

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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>1000069</u></p> <p>Facility Name: <u>Victory Centre of Bartlett</u></p> <p>Address: <u>1101 W Bartlett Road</u> <u>Bartlett</u> <u>60103</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(630) 213-0100</u> Fax # <u>(630) 837-9356</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12/05/2006</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>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</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>1/1/2014</u> to <u>12/31/2014</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%;">Officer or Administrator of Provider</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> <tr> <td></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>Paid Preparer</td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____			(Signed) _____	(Date) _____	Paid Preparer	(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u>			(Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Victory Centre of Bartlett

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	104	Single Unit Apartment	104	37,960	1
2		Double Unit Apartment			2
3		Other			3
4	104	TOTALS	104	37,960	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	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	22,482	12,106		34,588	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,482	12,106		34,588	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.12%

D. Indicate the number of paid bed-hold days the SLF had during this year 438 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 113 (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: 12/31/14 Fiscal Year: 12/31/14

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

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 Bartlett

Report Period Beginning:

1/1/2014

Ending: 12/31/2014

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	237,206	218,049	28,594	483,849	8,084	491,933	1
2	Housekeeping, Laundry and Maintenance	153,899	36,618	96,591	287,108	5,522	292,630	2
3	Heat and Other Utilities			152,601	152,601	228	152,829	3
4	Other (specify):							4
5	TOTAL General Services	391,105	254,667	277,786	923,558	13,834	937,392	5
B. Health Care and Programs								
6	Health Care/ Personal Care	581,942	455	28,221	610,618	13,223	623,841	6
7	Activities and Social Services	41,232	4,385	20,832	66,449	10,713	77,162	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	623,174	4,840	49,053	677,067	23,936	701,003	9
C. General Administration								
10	Administrative and Clerical	204,774	29,557	1,152,639	1,386,970	(749,390)	637,580	10
11	Marketing Materials, Promotions and Advertising	121,929	3,112	71,596	196,637	43,786	240,423	11
12	Employee Benefits and Payroll Taxes			226,713	226,713		226,713	12
13	Insurance-Property, Liability and Malpractice			40,130	40,130	1,384	41,514	13
14	Other (specify):					26,433	26,433	14
15	TOTAL General Administration	326,703	32,669	1,491,078	1,850,450	(677,788)	1,172,662	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,340,982	292,176	1,817,917	3,451,075	(640,018)	2,811,057	16
Capital Expenses								
D. Ownership								
17	Depreciation			541,135	541,135	(40,825)	500,310	17
18	Interest			526,576	526,576	(905)	525,671	18
19	Real Estate Taxes			93,112	93,112		93,112	19
20	Rent -- Facility and Grounds			777	777	14,354	15,131	20
21	Rent -- Equipment			17,744	17,744	123	17,867	21
22	Other (specify): MIP & Amortization			70,335	70,335		70,335	22
23	TOTAL Ownership			1,249,679	1,249,679	(27,253)	1,222,426	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,340,982	292,176	3,067,596	4,700,754	(667,271)	4,033,483	24

Victory Centre of Bartlett

Report Period Beginning: 1/1/2014
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (40,825)	17	1
2	Meal Program Income	(1,356)	01	2
3	Guest Meals	(1,566)	01	3
4	Damage Recovery	(137)	10	4
5	Telephone Service	(23,073)	10	5
6	Pet Fee	(750)	07	6
7	NSF Fees	(30)	10	7
8	Other Income	(3,762)	10	8
9	Meals and Entertainment	(1,871)	11	9
10	Bank Service Charges	(1,122)	10	10
11	Charitable Contributions	(1,472)	10	11
12	Resident Gifts	(387)	10	12
13	Resident Reimbursables	(357)	10	13
14	Bad Debt- Tenant	(2,398)	10	14
15	Bad Debt- Medicaid	(42,785)	10	15
16	Cable TV	(20,381)	10	16
17	Management Fees	(154,935)	10	17
18	Service Provider Fee	(114,000)	10	18
19	Asset Management Fee	(10,404)	10	19
20	Partnership Mgmt Fee	(25,000)	10	20
21	Incentive Management Fee	(572,739)	10	21
22	Interest Income- Escrows	(5)	18	22
23	Interest Income	(901)	18	23
24	Additional R&M	2,680	02	24
25	PY Equipment Rental	(355)	10	25
26	Capitalized R&M	(3,450)	02	26
27	PATHWAY MANAGEMENT LLC			27
28	Maintenance	4,932	02	28

29	Utilities	228	03	29
30	Health Care/ Personal Care	6,433	06	30
31	Comumunity Life	2,255	07	31
32	Administrative	115,789	10	32
33	Marketing	19,355	11	33
34	Insurance	78	13	34
35	Employee Benefits	11,810	14	35
36	Rent- Building	13,274	20	36
37	Rent- Equipment	60	21	37
38				38
39	Pathway Senior Living LLC			39
40	Dietary	11,006	01	40
41	Maintenance	1,360	02	41
42	Health Care / Personal Care	6,790	06	42
43	Community Life	9,208	07	43
44	Administrative	108,157	10	44
45	Marketing	26,302	11	45
46	Insurance	1,306	13	46
47	Employee Benefits	14,623	14	47
48	Rent - Building	1,080	20	48
49	Rent - Equipment	63	21	49
50				50
51				51
52				52
53				53
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99			99
100			100

