

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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> 1000110</p> <p><b>Facility Name:</b> <u>Victory Centre of Galewood</u></p> <p><b>Address:</b> <u>2370 N Newcastle Ave</u> <u>Chicago</u> <u>60707</u> Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>773-385-5002</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>2/24/2009</u></p> <p><b>Type of Ownership:</b></p> <table border="0"> <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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 282 - 6300</u>  <b>Email Address:</b> _____</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	<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>1/1/2015</u> to <u>12/31/2015</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 border="1"> <tr> <td data-bbox="1419 824 1607 1036">Officer or Administrator of Provider</td> <td data-bbox="1607 824 2497 865">(Signed) _____ (Date) _____</td> </tr> <tr> <td data-bbox="1419 865 1607 1036"></td> <td data-bbox="1607 865 2497 922">(Type or Print Name) _____</td> </tr> <tr> <td data-bbox="1419 922 1607 1036"></td> <td data-bbox="1607 922 2497 995">(Title) _____</td> </tr> <tr> <td data-bbox="1419 1036 1607 1333">Paid Preparer</td> <td data-bbox="1607 1036 2497 1076">(Signed) _____ (Date) _____</td> </tr> <tr> <td data-bbox="1419 1076 1607 1333"></td> <td data-bbox="1607 1076 2497 1149">(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td data-bbox="1419 1076 1607 1333"></td> <td data-bbox="1607 1149 2497 1222">(Firm Name &amp; Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td data-bbox="1419 1076 1607 1333"></td> <td data-bbox="1607 1222 2497 1333">(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</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) _____ (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>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>		(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>
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Facility Name Victory Centre of GalewoodReport Period Beginning: 1/1/2015 Ending: 12/31/2015

## 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	31,993	1,684		33,677	5
6	Double Unit					6
7	Other					7
8	TOTALS	31,993	1,684		33,677	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.46%D. Indicate the number of paid bed-hold days the SLF had during this year 1,077 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 120 (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  NOTax Year: 12/31/15 Fiscal Year: 12/31/15

\* 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 therequired payments of interest and principle? N/AIf no, explain. N/AK. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of therequired payments of interest and principle? N/AIf no, explain. N/AL. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facilitymake all of the required payments of interest and principle? N/AIf no, explain. N/A

Facility Name: Victory Centre of Galewood

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

## 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	238,469	210,984	20,686	470,139	7,255	477,394	1
2	Housekeeping, Laundry and Maintenance	106,169	27,439	88,616	222,224	6,408	228,632	2
3	Heat and Other Utilities			137,793	137,793	219	138,012	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>344,638</b>	<b>238,423</b>	<b>247,095</b>	<b>830,156</b>	<b>13,882</b>	<b>844,038</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	427,806	559	44,546	472,911	12,254	485,165	6
7	Activities and Social Services	30,605	3,407	19,779	53,791	8,098	61,889	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>458,411</b>	<b>3,966</b>	<b>64,325</b>	<b>526,702</b>	<b>20,352</b>	<b>547,054</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	172,704	21,009	734,423	928,136	(366,979)	561,157	10
11	Marketing Materials, Promotions and Advertising	63,441	2,044	39,952	105,437	38,319	143,756	11
12	Employee Benefits and Payroll Taxes			219,249	219,249		219,249	12
13	Insurance-Property, Liability and Malpractice			42,362	42,362	8,230	50,592	13
14	Other (specify):					25,786	25,786	14
15	<b>TOTAL General Administration</b>	<b>236,145</b>	<b>23,053</b>	<b>1,035,986</b>	<b>1,295,184</b>	<b>(294,644)</b>	<b>1,000,540</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,039,194</b>	<b>265,442</b>	<b>1,347,406</b>	<b>2,652,042</b>	<b>(260,409)</b>	<b>2,391,633</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			515,694	515,694	143,807	659,501	17
18	Interest			429,757	429,757	(2,770)	426,987	18
19	Real Estate Taxes			90,682	90,682		90,682	19
20	Rent -- Facility and Grounds			698	698	8,911	9,609	20
21	Rent -- Equipment			13,366	13,366	213	13,579	21
22	Other (specify): Mortgage Insurance/Amortization			66,410	66,410		66,410	22
23	<b>TOTAL Ownership</b>			<b>1,116,607</b>	<b>1,116,607</b>	<b>150,161</b>	<b>1,266,768</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,039,194</b>	<b>265,442</b>	<b>2,464,013</b>	<b>3,768,649</b>	<b>(110,248)</b>	<b>3,658,401</b>	<b>24</b>

