

Facility Name & ID Number The Village At Victory Lakes # 0048256 Report Period Beginning: 07/01/11 Ending: 06/30/12

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	446,666	57,140	278,938	782,744		782,744		782,744			1
2	Food Purchase		478,326		478,326		478,326	(18,876)	459,450			2
3	Housekeeping	356,638	52,580		409,218		409,218		409,218			3
4	Laundry	7,769	(740)	26,452	33,481		33,481		33,481			4
5	Heat and Other Utilities			174,193	174,193		174,193	(59,068)	115,125			5
6	Maintenance	120,433	18,158	144,404	282,995		282,995	9,466	292,461			6
7	Other (specify):*											7
8	TOTAL General Services	931,506	605,464	623,987	2,160,957		2,160,957	(68,478)	2,092,479			8
	B. Health Care and Programs											
9	Medical Director			10,343	10,343		10,343		10,343			9
10	Nursing and Medical Records	3,625,065	211,597	15,005	3,851,667		3,851,667		3,851,667			10
10a	Therapy	53,917	1,338	51,710	106,965		106,965		106,965			10a
11	Activities	125,584	13,899	2,015	141,498		141,498		141,498			11
12	Social Services	224,710	2,069	913	227,692		227,692		227,692			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,029,276	228,903	79,986	4,338,165		4,338,165		4,338,165			16
	C. General Administration											
17	Administrative	174,204		909,413	1,083,617		1,083,617		1,083,617			17
18	Directors Fees											18
19	Professional Services			77,611	77,611		77,611		77,611			19
20	Dues, Fees, Subscriptions & Promotions			36,293	36,293		36,293	(715)	35,578			20
21	Clerical & General Office Expenses	473,036	19,041	846,245	1,338,322		1,338,322	(830,068)	508,254			21
22	Employee Benefits & Payroll Taxes			2,147,563	2,147,563		2,147,563		2,147,563			22
23	Inservice Training & Education											23
24	Travel and Seminar			9,772	9,772		9,772		9,772			24
25	Other Admin. Staff Transportation			3,110	3,110		3,110		3,110			25
26	Insurance-Prop.Liab.Malpractice			31,343	31,343		31,343		31,343			26
27	Other (specify):*											27
28	TOTAL General Administration	647,240	19,041	4,061,350	4,727,631		4,727,631	(830,783)	3,896,848			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,608,022	853,408	4,765,323	11,226,753		11,226,753	(899,261)	10,327,492			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			1,269,126	1,269,126		1,269,126	(1,000,139)	268,987			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			44,437	44,437		44,437	(30,554)	13,883			32
33	Real Estate Taxes			513,274	513,274		513,274	(513,274)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			27,318	27,318		27,318		27,318			35
36	Other (specify):*			93,579	93,579		93,579	(48,361)	45,218			36
37	TOTAL Ownership			1,947,734	1,947,734		1,947,734	(1,592,328)	355,406			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,182,222	1,547,003	2,729,225		2,729,225		2,729,225			39
40	Barber and Beauty Shops	19,613		(1,375)	18,238		18,238		18,238			40
41	Coffee and Gift Shops	19,580	381	20,804	40,765		40,765	(40,765)				41
42	Provider Participation Fee			188,998	188,998		188,998		188,998			42
43	Other (specify):*	1,833,755	383,619	1,898,104	4,115,478		4,115,478	(4,115,478)				43
44	TOTAL Special Cost Centers	1,872,948	1,566,222	3,653,534	7,092,704		7,092,704	(4,156,243)	2,936,461			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,480,970	2,419,630	10,366,591	20,267,191		20,267,191	(6,647,832)	13,619,359			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(18,256)	02		4
5	Telephone, TV & Radio in Resident Rooms	(59,068)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(22,580)	30		9
10	Interest and Other Investment Income	(30,554)	32		10
11	Discounts, Allowances, Rebates & Refunds	(16,838)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(715)	20		18
19	Entertainment	(849)	21		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(262,439)	21		24
25	Fund Raising, Advertising and Promotional	(49,376)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,104)	43		28
29	Other-Attach Schedule	(6,185,053)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (6,647,832)		\$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (6,647,832)		37

*These costs are only allowable if they are necessary to meet minimum
licensing standards. Attach a schedule detailing the items included
on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

