

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000110</u></p> <p>Facility Name: <u>Victory Centre of Galewood</u></p> <p>Address: <u>2370 N Newcastle Ave</u> <u>Chicago</u> <u>60707</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>773-385-5002</u> Fax # _____</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>2/24/2009</u></p> <p>Type of Ownership:</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;">IRS Exemption Code _____</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	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2014</u> to <u>12/31/2014</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) _____</td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____ (Date) _____		(Type or Print Name) _____		(Title) _____	Paid Preparer	(Signed) _____ (Date) _____		(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>		(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
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<p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: _____</p>	<p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>																																						

Facility Name Victory Centre of Galewood

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	102	Single Unit Apartment	102	37,230	1
2		Double Unit Apartment			2
3		Other			3
4	102	TOTALS	102	37,230	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	32,540	1,713		34,253	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,540	1,713		34,253	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.00%

D. Indicate the number of paid bed-hold days the SLF had during this year 817 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 214 (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: 12/31/14 Fiscal Year: 12/31/14

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

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 Galewood

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	227,892	209,047	21,853	458,792	7,270	466,062	1
2	Housekeeping, Laundry and Maintenance	103,639	24,800	83,905	212,344	5,093	217,437	2
3	Heat and Other Utilities			124,990	124,990	186	125,176	3
4	Other (specify):							4
5	TOTAL General Services	331,531	233,847	230,748	796,126	12,549	808,675	5
B. Health Care and Programs								
6	Health Care/ Personal Care	436,551	43	30,420	467,014	10,786	477,800	6
7	Activities and Social Services	28,940	3,236	20,179	52,355	7,756	60,111	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	465,491	3,279	50,599	519,369	18,542	537,911	9
C. General Administration								
10	Administrative and Clerical	189,558	20,377	702,801	912,736	(355,742)	556,994	10
11	Marketing Materials, Promotions and Advertising	77,473	584	45,436	123,493	37,243	160,736	11
12	Employee Benefits and Payroll Taxes			219,040	219,040		219,040	12
13	Insurance-Property, Liability and Malpractice			38,262	38,262	1,128	39,390	13
14	Other (specify):					21,563	21,563	14
15	TOTAL General Administration	267,031	20,961	1,005,539	1,293,531	(295,808)	997,723	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,064,053	258,087	1,286,886	2,609,026	(264,717)	2,344,309	16
Capital Expenses								
D. Ownership								
17	Depreciation			515,694	515,694	137,320	653,014	17
18	Interest			434,553	434,553	(1,725)	432,828	18
19	Real Estate Taxes			115,882	115,882		115,882	19
20	Rent -- Facility and Grounds			762	762	11,709	12,471	20
21	Rent -- Equipment			11,649	11,649	100	11,749	21
22	Other (specify): MIP & Amortization			66,893	66,893		66,893	22
23	TOTAL Ownership			1,145,433	1,145,433	147,403	1,292,836	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,064,053	258,087	2,432,319	3,754,459	(117,314)	3,637,145	24

Victory Centre of Galewood

Report Period Beginning: 1/1/2014
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 137,320	17	1
2	Guest Meals	(432)	01	2
3	Employee Meals	(1,275)	01	3
4	Beauty & Barber	(371)	10	4
5	Damage Recovery	(28)	10	5
6	Telephone Service	(18,888)	10	6
7	NSF Fees	(100)	10	7
8	Late Fees	(80)	10	8
9	Other Income	(3,592)	10	9
10	Meals and Entertainment	(865)	10	10
11	Bank Service Charges	(1,122)	10	11
12	Charitable Contributions	(1,444)	10	12
13	Resident Gifts	(600)	10	13
14	Resident Reimbursables	(100)	10	14
15	Bad Debt - Tenant	(3,872)	10	15
16	Bad Debt - Medicaid	(45,666)	10	16
17	Pet Care	(1,595)	07	17
18	Cable TV	(7,978)	10	18
19	Management Fees	(61,804)	10	19
20	Service Provider Fee	(157,572)	10	20
21	Partnership Accounting Ex	(1,700)	10	21
22	Partnership Mgmt Fee	(231,855)	10	22
23	Interest Income	(1,474)	18	23
24	Interest Income- Escrows	(251)	18	24
25	Additional R&M	4,946	02	25
26	PY Equipment Rental	(784)	10	26
27	Capitalized R&M	(4,987)	02	27
28				28

29				29
30	Pathway Management LLC			30
31	Maintenance	4,024	02	31
32	Utilities	186	03	32
33	Health Care / Personal Care	5,247	06	33
34	Community Life	1,840	07	34
35	Administrative	94,452	10	35
36	Marketing	15,788	11	36
37	Insurance	63	13	37
38	Employee Benefits	9,634	14	38
39	Rent - Building	10,828	20	39
40	Rent - Equipment	49	21	40
41				41
42				42
43	Pathway Senior Living LLC			43
44	Dietary	8,977	01	44
45	Maintenance	1,110	02	45
46	Health Care / Personal Care	5,539	06	46
47	Community Life	7,511	07	47
48	Administrative	88,226	10	48
49	Marketing	21,455	11	49
50	Insurance	1,065	13	50
51	Employee Benefits	11,929	14	51
52	Rent - Building	881	20	52
53	Rent - Equipment	51	21	53
54				54
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99			99
100			100

