

		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.

I. Facility ID Number: 1000069

Facility Name: Victory Centre of Bartlett

Address: 1101 W Bartlett Road Bartlett 60103

County: Cook

Telephone Number: (630) 213-0100 Fax # (630) 837-9356

Federal Employer ID Number:

Date Current Owners were Certified: 12/05/2006

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
X Other Limited Partnership

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Steve Lavenda Telephone Number: (847) 236 - 1111
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2014 to 12/31/2014 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)
(Date)
(Type or Print Name)
(Title)

Paid Preparer

(Signed)
(Date)
(Print Name and Title) Steven N. Lavenda, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax (847) 236-1155

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

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	<u>104</u>	Single Unit Apartment	<u>104</u>	<u>37,960</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>104</u>	TOTALS	<u>104</u>	<u>37,960</u>	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	<u>22,482</u>	<u>12,106</u>		<u>34,588</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>22,482</u>	<u>12,106</u>		<u>34,588</u>	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

## STATE OF ILLINOIS

Page 3

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			
	<b>A. General Services</b>							
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	<b>TOTAL General Services</b>	391,105	254,667	277,786	923,558	13,834	937,392	5
	<b>B. Health Care and Programs</b>							
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	<b>TOTAL Health Care and Programs</b>	623,174	4,840	49,053	677,067	23,936	701,003	9
	<b>C. General Administration</b>							
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	<b>TOTAL General Administration</b>	326,703	32,669	1,491,078	1,850,450	(677,788)	1,172,662	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,340,982	292,176	1,817,917	3,451,075	(640,018)	2,811,057	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
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	<b>TOTAL Ownership</b>			1,249,679	1,249,679	(27,253)	1,222,426	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,340,982	292,176	3,067,596	4,700,754	(667,271)	4,033,483	24

**Victory Centre of Bartlett**


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

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	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
54				54
55				55
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92			92
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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

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).

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



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
	<b>Improvement Type</b>										
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	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								
2	Offsite Improvements	2008	(29,549)		20	(1,477)	(1,477)	
3	Land Improvements	2009	4,369		20	218	218	
4	Building Improvement	2009	8,907		20	445	445	
5	Generator Repairs	2009	2,627		20	131	131	
6	Boiler Pumps	2009	2,885		20	144	144	
7	Awning	2010	6,417		20	321	321	
8	Water Softener	2010	24,613		20	1,231	1,231	
9	Awning	2010	4,019		20	201	201	
10	Pavement & Concrete	2011	5,994		20	300	300	
11	Fence	2011	3,083		20	154	154	
12	Elevator Doors	2011	4,800		20	240	240	
13	A/C	2011	2,669		20	133	133	
14	Lawn Irrigation System	2012	5,000		20	250	250	
15	Northern II Irrigation System	2012	10,000		20	500	500	
16	Signs/Signage	2013	3,402		20	170	170	
17	Raise/Rise Concrete	2013	2,820		20	141	141	
18	Wireless System	2013	42,265		20	2,113	2,113	
19	Replace Dining Room Floor	2013	8,455		20	423	423	
20	Hvac Major Repairs	2013	10,118		20	506	506	
21	Roof Repairs	2013	2,750		20	138	138	
22	Catch Basin	2014	10,433		20	522	522	
23	Paving/Sealcoating	2014	3,463		20	173	173	
24	Wireless Call System	2014	43,302		20	2,165	2,165	
25	Nurse Call System	2014	68,063		20	3,403	3,403	
26	Phone System	2014	21,400		20	1,070	1,070	
27	Repaired Heating And Cooling Unit	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
	28
	29
	30
	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 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	Ac De
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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 Cumulated 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 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation
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26								
27								
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31								
32								
33								
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

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



## STATE OF ILLINOIS

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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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
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	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,817,501	\$	10
	<b>B. Long-Term Assets</b>			
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	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 11,631,076	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 14,448,577	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
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
	<b>Other Current Liabilities(specify):</b>			
35				35
36	See Attached	99,044		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 1,004,056	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	11,818,971		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 11,818,971	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 12,823,027	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,625,550	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (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.)**

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 4,499,644	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 4,499,644	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,922	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 2,922	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	906	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 906	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	108,442	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 108,442	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 4,611,914	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	923,558	19
20	Health Care/ Personal Care	677,067	20
21	General Administration	1,850,450	21
	<b>B. Capital Expense</b>		
22	Ownership	1,249,679	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 4,700,754	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (88,840)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (88,840)	31