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Ending:		06/30/12

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Beverages - Alcohol	\$ (620)	02	1
2	Sk - Maintenance Revenue	(30)	06	2
3	Sk - Transportation Revenue	(417)	21	3
4	SK - Telephone Revenue	(198)	21	4
5	Sk - Late Fees Revenue	(6,692)	21	5
6	Miscellaneous Revenue	(863)	21	6
7	Room Rental	(3,025)	21	7
8	Unrealized gains - trustee funds	(14,337)	21	8
9	THF - investment manager fees	(5,335)	21	9
10	Gain/loss on disposal of asset	(150,768)	21	10
11	Claims - patient loss replacement	(5,085)	21	11
12	Remarketing Fees	(6,106)	21	12
13	Bond Draw Fees	(6,720)	21	13
14	Rating Agency	(3,500)	21	14
15	Letter of Credit Fees	(346,351)	21	15
16	Bank Fees - Non Trustee	(345)	21	16
17	Resident Funds Bond	(200)	21	17
18	Amortization of Deferred Marketing Costs	(48,361)	36	18
19	Deli & Gift Shop Salaries, Supplies, Other	(40,765)	41	19
20	AI Salaries, Supplies, Other	(751,599)	43	20
21	IL Salaries, Supplies, Other	(102,603)	43	21
22	Marketing Salaries, Supplies, Other	(312,852)	43	22
23				23
24	ALU/ILU Salaries Allocation	(909,233)	43	24
25	ALU/ILU Supplies Allocation	(318,635)	43	25
26	ALU/ILU Other Expense Allocation	(1,669,076)	43	26
27				27
28	Capitalized R&M	(16,827)	06	28
29	Additional R&M	26,323	06	29
30	Non-Care Depreciation	(977,559)	30	30
31	Real Estate Taxes	(513,274)	33	31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(6,185,053)		49

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32
82				33
83				34
84				35
85				36
86				37
87				38
88				39
89				40
90				41
91				42
92				43
93				44
94				45
95				46
96				47
97				48
98				49

Summary A

06/30/12

[illegible]

Summary B

06/30/12

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Communities	100%	See Page 6 - Supplemental		See Page 6 - Supplemental		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	17	FSCSC Shared Expenses	\$ 909,413	Franciscan Sisters of Chicago Service Corp.	100.00%	\$ 909,413	\$	1
2	V	43	FSCSC Shared Expenses	369,921	Franciscan Sisters of Chicago Service Corp.	100.00%	369,921		2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,279,334			\$ 1,279,334	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

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1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

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1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES ☐ NO

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1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

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1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

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If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

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Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	FRANCISCAN COMMUNITIES	100.000%	FRANCISCAN COMMUNITIES, INC. □ D/B/A ADDOLORATA VILLA	WHEELING	MARIAN VILLAGE	HOMER GLEN, IL	RETIREMENT COMMUN	1
2			FRANCISCAN COMMUNITIES, INC. □ D/B/A ST. JOSEPH HOME	CHICAGO	FRANCISCAN VILLAGE	LEMONT	RETIREMENT COMMUN	2
3			MOTHER THERESA HOME	LEMONT	FRANCISCAN SISTERS OF CHIC	LEMONT	RELIGIOUS CONGREGA	3
4			ST. ANTHONY HOME	CROWN POINT, IN	FRANCISCAN SISTERS OF CHIC	HOMEWOOD, IL	CORP. MANAGEMENT	4
5			UNIVERSITY PLACE	WEST LAFAYETTE, IN	FRANCISCAN HOME CARE	CROWN POINT, IN	HOME HEALTH	5
6			THE VILLAGE AT VICTORY LAKES	LINDENHURST, IL	ST. ANTHONY HOME	CROWN POINT, IN	HOSPICE	6
7			THE ALVERNO	CLINTON, IA	ST. JUDE HOUSE	CROWN POINT, IN	WOMEN'S SHELTER	7
8								8
9								9
10								10
11								11
12								12
13								13
14								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

