

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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> <hr/> <p>Address: <u>2370 N Newcastle Ave</u> <u>Chicago</u> <u>60707</u></p> <p align="center">Number City Zip Code</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>	<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>1/1/2017</u> to <u>12/31/2017</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" style="width:100%"> <tr> <td rowspan="2" style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> </table> <table border="1" style="width:100%"> <tr> <td rowspan="4" style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">* Subject to the attached Accountants' Consulting Report</td> </tr> <tr> <td colspan="2">(Print Name and Title) _____</td> </tr> <tr> <td colspan="2">(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u></td> <td>Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	* Subject to the attached Accountants' Consulting Report		(Print Name and Title) _____		(Firm Name & Address) <u>Marcum LLP</u> <u>Nine Parkway North, Suite 200 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u>	Fax <u>(847) 282-6301</u>
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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>Email Address: _____</p>	<p align="center">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: 1/1/2017 Ending: 12/31/2017

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	29,802	1,569		31,371	5
6	Double Unit					6
7	Other					7
8	TOTALS	29,802	1,569		31,371	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.26%

D. Indicate the number of paid bed-hold days the SLF had during this year
903 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 204 (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: 12/31/17 Fiscal Year: 12/31/17

* 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:

1/1/2017

Ending: 12/31/2017

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	296,604	224,439	6,682	527,725	(3,768)	523,957	1
2	Housekeeping, Laundry and Maintenance	122,428	33,054	95,641	251,123	9,172	260,295	2
3	Heat and Other Utilities			131,797	131,797	265	132,062	3
4	Other (specify):							4
5	TOTAL General Services	419,032	257,493	234,120	910,645	5,669	916,314	5
B. Health Care and Programs								
6	Health Care/ Personal Care	441,642	910	127,874	570,426	(1,922)	568,504	6
7	Activities and Social Services	31,694	2,688	21,163	55,545	(7,685)	47,860	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	473,336	3,598	149,037	625,971	(9,607)	616,364	9
C. General Administration								
10	Administrative and Clerical	179,188	11,723	529,778	720,689	(65,508)	655,181	10
11	Marketing Materials, Promotions and Advertising	86,394	935	48,471	135,800	2,667	138,467	11
12	Employee Benefits and Payroll Taxes			221,160	221,160		221,160	12
13	Insurance-Property, Liability and Malpractice			55,993	55,993	1,780	57,773	13
14	Other (specify):					30,103	30,103	14
15	TOTAL General Administration	265,582	12,658	855,402	1,133,642	(30,958)	1,102,684	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,157,950	273,749	1,238,559	2,670,258	(34,896)	2,635,362	16
Capital Expenses								
D. Ownership								
17	Depreciation			515,694	515,694	146,173	661,867	17
18	Interest			398,498	398,498	(379)	398,119	18
19	Real Estate Taxes			106,579	106,579		106,579	19
20	Rent -- Facility and Grounds			1,655	1,655	9,728	11,383	20
21	Rent -- Equipment			18,685	18,685	84	18,769	21
22	Other (specify): MIP/Amortization			68,343	68,343		68,343	22
23	TOTAL Ownership			1,109,454	1,109,454	155,606	1,265,060	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,157,950	273,749	2,348,013	3,779,712	120,710	3,900,422	24

Report Period Beginning: 1/1/2017
 Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Non-Straight Line Depreciation	\$ 143,887	47	1
2	Guest Meals	(435)	01	2
3	Employee Meals	(1,467)	01	3
4	Maintenance Fees	(115)	02	4
5	Damage Recovery	(150)	10	5
6	Telephone Service	(4,975)	10	6
7	Per Fee	(3,407)	07	7
8	NSF Fees	(60)	10	8
9	Late Fees	(20)	10	9
10	Termination Fees	(2,030)	10	10
11	Other Income	(511)	10	11
12	Meals & Entertainment	(916)	10	12
13	Bank Service Charges	(1,975)	10	13
14	Late Fees/Finance Charges	(80)	10	14
15	Charitable Contributions	(1,500)	10	15
16	Resident Gifts	(583)	10	16
17	Bad Debt - Tenant	(6,500)	10	17
18	Bad Debt - Medicaid	(29,000)	10	18
19	Cable TV	(11,390)	10	19
20	Management Fees	(72,361)	10	20
21	Service Provider Fee	(155,167)	10	21
22	Interest Income - Escrows	(246)	18	22
23	Interest Income	(134)	18	23
24	Additional R&M	3,962	02	24
25				25
26				26
27	PATHWAY SENIOR LIVING LLC.			27
28	Dietary	605	01	28
29	Maintenance	942	02	29
30	Health Care/Personal Care	6,300	06	30
31	Community Life	5,812	07	31
32	Administrative	94,579	10	32
33	Marketing	18,818	11	33
34	Insurance	1,234	13	34
35	Employee Benefits	12,196	14	35
36	Rent - Building	1,065	20	36
37	Rent - Equipment	64	21	37
38				38
39	PATHWAY MANAGEMENT LLC			39
40	Maintenance	4,383	02	40
41	Utilities	265	03	41
42	Health Care/Personal Care	10,445	06	42
43	Community Life	532	07	43
44	Administrative	132,426	10	44
45	Marketing	13,005	11	45
46	Insurance	546	13	46
47	Employee Benefits	17,907	14	47
48	Depreciation	2,316	17	48
49	Rent - Building	8,663	20	49
50	Rent - Equipment	20	21	50
51				51
52	Shared services	(5,222)	10	52
53	Shared services	(2,471)	01	53
54	Shared services	(18,667)	06	54
55	Shared services	(10,623)	07	55
56	Shared services	(29,156)	11	56
57				57
58				58
59				59
60				60
61				61
62				62
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94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total	120,710		101

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 28.31	1
2	Licensed Practical Nurses	1.39	26.96	2
3	Certified Nurse Assistants	11.16	13.14	3
4	Activity Director & Assistants	1.01	15.05	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.49	13.59	7
8	Dishwashers			8
9	Maintenance Workers	2.03	17.90	9
10	Housekeepers	2.03	11.08	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.75	18.12	13
14	Clerical			14
15	Marketing	1.07	38.69	15
16	Other			16
17	Total (lines 1 thru 16)	34.94	\$ 15.93	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%	1.57	\$ 7,844	1
2					2
3					3
4					4
5					5
Total				\$ 7844	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 <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:

1/1/2017

Ending:

12/31/2017

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	\$ 518,010	35	\$ 558,010	\$ 40,000	\$ 5,668,450	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				241,070			12,053	12,053	41,385	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)				\$ 19,771,428	\$ 518,010		\$ 570,063	\$ 52,053	\$ 5,709,835	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	\$ 918,037	\$	\$ 91,804	91,804		\$ 804,167	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 918,037	\$	\$ 91,804	91,804		\$ 804,167	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:

1/1/2017

Ending:

12/31/2017

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	1,038	2
3	Replace Nurse Call Station	2011	2,140		20	107	107	749	3
4	Wifi System In Building	2014	46,324		20	2,316	2,316	9,265	4
5	Phone System	2014	46,084		20	2,304	2,304	9,217	5
6	Fire Alarm Repair	2014	4,987		20	249	249	997	6
7	Nurse Call System	2015	61,161		20	3,058	3,058	9,174	7
8	Common Area Carpet	2015	18,104		20	905	905	2,716	8
9	Ductless Split	2015	6,900		20	345	345	1,035	9
10	Nurse Call System	2015	40,774		20	2,039	2,039	6,116	10
11	Generator Repair	2015	2,800		20	140	140	420	11
12	Custom Carpeting In Office	2016	3,961		20	198	198	396	12
13	Wireless Pull Cords And System Install	2017	5,240		20	262	262	262	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)		\$ 241,070	\$		\$ 12,053	\$ 12,053	\$ 41,385	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:

1/1/2017

Ending:

12/31/2017

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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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:

1/1/2017

Ending:

12/31/2017

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
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17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

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

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

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			/ /	1,655			5
6	Allocated from Pathway			/ /	9,728			6
7	TOTAL				\$ 11,383			7

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

9. Rental amount for movable equipment \$ 18,769

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	\$ 9,010,254	1/1/50	4.4700	\$ 371,872
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
	Working Capital									
4					/ /			/ /		4
5					/ /			/ /		5
6					/ /			/ /		6
7	TOTAL Facility Related					\$ 11,069,647	\$ 10,529,901			\$ 398,498
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(246)
9	Interest Income - Escrows		X		/ /			/ /		(134)
10	TOTALS (lines 7, 8 and 9)					\$ 11,069,647	\$ 10,529,901			\$ 398,119

* 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: 1/1/2017

Ending:

12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 141,459	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	992,578		3
4	Supply Inventory (priced at)	5,202		4
5	Short-Term Investments			5
6	Prepaid Insurance	54,435		6
7	Other Prepaid Expenses	13,349		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,485,621		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,692,644	\$	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	144,264		15
16	Equipment, at Historical Cost	1,028,143		16
17	Accumulated Depreciation (book methods)	(5,323,536)		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	706,602		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,205,347	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,897,991	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 44,295	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	65,775		30
31	Accrued Taxes Payable	101,032		31
32	Accrued Interest Payable	272,424		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	219,180		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 702,706	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,529,901		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)	\$ 10,529,901	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,232,607	\$	45
46	TOTAL EQUITY	\$ 8,665,384	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,897,991	\$	47

*(See instructions.)

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,800,822	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,800,822	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	1,902	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 1,902	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	380	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 380	14
D. Other Revenue (specify):			
15		21,177	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 21,177	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,824,281	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	910,645	19
20	Health Care/ Personal Care	625,971	20
21	General Administration	1,133,642	21
B. Capital Expense			
22	Ownership	1,109,454	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,779,712	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 44,569	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 44,569	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,783,700	32
33	Private Pay - Net Inpatient Revenue	415,108	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,602,014	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,800,822	37