

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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: 1000110</p> <p>Facility Name: <u>Victory Centre of Galewood</u></p> <p>Address: <u>2370 N Newcastle Ave</u> <u>Chicago</u> <u>60707</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>773-385-5002</u> Fax # _____)</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>2/24/2009</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <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>Steven N. Lavenda</u> Telephone Number: <u>(847) 282 - 6300</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>1/1/2018</u> to <u>12/31/2018</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> <tr> <td rowspan="4" style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2"><i>*Subject to the attached Accountants' Consulting Report</i></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> <p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	<i>*Subject to the attached Accountants' Consulting Report</i>		(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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Facility Name Victory Centre of Galewood

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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 Resident Days by Unit and Primary Source of Payment			5 Total	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	30,067	1,582		31,649	5
6	Double Unit					6
7	Other					7
8	TOTALS	30,067	1,582		31,649	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.01%

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

1,080 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 121 (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: 12/31/2018 Fiscal Year: 12/31/2018

* 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:

1/1/2018

Ending: 12/31/2018

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	282,772	214,918	11,188	508,878	(850)	508,029	1
2	Housekeeping, Laundry and Maintenance	124,536	34,150	87,472	246,158	(2,812)	243,346	2
3	Heat and Other Utilities			137,933	137,933	350	138,283	3
4	Other (specify):							4
5	TOTAL General Services	407,308	249,068	236,593	892,969	(3,312)	889,658	5
B. Health Care and Programs								
6	Health Care/ Personal Care	490,194	456	121,469	612,119	12,013	624,132	6
7	Activities and Social Services	33,714	2,877	22,994	59,585	(3,189)	56,396	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	523,908	3,333	144,463	671,704	8,824	680,528	9
C. General Administration								
10	Administrative and Clerical	189,091	20,311	961,395	1,170,797	(512,747)	658,050	10
11	Marketing Materials, Promotions and Advertising	54,044	2,580	65,508	122,132	16,065	138,197	11
12	Employee Benefits and Payroll Taxes			237,997	237,997		237,997	12
13	Insurance-Property, Liability and Malpractice			68,956	68,956	938	69,894	13
14	Other (specify):					26,960	26,960	14
15	TOTAL General Administration	243,135	22,891	1,333,856	1,599,882	(468,784)	1,131,098	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,174,351	275,292	1,714,912	3,164,555	(463,271)	2,701,284	16
Capital Expenses								
D. Ownership								
17	Depreciation			520,379	520,379	142,122	662,501	17
18	Interest			347,086	347,086	(4,021)	343,065	18
19	Real Estate Taxes			108,907	108,907		108,907	19
20	Rent -- Facility and Grounds			1,702	1,702	10,848	12,550	20
21	Rent -- Equipment			15,485	15,485	47	15,532	21
22	Other (specify): (MIP/Amortization)			69,263	69,263		69,263	22
23	TOTAL Ownership			1,062,822	1,062,822	148,996	1,211,818	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,174,351	275,292	2,777,734	4,227,377	(314,276)	3,913,101	24

Report Period Beginning: 1/1/2018
 Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ 139,322	17 1
2	Guest Meals	(162)	01 2
3	Employee Meals	(689)	01 3
4	Maintenance Fees	(779)	02 4
5	Resident Reimbursables	(7)	10 5
6	Telephone Service	(3,411)	10 6
7	Pet Fee	(500)	07 7
8	NSF Fees	(185)	10 8
9	Pet Care	(4,488)	07 9
10	Termination Fees	(51)	10 10
11	Other Income	(816)	10 11
12	Meals & Entertainment	(375)	10 12
13	Bank Service Charges	(3,763)	10 13
14	Late Fees/Finance Charges	(70)	10 14
15	Charitable Contributions	(1,509)	10 15
16	Resident Gifts	(188)	10 16
17	Bad Debt - Tenant	(8,188)	10 17
18	Bad Debt - Medicaid	(276,877)	10 18
19	Cable TV	(10,407)	10 19
20	Management Fees	(59,884)	10 20
21	Service Provider Fee	(163,521)	10 21
22	Interest Income - Escrows	(314)	18 22
23	Interest Income	(3,707)	18 23
24	Additional R&M	(7,123)	02 24
25	Partnership Mgmt Fee	(127,189)	10 25
26	PATHWAY MANAGEMENT LLC		26
27	Maintenance	5,081	02 27
28	Utilities	340	03 28
29	Health Care/Personal Care	12,013	06 29
30	Community Life	1,799	07 30
31	Administrative	143,692	10 31
32	Marketing	16,065	11 32
33	Insurance	938	12 33
34	Employee Benefits	26,968	14 34
35	Depreciation	2,800	17 35
36	Rent - Building	10,848	20 36
37	Rent - Equipment	47	21 37
38			38
39			39
40			40
41			41
42			42
43			43
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95			95
96			96
97			97
98			98
99			99
100	Total	(314,276)	100 101