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			St. Joseph Home	Chicago, IL	Franciscan Village	Lemont, IL	Retirement Commu	1
2			Mother Theresa Home	Lemont, IL	Franciscan Sisters of C	Lemont, IL	Religious Congregat	2
3			St. Anthony Home	Crown Point, IN	Franciscan Sisters of C	Homewood, IL	Corp. Management	3
4			University Place	West Lafayette, IN	Franciscan Home Care	Crown Point, IN	Home Health	4
5			Addolorata Villa	Wheeling, IL	St. Anthony Home	Crown Point, IN	Hospice	5
6			The Village at Victory Lakes	Lindenhurst, IL	Marian Village	Homer Glen, IL	Retirement Commu	6
7			Mount Alverna	Parma, OH	St. Jude House	Crown Point, IN	Women's Shelter	7
8								8
9								9
10								10
11								11
12								12
13								13
14								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

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Judy Amiano	Board Member	CEO	0	See Attached	5.81	14.53%	Alloc Sal	\$ 59,465	17-3,43-3	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 59,465		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/12

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/12

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SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/12

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/12

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

Ending: 06/30/12

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/12

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SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 06/30/12

Fax Number**SEE ACCOUNTANTS' COMPILATION REPORT**

Facility Name & ID Number The Village At Victory Lakes # 0048256 Report Period Beginning: 07/01/11 Ending: 06/30/12

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

Ending: 06/30/12

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Amalgamated Bank		X	Facility Acquisition	\$9,130.00	5/1/2006	\$ 8,045,000	\$ 7,555,000	5/1/2036	Variable	\$ 18,300	1
2	Amalgamated Bank		X	Facility Acquisition	\$33,998.00	5/1/2006	17,955,000	16,860,000	5/1/2036	Variable	72,686	2
3												3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6												6
7												7
8	See Supplemental Schedule											8
9	TOTAL Facility Related				\$43,128.00		\$ 26,000,000	\$ 24,415,000			\$ 90,986	9
	B. Non-Facility Related*											
10	Interest Income		X								(30,554)	10
11	ALU/ILU Allocation										(46,549)	11
12												12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						\$	\$			\$ (77,103)	14
15	TOTALS (line 9+line14)						\$ 26,000,000	\$ 24,415,000			\$ 13,883	15

16)

Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ None

Line #

N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$					1	
2												2	
3												3	
4												4	
5												5	
6												6	
7	TOTAL Long-Term											7	
	Working Capital												
8							\$					8	
9												9	
10												10	
11												11	
12												12	
13												13	
14	TOTAL Working Capital											14	
	B. Non-Facility Related*												
15							\$					15	
16												16	
17												17	
18												18	
19												19	
20	TOTAL Non-Facility Related											20	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1. Real Estate Tax accrual used on 2011 report.			\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2007		8	
	2008		9	
	2009		10	
	2010		11	
	2011		12	
Provider is exempt from real estate taxes related to the nursing facility property.				

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed

SEE ACCOUNTANTS' COMPILATION REPORT

FACILITY NAME	<u>The Village At Victory Lakes</u>	COUNTY	<u>Lake</u>
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CONTACT PERSON REGARDING THIS REPORT

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

PLEASE NOTE: *Payment information from the Internet* or otherwise is ***not considered acceptable tax bill documentation*** . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

FACILITY NAME The Village At Victory Lakes COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048256

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

B. Real Estate Tax Cost Allocations

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,454

B. General Construction Type: Exterior Brick Frame Masonry Number of Stories 2

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Independent Living: 100 Units covering 131,881 Square Feet

Assisted Living: 84 Sheltered Care Unites covering 51,631 Square Feet

Garden Home Duplexes; 40 Units covering 59,410 Square Feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		2006	\$ 738,341	1
2					2
3	TOTALS			\$ 738,341	3

SEE ACCOUNTANTS' COMPILATION REPORT

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12F & 12G)								67
68	Related Party Allocations (Pages 12H & 12I)								68
69	Financial Statement Depreciation			291,567			(291,567)		69
70	TOTAL (lines 4 thru 69)		\$ 8,599,386	\$ 291,567		\$ 192,240	\$ (99,327)	\$ 1,150,509	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Village At Victory Lakes

0048256

Report Period Beginning:

07/01/11

Ending:

06/30/12

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	Totals from Page 12A, Carried Forward		\$ 8,599,386	\$ 291,567		\$ 192,240	\$ (99,327)	\$ 1,150,509	1
2	Engineering Hallway - New Vinyl Flooring \$1095.21	2009	252		20	13	13	51	2
3	Offices - New Carpeting \$4048	2009	930		20	46	46	185	3
4	Flood Damage - Construction (Net Of Insurance Amount Recover	2009	692		20	35	35	139	4
5	Repair Ahu 5 \$9275	2009	2,131		20	107	107	427	5
6	Repair Ajax Boiler #1 \$7779	2009	1,787		20	89	89	357	6
7	Senior Center - Roof Repair \$2625	2009	603		20	30	30	120	7
8	Repair Ajax Boiler #1 \$6690	2009	1,537		20	77	77	308	8
9	Install Smoke Detectors \$2837.57	2009	652		20	33	33	131	9
10	Service Ajax Boiler \$2810.51	2009	646		20	32	32	129	10
11	Replace Trane Compressor \$19973	2009	4,589		20	229	229	688	11
12	Sinks/Vanities \$3277.91	2009	753		20	38	38	113	12
13	Repair Walkways \$2851	2009	655		20	33	33	98	13
14	Heat Exchanger \$2884	2009	663		20	33	33	99	14
15	Compressors \$26349.44	2009	6,053		20	303	303	908	15
16	Tuckpointing \$3590	2009	825		20	41	41	123	16
17	Vanities And Sinks \$4900.73	2010	1,126		20	56	56	169	17
18	New Lobby Entrance Wood Flooring \$8030	2010	1,845		20	92	92	276	18
19	Misc Supplies, Switches, Fans \$3411.1	2010	784		20	39	39	117	19
20	Chapel Renovations - Masonry, Carpentry, Drywall, Plumbing, Et	2010	31,374		20	1,744	1,744	5,231	20
21	Condensor \$2782	2010	639		20	32	32	96	21
22	Suite 1101 - Compressor \$2858	2010	657		20	33	33	99	22
23	Building Automation Service \$17890	2010	4,110		20	206	206	617	23
24	Electrical \$3325	2010	764		20	38	38	114	24
25	Repair Elevator \$3594	2010	826		20	41	41	124	25
26	Heat Exchanger \$2606.99	2010	599		20	30	30	90	26
27	Fire Sprinkler Repairs \$6050	2010	1,390		20	69	69	208	27
28	Concrete Work (11,493)	2010	2,640		20	132	132	264	28
29	Sprinkler Project (8,432)	2010	1,937		20	97	97	194	29
30	Walk In Refrigerator (5,757)	2010	1,323		20	66	66	132	30
31	Electrical Work (3,530)	2010	811		20	41	41	82	31
32	Install Breakers, Relocate Electric (4,544)	2010	1,044		20	52	52	104	32
33	Sealcoat, Hot Crack Filler, Stripe (3,300)	2010	758		20	38	38	76	33
34	TOTAL (lines 1 thru 33)		\$ 8,674,781	\$ 291,567		\$ 196,185	\$ (95,382)	\$ 1,162,378	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number The Village At Victory Lakes

0048256

Report Period Beginning:

07/01/11

Ending:

