

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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> <hr/> <p>Address: <u>1101 W Bartlett Road</u> <u>Bartlett</u> <u>60103</u></p> <p align="center">Number City Zip Code</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>	<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>1/1/2016</u> to <u>12/31/2016</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 style="width:20%; vertical-align: top;">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> </table> <table border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>*</td> </tr> <tr> <td></td> <td colspan="2">* Subject to the attached Accountants Consulting Report</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td>(Date) _____</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></td> <td>Fax <u>(847) 282-6301</u></td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	*		* Subject to the attached Accountants Consulting Report			(Print Name and Title) _____	(Date) _____		(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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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 282 - 6300</u></p> <p>Email Address: _____</p>		<p align="center">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																															

Facility Name Victory Centre of Bartlett

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	38,064	1
2		Double Unit Apartment			2
3		Other			3
4	104	TOTALS	104	38,064	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	22,474	12,102		34,576	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,474	12,102		34,576	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.84%

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

455 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 298 (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: 12/31/16 Fiscal Year: 12/31/16

* 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:

1/1/2016

Ending: 12/31/2016

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	260,658	200,121	21,487	482,266	(214)	482,052	1
2	Housekeeping, Laundry and Maintenance	162,924	36,028	72,975	271,927	5,156	277,083	2
3	Heat and Other Utilities			140,378	140,378	279	140,657	3
4	Other (specify):							4
5	TOTAL General Services	423,582	236,149	234,840	894,571	5,221	899,792	5
B. Health Care and Programs								
6	Health Care/ Personal Care	592,608	310	46,327	639,245	16,915	656,160	6
7	Activities and Social Services	39,338	3,887	37,928	81,153	5,728	86,881	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	631,946	4,197	84,255	720,398	22,643	743,041	9
C. General Administration								
10	Administrative and Clerical	199,966	12,665	1,128,958	1,341,589	(686,354)	655,235	10
11	Marketing Materials, Promotions and Advertising	108,092	3,074	88,612	199,778	35,913	235,691	11
12	Employee Benefits and Payroll Taxes			255,995	255,995		255,995	12
13	Insurance-Property, Liability and Malpractice			52,597	52,597	2,566	55,163	13
14	Other (specify):					32,805	32,805	14
15	TOTAL General Administration	308,058	15,739	1,526,162	1,849,959	(615,070)	1,234,889	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,363,586	256,085	1,845,257	3,464,928	(587,206)	2,877,722	16
Capital Expenses								
D. Ownership								
17	Depreciation			566,748	566,748	(59,042)	507,706	17
18	Interest			508,283	508,283	(2,487)	505,796	18
19	Real Estate Taxes			92,042	92,042		92,042	19
20	Rent -- Facility and Grounds			972	972	10,768	11,740	20
21	Rent -- Equipment			19,756	19,756	399	20,155	21
22	Other (specify): Mortgage Insurance/Amortization			69,227	69,227		69,227	22
23	TOTAL Ownership			1,257,028	1,257,028	(50,362)	1,206,666	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,363,586	256,085	3,102,285	4,721,956	(637,568)	4,084,388	24

Victory Centre of Bartlett

Report Period Beginning: 1/1/2016
 Ending: 12/31/2016

Sch. V Line

NON-ALLOWABLE EXPENSES		
	Amount	Reference
1	Non-Straight Line Depreciation	\$ (61,931) 17 1
2	Meal Program Income	(1,295) 01 2
3	Guest Meals	(3,658) 01 3
4	Damage Recovery	(1,925) 10 4
5	Telephone Service	(22,460) 10 5
6	Per Fee	(1,273) 07 6
7	NSF Fee	(126) 10 7
8	Late Fees	(10) 10 8
9	Other Income	(2,114) 10 9
10	Meals & Entertainment	(1,048) 11 10
11	Bank Service Charges	(1,215) 10 11
12	Charitable Contributions	(1,519) 10 12
13	Resident Gifts	(411) 10 13
14	Bad Debt	(10,510) 10 14
15	Cable Tv	(21,914) 10 15
16	Management Fees	(167,577) 10 16
17	Service Provider Fee	(114,000) 10 17
18	Asset Management Fee	(10,404) 10 18
19	Partnership Mgmt. Fee	(25,000) 10 19
20	Board Fees	(526,891) 10 20
21	Interest Income - Escrows	(747) 18 21
22	Interest Income	(1,740) 18 22
23	Additional R&M	4,520 02 23
24	Capitalized R&M	(4,824) 02 24
25		
26		
27	PATHWAY SENIOR LIVING LLC	
28	Dietary	4,739 01 28
29	Maintenance	1,136 02 29
30	Health Care/Personal Care	10,002 06 30
31	Community Life	7,001 07 31
32	Administrative	99,762 10 32
33	Marketing	23,445 11 33
34	Insurance	1,488 13 34
35	Employee Benefits	16,311 14 35
36	Rent - Building	1,214 20 36
37	Rent - Equipment	335 21 37
38		
39	PATHWAY MANAGEMENT LLC	
40	Maintenance	4,324 02 40
41	Utilities	279 03 41
42	Health Care/Personal Care	6,913 06 42
43	Administrative	119,954 10 43
44	Marketing	13,516 11 44
45	Insurance	1,078 13 45
46	Employee Benefits	16,494 14 46
47	Depreciation	2,889 17 47
48	Rent - Building	9,554 20 48
49	Rent - Equipment	64 21 49
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101	Total	(637,568) 101

