

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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 Rd</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) 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>1/1/2015</u> to <u>12/31/2015</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>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>	
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Facility Name Victory Centre of Bartlett

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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	23,785	12,808		36,593	5
6	Double Unit					6
7	Other					7
8	TOTALS	23,785	12,808		36,593	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.40%

D. Indicate the number of paid bed-hold days the SLF had during this year 351 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 118 (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: 12/31/15 Fiscal Year: 12/31/15

* 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:

1/1/2015

Ending: 12/31/2015

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	255,686	221,711	24,767	502,164	4,706	506,870	1
2	Housekeeping, Laundry and Maintenance	157,367	37,561	96,805	291,733	6,852	298,585	2
3	Heat and Other Utilities			157,252	157,252	269	157,521	3
4	Other (specify):							4
5	TOTAL General Services	413,053	259,272	278,824	951,149	11,827	962,976	5
B. Health Care and Programs								
6	Health Care/ Personal Care	586,611	313	35,470	622,394	15,045	637,439	6
7	Activities and Social Services	42,114	4,230	36,066	82,410	9,251	91,661	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	628,725	4,543	71,536	704,804	24,296	729,100	9
C. General Administration								
10	Administrative and Clerical	188,327	13,982	1,149,752	1,352,061	(689,702)	662,359	10
11	Marketing Materials, Promotions and Advertising	119,325	4,406	82,593	206,324	44,999	251,323	11
12	Employee Benefits and Payroll Taxes			258,627	258,627		258,627	12
13	Insurance-Property, Liability and Malpractice			45,122	45,122	10,104	55,226	13
14	Other (specify):					31,659	31,659	14
15	TOTAL General Administration	307,652	18,388	1,536,094	1,862,134	(602,940)	1,259,194	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,349,430	282,203	1,886,454	3,518,087	(566,817)	2,951,270	16
Capital Expenses								
D. Ownership								
17	Depreciation			545,613	545,613	(43,636)	501,977	17
18	Interest			517,623	517,623	(949)	516,674	18
19	Real Estate Taxes			93,217	93,217		93,217	19
20	Rent -- Facility and Grounds			711	711	10,941	11,652	20
21	Rent -- Equipment			18,767	18,767	262	19,029	21
22	Other (specify): Mortgage Insurance/Amortization			69,538	69,538		69,538	22
23	TOTAL Ownership			1,245,469	1,245,469	(33,382)	1,212,087	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,349,430	282,203	3,131,923	4,763,556	(600,199)	4,163,357	24

Victory Centre of Bartlett

Report Period Beginning: 1/1/2015
Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (44,214)	17	1
2	Meal Program Income	(1,586)	01	2
3	Guest Meals	(3,565)	01	3
4	Damage Recovery	(1,074)	10	4
5	Telephone Service	(23,658)	10	5
6	Pet Fee	(1,000)	07	6
7	NSF Fees	(100)	10	7
8	Other Income	(20)	10	8
9	Meals and Entertainment	(2,047)	11	9
10	Bank Service Charges	(1,257)	10	10
11	Charitable Contributions	(574)	10	11
12	Resident Gifts	(420)	10	12
13	Resident Reimbursables	(35)	10	13
14	Bad Debt- Tenant	(4,041)	10	14
15	Bad Debt- Medicaid	(876)	10	15
16	Cable TV	(19,615)	10	16
17	Management Fees	(163,294)	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	(545,586)	10	21
22	Interest Income- Escrows	(4)	18	22
23	Interest Income	(944)	18	23
24	Additional R&M	5,390	02	24
25	Maintenance Fees	(137)	02	25
26	Partnership Accounting Exp	(1,700)	10	26
27	Capitalized R&M	(3,600)	02	27
28				28