06/30/12

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-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	Totals from Page 12B, Carried Forward		\$ 8,674,781	\$ 291,567		\$ 196,185	\$ (95,382)	\$ 1,162,378	1
2	Asphalt Work (14,813)	2010	3,403		20	170	170	340	2
3	Hvac Reapir (4,407)	2010	1,012		20	51	51	102	3
4	Fire Dampers (4,028)	2010	926		20	46	46	92	4
5	Construct Hvac Fire Resistant Chases (3,765)	2010	865		20	43	43	86	5
6	Install 2 Heat Exchangers (10,998)	2010	2,527		20	126	126	252	6
7	Repair The Extpansion Tank (3,842)	2010	883		20	44	44	88	7
8	Asphalt Work (9,763)	2011	2,243		20	112	112	224	8
9	New Sign (11,600)	2011	2,665		20	133	133	266	9
10	Installed New Gutters (5,900)	2011	1,355		20	68	68	136	10
11	Electrical Work (4,439)	2011	1,020		20	51	51	102	11
12	Concrete Work (10,360)	2011	2,380		20	119	119	238	12
13	Remove Asphalt & Repave (4,096)	2011	941		20	47	47	94	13
14	Replace Valve And Calibrate (4,759)	2011	1,093		20	55	55	110	14
15	Chiller Repair (5,267)	2011	1,210		20	61	61	122	15
16	Roofing Repairs (208,555)	2011	47,913		20	2,396	2,396	3,194	16
17	Sprinkler System (51,848)	2011	11,911		20	596	596	318	17
18	New Chiller (143,750)	2011	33,025		20	1,651	1,651	1,468	18
19	Praire Glenn Lobby Renovation (12,512) - New Cabinetry And Fir	2011	2,874		20	144	144	128	19
20	Prairie Glenn Lower Level Corridor (30,354)	2011	6,974		20	349	349	310	20
21	Install Fire Dampers, Replace Registers Bathroom Exhaust (8,936)	2011	2,053		20	103	103	103	21
22	Replaced Burnt Out Motor (5,780)	2011	1,328		20	66	66	66	22
23	Sealcoat And Tar 3 Parking Lots (17,536)	2011	4,029		20	201	201	201	23
24	Sewer Repair And Landscape Backfill (3,630)	2011	834		20	42	42	42	24
25	Replace Parts On Hvac Units (3,830)	2011	880		20	44	44	44	25
26	Fire System Controls (5,745)	2012	1,320		20	66	66	66	26
27	Jason Hilll 10 Cameras And 1 Dvr System (6,000)	2012	1,378		20	69	69	69	27
28	Praire Glenn Lobby Renovation (32,500) - New Cabinetry And Fir	2012	7,467		20	373	373	332	28
29	Praire Glenn Lobby Renovation (32,500) - New Cabinetry And Fir	2012	7,467		20	373	373	332	29
30	Drapes For Lobby Renovation (11,520)	2012	2,647		20	132	132	176	30
31	Exterior Security System (6,146)	2012	1,412		20	71	71	71	31
32	Door Locks (9,244)	2012	2,124		20	106	106	106	32
33	Carpet For Lobby (2,543)	2012	584		20	29	29	29	33
34	TOTAL (lines 1 thru 33)		\$ 8,833,524	\$ 291,567		\$ 204,122	\$ (87,445)	\$ 1,171,685	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Totals from Page 12C, Carried Forward		\$ 8,833,524	\$ 291,567		\$ 204,122	\$ (87,445)	\$ 1,171,685	1
2	Community Wifi (58,210)	2012	13,373		20	669	669	1,783	2
3	Window Treatments (3,466)	2012	796		20	40	40	40	3
4	Wall Protectors (4,851)	2012	1,115		20	56	56	56	4
5	Program Door Locking System To Fire Panel, Add Relays, Repair	2012	827		20	41	41	41	5
6	Sidewalk Repair (3,785)	2012	870		20	44	44	44	6
7	Replace Cylinders And Hoses (2,796)	2012	642		20	32	32	32	7
8									8
9									9
10									10
11									11
12									12
13									13
14									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									33
34	TOTAL (lines 1 thru 33)		\$ 8,851,147	\$ 291,567		\$ 205,003	\$ (86,564)	\$ 1,173,680	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Totals from Page 12D, Carried Forward		\$ 8,851,147	\$ 291,567		\$ 205,003	\$ (86,564)	\$ 1,173,680	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,851,147	\$ 291,567		\$ 205,003	\$ (86,564)	\$ 1,173,680	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XL OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Building Company Information								1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11									11
12									12
13									13
14									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									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Building Company Information Continued		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12F & 12G lines 1 thru 33)		\$	\$		\$	\$	\$	34

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Related Party Information Continued								1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12H & 12I lines 1 thru 33)		\$	\$		\$	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$594,751	\$	\$59,477	\$59,477	10	\$251,369	71
72	Current Year Purchases	19,270		1,927	1,927	10	2,986	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$614,021	\$	\$61,404	\$61,404		\$254,355	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		Transmission on 98 Chevy \$2860	2008	\$657	\$	\$131	\$131	5	\$657	76
77		Bus \$44787	2008	10,289		2,058	2,058	5	10,289	77
78		Handicap Access Van \$8500	2008	1,953		391	391	5	1,270	78
79										79
80	TOTALS			\$12,899	\$	\$2,580	\$2,580		\$12,216	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$10,216,408	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$291,567	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$268,987	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(22,580)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$1,440,251	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Assisted Living Allocation - 2007	\$4,075,775	\$	\$	86
87	Independent Living Allocation - 2007	10,407,880			87
88	Duplex Allocation - 2007	3,719,075			88
89	Parking Garage Allocation - 2007	362,230			89
90	Non-Care 2008 - 2012 - 2012	1,668,441			90
91	TOTALS	\$20,233,401	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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?
If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease

9. Option to Buy:
- YES
- NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- YES
- NO
16. Rental Amount for movable equipment: \$27,318
- Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2013	\$
13.	/2014	\$
14.	/2015	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF CNAs TRAINED

ALLOCATION OF COSTS (d)

In the box below record the amount of income your facility received training CNAs from other facilities.

		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 621,443	\$		\$ 621,443	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			126,878			126,878	2
3	Licensed Recreational Therapist	39 - 03	hrs			1,839			1,839	3
4	Licensed Physical Therapist	39 - 03	hrs			776,684			776,684	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				1,046,304		1,046,304	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Supplemental					20,159	135,918		156,077	13
14	TOTAL			\$		\$ 1,547,003	\$ 1,182,222		\$ 2,729,225	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 293,606	\$	1
2	Cash-Patient Deposits	2,997		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,818,035		3
4	Supply Inventory (priced at)	109,282		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	60,358		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached Schedule			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,284,278	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	9,785,000		13
14	Buildings, at Historical Cost	22,739,916		14
15	Leasehold Improvements, at Historical Cost	3,069,585		15
16	Equipment, at Historical Cost	3,081,670		16
17	Accumulated Depreciation (book methods)	(7,822,729)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	383,669		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 Schedule	2,848,552		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 34,085,663	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 36,369,941	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 475,989	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,119,920		28
29	Short-Term Notes Payable	460,000		29
30	Accrued Salaries Payable	625,032		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	13,476		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	509,693		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 15,204,110	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	23,955,000		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 23,955,000	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 39,159,110	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,789,169)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 36,369,941	\$	48

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,536,008)	1
2	Restatements (describe):		2
3	Unrestricted Transfers	(173,344)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,709,352)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(79,817)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (79,817)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,789,169)	24

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 16,032,986	1
2	Discounts and Allowances for all Levels	(915,091)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,117,895	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,120,741	6
7	Oxygen	2,815	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,123,556	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	22,545	12
13	Barber and Beauty Care	77,147	13
14	Non-Patient Meals	23,742	14
15	Telephone, Television and Radio	5,010	15
16	Rental of Facility Space		16
17	Sale of Drugs	1,015,697	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	53,146	19
20	Radiology and X-Ray	38,399	20
21	Other Medical Services	295,347	21
22	Laundry	34,997	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,566,030	23
	D. Non-Operating Revenue		
24	Contributions	1,077	24
25	Interest and Other Investment Income***	30,554	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 31,631	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	348,262	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 348,262	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,187,374	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,160,957	31
32	Health Care	4,338,165	32
33	General Administration	4,727,631	33
	B. Capital Expense		
34	Ownership	1,947,734	34
	C. Ancillary Expense		
35	Special Cost Centers	6,903,706	35
36	Provider Participation Fee	188,998	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,267,191	40
41	Income before Income Taxes (line 30 minus line 40)**	(79,817)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (79,817)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 822,764	44
45	Private Pay - Net Inpatient Revenue	8,220,218	45
46	Medicare - Net Inpatient Revenue	4,914,779	46
47	Other-(specify)	1,159,669	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,117,430	49

