

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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 West 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>1/1/2011</u> to <u>12/31/2011</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%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) _____ (Title) _____ </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & 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> </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) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & 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>
<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: 1/1/2011 Ending: 12/31/2011

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	22,627	12,183		34,810	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,627	12,183		34,810	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.70%

D. Indicate the number of paid bed-hold days the SLF had during this year 8 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: 12/31/2011 Fiscal Year: 12/31/2011

* 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:

1/1/2011

Ending: 12/31/2011

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	173,701	193,266	201,112	568,079	(20,993)	547,086	1
2	Housekeeping, Laundry and Maintenance	148,939	33,339	118,668	300,946	(3,579)	297,367	2
3	Heat and Other Utilities			141,864	141,864	298	142,162	3
4	Other (specify):							4
5	TOTAL General Services	322,640	226,605	461,644	1,010,889	(24,274)	986,615	5
B. Health Care and Programs								
6	Health Care/ Personal Care	536,669	715	16,113	553,497		553,497	6
7	Activities and Social Services	39,431	4,056	20,682	64,169		64,169	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	576,100	4,771	36,795	617,666		617,666	9
C. General Administration								
10	Administrative and Clerical	173,958	18,165	524,396	716,519	(62,202)	654,317	10
11	Marketing Materials, Promotions and Advertising	87,488	1,194	51,156	139,838	56,650	196,488	11
12	Employee Benefits and Payroll Taxes			235,147	235,147		235,147	12
13	Insurance-Property, Liability and Malpractice			36,126	36,126	425	36,551	13
14	Other (specify):					23,033	23,033	14
15	TOTAL General Administration	261,446	19,359	846,825	1,127,630	17,906	1,145,536	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,160,186	250,735	1,345,264	2,756,185	(6,368)	2,749,817	16
Capital Expenses								
D. Ownership								
17	Depreciation			596,810	596,810	(112,581)	484,229	17
18	Interest			550,706	550,706	(651)	550,055	18
19	Real Estate Taxes			99,604	99,604		99,604	19
20	Rent -- Facility and Grounds			312	312	11,723	12,035	20
21	Rent -- Equipment			20,249	20,249	736	20,985	21
22	Other (specify):			22,791	22,791		22,791	22
23	TOTAL Ownership			1,290,472	1,290,472	(100,773)	1,189,699	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,160,186	250,735	2,635,736	4,046,657	(107,141)	3,939,516	24

Victory Centre Of Bartlett

Report Period Beginning: 1/1/2011
Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ (112,581)	17	1
2	Guest Meals	(2,054)	01	2
3	Employee Meals	(3,435)	01	3
4	Unidine Adjustment	(15,506)	01	4
5	Maintenance Fees	(4)	02	5
6	Damage Recovery	(406)	10	6
7	Telephone Service	(28,994)	10	7
8	Other Income	(1,358)	10	8
9	Bank Service Charges	(3,100)	10	9
10	Charitable Contributions	(2,324)	10	10
11	Resident Gifts	(1,908)	10	11
12	Bad Debt	(32,291)	10	12
13				13
14	Cable TV	(23,282)	10	14
15	Asset Management Fees	(10,404)	10	15
16	Partnership Management Fees	(25,000)	10	16
17	Interest Income	(651)	18	17
18	Additional R&M	1,441	02	18
19	Capitalized R&M	(7,469)	02	19
20				20
21	PATHWAY MANAGEMENT LLC:			21
22	Maintenance	186	02	22
23	Administrative	68,876	10	23
24	Utilities	298	03	24
25	Dietary	2	01	25
26	Marketing Materials	44,860	11	26
27	Insurance	32	13	27
28	Employee Benefits	10,202	14	28
29	Rent - Building	11,351	20	29
30	Rent - Equipment	660	21	30
31				31
32	PATHWAY SENIOR LIVING LLC:			32
33	Management Fees	(92,656)	10	33
34	Service Provider Fees	(114,000)	10	34
35	Maintenance	2,267	02	35
36	Administrative	204,645	10	36
37	Marketing Materials	11,790	11	37
38	Insurance	393	13	38
39	Employee Benefits	12,831	14	39
40	Rent - Building	372	20	40
41	Rent - Equipment	76	21	41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
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93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(107,141)	101

