

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2016  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2016)**

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>1000110</u></p> <p><b>Facility Name:</b> <u>Victory Centre of Galewood</u></p> <hr/> <p><b>Address:</b> <u>2370 N Newcastle Ave</u> <u>Chicago</u> <u>60707</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>773-385-5002</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 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><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></p> <p><b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 282 - 6300</u></p> <p><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>1/1/2016</u> to <u>12/31/2016</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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> </table> <hr/> <table style="width:100%"> <tr> <td style="width:20%;"><b>Paid Preparer</b></td> <td>(Signed) _____ *</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(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 Galewood

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

**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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	32,388	1,705		34,093	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,388	1,705		34,093	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.32%

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

712 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 365 (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: 12/31/16 Fiscal Year: 12/31/16

\* 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:

1/1/2016

Ending: 12/31/2016

## 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	264,528	224,533	20,480	509,541	1,928	511,469	1
2	Housekeeping, Laundry and Maintenance	114,377	26,304	86,389	227,070	9,961	237,031	2
3	Heat and Other Utilities			126,468	126,468	223	126,691	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>378,905</b>	<b>250,837</b>	<b>233,337</b>	<b>863,079</b>	<b>12,112</b>	<b>875,191</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	437,999	986	49,713	488,698	13,502	502,200	6
7	Activities and Social Services	28,160	3,189	21,672	53,021	2,565	55,586	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>466,159</b>	<b>4,175</b>	<b>71,385</b>	<b>541,719</b>	<b>16,067</b>	<b>557,786</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	176,620	13,875	791,894	982,389	(400,332)	582,057	10
11	Marketing Materials, Promotions and Advertising	80,135	2,351	49,314	131,800	29,504	161,304	11
12	Employee Benefits and Payroll Taxes			219,463	219,463		219,463	12
13	Insurance-Property, Liability and Malpractice			49,913	49,913	2,049	51,962	13
14	Other (specify):					26,186	26,186	14
15	<b>TOTAL General Administration</b>	<b>256,755</b>	<b>16,226</b>	<b>1,110,584</b>	<b>1,383,565</b>	<b>(342,593)</b>	<b>1,040,972</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,101,819</b>	<b>271,238</b>	<b>1,415,306</b>	<b>2,788,363</b>	<b>(314,414)</b>	<b>2,473,949</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			515,694	515,694	144,668	660,362	17
18	Interest			424,746	424,746	(345)	424,401	18
19	Real Estate Taxes			86,898	86,898		86,898	19
20	Rent -- Facility and Grounds			1,435	1,435	8,595	10,030	20
21	Rent -- Equipment			15,632	15,632	319	15,951	21
22	Other (specify): Mortgage Insurance/Amortization			65,905	65,905		65,905	22
23	<b>TOTAL Ownership</b>			<b>1,110,310</b>	<b>1,110,310</b>	<b>153,237</b>	<b>1,263,547</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,101,819</b>	<b>271,238</b>	<b>2,525,616</b>	<b>3,898,673</b>	<b>(161,177)</b>	<b>3,737,496</b>	<b>24</b>

Report Period Beginning: 1/1/2016  
 Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Straight Line Depreciation	\$ 142,362	17	1
2	Guest Meals	782	01	2
3	Employee Meals	(1,073)	01	3
4	Maintenance Fees	(115)	02	4
5	Damage Recovery	(300)	10	5
6	Telephone Service	(9,313)	10	6
7	Per Fee	(3,023)	07	7
8	NSF Fees	(120)	10	8
9	Late Fees	(120)	10	9
10	Termination Fees	(811)	10	10
11	Other Income	(912)	10	11
12	Meat & Entertainment	748	10	12
13	Bank Service Charges	(1,244)	10	13
14	Late Fees/Finance Charges	(35)	10	14
15	Charitable Contributions	(1,509)	10	15
16	Resident Gifts	(1,482)	10	16
17	Bad Debt - Tenant	(44,052)	10	17
18	Bad Debt - Medicaid	(22,777)	10	18
19	Cable TV	(9,192)	10	19
20	Management Fees	(66,132)	10	20
21	Service Provider Fee	(161,427)	10	21
22	Partnership Management Fee	(245,975)	10	22
23	Interest Income - Escrows	1,196	18	23
24	Interest Income	(152)	18	24
25	Additional R&M	5,718	02	25
26				26
27	PATHWAY SENIOR LIVING LLC.			27
28	Dietary	3,783	01	28
29	Maintenance	987	02	29
30	Health Care/Personal Care	7,984	06	30
31	Community Life	5,588	07	31
32	Administrative	79,634	10	32
33	Marketing	18,715	11	33
34	Insurance	1,188	13	34
35	Employee Benefits	13,020	14	35
36	Rent - Building	969	20	36
37	Rent - Equipment	268	21	37
38				38
39	PATHWAY MANAGEMENT LLC			39
40	Maintenance	3,451	02	40
41	Utilities	223	03	41
42	Health Care/Personal Care	5,518	06	42
43	Administrative	95,752	10	43
44	Marketing	10,785	11	44
45	Insurance	861	13	45
46	Employee Benefits	13,166	14	46
47	Depreciation	2,306	17	47
48	Rent - Building	7,626	20	48
49	Rent - Equipment	51	21	49
50				50
51				51
52				52
53				53
54				54
55				55
56				56
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89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	<b>Total</b>	(161,177)		101