Victory Centre of Galewood

Report Period Beginning: 1/1/2015  
 Ending: 12/31/2015

NON-ALLOWABLE EXPENSES	Amount	Sch. V Line	Reference
1 Non-Straight Line Depreciation	\$ 143,337	17	1
2 Guest Meals	(205)	01	2
3 Employee Meals	(568)	01	3
4 Capitalized R&M	(2,000)	02	4
5 Damage Recovery	(167)	10	5
6 Telephone Service	(15,456)	10	6
7 Pet Fee	(250)	07	7
8 Other Income	(1,006)	10	8
9 Bank Service Charges	(1,257)	10	9
10 Charitable Contributions	(563)	10	10
11 Resident Gifts	(500)	10	11
12 Resident Reimbursables	(135)	10	12
13 Bad Debt - Tenant	(34,880)	10	13
14 Bad Debt - Medicaid	(20,901)	10	14
15 Meals & Entertainment	(368)	10	15
16 Cable TV	(7,852)	10	16
17 Management Fees	(61,769)	10	17
18 Service Provider Fee	(164,082)	10	18
19 Partnership Management Fee	(238,810)	10	19
20 Interest Income - Escrow	(166)	18	20
21 Interest Income	(2,694)	18	21
22 Additional R&M	4,973	02	22
23			23
24			24
25			25
26 Pathway Management LLC			26
27 Maintenance	3,361	02	27
28 Utilities	219	03	28
29 Health Care/ Personal Care	4,864	06	29
30 Community Life	1,428	07	30
31 Administrative	92,904	10	31
32 Marketing	17,119	11	32
33 Insurance	114	13	33
34 Employee Benefits	11,869	14	34
35 Depreciation	470	17	35
36 Rent - Building	8,046	20	36
37 Rent - Equipment	49	21	37
38			38
39 Pathway Senior Living LLC			39
40 Dietary	8,028	01	40
41 Maintenance	874	02	41
42 Health Care / Personal Care	7,390	06	42
43 Community Life	6,920	07	43
44 Administrative	87,873	10	44
45 Marketing	21,200	11	45
46 Insurance	8,116	13	46
47 Employee Benefits	13,917	14	47
48 Rent - Building	865	20	48
49 Rent - Equipment	164	21	49
50			50
51			51
52			52
53			53
54			54
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91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101 Total	(110,248)		101

Facility Name: Victory Centre of Galewood

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.10	\$ 25.50	1
2	Licensed Practical Nurses	2.21	21.81	2
3	Certified Nurse Assistants	11.34	11.41	3
4	Activity Director & Assistants	0.80	18.36	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.84	12.97	7
8	Dishwashers			8
9	Maintenance Workers	1.20	25.76	9
10	Housekeepers	1.92	10.44	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.21	19.73	13
14	Clerical			14
15	Marketing	1.02	30.01	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>32.64</b>	<b>\$ 15.31</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%	1.88	\$ 5,573	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$ 5573</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>\$</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 <u>1</u>	City <u>2</u>
See Attached	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
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:

1/1/2015

Ending:

12/31/2015

## 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	\$ 516,164	35	\$ 558,010	\$ 41,846	\$ 4,552,430	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				231,869			11,593	11,593	17,540	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)				\$ 19,762,227	\$ 516,164		\$ 569,604	\$ 53,440	\$ 4,569,971	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		\$ 621,802	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 898,972	\$	\$ 89,897	89,897		\$ 621,802	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:

1/1/2015 Ending:

12/31/2015

**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	779	2
3	Replace Nurse Call Station	2011	2,140		20	107	107	535	3
4	Wifi System In Building	2014	46,324		20	2,316	2,316	4,632	4
5	Phone System	2014	46,084		20	2,304	2,304	4,608	5
6	Fire Alarm Repair	2014	4,987		20	249	249	499	6
7	Nurse Call System	2015	61,161		20	3,058	3,058	3,058	7
8	Common Area Carpet	2015	18,104		20	905	905	905	8
9	Ductless Split	2015	6,900		20	345	345	345	9
10	Nurse Call System	2015	40,774		20	2,039	2,039	2,039	10
11	Generator Repair	2015	2,800		20	140	140	140	11
12									12
13									13
14									14
15									15
16									16
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19									19
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28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 231,869	\$		\$ 11,593	\$ 11,593	\$ 17,540	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:

1/1/2015 Ending:

12/31/2015

**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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24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	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:

1/1/2015 Ending:

12/31/2015

**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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29								29	
30								30	
31								31	
32								32	
33								33	
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	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: 1/1/2015

Ending: 2/31/2015

**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 Unit		/ /	698			5
6	Allocated from Pathway		/ /	8,911			6
7	<b>TOTAL</b>			<b>\$ 9,609</b>			<b>7</b>

8. Is movable equipment rental included in building rental?

YES  NO

9. Rental amount for movable equipment \$ 13,579

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	Berkadia		X	1st Mortgage	2/1/10	\$ 9,550,000	\$ 8,968,048	1/1/50	4.4700	\$ 403,132
2	City of Chicago Home Loan		X	2nd Mortgage	6/1/09	1,219,647	1,219,647	6/1/49	1.0000	12,195
3	Mercy Loan		X	3rd Mortgage	10/1/07	300,000	300,000	N/A	4.8100	14,430
	<b>Working Capital</b>									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	<b>TOTAL Facility Related</b>					<b>\$ 11,069,647</b>	<b>\$ 10,487,695</b>			<b>\$ 429,758</b>
	<b>B. Non-Facility Related</b>									
8	Interest Income		X		/ /			/ /		-2,604
9	Interest Income - Escrows		X		/ /			/ /		-166
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 11,069,647</b>	<b>\$ 10,487,695</b>			<b>\$ 426,988</b>

\* 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: **1/1/2015**Ending: **12/31/2015****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,169,193	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	538,585		3
4	Supply Inventory (priced at )	5,938		4
5	Short-Term Investments			5
6	Prepaid Insurance	47,650		6
7	Other Prepaid Expenses	13,294		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,153,724		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,928,384	\$	10
	<b>B. Long-Term Assets</b>			
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	135,786		15
16	Equipment, at Historical Cost	998,676		16
17	Accumulated Depreciation (book methods)	(4,292,148)		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):	387,446		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 17,879,634	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 20,808,018	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 50,643	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,612		30
31	Accrued Taxes Payable	91,809		31
32	Accrued Interest Payable	225,632		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	364,815		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 789,511	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,487,695		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 10,487,695	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 11,277,206	\$	45
46	<b>TOTAL EQUITY</b>	\$ 9,530,812	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 20,808,018	\$	47

\*(See instructions.)

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,775,278	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 3,775,278	3
<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	773	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 773	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	2,770	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 2,770	14
<b>D. Other Revenue (specify):</b>			
15		31,711	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 31,711	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 3,810,532	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	830,156	19
20	Health Care/ Personal Care	526,702	20
21	General Administration	1,295,184	21
<b>B. Capital Expense</b>			
22	Ownership	1,116,607	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</b> (sum of lines 19 thru 27)	\$ 3,768,649	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 41,883	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 41,883	31