* This must agree with page 4, line 45, column 4.
** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.
*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,920	2,096	\$ 91,982	\$ 43.88	1
2	Assistant Director of Nursing					2
3	Registered Nurses	45,770	51,960	1,689,791	32.52	3
4	Licensed Practical Nurses	14,315	15,674	423,796	27.04	4
5	CNAs & Orderlies	91,727	102,544	1,372,759	13.39	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,261	3,679	53,917	14.66	8
9	Activity Director	1,776	2,072	38,993	18.82	9
10	Activity Assistants	6,519	7,298	86,591	11.87	10
11	Social Service Workers	7,608	8,524	224,710	26.36	11
12	Dietician					12
13	Food Service Supervisor	3,096	3,293	56,318	17.10	13
14	Head Cook	4,139	4,403	59,658	13.55	14
15	Cook Helpers/Assistants	29,051	30,906	330,690	10.70	15
16	Dishwashers					16
17	Maintenance Workers	2,909	6,205	120,433	19.41	17
18	Housekeepers	29,812	33,847	356,638	10.54	18
19	Laundry	622	752	7,769	10.33	19
20	Administrator	1,390	1,479	70,936	47.96	20
21	Assistant Administrator					21
22	Other Administrative	1,390	1,479	103,268	69.82	22
23	Office Manager					23
24	Clerical	18,397	21,202	473,036	22.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,112	2,541	46,737	18.39	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	100,484	109,137	1,872,948	17.16	33
34	TOTAL (lines 1 - 33)	366,298	409,091	\$ 7,480,970 *	\$ 18.29	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 96,629	01-03	35
36	Medical Director	Monthly	10,343	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	15,005	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant		12,110	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	31	2,015	11-03	44
45	Social Service Consultant	1	33	12-03	45
46	Other(specify) Priests	Monthly	880	12-03	46
47	Senior Fitness	Monthly	39,600	10a-03	47
48	Food Service Provider	Monthly	182,309	01-03	48
49	TOTAL (lines 35 - 48)	32	\$ 358,924		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number		The Village At Victory Lakes		STATE OF ILLINOIS		Report Period Beginning:		07/01/11		Page 21		Ending: 06/30/12		
XIX. SUPPORT SCHEDULES														
A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions						
Name		Function	Ownership %	Amount	Description		Amount	Description		Amount				
Michael Skirvin		Administrator	0	\$ 99,791	Workers' Compensation Insurance		\$ 404,098	IDPH License Fee		\$				
Calvin Isaacson		Executive Director	0	145,274	Unemployment Compensation Insurance		123,332	Advertising: Employee Recruitment		13,246				
					FICA Taxes		499,622	Health Care Worker Background Check						
					Employee Health Insurance		784,803	(Indicate # of checks performed 214)		6,314				
ALU/ILU Allocation				(70,861)	Employee Meals			Patient Background Checks 1000		10,000				
					Illinois Municipal Retirement Fund (IMRF)*			Dues & Subscriptions		12,001				
					Employee Awards		7,545	Facility Licenses		4,421				
					Employee Functions/Activities		3,611							
TOTAL (agree to Schedule V, line 17, col. 1)					Other Employee Benefits		4,791	ALU/ILU Allocation		(10,404)				
(List each licensed administrator separately.)				\$ 174,204	Employee Physicals, Labs, Other		16,534							
B. Administrative - Other					Group Dental Premiums		53,532	Less: Public Relations Expense		()				
Description				Amount	Group Dental Premiums		25,063	Non-allowable advertising		()				
Franciscan Sisters of Chicago Service Corp. - Shared Expenses				\$ 1,279,334	See Supplemental Schedule		224,630	Yellow page advertising		()				
ALU/ILU Allocation				(369,921)	TOTAL (agree to Schedule V, line 22, col.8)		\$ 2,147,561	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 35,578				
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 909,413	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**						
(Attach a copy of any management service agreement)														
C. Professional Services					Description		Line #	Amount	Description		Amount			
Vendor/Payee		Type		Amount					Out-of-State Travel		\$			
Ungaretti & Harris		Legal		\$ 23,212										
Ice Miller		Legal		3,510										
FR&R		Accounting		7,250										
Ernst & Young		Accounting		31,031					In-State Travel					
AV Powell & Assoc		Consulting		18,000										
Ivans		Consulting		399										
ProBusiness Services Inc		Payroll Processing		25,778										
									Seminar Expense		9,772			
ALU/ILU Allocation				(31,570)										
									Entertainment Expense		()			
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL			\$	(agree to Sch. V, line 24, col. 8)					
(If total legal fees exceed \$5,000, attach copy of invoices.)				\$ 77,610					TOTAL		\$ 9,772			

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN: 7798

(3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? No

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 32,514 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 188,998
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 23,742

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A

c. What percent of all travel expense relates to transportation of nurses and patients? N/A

d. Have vehicle usage logs been maintained? N/A

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A

(17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Ernst & Young

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT