

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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

Number City Zip Code

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:

<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	Limited Partnership	

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

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 1/1/2018 to 12/31/2018 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)
	*Subject to the attached Accountants' Consulting Report			
	(Print Name and Title)			
	(Firm Name & Address)	Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015		
	(Telephone)	(847) 282-6300	Fax	(847) 282-6301
	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			

Facility Name Victory Centre of Bartlett

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	19,923	10,728		30,651	5
6	Double Unit					6
7	Other					7
8	TOTALS	19,923	10,728		30,651	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 80.75%

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

383 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 99 (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: 12/31/18 Fiscal Year: 12/31/18

* 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:

1/1/2018

Ending:

12/31/2018

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	306,498	238,647	15,416	560,561	(3,879)	556,682	1
2	Housekeeping, Laundry and Maintenance	160,578	36,368	95,921	292,867	14,415	307,282	2
3	Heat and Other Utilities			129,294	129,294	458	129,752	3
4	Other (specify):							4
5	TOTAL General Services	467,076	275,015	240,631	982,722	10,994	993,716	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	573,319	777	49,079	623,175	15,720	638,895	6
7	Activities and Social Services	31,107	5,072	38,006	74,185	2,354	76,539	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	604,426	5,849	87,085	697,360	18,074	715,434	9
	C. General Administration							
10	Administrative and Clerical	213,909	19,752	1,608,958	1,842,619	(1,080,268)	762,351	10
11	Marketing Materials, Promotions and Advertising	116,325	3,414	102,101	221,840	20,206	242,046	11
12	Employee Benefits and Payroll Taxes			262,618	262,618		262,618	12
13	Insurance-Property, Liability and Malpractice			71,706	71,706	1,227	72,933	13
14	Other (specify):					35,277	35,277	14
15	TOTAL General Administration	330,234	23,166	2,045,383	2,398,783	(1,023,559)	1,375,224	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,401,736	304,030	2,373,099	4,078,865	(994,491)	3,084,374	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			572,882	572,882	(131,096)	441,786	17
18	Interest			488,156	488,156	(10,348)	477,808	18
19	Real Estate Taxes			84,731	84,731		84,731	19
20	Rent -- Facility and Grounds			2,566	2,566	14,194	16,760	20
21	Rent -- Equipment			19,437	19,437	62	19,499	21
22	Other (specify): MIP/Amortization			65,867	65,867		65,867	22
23	TOTAL Ownership			1,233,639	1,233,639	(127,188)	1,106,451	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,401,736	304,030	3,606,738	5,312,504	(1,121,679)	4,190,825	24

STATE OF ILLINOIS		Page 3A
Victory Centre of Bartlett		
Report Period Beginning:	1/1/2018	
Ending:	12/31/2018	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight-Line Depreciation	\$ (134,760)	17 1
2 Meal Program Income	(1,441)	01 2
3 Guest Meals	(2,150)	01 3
4 Employee Meals	(288)	01 4
5 Damage Recovery	(36)	10 5
6 Telephone Service	(23,031)	10 6
7 NSF Fees	(40)	10 7
8 Other Income	(3,334)	10 8
9 Meals & Entertainment	(815)	11 9
10 Bank Service Charges	(3,986)	10 10
11 Charitable Contributions	(1,519)	10 11
12 Resident Gifts	(297)	10 12
13 Pet Fee	(250)	10 13
14 Late Fee	(10)	10 14
15 Guest Apartment	(30)	10 15
16 Cable TV	(20,456)	10 16
17 Bad Debt	(76,125)	10 17
18 Management Fees	(187,083)	10 18
19 Service Provider Fee	(114,000)	10 19
20 Asset Management Fee	(10,404)	10 20
21 Partnership Mgmt Fee	(25,000)	10 21
22 Board Fees	(802,682)	10 22
23 Interest Income-Escrows	(8,708)	18 23
24 Interest Income	(1,640)	18 24
25 Additional R&M	10,895	02 25
26 Capitalized R&M	(3,128)	02 26
27 PATHWAY MANAGEMENT LLC:		
28 Maintenance	6,648	02 28
29 Utilities	458	03 29
30 Health Care/Personal Care	15,720	06 30
31 Community Life	2,354	07 31
32 Administrative	188,022	10 32
33 Marketing	21,021	11 33
34 Insurance	1,227	13 34
35 Employee Benefits	35,277	14 35
36 Depreciation	3,664	17 36
37 Rent - Building	14,194	20 37
38 Rent - Equipment	62	21 38
39		39
40		40
41		41
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95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(1,121,679)	101

Facility Name: Victory Centre of Bartlett

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.00	\$ 32.48	1
2	Licensed Practical Nurses	2.14	21.85	2
3	Certified Nurse Assistants	11.34	14.45	3
4	Activity Director & Assistants	0.72	20.77	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.34	13.00	7
8	Dishwashers			8
9	Maintenance Workers	2.29	17.68	9
10	Housekeepers	3.16	11.61	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.24	19.62	13
14	Clerical			14
15	Marketing	1.00	55.93	15
16	Other			16
17	Total (lines 1 thru 16)	39.23	\$ 17.18	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%	1.47	\$ 11,126	1
2					2
3					3
4					4
5					5
Total				\$ 11126	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: 1/1/2018 Ending: 12/31/2018