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.11	\$ 29.58	1
2	Licensed Practical Nurses	2.03	27.79	2
3	Certified Nurse Assistants	10.73	13.63	3
4	Activity Director & Assistants	1.05	15.42	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.68	14.05	7
8	Dishwashers			8
9	Maintenance Workers	1.99	18.67	9
10	Housekeepers	1.96	11.61	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.99	18.21	13
14	Clerical			14
15	Marketing	0.85	30.48	15
16	Other			16
17	Total (lines 1 thru 16)	34.40	\$ 16.41	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%	1.12	\$ 8,503	1
2					2
3					3
4					4
5					5
Total				\$ 8503	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:

1/1/2018

Ending:

12/31/2018

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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	102		2009	2009	\$ 19,530,358	\$ 520,379	35	\$ 558,010	\$ 37,631	\$ 6,226,460	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				244,843			12,242	12,242	52,589	6
7	Various			2010	2,595		20	130	130	1,168	7
8											8
9	Allocated from Pathway Management					2,800			(2,800)		9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 19,777,796	\$ 523,179		\$ 570,382	\$ 47,203	\$ 6,280,217	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book Depreciation	Straight Line Depreciation	Adjustments	Life in Years	Accumulated Depreciation	
18	Movable Equipment	\$ 921,188	\$	\$ 92,119	92,119		\$ 896,286	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 921,188	\$	\$ 92,119	92,119		\$ 896,286	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book Depreciation	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:

1/1/2018

Ending:

12/31/2018

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	Replace Nurse Call Station	2011	2,140		20	107	107	856	1
2	Wifi System In Building	2014	46,324		20	2,316	2,316	11,581	2
3	Phone System	2014	46,084		20	2,304	2,304	11,521	3
4	Fire Alarm Repair	2014	4,987		20	249	249	1,247	4
5	Nurse Call System	2015	61,161		20	3,058	3,058	12,232	5
6	Common Area Carpet	2015	18,104		20	905	905	3,621	6
7	Ductless Split	2015	6,900		20	345	345	1,380	7
8	Nurse Call System	2015	40,774		20	2,039	2,039	8,155	8
9	Generator Repair	2015	2,800		20	140	140	560	9
10	Custom Carpeting In Office	2016	3,961		20	198	198	594	10
11	Wireless Pull Cords And System Install	2017	5,240		20	262	262	524	11
12	Roof Top Unit Replacement Parts	2018	6,368		20	318	318	318	12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
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23									23
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 244,843	\$		\$ 12,242	\$ 12,242	\$ 52,589	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:

1/1/2018

Ending:

12/31/2018

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
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:

1/1/2018

Ending:

12/31/2018

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
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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: Victory Centre of Galewood

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

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			/ /	1,702			5
6	Allocated from Pathway			/ /	10,848			6
7	TOTAL				\$ 12,550			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$ 15,532

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	\$ 8,865,468	1/1/50	4.4700	\$ 320,460
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	\$ 10,385,115			\$ 347,086
	B. Non-Facility Related									
8	Interest Income		X		/ /			/ /		(313.90)
9	Interest Income - Escrows		X		/ /			/ /		(3,706.89)
10	TOTALS (lines 7, 8 and 9)					\$ 11,069,647	\$ 10,385,115			\$ 343,066

* 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: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 304,160	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	808,764		3
4	Supply Inventory (priced at)	7,275		4
5	Short-Term Investments			5
6	Prepaid Insurance	91,526		6
7	Other Prepaid Expenses	15,008		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached</u>	1,581,571		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,808,304	\$	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	150,632		15
16	Equipment, at Historical Cost	1,038,417		16
17	Accumulated Depreciation (book methods)	(5,843,915)		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): <u>See Attached</u>	589,375		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,584,383	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,392,687	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 194,596	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	65,668		30
31	Accrued Taxes Payable	106,521		31
32	Accrued Interest Payable	298,605		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	<u>See Attached</u>	143,976		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 809,366	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,385,115		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)	\$ 10,385,115	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,194,481	\$	45
46	TOTAL EQUITY	\$ 8,198,206	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,392,687	\$	47

*(See instructions.)

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 3,735,369	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,735,369	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	850	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 850	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	4,021	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 4,021	14
D. Other Revenue (specify):			
15	See Attached	17,781	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 17,781	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,758,021	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	892,969	19
20	Health Care/ Personal Care	671,704	20
21	General Administration	1,599,882	21
B. Capital Expense			
22	Ownership	1,062,822	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)	\$ 4,227,377	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (469,356)	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (469,356)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,032,133	32
33	Private Pay - Net Inpatient Revenue	234,962	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	468,274	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,735,369	37