Facility Name: Victory Centre Of Bartlett

Report Period Beginning 1/1/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.69	\$ 34.27	1
2	Licensed Practical Nurses	1.52	24.34	2
3	Certified Nurse Assistants	14.69	11.11	3
4	Activity Director & Assistants	1.02	18.54	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.40	9.94	7
8	Dishwashers			8
9	Maintenance Workers	2.61	15.68	9
10	Housekeepers	3.13	9.79	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.96	21.13	13
14	Clerical			14
15	Marketing	1.08	38.99	15
16	Other			16
17	Total (lines 1 thru 16)	38.10	\$ 14.64	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	Brian Cloch	25%	1.89	\$ 6,166	1
2	Jerry Finis	25%	1.89	6,166	2
3	Robert Helle	25%	1.89	2,849	3
4	E. Keledjian	25%	1.89	6,166	4
5					5
				Total	\$ 21347 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:

1/1/2011

Ending:

12/31/2011

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	\$ 596,810	35	\$ 395,559	\$ (201,251)	\$ 1,977,795	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				306,316			15,315	15,315	67,608	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)				\$ 14,150,893	\$ 596,810		\$ 410,875	\$ (185,935)	\$ 2,045,404	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	\$ 734,942	\$	\$ 73,354	73,354	10	\$ 362,028	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 734,942	\$	\$ 73,354	73,354		\$ 362,028	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:

1/1/2011

Ending:

12/31/2011

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 Improvement	2006	265,482		20	13,274	13,274	66,371	2
3	Offsite Improvements	2008	(29,549)		20	(1,477)	(1,477)	(5,910)	3
4	Land Improvements	2009	4,369		20	218	218	655	4
5	Building Improvement	2009	8,907		20	445	445	1,336	5
6	Generator Repairs	2009	2,627		20	131	131	393	6
7	Boiler Pumps	2009	2,885		20	144	144	432	7
8	Awning	2010	6,417		20	321	321	642	8
9	Water Softener	2010	24,613		20	1,231	1,231	2,461	9
10	Awning	2010	4,019		20	201	201	402	10
11	Pavement & Concrete	2011	5,994		20	300	300	300	11
12	Fence	2011	3,083		20	154	154	154	12
13	Elevator Doors	2011	4,800		20	240	240	240	13
14	A/C	2011	2,669		20	133	133	133	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$ 306,316	\$		\$ 15,315	\$ 15,315	\$ 67,608	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:

1/1/2011 Ending:

12/31/2011

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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25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

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

Facility Name & ID Number Victory Centre Of Bartlett

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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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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 Bartlett

Report Period Beginning: 1/1/2011

Ending: 2/31/2011

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	Allocated from Pathway			/ /	11,723			5
6	Storage Rental			/ /	312			6
7	TOTAL				\$ 12,035			7

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

9. Rental amount for movable equipment \$ 20,985

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		IHDA		X	1st Mortgage	4/1/07	\$ 10,330,000	\$ 9,792,739	5/1/42	5.3150	\$ 523,597	1
2		IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,676,714	5/1/42	1.0000	27,109	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 13,330,000	\$ 12,469,453			\$ 550,706	7
		B. Non-Facility Related										
8		Interest Income		X		/ /			/ /			-129
9		Interest Income - Escrows		X		/ /			/ /			-522
10		TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 12,469,453			\$ 550,055	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: 1/1/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 665,351	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	643,862		3
4	Supply Inventory (priced at)	4,321		4
5	Short-Term Investments			5
6	Prepaid Insurance	49,482		6
7	Other Prepaid Expenses	29,739		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	839,057		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,231,812	\$	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	318,865		15
16	Equipment, at Historical Cost	738,235		16
17	Accumulated Depreciation (book methods)	(3,379,513)		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): See Attached	706,703		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,137,957	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,369,769	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 78,223	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	209,322		29
30	Accrued Salaries Payable	103,914		30
31	Accrued Taxes Payable	98,019		31
32	Accrued Interest Payable	45,605		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	122,792		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 657,875	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	12,260,131		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	115,430		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 12,375,561	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,033,436	\$	45
46	TOTAL EQUITY	\$ 2,336,333	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,369,769	\$	47

*(See instructions.)

Facility Name: Victory Centre Of Bartlett

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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	\$ 4,038,504	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,038,504	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	20,995	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 20,995	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	651	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 651	14
D. Other Revenue (specify):			
15	See Attached	133,320	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 133,320	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,193,470	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,010,889	19
20	Health Care/ Personal Care	617,666	20
21	General Administration	1,127,630	21
B. Capital Expense			
22	Ownership	1,290,472	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)	\$ 4,046,657	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 146,813	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 146,813	31

