

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2010  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2010)**

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> <p><b>Address:</b> <u>2370 North Newcastle Avenue</u> <u>Chicago</u> <u>60707</u>  <small>Number City Zip Code</small></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> <u>36-4273297</u></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 type="checkbox"/> PROPRIETARY</td> <td><input checked="" 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 checked="" 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) 236 - 1111</u>  <b>Email Address:</b> <u>slavenda@frronline.com</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input checked="" 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 checked="" 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>1/1/2010</u> to <u>12/31/2010</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 rowspan="2" style="width: 20%;"><b>Officer or Administrator of Provider</b></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"><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td>_____</td> </tr> <tr> <td>(Firm Name &amp; Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td>_____</td> </tr> <tr> <td>(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</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>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	_____	(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	_____
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Facility Name Victory Centre of Galewood

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

**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	25,486	1,322		26,808	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,486	1,322		26,808	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 72.01%

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

130 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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: 12/31/2010 Fiscal Year: 12/31/2010

\* 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:

1/1/2010

Ending: 12/31/2010

## 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	153,536	118,934	190,690	463,160	(10,574)	452,586	1
2	Housekeeping, Laundry and Maintenance	88,922	20,724	45,173	154,819	(2,418)	152,401	2
3	Heat and Other Utilities			135,232	135,232	508	135,740	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	242,458	139,658	371,095	753,211	(12,484)	740,727	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	412,493	871	25,620	438,984		438,984	6
7	Activities and Social Services	28,379	1,016	4,296	33,691	184	33,875	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	440,872	1,887	29,916	472,675	184	472,859	9
<b>C. General Administration</b>								
10	Administrative and Clerical	190,053	32,241	463,725	686,019	(209,565)	476,454	10
11	Marketing Materials, Promotions and Advertising	81,825	96	33,366	115,287	36,936	152,223	11
12	Employee Benefits and Payroll Taxes			187,173	187,173	21,939	209,112	12
13	Insurance-Property, Liability and Malpractice			23,987	23,987	1,190	25,177	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	271,878	32,337	708,251	1,012,466	(149,500)	862,966	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	955,208	173,882	1,109,262	2,238,352	(161,800)	2,076,552	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			881,190	881,190	(234,574)	646,616	17
18	Interest			451,726	451,726	(101)	451,625	18
19	Real Estate Taxes			68,435	68,435		68,435	19
20	Rent -- Facility and Grounds			132	132	11,578	11,710	20
21	Rent -- Equipment					71	71	21
22	Other (specify): MIP, Amortiztion			68,802	68,802		68,802	22
23	<b>TOTAL Ownership</b>			1,470,285	1,470,285	(223,026)	1,247,259	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	955,208	173,882	2,579,547	3,708,637	(384,826)	3,323,811	24

## Victory Centre of Galewood

Report Period Beginning: 1/1/2010  
Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (240,525)	17	1
2	Guest Meals	(2,875)	01	2
3	Employee Meals	(3,205)	01	3
4	Unidine Adjustment	(4,494)	01	4
5	Damage Recovery	(16)	10	5
6	Telephone Service	(16,769)	10	6
7	Other Income	(2,688)	10	7
8	Bank Service Charges	(3,050)	10	8
9	Late Fees/ Finance Charges	(266)	10	9
10	Charitable Contributions	(1,848)	10	10
11	Resident Gifts	(11,141)	10	11
12	Bad Debt	(43,259)	10	12
13	Cable TV	(10,044)	10	13
14	Lease Up Commissions	(17,500)	10	14
15	Interest Income	(101)	18	15
16	Capitlized R&M	(2,595)	02	16
17				17
18	PATHWAY MANAGEMENT LLC:			18
19	Maintenance	85	02	19
20	Utilities	420	03	20
21	Administrative	86,189	10	21
22	Marketing Materials	32,679	11	22
23	Insurance	1,190	13	23
24	Employee Benefits	13,223	12	24
25	Rent- Building	8,963	20	25
26	Rent- Equipment	22	21	26
27				27
28				28
29	PATHWAY SENIOR LIVING LLC:			29
30	Maintenance	92	2	30
31	Utilities	88	03	31
32	Acitivites	184	07	32
33	Administrative	3,225	10	33
34	Marketing Materials	4,257	11	34
35	Employee Benefits	8,716	12	35
36	Depreciation	5,951	17	36
37	Rent- Building	2,615	20	37
38	Rent- Equipment	49	21	38
39	Management Fees	(49,126)	10	39
40	Service Provider Fee	(143,272)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
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93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	<b>Total</b>	(384,826)	<b>101</b>