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	\$ 572,882	35	\$ 395,559	\$ (177,323)	\$ 4,746,708	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				378,469	3,664		18,923	15,259	88,270	6
7	Various			2006	265,482		20	13,274	13,274	159,289	7
8	Various			2008	(29,549)		20	(1,477)	(1,477)	(16,252)	8
9	Various			2009	18,788		20	939	939	9,387	9
10	Various			2010	35,049		20	1,752	1,752	15,772	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 14,512,816	\$ 576,546		\$ 428,970	\$ (147,576)	\$ 5,003,174	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	\$ 862,507	\$	\$ 12,816	12,816		\$ 777,194	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 862,507	\$	\$ 12,816	12,816		\$ 777,194	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:

1/1/2018

Ending:

12/31/2018

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	
1	Pavement & Concrete	2011	5,994		20	300	300	2,398	1
2	Fence	2011	3,083		20	154	154	1,233	2
3	Elevator Doors	2011	4,800		20	240	240	1,920	3
4	A/C	2011	2,669		20	133	133	1,068	4
5	Lawn Irrigation System	2012	5,000		20	250	250	2,000	5
6	Northern II Irrigation System	2012	10,000		20	500	500	4,000	6
7	Signs/Signage	2013	3,402		20	170	170	1,021	7
8	Raise/Rise Concrete	2013	2,820		20	141	141	846	8
9	Wireless System	2013	42,265		20	2,113	2,113	12,680	9
10	Replace Dining Room Floor	2013	8,455		20	423	423	2,537	10
11	Hvac Major Repairs	2013	10,118		20	506	506	3,035	11
12	Roof Repairs	2013	2,750		20	138	138	825	12
13	Catch Basin	2014	10,433		20	522	522	2,608	13
14	Paving/Sealcoating	2014	3,463		20	173	173	866	14
15	Wireless Call System	2014	43,302		20	2,165	2,165	10,826	15
16	Nurse Call System	2014	68,063		20	3,403	3,403	17,016	16
17	Phone System	2014	21,400		20	1,070	1,070	5,350	17
18	Repaired Heating And Cooling Unit	2014	3,450		20	173	173	863	18
19	Burner Replacement	2015	3,600		20	180	180	720	19
20	Replace Carpeting In Numerous Units	2016	89,872		20	4,494	4,494	13,481	20
21	Mulch	2016	3,120		20	156	156	468	21
22	Water Boiler	2016	4,824		20	241	241	723	22
23	Plumbing	2017	2,750		20	138	138	275	23
24	Ballard Lights & Walkway	2017	4,463		20	223	223	446	24
25	Dock Doors	2017	2,974		20	149	149	297	25
26	Hot Water Piping	2018	2,972		20	149	149	149	26
27	Replace Grout In Kitchen	2018	9,300		20	465	465	465	27
28	Repair Pumps	2018	3,128		20	156	156	156	28
29									29
30	Allocated from Pathway Management			3,664			(3,664)		30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 378,469	\$ 3,664		\$ 18,923	\$ 15,259	\$ 88,270	34

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

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
11									11
12									12
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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.

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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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: 1/1/2018

Ending: 2/31/2018

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			/ /	2,566			5
6	Allocated from Pathway			/ /	14,194			6
7	TOTAL				\$ 16,760			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 19,499

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	\$ 8,691,169	5/1/42	5.3150	\$ 466,447	1
2	IHDA		X	2nd Mortgage	4/1/07	3,000,000	2,054,334	5/1/42	1.0000	21,708	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,330,000	\$ 10,745,503			\$ 488,155	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(1,640)	8
9	Interest Income - Escrow		X		/ /			/ /		(8,708)	9
10	TOTALS (lines 7, 8 and 9)					\$ 13,330,000	\$ 10,745,503			\$ 477,807	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: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,686,586	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	338,132		3
4	Supply Inventory (priced at)	9,476		4
5	Short-Term Investments			5
6	Prepaid Insurance	96,010		6
7	Other Prepaid Expenses	19,958		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,273,970		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,424,132	\$	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	576,929		15
16	Equipment, at Historical Cost	980,584		16
17	Accumulated Depreciation (book methods)	(7,255,755)		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	438,896		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,494,321	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,918,453	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 954,609	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	183,473		29
30	Accrued Salaries Payable	99,008		30
31	Accrued Taxes Payable	98,709		31
32	Accrued Interest Payable	40,273		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	141,254		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,517,326	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,562,030		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)	\$ 10,562,030	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 12,079,356	\$	45
46	TOTAL EQUITY	\$ 839,097	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,918,453	\$	47

*(See instructions.)

Facility Name: Victory Centre of Bartlett

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 5,048,613	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,048,613	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	3,879	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,879	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	10,348	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10,348	14
	D. Other Revenue (specify):		
15	See Attached	53,375	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 53,375	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,116,215	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	982,722	19
20	Health Care/ Personal Care	697,360	20
21	General Administration	2,398,783	21
	B. Capital Expense		
22	Ownership	1,233,639	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)	\$ 5,312,504	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (196,289)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (196,289)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,929,491	32
33	Private Pay - Net Inpatient Revenue	2,878,619	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	240,503	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,048,613	37