

		FOR BHF USE			

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

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 North Newcastle Avenue</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%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td>_____</td> </tr> </table> <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>	<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>1/1/2012</u> to <u>12/31/2012</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%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(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></td> </tr> </table> <p align="right">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>	Officer or Administrator of Provider	(Signed) _____ (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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Facility Name Victory Centre Of Galewood

Report Period Beginning: 1/1/2012 Ending: 12/31/2012

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	37,332	1
2		Double Unit Apartment			2
3		Other			3
4	102	TOTALS	102	37,332	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	29,733	1,542		31,275	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,733	1,542		31,275	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 83.78%

D. Indicate the number of paid bed-hold days the SLF had during this year 21 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 17 (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: 12/31/2012 Fiscal Year: 12/31/2012

* 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:

1/1/2012

Ending: 12/31/2012

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	183,380	163,254	138,431	485,065	(3,182)	481,883	1
2	Housekeeping, Laundry and Maintenance	101,119	22,641	63,716	187,476	1,970	189,446	2
3	Heat and Other Utilities			107,266	107,266	277	107,543	3
4	Other (specify):							4
5	TOTAL General Services	284,499	185,895	309,413	779,807	(935)	778,872	5
B. Health Care and Programs								
6	Health Care/ Personal Care	399,893	603	13,337	413,833		413,833	6
7	Activities and Social Services	29,004	2,666	17,289	48,959	(500)	48,459	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	428,897	3,269	30,626	462,792	(500)	462,292	9
C. General Administration								
10	Administrative and Clerical	161,999	25,649	425,528	613,176	(109,039)	504,137	10
11	Marketing Materials, Promotions and Advertising	53,539	161	25,879	79,579	27,945	107,524	11
12	Employee Benefits and Payroll Taxes			184,078	184,078		184,078	12
13	Insurance-Property, Liability and Malpractice			35,132	35,132	556	35,688	13
14	Other (specify):					17,463	17,463	14
15	TOTAL General Administration	215,538	25,810	670,617	911,965	(63,075)	848,890	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	928,934	214,974	1,010,656	2,154,564	(64,510)	2,090,054	16
Capital Expenses								
D. Ownership								
17	Depreciation			664,241	664,241	(16,925)	647,316	17
18	Interest			443,521	443,521	(20,671)	422,850	18
19	Real Estate Taxes			113,047	113,047		113,047	19
20	Rent -- Facility and Grounds			317	317	11,168	11,485	20
21	Rent -- Equipment			16,495	16,495	132	16,627	21
22	Other (specify): MIP/Amortization			67,796	67,796		67,796	22
23	TOTAL Ownership			1,305,417	1,305,417	(26,297)	1,279,120	23
24	GRAND TOTAL (Sum of lines 16 and 23)	928,934	214,974	2,316,073	3,459,981	(90,807)	3,369,174	24

Victory Centre Of Galewood

Report Period Beginning: 1/1/2012
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (16,925)	17	1
2	Meal Program Income	(73)	01	2
3	Guest Meals	(1,524)	01	3
4	Employee Meals	(1,585)	01	4
5	Interest Income	(20,496)	18	5
6	Maintenance Fees	(185)	02	6
7	Damage Recovery	(252)	10	7
8	Telephone Service	(19,413)	10	8
9	Pet Fee	(500)	07	9
10	Other Income	(689)	10	10
11	Bank Service Charges	(2,750)	10	11
12	Late Fees/Finance Charges	(81)	10	12
13	Charitable Services	(1,512)	10	13
14	Resident Gifts	(948)	10	14
15	Bad Debt - Tenant	(15,510)	10	15
16	Bad Debt - Medicaid	(14,755)	10	16
17	Meals & Entertainment	(597)	10	17
18	Cable TV	(11,310)	10	18
19	Interest Income - Escrows	(176)	18	19
20				20
21				21
22				22
23	PATHWAY SENIOR LIVING LLC:			23
24	Management Fees	(51,277)	10	24
25	Service Provider Fee	(146,359)	10	25
26	Maintenance Fees	2,015	02	26
27	Utilities	43	03	27
28	Administrative	83,504	10	28
29	Marketing	12,158	11	29
30	Insurance	508	13	30
31	Employee Benefits	8,214	14	31
32	Rent - Building	3,412	20	32
33	Rent - Equipment	70	21	33
34				34
35				35
36	PATHWAY MANAGEMENT LLC:			36
37	Maintenance Fees	140	02	37
38	Utilities	234	03	38
39	Administrative	72,909	10	39
40	Marketing	15,787	11	40
41	Insurance	48	13	41
42	Employee Benefits	9,249	14	42
43	Rent - Building	7,756	20	43
44	Rent - Equipment	62	21	44
45				45
46				46
47				47
48				48
49				49
50				50
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94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total		(90,807)	101