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 35.09	1
2	Licensed Practical Nurses	2.06	21.89	2
3	Certified Nurse Assistants	12.14	9.73	3
4	Activity Director & Assistants	1.09	12.49	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.27	10.16	7
8	Dishwashers			8
9	Maintenance Workers	1.00	21.80	9
10	Housekeepers	2.09	10.01	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.48	26.22	13
14	Clerical			14
15	Marketing	1.62	24.22	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>31.76</b>	<b>\$ 14.46</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	Brian Cloch	29%		\$	1
2	Jerry Finis	29%			2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
<b>Total</b>				<b>\$</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>\$ 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:

1/1/2010

Ending:

12/31/2010

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	\$ 881,190	35	\$ 558,010	\$ (323,180)	\$ 1,762,380	1
2											2
3	Allocated from Pathway					5,951			(5,951)		3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				2,595			130	130	130	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)				\$ 19,532,953	\$ 887,141		\$ 558,140	\$ (329,001)	\$ 1,762,510	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	\$ 884,757	\$	\$ 88,476	88,476	10	\$ 173,974	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 884,757	\$	\$ 88,476	88,476		\$ 173,974	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: 1/1/2010 Ending: 12/31/2010

**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	130	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
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30									30
31									31
32									32
33	<b>Total Book Depreciation</b>								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,595	\$		\$ 130	\$ 130	\$ 130	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:

1/1/2010

Ending:

12/31/2010

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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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:

1/1/2010

Ending:

12/31/2010

**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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19								19
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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: 1/1/2010

Ending: 2/31/2010

**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 Rental			/ /	132			5
6	Allocated from Pathway			/ /	11,578			6
7	<b>TOTAL</b>				\$ 11,710			7

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

9. Rental amount for movable equipment \$ 71

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	Principal Mortgage	2/1/10	\$ 9,550,000	\$ 9,462,108	1/1/50	4.4700	\$ 425,099	1
2	City Home Loan		X	2nd Mortgage (Interest Only)	6/1/09	1,219,647	1,219,647	6/1/48	1.0000	12,197	2
3	Mercy Note		X	Long Term Note	10/1/07	300,000	300,000	10/1/47	4.8100	14,430	3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$ 11,069,647	\$ 10,981,755			\$ 451,726	7
	<b>B. Non-Facility Related</b>										
8	Interst Income		X		/ /			/ /		-101	8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 11,069,647	\$ 10,981,755			\$ 451,625	10

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

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

Facility Name: **Victory Centre of Galewood**Report Period Beginning: **1/1/2010**Ending: **12/31/2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2010**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,228,461	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	283,506		3
4	Supply Inventory (priced at )	5,938		4
5	Short-Term Investments			5
6	Prepaid Insurance	31,177		6
7	Other Prepaid Expenses	14,636		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>See Attached</b>	337,523		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,901,241	\$	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			15
16	Equipment, at Historical Cost	884,757		16
17	Accumulated Depreciation (book methods)	(1,688,949)		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): <b>See Attached</b>	525,138		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 20,370,820	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 22,272,061	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 2,273,210	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	91,562		29
30	Accrued Salaries Payable	74,985		30
31	Accrued Taxes Payable	84,337		31
32	Accrued Interest Payable	59,094		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<b>See Attached</b>	52,045		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 2,635,233	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,890,193		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>	\$ 10,890,193	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 13,525,426	\$	45
46	<b>TOTAL EQUITY</b>	\$ 8,746,635	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 22,272,061	\$	47

\*(See instructions.)

Facility Name: Victory Centre of Galewood

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

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

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 2,966,126	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 2,966,126	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	1,586	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 1,586	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	101	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 101	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	38,766	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 38,766	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 3,006,579	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	753,211	19
20	Health Care/ Personal Care	472,675	20
21	General Administration	1,012,466	21
	<b>B. Capital Expense</b>		
22	Ownership	1,470,285	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>	\$ 3,708,637	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (702,058)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (702,058)	31