101	Total	(667,271)	101
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Facility Name: Victory Centre of Bartlett

Report Period Beginning 1/1/2014 Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.33	\$ 42.77	1
2	Licensed Practical Nurses	1.69	24.52	2
3	Certified Nurse Assistants	15.43	11.76	3
4	Activity Director & Assistants	1.02	19.38	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.86	11.57	7
8	Dishwashers			8
9	Maintenance Workers	2.63	14.85	9
10	Housekeepers	3.22	10.84	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.19	23.52	13
14	Clerical			14
15	Marketing	1.26	46.61	15
16	Other			16
17	Total (lines 1 thru 16)	40.62	\$ 15.87	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%	2.31	\$ 8,909	1
2	Robert Helle	0.001225%	2.31	6,942	2
3					3
4					4
5					5
				Total	\$ 15,851 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 Bartlett

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 909,090 Year land was acquired 2006

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	104		2006		\$ 13,844,577	\$ 541,135	35	\$ 395,559	\$ (145,576)	\$ 3,164,472	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				275,755			13,787	13,787	24,848	6
7	Various		2006		265,482		20	13,274	13,274	106,193	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)				\$ 14,385,814	\$ 541,135		\$ 422,620	\$ (118,515)	\$ 3,295,513	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	\$ 791,585	\$	\$ 77,690	77,690	10	\$ 591,440	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 791,585	\$	\$ 77,690	77,690		\$ 591,440	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

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning:

1/1/2014 Ending:**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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	2008	(29,549)		20	(1,477)	(1,477)	
3	2009	4,369		20	218	218	
4	2009	8,907		20	445	445	
5	2009	2,627		20	131	131	
6	2009	2,885		20	144	144	
7	2010	6,417		20	321	321	
8	2010	24,613		20	1,231	1,231	
9	2010	4,019		20	201	201	
10	2011	5,994		20	300	300	
11	2011	3,083		20	154	154	
12	2011	4,800		20	240	240	
13	2011	2,669		20	133	133	
14	2012	5,000		20	250	250	
15	2012	10,000		20	500	500	
16	2013	3,402		20	170	170	
17	2013	2,820		20	141	141	
18	2013	42,265		20	2,113	2,113	
19	2013	8,455		20	423	423	
20	2013	10,118		20	506	506	
21	2013	2,750		20	138	138	
22	2014	10,433		20	522	522	
23	2014	3,463		20	173	173	
24	2014	43,302		20	2,165	2,165	
25	2014	68,063		20	3,403	3,403	
26	2014	21,400		20	1,070	1,070	
27	2014	3,450		20	173	173	
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 275,755	\$	\$ 13,787	\$ 13,787	\$

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

9	
Accumulated depreciation	
	1
(10,342)	2
1,310	3
2,672	4
786	5
864	6
1,604	7
6,153	8
1,005	9
1,199	10
617	11
960	12
534	13
1,000	14
2,000	15
340	16
282	17
4,227	18
846	19
1,012	20
275	21
522	22
173	23
2,165	24
3,403	25
1,070	26
173	27
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	31
	32
	33
24,848	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning:

1/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
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34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
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Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2014

Ending: 2/31/2014

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			/ /	777			5
6	Allocated from Pathway			/ /	14,354			6
7	TOTAL				\$ 15,131			7

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

9. Rental amount for movable equipment \$ 17,867

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	IHDA		X	1st Mortgage	4/1/07	\$ 10,330,000	\$ 9,370,130	5/1/48	5.3150	\$ 501,672
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,448,841	5/1/48	1.0000	24,841
3					/ /			/ /		
Working Capital										
4	Security Deposit Interest		X		/ /			/ /		63
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 13,330,000	\$ 11,818,970			\$ 526,576
B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(901)
9	Interest Income- Escrow		X		/ /			/ /		(5)
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 11,818,970			\$ 525,670

* 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 Bartlett

Report Period Beginning: 1/1/2014

Ending: 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,453,982	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	281,466		3
4	Supply Inventory (priced at)	4,321		4
5	Short-Term Investments			5
6	Prepaid Insurance	41,073		6
7	Other Prepaid Expenses	13,370		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,023,289		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,817,501	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	909,090		13
14	Buildings, at Historical Cost	13,844,577		14
15	Leasehold Improvements, at Historical Cost	547,587		15
16	Equipment, at Historical Cost	795,834		16
17	Accumulated Depreciation (book methods)	(4,988,119)		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):	522,107		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,631,076	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,448,577	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 668,164	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	102,382		30
31	Accrued Taxes Payable	90,923		31
32	Accrued Interest Payable	43,543		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	99,044		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,004,056	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,818,971		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)	\$ 11,818,971	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,823,027	\$	45
46	TOTAL EQUITY	\$ 1,625,550	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,448,577	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 4,499,644	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,499,644	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	2,922	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,922	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	906	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 906	14
D. Other Revenue (specify):			
15	See Attached	108,442	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 108,442	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,611,914	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	923,558	19
20	Health Care/ Personal Care	677,067	20
21	General Administration	1,850,450	21
B. Capital Expense			
22	Ownership	1,249,679	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)	\$ 4,700,754	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (88,840)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (88,840)	31