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.00	\$ 29.45	1
2	Licensed Practical Nurses	2.04	24.39	2
3	Certified Nurse Assistants	14.00	12.59	3
4	Activity Director & Assistants	0.95	19.97	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.08	12.44	7
8	Dishwashers			8
9	Maintenance Workers	2.53	16.22	9
10	Housekeepers	3.27	11.40	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.30	22.37	13
14	Clerical			14
15	Marketing	1.00	51.97	15
16	Other			16
17	Total (lines 1 thru 16)	40.16	\$ 16.32	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%	1.98	\$ 9,909	1
2					2
3					3
4					4
5					5
Total				\$ 9909	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:

1/1/2016

Ending:

12/31/2016

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	\$ 569,637	35	\$ 395,559	\$ (174,078)	\$ 3,955,590	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				406,719			20,335	20,335	70,970	6
7	Various		2006		265,482		20	13,274	13,274	132,741	7
8	Various		2008		(29,549)		20	(1,477)	(1,477)	(13,297)	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,487,229	\$ 569,637		\$ 427,691	\$ (141,946)	\$ 4,146,004	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	\$ 814,836	\$	\$ 80,015	80,015	10	\$ 750,632	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 814,836	\$	\$ 80,015	80,015		\$ 750,632	20

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

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	Land Improvements	2009	4,369		20	218	218	1,747	2
3	Building Improvement	2009	8,907		20	445	445	3,562	3
4	Generator Repairs	2009	2,627		20	131	131	1,048	4
5	Boiler Pumps	2009	2,885		20	144	144	1,152	5
6	Awning	2010	6,417		20	321	321	2,246	6
7	Water Softener	2010	24,613		20	1,231	1,231	8,615	7
8	Awning	2010	4,019		20	201	201	1,407	8
9	Pavement & Concrete	2011	5,994		20	300	300	1,798	9
10	Fence	2011	3,083		20	154	154	925	10
11	Elevator Doors	2011	4,800		20	240	240	1,440	11
12	A/C	2011	2,669		20	133	133	801	12
13	Lawn Irrigation System	2012	5,000		20	250	250	1,500	13
14	Northern II Irrigation System	2012	10,000		20	500	500	3,000	14
15	Signs/Signage	2013	3,402		20	170	170	680	15
16	Raise/Rise Concrete	2013	2,820		20	141	141	564	16
17	Wireless System	2013	42,265		20	2,113	2,113	8,453	17
18	Replace Dining Room Floor	2013	8,455		20	423	423	1,691	18
19	Hvac Major Repairs	2013	10,118		20	506	506	2,024	19
20	Roof Repairs	2013	2,750		20	138	138	550	20
21	Catch Basin	2014	10,433		20	522	522	1,565	21
22	Paving/Sealcoating	2014	3,463		20	173	173	519	22
23	Wireless Call System	2014	43,302		20	2,165	2,165	6,495	23
24	Nurse Call System	2014	68,063		20	3,403	3,403	10,209	24
25	Phone System	2014	21,400		20	1,070	1,070	3,210	25
26	Repaired Heating And Cooling Unit	2014	3,450		20	173	173	518	26
27	Burner Replacement	2015	3,600		20	180	180	360	27
28	Replace Carpeting In Numerous Units	2016	89,872		20	4,494	4,494	4,494	28
29	Mulch	2016	3,120		20	156	156	156	29
30	Water Boiler	2016	4,824		20	241	241	241	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 406,719	\$		\$ 20,335	\$ 20,335	\$ 70,970	34

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

Facility Name & ID Number Victory Centre of Bartlett

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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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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 Bartlett

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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
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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 Bartlett

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

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			/ /	972			5
6	Allocated from Pathway			/ /	10,768			6
7	TOTAL				\$ 11,740			7

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

9. Rental amount for movable equipment \$ 20,156

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	1st Mortgage	4/1/07	\$ 10,330,000	\$ 9,048,636	5/1/42	5.3150	\$ 484,993	1
2		IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,293,084	5/1/42	1.0000	23,290	2
3												3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 13,330,000	\$ 11,341,720			\$ 508,283	7
		B. Non-Facility Related										
8		Interest Income		X		/ /			/ /		(1,740)	8
9		Interest Income - Escrow		X		/ /			/ /		(747)	9
10		TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 11,341,720			\$ 505,796	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: 1/1/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,442,800	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	211,447		3
4	Supply Inventory (priced at)	4,321		4
5	Short-Term Investments			5
6	Prepaid Insurance	61,178		6
7	Other Prepaid Expenses	14,722		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,106,169		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,840,637	\$	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	551,032		15
16	Equipment, at Historical Cost	918,540		16
17	Accumulated Depreciation (book methods)	(6,100,480)		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):	476,836		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 10,599,595	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,440,232	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 602,131	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	94,092		30
31	Accrued Taxes Payable	95,767		31
32	Accrued Interest Payable	41,989		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	142,457		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 976,436	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,341,720		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)	\$ 11,341,720	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,318,156	\$	45
46	TOTAL EQUITY	\$ 1,122,076	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 13,440,232	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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	\$ 4,558,900	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,558,900	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	4,953	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 4,953	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,487	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,487	14
D. Other Revenue (specify):			
15		54,282	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 54,282	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,620,622	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	894,571	19
20	Health Care/ Personal Care	720,398	20
21	General Administration	1,849,959	21
B. Capital Expense			
22	Ownership	1,257,028	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)	\$ 4,721,956	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (101,334)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (101,334)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 1,454,320	32
33	Private Pay - Net Inpatient Revenue	2,561,691	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	542,889	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,558,900	37