Facility Name: Victory Centre Of Galewood

Report Period Beginning 1/1/2012 Ending: 12/31/2012

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.13	\$ 39.62	1
2	Licensed Practical Nurses	1.58	22.12	2
3	Certified Nurse Assistants	10.39	10.84	3
4	Activity Director & Assistants	0.76	18.35	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.05	9.74	7
8	Dishwashers			8
9	Maintenance Workers	1.24	25.75	9
10	Housekeepers	1.91	8.72	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.30	23.63	13
14	Clerical			14
15	Marketing	0.92	27.94	15
16	Other			16
17	Total (lines 1 thru 16)	30.28	\$ 14.75	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	25%	1.77	\$ 6,820	1
2					2
3					3
4					4
5					5
				Total	\$ 6820 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			

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:

1/1/2012

Ending:

12/31/2012

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	\$ 664,241	35	\$ 558,010	\$ (106,230)	\$ 2,878,400	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				4,735			237	237	604	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)				\$ 19,535,093	\$ 664,241		\$ 558,247	\$ (105,994)	\$ 2,879,004	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	\$ 890,684	\$	\$ 89,068	89,068	10	\$ 352,111	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 890,684	\$	\$ 89,068	89,068		\$ 352,111	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 Galewood

Report Period Beginning:

1/1/2012 Ending:

12/31/2012

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	Hvac- Condenser	2010	2,595		20	130	130	390	2
3	Replace Nurse Call Station	2011	2,140		20	107	107	214	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 4,735	\$		\$ 237	\$ 237	\$ 604	34

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

Facility Name & ID Number Victory Centre Of Galewood

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	
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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 & ID Number Victory Centre Of Galewood

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

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	
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25								25	
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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 Galewood

Report Period Beginning: 1/1/2012

Ending: 2/31/2012

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	Allocated from Pathway			/ /	11,168			5
6	Storage Rental			/ /	317			6
7	TOTAL				\$ 11,485			7

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

9. Rental amount for movable equipment \$ 16,627

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	\$ 9,282,282	1/1/50	4.4700	\$ 416,895	1
2	City Home Loan		X	2nd Mortgage	6/1/09	1,219,647	1,219,647	6/1/48	1.0000	12,196	2
3	Mercy Note		X	Long Term Note	10/1/07	300,000	300,000	10/1/47	4.8100	14,430	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,069,647	\$ 10,801,929			\$ 443,521	7
	B. Non-Facility Related										
8	Interest Income -Escrows		X		/ /			/ /		-176	8
9	Interest Income		X		/ /			/ /		-20,496	9
10	TOTALS (lines 7, 8 and 9)					\$ 11,069,647	\$ 10,801,929			\$ 422,850	10

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Victory Centre Of Galewood

Report Period Beginning: 1/1/2012

Ending: 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,082,541	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	908,756		3
4	Supply Inventory (priced at)	5,938		4
5	Short-Term Investments			5
6	Prepaid Insurance	28,053		6
7	Other Prepaid Expenses	14,636		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	625,282		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,665,206	\$	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			15
16	Equipment, at Historical Cost	892,825		16
17	Accumulated Depreciation (book methods)	(2,596,519)		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	469,927		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,416,107	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,081,313	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,227,934	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	69,761		30
31	Accrued Taxes Payable	119,222		31
32	Accrued Interest Payable	146,923		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	47,789		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,611,629	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,801,929		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)	\$ 10,801,929	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,413,558	\$	45
46	TOTAL EQUITY	\$ 9,667,755	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 22,081,313	\$	47

*(See instructions.)

Facility Name: Victory Centre Of Galewood

Report Period Beginning: 1/1/2012

Ending:

12/31/2012

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	\$ 3,357,905	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,357,905	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	3,182	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,182	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	20,672	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 20,672	14
D. Other Revenue (specify):			
15	See Attached	36,458	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 36,458	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,418,217	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	779,807	19
20	Health Care/ Personal Care	462,792	20
21	General Administration	911,965	21
B. Capital Expense			
22	Ownership	1,305,417	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)	\$ 3,459,981	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (41,764)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (41,764)	31

