7
8	Custom Carpet	2014	2,804		20	140	140	981	8
9	Ptac System	2014	7,019		20	351	351	2,457	9
10	Mulch	2015	3,224		20	161	161	967	10
11	Emergency Call System	2015	44,913		20	2,246	2,246	13,474	11
12	Emergency Call System	2015	62,751		20	3,138	3,138	18,826	12
13	Water Heater	2015	19,800		20	990	990	5,940	13
14	Ac Units	2015	3,989		20	199	199	1,196	14
15	Ptac Units	2015	30,329		20	1,516	1,516	9,098	15
16	Ptac Units	2015	11,564		20	578	578	3,469	16
17	Ac Repair - 1St Floor	2015	5,835		20	292	292	1,751	17
18	Ptac Units	2016	7,045		20	352	352	1,761	18
19	Replace Security System And Cameras	2016	2,535		20	127	127	634	19
20	First Floor Air Control	2016	12,124		20	606	606	3,031	20
21	Administrative Door Replacement	2016	4,000		20	200	200	1,000	21
22	Phone Hub	2016	3,500		20	175	175	875	22
23	Air Control/System	2016	4,663		20	233	233	1,166	23
24	Air Control/System	2016	5,578		20	279	279	1,395	24
25	Repairs To Doors And Locks	2016	4,923		20	246	246	1,231	25
26	Custom Carpeting In Various Units	2016	73,545		20	3,677	3,677	18,386	26
27	Roof Repairs	2016	2,780		20	139	139	695	27
28	Ptac Unit Replacements	2017	9,336		20	467	467	1,867	28
29	Water Heaters	2017	13,930		20	697	697	2,787	29
30	Ashphalt Replacement And Seal Coating	2017	7,550		20	378	378	1,511	30
31	Shingle Replacement	2017	2,900		20	145	145	580	31
32	Replace Parking Lot Poles	2017	7,105		20	355	355	1,421	32
33	Ptac 15K Gas Heat	2017	8,564		20	428	428	1,713	33
34	TOTAL (lines 1 thru 33)		\$ 428,333	\$		\$ 21,417	\$ 21,417	\$ 126,886	34

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

Facility Name & ID Number Victory Centre of Roseland**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	Water Tank And Vav Valves	2017	8,370		20	419	419	1,675	1
2	15K 14500 Btu Gas Heat	2017	22,792		20	1,140	1,140	4,559	2
3	Cabinet Doors	2017	3,322		20	166	166	664	3
4	15K 14500 Btu Gas Heat	2017	5,311		20	266	266	1,063	4
5	Paint Conference/Dining/Tv Romms	2017	7,900		20	395	395	1,580	5
6	Building Improvement	2018	5,584		20	279	279	837	6
7	5 Heating Units	2018	8,877		20	444	444	1,332	7
8	Complete Temperature System	2018	4,830		20	242	242	725	8
9	Roof Repair	2018	6,695		20	335	335	1,005	9
10	12 Hvac Units	2019	10,034		20	502	502	1,004	10
11	Emergency Call System	2019	14,494		20	725	725	1,450	11
12	Bas Controls	2019	15,974		20	799	799	1,598	12
13	Water Heater	2019	5,125		20	256	256	512	13
14	Ahu #5	2019	3,185		20	159	159	318	14
15	Ahu #1 System Controls	2019	11,838		20	592	592	1,184	15
16	Elevator Repair	2019	4,704		20	235	235	470	16
17	Hvac Repair	2019	4,287		20	214	214	428	17
18	Elevator Repair	2019	2,631		20	132	132	264	18
19	Elevator Repair	2019	7,011		20	351	351	702	19
20	Painting Of Vacant Units	2019	6,750		20	338	338	676	20
21	Painting-Art Rm,Bathrm,Ed Office,Unit 123,104,106,117,119,215,33	2019	3,975		20	199	199	398	21
22	Carpet - Units 325,242,103,213	2019	11,524		20	576	576	1,152	22
23	Carpet Installation - Vacant Units	2019	5,590		20	280	280	560	23
24	Carpet - Units 117,202,102,104,119	2019	7,365		20	368	368	736	24
25	Carpet Glue Down	2019	2,818		20	141	141	282	25
26	Install Faucets	2020	4,003		20	200	200	200	26
27	Replacement Tile In Dining Area	2020	10,074		20	504	504	504	27
28	Repairs To York Condenser - 33% Down	2020	4,596		20	230	230	230	28
29	New Water Heaters	2020	34,200		20	1,710	1,710	1,710	29
30	3 Ptac Units	2020	2,618		20	131	131	131	30
31	8 Ptac Units	2020	6,990		20	350	350	350	31
32	Plumbing Work - Power Rod	2020	2,660		20	133	133	133	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 256,127	\$		\$ 12,810	\$ 12,810	\$ 28,431	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:

1/1/2020

Ending:

12/31/2020

**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
13								13
14								14
15								15
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: 1/1/2020

Ending: 2/31/2020

**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			/ /	1,161			5
6	Allocated from Pathway Management			/ /	12,711			6
7	<b>TOTAL</b>				\$ 13,872			7

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

9. Rental amount for movable equipment \$ 10,103

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	IHDA		X	1st Mortgage	3/1/07	\$ 8,050,000	\$ 6,880,802	3/1/47	5.2500	\$ 371,537
2	IHDA		X	2nd Mortgage	3/1/07	2,756,452	1,950,224	3/1/47	1.0000	19,848
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 10,806,452	\$ 8,831,026			\$ 391,386
	<b>B. Non-Facility Related</b>									
8	Interest Income-Escrows				/ /			/ /		-16,173
9	Interest Income				/ /			/ /		-200
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 10,806,452	\$ 8,831,026			\$ 375,013

\* 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: 1/1/2020

Ending: 12/31/2020

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 808,913	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	1,037,137		3
4	Supply Inventory (priced at )	8,830		4
5	Short-Term Investments			5
6	Prepaid Insurance	181,676		6
7	Other Prepaid Expenses	23,258		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	2,555,783		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,615,597	\$	10
	<b>B. Long-Term Assets</b>			
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	1,060,215		15
16	Equipment, at Historical Cost	1,319,031		16
17	Accumulated Depreciation (book methods)	(7,115,650)		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): <a href="#">See Attached</a>	408,996		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,959,460	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 15,575,057	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 70,492	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	60,866		30
31	Accrued Taxes Payable	90,993		31
32	Accrued Interest Payable	32,876		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	246,489		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 501,716	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,831,026		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43	<a href="#">See Attached</a>	310,974		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 9,142,000	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,643,716	\$	45
46	<b>TOTAL EQUITY</b>	\$ 5,931,341	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 15,575,057	\$	47

\*(See instructions.)

Facility Name: Victory Centre of Roseland

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,055,345	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,055,345</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	16,373	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 16,373</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	632,706	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 632,706</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,704,424</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	908,545	19
20	Health Care/ Personal Care	838,097	20
21	General Administration	1,643,505	21
<b>B. Capital Expense</b>			
22	Ownership	1,001,073	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 4,391,220</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 313,204</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 313,204</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 3,768,712	32
33	Private Pay - Net Inpatient Revenue	286,633	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 4,055,345</b>	<b>37</b>