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 25.12	1
2	Licensed Practical Nurses	1.96	24.33	2
3	Certified Nurse Assistants	10.92	12.62	3
4	Activity Director & Assistants	0.95	14.29	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.36	13.59	7
8	Dishwashers			8
9	Maintenance Workers	2.03	17.33	9
10	Housekeepers	1.86	10.69	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.00	21.22	13
14	Clerical			14
15	Marketing	1.00	38.53	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>33.06</b>	<b>\$ 16.02</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%	1.58	\$ 7,910	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$ 7910</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	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:

1/1/2016

Ending:

12/31/2016

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	\$ 518,000	35	\$ 558,010	\$ 40,010	\$ 5,110,440	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				235,830			11,791	11,791	29,332	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)				\$ 19,766,188	\$ 518,000		\$ 569,801	\$ 51,801	\$ 5,139,772	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	\$ 905,609	\$	\$ 90,561	90,561		\$ 712,363	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 905,609	\$	\$ 90,561	90,561		\$ 712,363	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:

1/1/2016

Ending:

12/31/2016

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-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									1
2	Hvac- Condenser	2010	2,595		20	130	130	909	2
3	Replace Nurse Call Station	2011	2,140		20	107	107	642	3
4	Wifi System In Building	2014	46,324		20	2,316	2,316	6,949	4
5	Phone System	2014	46,084		20	2,304	2,304	6,913	5
6	Fire Alarm Repair	2014	4,987		20	249	249	748	6
7	Nurse Call System	2015	61,161		20	3,058	3,058	6,116	7
8	Common Area Carpet	2015	18,104		20	905	905	1,810	8
9	Ductless Split	2015	6,900		20	345	345	690	9
10	Nurse Call System	2015	40,774		20	2,039	2,039	4,077	10
11	Generator Repair	2015	2,800		20	140	140	280	11
12	Custom Carpeting In Office	2016	3,961		20	198	198	198	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 235,830	\$		\$ 11,791	\$ 11,791	\$ 29,332	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:

1/1/2016

Ending:

12/31/2016

**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 & ID Number Victory Centre of Galewood

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

**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	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: 1/1/2016

Ending: 2/31/2016

**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			/ /	1,435			5
6	Allocated from Pathway			/ /	8,595			6
7	<b>TOTAL</b>				<b>\$ 10,030</b>			<b>7</b>

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

9. Rental amount for movable equipment \$ 15,951

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	\$ 8,853,603	1/1/50	4.4700	\$ 398,120
2	City of Chicago Home Loan		X	2nd Mortgage	6/1/09	1,219,647	1,219,647	6/1/49	1.0000	12,196
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>\$ 10,373,250</b>			<b>\$ 424,746</b>
	<b>B. Non-Facility Related</b>									
8	Interest Income		X		/ /			/ /		(155)
9	Interest Income - Escrows		X		/ /			/ /		(190)
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 11,069,647</b>	<b>\$ 10,373,250</b>			<b>\$ 424,401</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: 1/1/2016

Ending:

12/31/2016

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 417,235	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	674,963		3
4	Supply Inventory (priced at )	5,938		4
5	Short-Term Investments			5
6	Prepaid Insurance	52,788		6
7	Other Prepaid Expenses	19,033		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,441,923		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,611,880	\$	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	141,464		15
16	Equipment, at Historical Cost	1,009,312		16
17	Accumulated Depreciation (book methods)	(4,807,842)		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):	361,619		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 17,354,427	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 19,966,307	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 69,623	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	69,732		30
31	Accrued Taxes Payable	90,674		31
32	Accrued Interest Payable	251,832		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	395,296		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 877,157	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,373,250		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 (sum of lines 38 thru 43)</b>	\$ 10,373,250	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 11,250,407	\$	45
46	<b>TOTAL EQUITY</b>	\$ 8,715,900	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 19,966,307	\$	47

\*(See instructions.)

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

## 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	\$ 3,798,018	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,798,018</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	1,855	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 1,855</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	345	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 345</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15		24,064	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 24,064</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,824,282</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	863,079	19
20	Health Care/ Personal Care	541,719	20
21	General Administration	1,383,565	21
<b>B. Capital Expense</b>			
22	Ownership	1,110,310	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>\$ 3,898,673</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (74,391)</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>\$ (74,391)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 2,153,191	32
33	Private Pay - Net Inpatient Revenue	323,573	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,321,254	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 3,798,018</b>	<b>37</b>