101	Total	(117,314)	101
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Facility Name: Victory Centre of Galewood

Report Period Beginning 1/1/2014

Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.15	\$ 39.63	1
2	Licensed Practical Nurses	1.54	25.90	2
3	Certified Nurse Assistants	11.26	11.07	3
4	Activity Director & Assistants	0.76	18.36	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.28	11.81	7
8	Dishwashers			8
9	Maintenance Workers	1.21	25.76	9
10	Housekeepers	1.98	9.39	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.19	21.73	13
14	Clerical			14
15	Marketing	1.24	30.01	15
16	Other			16
17	Total (lines 1 thru 16)	32.60	\$ 15.69	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Jerry Finis	0.001225%	1.89	\$ 7,267	1
2	Robert Helle	0.001225%	1.89	5,663	2
3					3
4					4
5					5
				Total	\$ 12,930 6

VI. (B) Management fees paid to unrelated parties

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

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached		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 Galewood

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,119,516 Year land was acquired 2009

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	102		2009	2009	\$ 19,530,358	\$ 515,694	35	\$ 558,010	\$ 42,316	\$ 3,994,420	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				102,131			5,107	5,107	5,947	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,632,489	\$ 515,694		\$ 563,117	\$ 47,423	\$ 4,000,367	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	\$ 898,972	\$	\$ 89,897	89,897	10	\$ 531,905	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 898,972	\$	\$ 89,897	89,897		\$ 531,905	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

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Galewood

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Hvac- Condenser	2010	2,595	20	130	130	
3	Replace Nurse Call Station	2011	2,140	20	107	107	
4	Wifi System In Building	2014	46,324	20	2,316	2,316	
5	Phone System	2014	46,084	20	2,304	2,304	
6	Fire Alarm Repair	2014	4,987	20	249	249	
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34	TOTAL (lines 1 thru 33)		\$ 102,131	\$	\$ 5,107	\$ 5,107	\$

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

9	
Accumulated	
depreciation	
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2,304	5
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5,947	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Galewood

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Galewood

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

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			/ /	762			5
6	Allocated from Pathway			/ /	11,709			6
7	TOTAL				\$ 12,471			7

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

9. Rental amount for movable equipment \$ 11,749

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	Berkadia		X	1st Mortgage	2/1/10	\$ 9,550,000	\$ 9,077,499	1/1/50	4.4700	\$ 407,926
2	City Home Loan		X	2nd Mortgage	6/1/09	1,219,647	1,219,647	6/1/48	1.0000	12,196
3	Mercy Note		X	Long Term Note	10/1/07	300,000	300,000	10/1/47	4.8100	14,430
	Working Capital									
4	Security Deposit Interest		X		/ /			/ /		1
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 11,069,647	\$ 10,597,146			\$ 434,554
	B. Non-Facility Related									
8	Interest Income- Escrows		X		/ /			/ /		(251)
9	Interest Income		X		/ /			/ /		(1,474)
10	TOTALS (lines 7, 8 and 9)					\$ 11,069,647	\$ 10,597,146			\$ 432,828

* 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 Galewood

Report Period Beginning: 1/1/2014

Ending: 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 634,774	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	885,495		3
4	Supply Inventory (priced at)	5,938		4
5	Short-Term Investments			5
6	Prepaid Insurance	37,445		6
7	Other Prepaid Expenses	49,358		7
8	Accounts Receivable (owners or related parties)	100		8
9	Other(specify):	1,099,981		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,713,091	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,119,516		13
14	Buildings, at Historical Cost	19,530,358		14
15	Leasehold Improvements, at Historical Cost	48,025		15
16	Equipment, at Historical Cost	954,524		16
17	Accumulated Depreciation (book methods)	(3,776,454)		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):	413,273		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 18,289,242	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,002,333	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 296,762	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	63,283		30
31	Accrued Taxes Payable	117,739		31
32	Accrued Interest Payable	199,413		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	65,294		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 742,491	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,597,146		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 10,597,146	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,339,637	\$	45
46	TOTAL EQUITY	\$ 9,662,696	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 21,002,333	\$	47

*(See instructions.)

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,659,424	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,659,424	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	1,707	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,707	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,725	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,725	14
D. Other Revenue (specify):			
15	See Attached	36,906	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 36,906	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,699,762	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	796,126	19
20	Health Care/ Personal Care	519,369	20
21	General Administration	1,293,531	21
B. Capital Expense			
22	Ownership	1,145,433	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)	\$ 3,754,459	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (54,697)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (54,697)	31