29	PATHWAY MANAGEMENT LLC			29
30	Maintenance	4,126	02	30
31	Utilities	269	03	31
32	Health Care/ Personal Care	5,972	06	32
33	Community Life	1,754	07	33
34	Administrative	114,065	10	34
35	Marketing	21,018	11	35
36	Insurance	140	13	36
37	Employee Benefits	14,572	14	37
38	Depreciation	578	17	38
39	Rent- Building	9,879	20	39
40	Rent- Equipment	60	21	40
41				41
42	Pathway Senior Living LLC			42
43	Dietary	9,857	01	43
44	Maintenance	1,073	02	44
45	Health Care / Personal Care	9,073	06	45
46	Community Life	8,497	07	46
47	Administrative	107,887	10	47
48	Marketing	26,028	11	48
49	Insurance	9,964	13	49
50	Employee Benefits	17,087	14	50
51	Rent - Building	1,062	20	51
52	Rent - Equipment	202	21	52
53				53
54				54
55				55
56				56
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97			97
98			98
99			99
100			100

101	Total	(600,199)	101
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Facility Name: Victory Centre of Bartlett

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.77	\$ 33.38	1
2	Licensed Practical Nurses	1.68	23.93	2
3	Certified Nurse Assistants	15.58	11.71	3
4	Activity Director & Assistants	1.09	18.66	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.37	11.85	7
8	Dishwashers			8
9	Maintenance Workers	2.80	14.08	9
10	Housekeepers	4.19	8.63	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.52	20.03	13
14	Clerical			14
15	Marketing	1.04	55.24	15
16	Other			16
17	Total (lines 1 thru 16)	43.05	\$ 15.07	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	\$ 6,843	1
2					2
3					3
4					4
5					5
				Total	\$ 6843 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:

1/1/2015

Ending:

12/31/2015

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	\$ 546,191	35	\$ 395,559	\$ (150,632)	\$ 3,560,031	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				279,355			13,967	13,967	38,815	6
7	Various			2006	265,482		20	13,274	13,274	119,467	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)				\$ 14,389,414	\$ 546,191		\$ 422,800	\$ (123,391)	\$ 3,718,313	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	\$ 806,455	\$	\$ 79,177	79,177	10	\$ 670,617	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 806,455	\$	\$ 79,177	79,177		\$ 670,617	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:

1/1/2015 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	2015	3,600		20	180	180	
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 279,355		\$ 13,967	\$ 13,967	\$

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

9	
Accumulated depreciation	
	1
(11,820)	2
1,529	3
3,117	4
917	5
1,008	6
1,925	7
7,384	8
1,206	9
1,499	10
771	11
1,200	12
667	13
1,250	14
2,500	15
510	16
423	17
6,340	18
1,268	19
1,518	20
413	21
1,043	22
346	23
4,330	24
6,806	25
2,140	26
345	27
180	28
	29
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	32
	33
38,815	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning:

1/1/2015 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							
3							
4							
5							
6							
7							
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33							
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:

1/1/2015 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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33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

9 Accumulated Depreciation	
	1
	2
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Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

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			/ /	711			5
6	Allocated from Pathway			/ /	10,941			6
7	TOTAL				\$ 11,652			7

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

9. Rental amount for movable equipment \$ 19,029

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	\$ 9,213,644	5/1/48	5.3150	\$ 493,554	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,371,352	5/1/48	1.0000	24,069	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 11,584,996			\$ 517,623	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-944	8
9	Interest Income- Escrow		X		/ /			/ /		-4	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 11,584,996			\$ 516,675	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 Bartlett

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,537,665	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	203,984		3
4	Supply Inventory (priced at)	4,321		4
5	Short-Term Investments			5
6	Prepaid Insurance	52,512		6
7	Other Prepaid Expenses	9,888		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	991,158		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,799,528	\$	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	816,094		16
17	Accumulated Depreciation (book methods)	(5,533,732)		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):	499,316		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,082,932	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,882,460	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 608,783	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	93,841		30
31	Accrued Taxes Payable	94,553		31
32	Accrued Interest Payable	42,785		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	109,162		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 949,124	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,584,996		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)	\$ 11,584,996	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,534,120	\$	45
46	TOTAL EQUITY	\$ 1,348,340	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,882,460	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,565,820	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,565,820	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	5,151	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,151	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	948	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 948	14
	D. Other Revenue (specify):		
15		55,667	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 55,667	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,627,586	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	951,149	19
20	Health Care/ Personal Care	704,804	20
21	General Administration	1,862,134	21
	B. Capital Expense		
22	Ownership	1,245,469	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)	\$ 4,763,556	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (135,970)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (135,970)	31