

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0048256 Facility Name: The Village at Victory Lakes Address: 1055 East Grand Ave Lindenhurst 60046 County: Lake Telephone Number: (847) 356 - 5900 Fax # (847) 356 - 4599 HFS ID Number: Date of Initial License for Current Owners: 04/19/65 Type of Ownership: ☒ VOLUNTARY,NON-PROFIT ☒ Charitable Corp. ☐ Trust IRS Exemption Code ☐ PROPRIETARY ☐ Individual ☐ Partnership ☐ Corporation ☐ "Sub-S" Corp. ☐ Limited Liability Co. ☐ Trust ☐ Other ☐ GOVERNMENTAL ☐ State ☐ County ☐ Other

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

Name: Denise A. Leonard Telephone Number: (216) 274-6514

Email Address:

Facility Name & ID Number The Village at Victory Lakes

0048256 Report Period Beginning: 07/01/19 Ending: 06/30/20

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>120</u>	Skilled (SNF)	<u>120</u>	<u>43,920</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>120</u>	TOTALS	<u>120</u>	<u>43,920</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>6,058</u>	<u>14,372</u>	<u>12,556</u>	<u>32,986</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>6,058</u>	<u>14,372</u>	<u>12,556</u>	<u>32,986</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 75.10%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
N/A

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?
Date started 07/12/16

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 07/12/16 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number
of beds certified 120 and days of care provided 10,055

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 06/30/20 Fiscal Year: 06/30/20
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/19 Ending: 06/30/20

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	402,957	134,575	1,475,130	2,012,662		2,012,662	(1,418,263)	594,399			1
2	Food Purchase		907,020		907,020		907,020	(653,539)	253,481			2
3	Housekeeping	522,127	90,436		612,563		612,563	(471,834)	140,729			3
4	Laundry		11,163		11,163		11,163	(11,163)				4
5	Heat and Other Utilities			564,729	564,729		564,729	(446,276)	118,453			5
6	Maintenance	515,542	109,789	572,581	1,197,912		1,197,912	(885,672)	312,240			6
7	Other (specify):* See Supplemental			39,415	39,415		39,415	(15,792)	23,623			7
8	TOTAL General Services	1,440,626	1,252,983	2,651,855	5,345,464		5,345,464	(3,902,539)	1,442,925			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000	(7,435)	16,565			9
10	Nursing and Medical Records	2,962,635	310,038	354,773	3,627,446		3,627,446	(147,893)	3,479,553			10
10a	Therapy			1,166,234	1,166,234		1,166,234		1,166,234			10a
11	Activities	117,878		1,311	119,189		119,189	(60,652)	58,537			11
12	Social Services	164,221		13,018	177,239		177,239	(79,511)	97,728			12
13	CNA Training		270		270		270		270			13
14	Program Transportation	59,107			59,107		59,107	(41,651)	17,456			14
15	Other (specify):* See Supplemental							10,118	10,118			15
16	TOTAL Health Care and Programs	3,303,841	310,308	1,559,336	5,173,485		5,173,485	(327,024)	4,846,461			16
	C. General Administration											
17	Administrative	317,197		1,489,872	1,807,069		1,807,069	(1,576,348)	230,721			17
18	Directors Fees											18
19	Professional Services			104,611	104,611		104,611	(40,611)	64,000			19
20	Dues, Fees, Subscriptions & Promotions			89,921	89,921		89,921	(45,047)	44,874			20
21	Clerical & General Office Expenses	1,449,526	64,878	253,174	1,767,578		1,767,578	(674,854)	1,092,724			21
22	Employee Benefits & Payroll Taxes			2,155,429	2,155,429		2,155,429		2,155,429			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,086	4,086		4,086	565	4,651			24
25	Other Admin. Staff Transportation			16,564	16,564		16,564	(11,672)	4,892			25
26	Insurance-Prop.Liab.Malpractice			540,483	540,483		540,483	(287,519)	252,964			26
27	Other (specify):* See Supplemental	301,328	2,371	123,319	427,018		427,018	(322,479)	104,539			27
28	TOTAL General Administration	2,068,051	67,249	4,777,459	6,912,759		6,912,759	(2,957,965)	3,954,794			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,812,518	1,630,540	8,988,650	17,431,708		17,431,708	(7,187,528)	10,244,180			29

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

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

The Village at Victory Lakes
 Medicaid Cost Report
 07/01/19 - 06/30/20

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Adjustments	Total
Line 7 - Other General Services					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				7,844	7,844
					-
Alloc. - Non-Allowable AL / IL				(23,636)	(23,636)
					-
Trash Removal			39,415		39,415
					-
Sub-Total	-	-	39,415	(15,792)	23,623
Line 15 - Other Health Care Services					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				20,241	20,241
					-
Alloc. - Non-Allowable AL / IL				(10,123)	(10,123)
					-
					-
					-
Sub-Total	-	-	-	10,118	10,118
Line 27 - Other General Administration					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				197,086	197,086
					-
Alloc. - Non-Allowable AL / IL				(104,596)	(104,596)
Promotional Advert and Marketing	301,328	2,371	111,113	(414,812)	-
Other Administrative Personnel Contract			12,049		12,049
Contributions and Donations			157	(157)	-
				-	-
Sub-Total	301,328	2,371	123,319	(322,479)	104,539

Facility Name & ID Number The Village at Victory Lakes #0048256 Report Period Beginning: 07/01/19 Ending: 06/30/20

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			2,028,581	2,028,581		2,028,581	(1,567,258)	461,323			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,239,543	1,239,543		1,239,543	(954,806)	284,737			32
33	Real Estate Taxes			687,613	687,613		687,613	(529,642)	157,971			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			66,451	66,451		66,451	(45,754)	20,697			35
36	Other (specify):*											36
37	TOTAL Ownership			4,022,188	4,022,188		4,022,188	(3,097,460)	924,728			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	60,411	6,884	845,054	912,349		912,349		912,349			39
40	Barber and Beauty Shops	73,941		263	74,204		74,204	(74,204)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			205,083	205,083		205,083		205,083			42
43	Other (specify):* See Supplemental	1,495,091	17,792	83,014	1,595,897		1,595,897	(1,595,897)				43
44	TOTAL Special Cost Centers	1,629,443	24,676	1,133,414	2,787,533		2,787,533	(1,670,101)	1,117,432			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,441,961	1,655,216	14,144,252	24,241,429		24,241,429	(11,955,089)	12,286,340			45

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

Page 4 Supplemental Schedule

Description		Salaries		Supplies		Other		Adjustments		Total
Line 36 - Other Capital Costs										
										-
										-
										-
										-
										-
										-
										-
Sub-Total		-		-		-		-		-
Line 43 - Other Special Cost Centers										
Other Long Term Care - Assisted Living		1,260,621		8,514		28,131		(1,297,266)		-
Other Long Term Care - Independent Living		234,470		9,278		32,798		(276,546)		-
Other Non Reimbursable- Other						22,085		(22,085)		-
										-
										-
										-
										-
Sub-Total		1,495,091		17,792		83,014		(1,595,897)		-

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	(48,721)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(267)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(146)	32		10
11	Discounts, Allowances, Rebates & Refunds	(1,333)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				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	(9,019)	21		18
19	Entertainment				19
20	Contributions	(157)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(165,543)	21		24
25	Fund Raising, Advertising and Promotional	(414,812)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(11,344,576)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (11,984,574)		\$	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)	29,485	VII-B	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 29,485		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (11,955,089)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ (276,546)	43	1
2	Additional R&M	121,256	6	2
3	Cable	(49,130)	5	3
4	Assisted Living	(1,297,266)	43	4
5	Beauty Shop	(74,204)	40	5
6	Other Non Reimbursable- Other	(22,085)	43	6
7	Other Income- Activities	(2,800)	11	7
8	Other Income- Administrative	0	21	8
9	Communications	(20)	21	9
10	Other Income-Transportation	0	24	10
11	Other Income-Laundry	(11,163)	4	11
12	Misc. Revenue	(5,590)	21	12
13	Gain on asset disposal	(61,000)	30	13
14	Bank Fees	(45)	21	14
15	Collections Expense	(5,351)	19	15
16	Page 5 SUPP - Assisted Living Allocations	0		16
17	Dietary	(1,418,263)	01	17
18	Food	(604,818)	02	18
19	Housekeeping	(471,834)	03	19
20	Laundry	0	04	20
21	Utilities	(397,146)	05	21
22	Maintenance	(1,046,869)	06	22
23	Other	(23,636)	07	23
24	Medical Director	(7,435)	09	24
25	Nursing and Medical Records	(246,011)	10	25
26	Therapy	0	10A	26
27	Activities	(57,852)	11	27
28	Social Services	(79,511)	12	28
29	CNA Training	0	13	29
30	Transportation	(41,651)	14	30
31	Other	(10,123)	15	31
32	Administrative	(280,339)	17	32
33	Director Fees	0	18	33
34	Professional Fees	(77,763)	19	34
35	Dues and Subscriptions	(54,525)	20	35
36	Clerical	(1,327,722)	21	36
37	Employee Benefits (Not ADJ - Rate Calculation)	0	22	37
38	Inservice Training	0	23	38
39	Seminar Travel	(11,099)	24	39
40	Other Staff Admin Transportation	(11,672)	25	40
41	Insurance	(307,366)	26	41
42	Other	(104,596)	27	42
43	Depreciation	(1,546,714)	30	43
44	Amortization	0	31	44
45	Interest	(954,660)	32	45
46	Real Estate Taxes	(529,642)	33	46
47	Rent - Building	0	34	47
48	Rent - Equipment	(49,385)	35	48
49	Total	(11,344,576)		49

The Village at Victory Lakes
Medicaid Cost Report
07/01/19 - 06/30/20

Page 5 - Non-Care Supplemental Allocation Schedule				Direct Nursing Home				Statistics		Expenses	
Description	Cost Center	Salary	Total Allow. Exp.	Salary	Other	Expenses For Alloc.	Alloc. Method	Nursing Home	Total	Nursing Home	Other
Dietary	1	402,957	2,012,662			2,012,662	Meals Served	98,958	335,076	594,399	1,418,263
Food	2	-	858,299			858,299	Meals Served	98,958	335,076	253,481	604,818
Housekeeping	3	522,127	612,563			612,563	SQFT	1,014,356	4,415,264	140,729	471,834
Laundry	4	-	-			-	Pat. Days (1)	32,986	65,586	-	-
Heat and Other Utilities	5	-	515,599			515,599	SQFT	72,454	315,376	118,453	397,146
Maintenance	6	515,542	1,359,109			1,359,109	SQFT	72,454	315,376	312,240	1,046,869
Other	7	-	47,259			47,259	Alloc. Salary	4,219,841	8,441,961	23,623	23,636
Medical Director	9	-	24,000			24,000	Dir. Staffing	2,808,894	4,069,515	16,565	7,435
Nursing and Medical Records	10	2,962,635	3,725,564	2,808,894	122,503	794,167	Dir. Staffing	2,808,894	4,069,515	3,479,553	246,011
Therapy	10a	-	1,166,234			1,166,234	Direct	-	-	1,166,234	-
Activities	11	117,878	116,389			116,389	Pat. Days (1)	32,986	65,586	58,537	57,852
Social Services	12	164,221	177,239			177,239	Pat. Days (2)	32,986	59,823	97,728	79,511
CNA Training	13	-	270			270	Direct	-	-	270	-
Transportation	14	59,107	59,107			59,107	Pat. Days	32,986	111,692	17,456	41,651
Other	15	-	20,241			20,241	Alloc. Salary	4,219,841	8,441,961	10,118	10,123
Administrative	17	317,197	511,060			511,060	Net. Pat. Rev.	9,720,266	21,530,938	230,721	280,339
Directors Fees	18	-	-			-	N/A	-	-	-	-
Professional Fees	19	-	141,763			141,763	Net. Pat. Rev.	9,720,266	21,530,938	64,000	77,763
Dues and Subscriptions	20	-	99,399			99,399	Net. Pat. Rev.	9,720,266	21,530,938	44,874	54,525
Office and Clerical	21	1,449,526	2,420,446			2,420,446	Net. Pat. Rev.	9,720,266	21,530,938	1,092,724	1,327,722
Employee Benefits	22	-	2,155,429			2,155,429	Alloc. Salary	4,219,841	8,441,961	1,077,424	1,078,005
Inservice Training and Expense	23	-	-			-	Pat. Days	32,986	111,692	-	-
Travel and Seminar	24	-	15,750			15,750	Pat. Days	32,986	111,692	4,651	11,099
Other Staff Transportation	25	-	16,564			16,564	Pat. Days	32,986	111,692	4,892	11,672
Insurance	26	-	560,330			560,330	Net. Pat. Rev.	9,720,266	21,530,938	252,964	307,366
Other	27	301,328	209,135			209,135	Alloc. Salary	4,219,841	8,441,961	104,539	104,596
Depreciation	30	-	2,008,037			2,008,037	SQFT	72,454	315,376	461,323	1,546,714
Amortization	31	-	-			-	Net. Pat. Rev.	-	-	-	-
Interest	32	-	1,239,397			1,239,397	SQFT	72,454	315,376	284,737	954,660
Real Estate Taxes	33	-	687,613			687,613	SQFT	72,454	315,376	157,971	529,642
Rent - Facilities and Grounds	34	-	-			-	SQFT	72,454	315,376	-	-
Rent - Equipment and Vehicles	35	-	70,082			70,082	Pat. Days	32,986	111,692	20,697	49,385
Other	36	-	-			-	N/A	-	-	-	-
Medically Necessary Transportation	38	-	-			-	N/A	-	-	-	-
Ancillary Service Centers	39	60,411	912,349			912,349	Direct	-	-	912,349	-
Barber and Beauty Shop	40	73,941	-			-	Direct	-	-	-	-
Coffee and Gift Shops	41	-	-			-	Direct	-	-	-	-
Provider Participation Fee	42	-	205,083			205,083	Direct	-	-	205,083	-
Other	43	1,495,091	-			-	Direct	-	-	-	-
		8,441,961	21,946,972	2,808,894	122,503	19,015,575				11,208,335	10,738,637

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Village at Victory Lakes# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(1,418,263)	0	0	0	0	0	0	0	0	0	0	(1,418,263)	1
2	Food Purchase	(653,539)	0	0	0	0	0	0	0	0	0	0	(653,539)	2
3	Housekeeping	(471,834)	0	0	0	0	0	0	0	0	0	0	(471,834)	3
4	Laundry	(11,163)	0	0	0	0	0	0	0	0	0	0	(11,163)	4
5	Heat and Other Utilities	(446,276)	0	0	0	0	0	0	0	0	0	0	(446,276)	5
6	Maintenance	(925,613)	0	39,941	0	0	0	0	0	0	0	0	(885,672)	6
7	Other (specify):*	(23,636)	0	7,844	0	0	0	0	0	0	0	0	(15,792)	7
8	TOTAL General Services	(3,950,324)	0	47,785	0	0	0	0	0	0	0	0	(3,902,539)	8
	B. Health Care and Programs													
9	Medical Director	(7,435)	0	0	0	0	0	0	0	0	0	0	(7,435)	9
10	Nursing and Medical Records	(246,011)	0	98,118	0	0	0	0	0	0	0	0	(147,893)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(60,652)	0	0	0	0	0	0	0	0	0	0	(60,652)	11
12	Social Services	(79,511)	0	0	0	0	0	0	0	0	0	0	(79,511)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(41,651)	0	0	0	0	0	0	0	0	0	0	(41,651)	14
15	Other (specify):*	(10,123)	0	20,241	0	0	0	0	0	0	0	0	10,118	15
16	TOTAL Health Care and Programs	(445,383)	0	118,359	0	0	0	0	0	0	0	0	(327,024)	16
	C. General Administration													
17	Administrative	(280,339)	0	(1,296,009)	0	0	0	0	0	0	0	0	(1,576,348)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(83,114)	0	42,503	0	0	0	0	0	0	0	0	(40,611)	19
20	Fees, Subscriptions & Promotions	(54,525)	0	9,478	0	0	0	0	0	0	0	0	(45,047)	20
21	Clerical & General Office Expenses	(1,509,272)	0	834,418	0	0	0	0	0	0	0	0	(674,854)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(11,099)	0	11,664	0	0	0	0	0	0	0	0	565	24
25	Other Admin. Staff Transportation	(11,672)	0	0	0	0	0	0	0	0	0	0	(11,672)	25
26	Insurance-Prop.Liab.Malpractice	(307,366)	0	19,847	0	0	0	0	0	0	0	0	(287,519)	26
27	Other (specify):*	(519,565)	0	197,086	0	0	0	0	0	0	0	0	(322,479)	27
28	TOTAL General Administration	(2,776,952)	0	(181,013)	0	0	0	0	0	0	0	0	(2,957,965)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(7,172,659)	0	(14,869)	0	0	0	0	0	0	0	0	(7,187,528)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/19 Ending: 06/30/20

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(1,607,714)	0	40,456	0	0	0	0	0	0	0	0	(1,567,258)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(954,806)	0	0	0	0	0	0	0	0	0	0	(954,806)	32
33	Real Estate Taxes	(529,642)	0	0	0	0	0	0	0	0	0	0	(529,642)	33
34	Rent-Facility & Grounds	(267)	0	267	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(49,385)	0	3,631	0	0	0	0	0	0	0	0	(45,754)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(3,141,814)	0	44,354	0	0	0	0	0	0	0	0	(3,097,460)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(74,204)	0	0	0	0	0	0	0	0	0	0	(74,204)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,595,897)	0	0	0	0	0	0	0	0	0	0	(1,595,897)	43
44	TOTAL Special Cost Centers	(1,670,101)	0	0	0	0	0	0	0	0	0	0	(1,670,101)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(11,984,574)	0	29,485	0	0	0	0	0	0	0	0	(11,955,089)	45

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
See Page 6 - Supp		See Page 6 - Supp		See Page 6 - Supp		

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

X 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)	
1	V			\$			\$	\$	1
2	V								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			\$			\$	\$ *	14

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

Facility Name & ID Number	The Village at Victory Lakes
---------------------------	------------------------------

0048256

Report Period Beginning: 07/01/19

Ending: 06/30/20

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	6	Maintenance - Salary	\$	Francsicsan Sisters of Chicago Service Corporation	100.00%	\$ 33,763	\$ 33,763	15
16	V	6	Maintenance - Other		Francsicsan Sisters of Chicago Service Corporation	100.00%	6,178	6,178	16
17	V	7	Emp. Ben. - Gen. Services		Francsicsan Sisters of Chicago Service Corporation	100.00%	7,844	7,844	17
18	V	10	Nursing - Salary		Francsicsan Sisters of Chicago Service Corporation	100.00%	87,120	87,120	18
19	V	10	Nursing - Other		Francsicsan Sisters of Chicago Service Corporation	100.00%	10,998	10,998	19
20	V	15	Emp. Ben. - HC and Programs		Francsicsan Sisters of Chicago Service Corporation	100.00%	20,241	20,241	20
21	V	17	Administrative - Salary		Francsicsan Sisters of Chicago Service Corporation	100.00%	193,863	193,863	21
22	V	19	Professional Fees		Francsicsan Sisters of Chicago Service Corporation	100.00%	42,503	42,503	22
23	V	20	Dues and Subscriptions		Francsicsan Sisters of Chicago Service Corporation	100.00%	9,478	9,478	23
24	V	21	Clerical - Salary		Francsicsan Sisters of Chicago Service Corporation	100.00%	654,406	654,406	24
25	V	21	Clerical - Other		Francsicsan Sisters of Chicago Service Corporation	100.00%	180,012	180,012	25
26	V	24	Seminar and Travel		Francsicsan Sisters of Chicago Service Corporation	100.00%	11,664	11,664	26
27	V	26	Insurance		Francsicsan Sisters of Chicago Service Corporation	100.00%	19,847	19,847	27
28	V	27	Emp. Ben. - Gen. Admin.		Francsicsan Sisters of Chicago Service Corporation	100.00%	197,086	197,086	28
29	V	30	Depreciaton		Francsicsan Sisters of Chicago Service Corporation	100.00%	40,456	40,456	29
30	V	34	Rent - Building		Francsicsan Sisters of Chicago Service Corporation	100.00%	267	267	30
31	V	35	Rent - Equipment		Francsicsan Sisters of Chicago Service Corporation	100.00%	3,631	3,631	31
32	V	17	Management Fees	1,489,872				(1,489,872)	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,489,872			\$ 1,519,357	\$ * 29,485	39

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

Facility Name & ID Number

The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

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, Inc.							1
2								2
3	Board of Directors							3
4	James Stark		Franciscan Village	Lemont, IL	Franciscan Sisters of C	Lemont, IL	Religious Cong.	4
5	Judy Amiano		Mt. Alverna Village	Parma, OH	Franciscan Sisters Ch	Lemont, IL	Corp. Management	5
6	Raymond Catania		Addolorata Villa	Wheeling, IL	St. James Senior Estat	Crete, IL	Ind. Living	6
7	Guy R. Alton		The Village of Victory Lakes	Lindenhurst, IL	Marian Village	Homer Glen, IL	Ind. & Asst. Living	7
8	Raymond Ingham		University Place	West Lafayette, IN	Franciscan Senior Est	Louisville, KY	Ind. Living	8
9	Marianne D. Araujo		St. Joseph Village	Chicago IL	Franciscan Advisory S	Lemont, IL	Consulting Serv.	9
10	Daniel Noonan				St. Joseph Senior Hou	Lemont, IL	Affordable Housing	10
11	Denise Boudreau				St. Jude House	Crown Point, IN	Dom. Viol. Shelter	11
12					Madonna Foundation	Lemont, IL	HS Foundation	12
13					Village at Mercy Creel	Normal, IL	Ind. & Asst. Living	13
14					Ancora at Mt. Alverna	Parma, OH	Memory Support	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	N/A								\$		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	\$		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.

Ending: 06/30/20

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

IL478-2471

Ending: 06/30/20

()

IL478-2471

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	Acquisition of Facility	Varies	03/13/13	\$ 13,608,386	\$ 13,567,995	05/15/47	4.860%	\$ 610,582	1	
2	Amalgamated Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	5,526,038	6,079,905	05/01/47	4.860%	273,606	2	
3	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	622,606	705,717	05/01/47	Variable	31,758	3	
4	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	1,502,484	1,440,483	05/01/47	Variable	64,824	4	
5	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	3,012,421	3,347,000	05/01/47	2.830%	150,621	5	
	Working Capital												
6	Long Term Debt Continued											6	
7	Wintrust Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	2,191,566	2,403,285	05/01/47	Variable	108,152	7	
8												8	
9	TOTAL Facility Related						\$ 26,463,499	\$ 27,544,386			\$ 1,239,543	9	
	B. Non-Facility Related*												
10	Interest Income		X								(146)	10	
11												11	
12	Alloc. - Non-Allowable AL/IL										(954,660)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (954,806)	14	
15	TOTALS (line 9+line14)						\$ 26,463,499	\$ 27,544,386			\$ 284,737	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.)

** 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 (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
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.)			\$	1
3. Under or (over) accrual (line 2 minus line 1).			\$	2
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	3
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.)			\$	4
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.			\$	5
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:	2015		8	
	2016		9	
	2017		10	
	2018		11	
	2019		12	
<u>N/A - The Village at Victory Lakes is exempt from real estate taxes.</u>		13	FROM R. E. TAX STATEMENT FOR 2019 \$	13
		14	PLUS APPEAL COST FROM LINE 5 \$	14
		15	LESS REFUND FROM LINE 6 \$	15
		16	AMOUNT TO USE FOR RATE CALCULATION \$	16

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.

FACILITY NAME The Village at Victory Lakes COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048256

CONTACT PERSON REGARDING THIS REPORT Denise A. Leonard

TELEPHONE (216) 274-6514 FAX #: ()

Enter the tax index number and real estate tax assessed for 2019 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 2019.

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.

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 - 131,881 Square Feet (100 Units)

Independent Living - 59,410 Square Feet (40 Garden Home Duplex Units)

Assisted Living - 51,631 Square Feet (84 Units)

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:

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

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	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	204		2006	1998	\$ 8,522,869	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Various		2006		1,188					9
10	Various		2007		11,024					10
11	Various		2008		33,383					11
12	Various		2009		21,896					12
13	Various		2010		62,243					13
14	Various		2011		124,728					14
15	Various		2012		50,848					15
16	Various		2013		157,246					16
17	Controls - Campus (TC = \$33,787)		2014		7,762					17
18	Speakers - Chapel (TC = \$3,000)		2014		689					18
19	Accoustical Ceilings - Chapel (TC = \$36,000)		2014		8,271					19
20	Antenna and Satellite TV System - Campus (TC = \$11,000)		2014		2,527					20
21	Antenna and Satellite TV System - Campus (TC = \$12,245)		2014		2,813					21
22	Rubber Flooring - Exercise Room (TC = \$6,100)		2014		1,401					22
23	Hood Fire Supression - Kitchen (TC = \$6,000)		2014		1,378					23
24	Paving and Repairs - Parking Lot / Sidewalk (TC = \$267,620)		2014		53,901					24
25	Paving and Repairs - Parking Lot / Sidewalk (TC = \$267,620)		2015		7,581					25
26	Landscaping - Foundation, Patio, Painting, Garden, Fire Pit,									26
27	Terrace Fountain (TC = \$132,507)		2016		30,442					27
28	Phone System (Internet) = (TC = \$96,767)		2016		22,231					28
29	Gutters - Exterior Roof (TC = \$15,239)		2016		3,501					29
30	Sprinkler System (TC = \$81,975)		2016		18,833					30
31	Phone System (Internet) = (TC = \$27,695)		2017		6,363					31
32	Exhaust Ventilation - Kitchen (TC = \$13,012)		2017		13,012					32
33	Nurse Call System - Nursing Home (TC = \$261,735)		2016		261,735					33
34										34
35										35
36										36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

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	Renovation - 2nd Floor - Nursing Home (\$938,248)	2016	25,512					38
39	General Superintendent	2016	8,600					39
40	Performance Bond	2016	8,391					40
41	General Liability Insurance	2016	134,409					41
42	Carpentry	2016	75,840					42
43	Drywall	2016	57,779					43
44	Accoustical Ceilings	2016	115,061					44
45	Wood Flooring	2016	91,500					45
46	Wallcovering	2016	42,000					46
47	Fire Protection	2016	48,000					47
48	HVAC	2016	170,100					48
49	Electrical	2016	62,376					49
50	Overhead	2016	3,227					50
51	Architecture	2016	769					51
52	Design Fees	2016	48,356					52
53	Development Fee	2016	9,996					53
54	Advisory Services							54
55	Other (Wiring, Light Switches, Telephone Jack Rel.,	2016	36,332					55
56	Cabinet, Door Frame Guards, Cable System							56
57								57
58	Renovations - Resident Rooms, Dining Rooms, Chapel, Parking							58
59	Parking Lot, and Common Areas							59
60	Boiler (TC - \$351546.31)	2017	80,058					60
61	Building Controls (TC - \$10071.15)	2017						61
62	Cabinets (TC - \$39905.96)	2017	38,190					62
63	Ceiling (Accoustical) (TC - \$59870)	2017	59,870					63
64	Carpentry (TC - \$345013)	2017	345,013					64
65	Concrete Masonry (TC - \$2250)	2017	2,250					65
66	Cubicle Curtains (TC - \$1800)	2017	1,800					66
67	Drwall (TC - \$69250)	2017	69,250					67
68	Electrical (TC - \$24928)	2017	24,928					68
69	Flooring (TC - \$139643)	2017	139,643					69
70	TOTAL (lines 4 thru 69)		\$ 11,127,115	\$		\$	\$	70

**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:

07/01/19

Ending:

06/30/20

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		\$ 11,127,115	\$		\$	\$	\$	1
2									2
3	Renovations - Resident Rooms, Dining Rooms, Chapel, Parking								3
4	Parking Lot, and Common Areas (Continued)								4
5	Window Treatments (TC - \$3860)	2017							5
6	Countertops (TC - \$6000)	2017	6,000						6
7	Design (TC - \$36897.19)	2017	36,897						7
8	Doors (TC - \$8212)	2017	8,212						8
9	Electrical (TC - \$172277)	2017	172,277						9
10	Electrical Sign (TC - \$3465)	2017	796						10
11	Fire Protection (TC - \$27850)	2017	27,850						11
12	Flooring (TC - \$77017)	2017							12
13	Gutters (TC - \$12060)	2017							13
14	HVAC (TC - \$25230)	2017	25,230						14
15	Insurance (TC - \$1500)	2017	1,500						15
16	Paint (TC - \$45300)	2017	45,300						16
17	Parking Lot Asphalt (TC - \$120231)	2017	27,622						17
18	Plumbing Fixtures (TC - \$4135)	2017	4,135						18
19	Roof (TC - \$154310)	2017							19
20	Sidewalk Excavation (TC - \$27500)	2017	6,318						20
21	Signs (TC - \$7713.24)	2017	7,713						21
22	Thermostats (60) (TC - \$13002)	2017	2,987						22
23	Windows (TC - \$5890)	2017	5,890						23
24	Cabinets (TC - \$13992.52)	2018							24
25	Countertops (TC - \$13360)	2018	5,220						25
26	Doors (TC - \$35364.96)	2018	35,365						26
27	Flooring (TC - \$108640)	2018	14,196						27
28	HVAC (TC - \$11564.27)	2018							28
29	Signs (TC - \$780)	2018	780						29
30	Windows (TC - \$1321.16)	2018							30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,561,403	\$		\$	\$	\$	34

**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:

07/01/19

Ending:

06/30/20

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		\$ 11,561,403	\$		\$	\$	\$	1
2									2
3	Renovations - Resident Rooms, Dining Rooms, Chapel, Parking								3
4	Parking Lot, and Common Areas								4
5	Wallcovering (TC - \$1,146,210)	2019	1,146,210						5
6	Christian Brothers Ins (TC - \$2,800)	2019	2,800						6
7	Insulation (TC - \$5,250)	2019	1,571						7
8	Soffit - IL/AL (TC - \$73,800)	2019							8
9	Soffit - IL/AL (TC - \$49,200)	2018							9
10	Garden Homes - Roofing (TC - \$205,411)	2019							10
11	Landscape (TC - \$25,875)	2018	7,741						11
12	Cabinets - IL/AL (TC - \$14,110)	2019							12
13	Cabinets - IL (TC - \$3,105)	2018							13
14	Cabinets (TC - \$4,631)	2018	1,385						14
15	Loberg Floors - IL/AL (TC - \$50,075)	2019							15
16	Loberg Floors - IL/AL/CH (TC - \$38,879)	2018							16
17	Loberg Floors (TC - \$24,426)	2018	7,307						17
18	Loberg Floors (TC - \$1,700)	2019	509						18
19	Office Countertop (TC - \$1,850)	2018	553						19
20	Toliets (TC - \$23,862)	2019	23,862						20
21	HVAC (TC - \$70,330)	2019	70,330						21
22	HVAC Main Office (TC - \$58,394)	2019	17,469						22
23	Electric (TC - \$139,498)	2019	139,498						23
24	Piping (TC - \$101,741)	2019	101,741						24
25	Counters (TC - \$12,195)	2019	12,195						25
26	Counters - Plant (TC - \$1,985)	2019	594						26
27	Counters - IL (TC - \$14,000)	2019							27
28	Counters - IL/CH (TC - \$5,000)	2018							28
29	Doors (TC - \$16,930)	2018	5,065						29
30	KellyGreen Design (TC - \$18,400)	2019							30
31	KellyGreen Design (TC - \$19,120)	2018							31
32	Decking - CH (TC - \$43,105)	2019							32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,100,233	\$		\$	\$	\$	34

**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:

07/01/19

Ending:

06/30/20

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		\$ 13,100,233	\$		\$	\$	\$	1
2									2
3	Renovations - Resident Rooms, Dining Rooms, Chapel, Parking								3
4	Parking Lot, and Common Areas (Continued)								4
5	Outlets (TC - \$6,465)	2019	1,934						5
6	Fire Alarm (TC - \$21,530)	2019	6,441						6
7	Stairway Railings (TC - \$46,200)	2019	13,821						7
8	Capitalized Hours (TC - \$9,600)	2019	2,872						8
9	Control Panel (TC - \$8,322)	2018							9
10	Amazon Renovation (TC - \$1,398)	2019	418						10
11	Renovation (TC - \$79,526)	2019	79,526						11
12	Sinks (TC - \$9,108)	2019	9,108						12
13	Fire Alarm (TC - \$73,151)	2019	73,151						13
14	Signage (TC - \$6,116)	2019	6,116						14
15	Cabinets (TC - \$5,400)	2019	5,400						15
16	Carpet (TC - \$6,230)	2019	6,230						16
17	Ceiling (TC - \$28,882)	2019	28,882						17
18	Doors (TC - \$17,640)	2019	17,640						18
19	Windows (TC - \$12,440)	2019	12,440						19
20	Ceramic Tile (TC - \$45,238)	2019	45,238						20
21									21
22									22
23	Current Fiscal Year Additions: 2019 - 2020								23
24									24
25	Direct Supply - Steamer (TC - \$7,563)	2019	1,738						25
26	Elite Door Service - Doors (TC - \$5,635)	2020	1,295						26
27	Midwest Mechanical (TC - \$9,672)	2020	2,222						27
28	Water Heater (TC - \$8,050)	2020	1,849						28
29	Krause Electrical Work (TC - \$7,133)	2020	1,639						29
30	Krause Electrical Work (TC - \$7,133)	2020	1,639						30
31	Loberg Construction (TC - 8,394)	2020	1,929						31
32	RMC INC - Boiler (TC - \$58,900)	2020	13,532						32
33	International Flooring - Vinyl Flooring (TC - \$2,661)	2020	611						33
34	TOTAL (lines 1 thru 33)		\$ 13,435,903	\$		\$	\$	\$	34

**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		\$ 13,435,903	\$		\$	\$	\$	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									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Depreciation			461,323		461,323		4,517,115	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,435,903	\$ 461,323		\$ 461,323	\$	\$ 4,517,115	34

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

Description	Acquisition Date	Cost	Class	Method	Capitalized		Expensed	
					Nursing Home	Other	Nursing Home	Other
Mark Seigle - Custom Cabinet	7/10/2019	2,405	LUMP	Direct				2,405
Seigle's Cabinets	7/19/2019	2,579	LUMP	Direct		2,579		
Seigle's Cabinets	7/23/2019	2,579	LUMP	Direct		2,579		
Seigle's Cabinets	7/15/2019	2,888	LUMP	Direct		2,888		
Northwest Lamination - Countertop	7/18/2019	1,800	LUMP	Direct				1,800
International Flooring - Carpet Install	8/13/2019	1,440	LUMP	Direct				1,440
International Flooring - Carpet Install	8/21/2019	2,190	LUMP	Direct				2,190
International Flooring - Carpet Install	8/21/2019	2,785	LUMP	Direct		2,785		
Northwest Lamination - Counter Tops	8/6/2019	1,800	LUMP	Direct				1,800
Northwest Lamination - Counter Tops	8/6/2019	1,800	LUMP	Direct				1,800
International Flooring - Vinyl Plank	7/9/2019	6,048	LUMP	Direct		6,048		
Seigle's Cabinets	8/23/2019	2,894	LUMP	Direct		2,894		
Seigle's Cabinets	8/28/2019	2,802	LUMP	Direct		2,802		
GroupCL LLC- Garden Home Roofs	9/3/2019	102,153	LUMP	Indirect		102,153		
Northwest Lamination - Counter Tops	9/8/2019	1,800	LUMP	Direct				1,800
Northwest Lamination - Counter Tops	9/8/2019	1,800	LUMP	Direct				1,800
International Flooring - Carpet Install	9/13/2019	1,750	LUMP	Direct				1,750
International Flooring - Carpet Install	9/13/2019	2,840	LUMP	Direct		2,840		
International Flooring - Carpet Install	9/13/2019	5,865	LUMP	Direct		5,865		
Seigle's Cabinets	9/11/2019	2,428	LUMP	Direct				2,428
Capital Hours	7/31/2019	9,600	LUMP	Direct		9,600		
Capital Hours	8/31/2019	8,880	LUMP	Direct		8,880		
Capital Hours	9/30/2019	9,120	LUMP	Direct		9,120		
GroupCL LLC- Unit Turnovers	10/14/2019	16,695	LUMP	Direct		16,695		
Seigle's Cabinets	10/21/2019	942	LUMP	Direct				942
Seigle's Cabinets	9/28/2019	2,398	LUMP	Direct				2,398
Seigle's Cabinets	10/21/2019	1,979	LUMP	Direct				1,979
Northwest Lamination - Counter Tops	10/17/2019	1,800	LUMP	Direct				1,800
Northwest Lamination - Counter Tops	10/17/2019	1,800	LUMP	Direct				1,800
Northwest Lamination - Counter Tops	9/24/2019	1,800	LUMP	Direct				1,800
Northwest Lamination - Counter Tops	10/17/2019	2,000	LUMP	Direct				2,000
International Flooring - Carpet Install	9/25/2019	1,455	LUMP	Direct				1,455
International Flooring - Carpet Install	9/25/2019	1,455	LUMP	Direct				1,455
International Flooring - Vinyl Plank	10/2/2019	6,198	LUMP	Direct		6,198		
International Flooring - Carpet Install	10/11/2019	2,840	LUMP	Direct		2,840		
International Flooring - Carpet Install	10/11/2019	2,840	LUMP	Direct		2,840		
Capital Hours	10/31/2019	7,080	LUMP	Direct		7,080		
Capital Hours	11/30/2019	4,260	LUMP	Direct		4,260		
Capital Hours	12/31/2019	6,180	LUMP	Direct		6,180		
Home Depot - Unit Turnovers	12/31/2019	2,828	LUMP	Direct		2,828		
Northwest Lamination - Counter Tops	10/20/2019	1,800	LUMP	Direct				1,800
International Flooring - Vinyl Plank	10/31/2019	2,785	LUMP	Direct		2,785		
International Flooring - Vinyl Plank	7/16/2019	3,315	LUMP	Direct		3,315		
International Flooring - Vinyl Plank	7/16/2019	3,315	LUMP	Direct		3,315		
International Flooring - Vinyl Plank	10/31/2019	3,528	LUMP	Direct		3,528		
International Flooring - Vinyl Plank	8/14/2019	5,614	LUMP	Direct		5,614		
Seigle's Cabinets	11/27/2019	2,398	LUMP	Direct				2,398
Northwest Lamination - Counter Tops	12/12/2019	1,800	LUMP	Direct				1,800
Capital Hours	1/31/2020	6,390	LUMP	Direct		6,390		
Direct Supply - Steamer	12/23/2019	7,563	LUMP	Indirect	1,738	5,825		
Elite Door Service - Doors	1/12/2020	5,635	LUMP	Indirect	1,295	4,340		
International Flooring - Carpet	12/27/2019	1,455	LUMP	Direct				1,455
International Flooring - Vinyl Plank	12/27/2019	3,370	LUMP	Direct		3,370		
Northwest Lamination - Counter Tops	1/14/2020	1,800	LUMP	Direct				1,800
Seigle's Cabinets	12/20/2019	1,979	LUMP	Direct				1,979
Seigle's Cabinets	12/20/2019	1,979	LUMP	Direct				1,979
Seigle's Cabinets	2/5/2020	2,499	LUMP	Direct				2,499
Seigle's Cabinets	2/19/2020	2,343	LUMP	Direct				2,343
Northwest Lamination - Counter Tops	2/14/2020	1,800	LUMP	Direct				1,800
Northwest Lamination - Counter Tops	1/23/2020	1,800	LUMP	Direct				1,800
Midwest Mechanical	2/17/2020	9,672	LUMP	Indirect	2,222	7,450		
International Flooring - Vinyl Plank	1/27/2020	3,315	LUMP	Direct		3,315		
Northwest Lamination - Carpet Install	1/27/2020	2,360	LUMP	Direct				2,360
Capital Hours	2/29/2020	8,820	LUMP	Direct		8,820		
Water Heater	8/29/2019	8,050	LUMP	Indirect	1,849	6,201		
Krause Electrical Work	2/1/2020	7,133	LUMP	Indirect	1,639	5,494		
Krause Electrical Work	3/1/2020	7,133	LUMP	Indirect	1,639	5,494		
Capital Hours	3/31/2020	9,570	LUMP	Direct		9,570		
Loberg Construction	3/1/2020	8,394	LUMP	Indirect	1,928	6,466		
Seigle's Cabinets	3/24/2020	1,982	LUMP	Direct				1,982
Midwest Mechanical	2/24/2020	10,001	LUMP	Direct		10,001		
Northwest Lamination - Countertops	3/3/2020	1,800	LUMP	Direct				1,800
Northwest Lamination	4/6/2020	1,800	LUMP	Direct				1,800
International Flooring - Vinyl Plank	2/21/2020	2,775	LUMP	Direct		2,775		
International Flooring - Vinyl Plank	3/8/2020	2,775	LUMP	Direct		2,775		
International Flooring - Carpet Install	11/11/2019	2,830	LUMP	Direct		2,830		
International Flooring - Carpet	3/8/2020	2,840	LUMP	Direct		2,840		
International Flooring - Vinyl Plank	2/21/2020	2,975	LUMP	Direct		2,975		
International Flooring - Carpet Install	3/30/2020	3,315	LUMP	Direct		3,315		
International Flooring - Carpet	11/11/2019	3,380	LUMP	Direct		3,380		
RMC INC - Boiler	5/11/2020	58,900	LUMP	Indirect	13,532	45,368		
International Flooring - Carpet Install	6/1/2020	2,271	LUMP	Direct				2,271
Amazon- Unit Turnover	6/30/2020	603	LUMP	Direct				603
Capital Hours	6/30/2020	4,620	LUMP	Direct		4,620		
Seigle's Cabinets	6/22/2020	1,585	LUMP	Direct				1,585
Seigle's Cabinets	6/1/2020	1,877	LUMP	Direct				1,877
Northwest Lamination - Counter Tops	6/12/2020	1,200	LUMP	Direct				1,200
Northwest Lamination - Counter Tops	6/12/2020	1,800	LUMP	Direct				1,800
International Flooring - Carpet Install	2/21/2020	2,405	LUMP	Direct				2,405
International Flooring - Vinyl Plank	2/21/2020	3,315	LUMP	Direct		3,315		
Waukegan Gurnee Glass	6/16/2020	983	LUMP	Direct				983
Waukegan Gurnee Glass	6/16/2020	225	LUMP	Direct				225
International Flooring - Vinyl Flooring	6/17/2020	2,661	LUMP	Indirect	611	2,050		
		491,330			26,452	387,491	-	77,387

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	\$ 1,409,520	\$	\$	\$		\$	71
72	Current Year Purchases	65,959						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,475,479	\$	\$	\$		\$	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	Faciliy	Bus (TC = \$57,744)	2014	\$ 13,266	\$	\$	\$		\$
77	Faciliy	Bus (TC = \$31,550)	2015	7,248					
78	Faciliy	Truck (TC = \$47,705)	2017	10,960					
79	Faciliy	Van (TC = \$34,246)	2018	34,246					
80	TOTALS			\$ 65,720	\$	\$	\$		\$

E. Summary of Care-Related Assets					1	2
		Reference			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)			\$	15,715,444
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	461,323
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	461,323
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	4,517,115

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	Non-Care Assets - PY Total	\$ 25,278,407	\$	\$
87	Non-Care Assets - CY LIMP Add.	387,491		
88	Non-Care Assets - CY EQIP Add.	47,164		
89	Non-Care Assets - CY AUTO Add.			
90	Depreciation		1,567,258	15,346,048
91	TOTALS	\$ 25,713,062	\$ 1,567,258	\$ 15,346,048

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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.

Page 13 Supp 1 - CY Equipment, Funiture and Vehicle Additions

Description	Acquisition Date	Cost	Class	Method	Capitalized		Expensed	
					Nursing Home	Other	Nursing Home	Other
Direct Supply - Microwave	7/15/2019	317	Equip	Direct				317
Direct Supply - Ice Maker	7/15/2019	899	Equip	Indirect			207	692
Providence Management & Development	7/1/2019	1,310	Equip	Direct			1,310	
Direct Supply - Washer	7/25/2019	807	Equip	Direct				807
Direct Supply - Dryer	7/25/2019	546	Equip	Direct				546
Direct Supply - Gas Stove	7/25/2019	606	Equip	Direct				606
Direct Supply - Refrigerator	7/25/2019	899	Equip	Direct				899
Direct Supply - Dishwasher	7/25/2019	458	Equip	Direct				458
Direct Supply - Microwave	7/25/2019	232	Equip	Direct				232
Direct Supply - Electric Stove	7/31/2019	631	Equip	Direct				631
Direct Supply - Microwave	7/31/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	7/31/2019	899	Equip	Direct				899
Direct Supply - Electric Floor Machine	8/9/2019	10,029	Equip	Indirect	2,304	7,725		
Direct Supply - Medical Equipment	7/1/2019	14,371	Equip	Direct	14,371			
ProviNet - Computers	7/31/2019	9,363	Equip	Direct	9,363			
Direct Supply - Electric Stove	8/27/2019	631	Equip	Direct				631
Direct Supply - Microwave	8/27/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	8/27/2019	879	Equip	Direct				879
Midwest Healthcare - Medical Equipment	8/15/2019	12,299	Equip	Direct	12,299	-		
Direct Supply - Medical Equipment	9/19/2019	5,868	Equip	Direct	5,868	-		
Direct Supply - Washer	10/4/2019	787	Equip	Direct				787
Direct Supply - Dryer	10/4/2019	1,092	Equip	Direct				1,092
Direct Supply - Electric Stove	7/31/2019	631	Equip	Direct				631
Direct Supply - Microwave	7/31/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	7/31/2019	899	Equip	Direct				899
Direct Supply - Electric Stove	9/17/2019	631	Equip	Direct				631
Direct Supply - Microwave	9/17/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	9/17/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	9/17/2019	631	Equip	Direct				631
Direct Supply - Microwave	9/17/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	9/17/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	9/23/2019	631	Equip	Direct				631
Direct Supply - Microwave	9/23/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	9/23/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	10/3/2019	631	Equip	Direct				631
Direct Supply - Microwave	10/3/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	10/3/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	10/16/2019	631	Equip	Direct				631
Direct Supply - Microwave	10/16/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	10/16/2019	879	Equip	Direct				879
Direct Supply - Microwave	10/29/2019	317	Equip	Direct				317
Direct Supply - Gas Stove	10/29/2019	606	Equip	Direct				606
Direct Supply - Refrigerator	10/29/2019	879	Equip	Direct				879
Direct Supply - Dishwasher	10/29/2019	458	Equip	Direct				458
Direct Supply - Electric Stove	10/28/2019	631	Equip	Direct				631
Direct Supply - Microwave	10/28/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	10/28/2019	879	Equip	Direct				879
Direct Supply - Washer	10/30/2019	797	Equip	Direct				797
Direct Supply - Dryer	10/30/2019	556	Equip	Direct				556
Direct Supply - Electric Stove	1/29/2020	647	Equip	Direct				647
Direct Supply - Microwave	1/29/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	1/29/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	12/10/2019	631	Equip	Direct				631
Direct Supply - Microwave	12/10/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	12/10/2019	896	Equip	Direct				896
Direct Supply - Dishwasher	12/10/2019	533	Equip	Direct				533
Direct Supply - Beds	12/19/2019	9,992	Equip	Direct	9,992	-		
Direct Supply - Equipment	10/22/2019	8,133	Equip	Indirect	1,868	6,264		
Direct Supply - Electric Stove	1/23/2020	647	Equip	Direct				647
Direct Supply - Microwave	1/23/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	1/23/2020	915	Equip	Direct				915
Direct Supply - Equipment	2/5/2020	24,398	Equip	Indirect	5,605	18,793		
Direct Supply - Electric Stove	2/12/2020	647	Equip	Direct				647
Direct Supply - Microwave	2/12/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	2/12/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	3/25/2020	647	Equip	Direct				647
Direct Supply - Microwave	3/25/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	3/25/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	3/20/2020	647	Equip	Direct				647
Direct Supply - Microwave	3/20/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	3/20/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	2/28/2020	647	Equip	Direct				647
Direct Supply - Microwave	2/28/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	2/28/2020	898	Equip	Direct				898
Direct Supply - Dishwasher	2/28/2020	545	Equip	Direct				545
Direct Supply - Hot Food Cabinet	3/25/2020	3389	Equip	Indirect	779	2,610		
Direct Supply - Microwave	6/17/2020	326	Equip	Direct				326
Direct Supply - Ice Maker	6/17/2020	898	Equip	Direct				898
Tablets	6/30/2020	7,650	Equip	Indirect	1,757	5,893		
Food Warmer	6/30/2020	432	Equip	Indirect			99	333
Dining Services Equipment	6/30/2020	7,632	Equip	Indirect	1,753	5,878		
		156,992			65,959	47,164	1,616	42,253

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. ☐ YES ☒ NO

		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		See Supplemental			0			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: \$ 20,697 Description: See Supplemental
(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

* 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.

Description		Amount		Total
Building Rental				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Building Rent		267		267
				-
Alloc. - Non-Allowable AL / IL		-		-
				-
Rental Income Offset		(267)		(267)
				-
				-
				-
				-
				-
				-
				-
Total		-	-	
Equipment Rental				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Equipment Rent		3,631		3,631
				-
Equipment Rental		33,978		33,978
Equipment Lease		32,473		32,473
				-
Alloc. - Non-Allowable AL / IL		(49,385)		(49,385)
				-
				-
				-
				-
				-
				-
Total		20,697	20,697	

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

ALLOCATION OF COSTS (d)

		1	2	3	4
		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)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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.

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

12345678											
	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	V10A	0.00	hrs	\$ 0	6,822	\$ 416,005	\$ 0	6,822	\$ 416,005	1
2	Licensed Speech and Language Development Therapist	V10A	0.00	hrs	0	1,589	95,702	0	1,589	95,702	2
3	Licensed Recreational Therapist	V10A	0.00	hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00	hrs	0	12,282	654,527	0	12,282	654,527	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation	V39	#####	hrs	60,411	0	0	29,211	3,575	89,622	8
9	Pharmacy	V39	0.00	# of prescrpts	0	0	0	702,216		702,216	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): LAB/RADIOLOGY	V39	0.00		0	0	0	113,627		113,627	12
13	Other (specify): BILLABLE SUPPLIES	V39	0.00		0	0	0	6,884		6,884	13
14	TOTAL				\$ 60,411	20,693	\$ 1,166,234	\$ 851,938	24,268	\$ 2,078,583	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.

The Village at Victory Lakes
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Page 16 Supplemental Schedule

[illegible]

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 22,283	\$	1
2	Cash-Patient Deposits	1,823		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,446,208		3
4	Supply Inventory (priced at)	8,948		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	119,360		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	70,412		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,669,034	\$	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	36,305,847		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,285,382		16
17	Accumulated Depreciation (book methods)	(19,863,163)		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 (spe See Attached	49,159		22
23	Other(specify): See Attached	25,929		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 29,588,154	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 31,257,188	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,577,709	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	24,335,437		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	763,550		30
31	Accrued Taxes Payable (excluding real estate taxes)	69,783		31
32	Accrued Real Estate Taxes(Sch.IX-B)	323,031		32
33	Accrued Interest Payable			33
34	Deferred Compensation	4,396		34
35	Federal and State Income Taxes	8,195		35
	Other Current Liabilities(specify):			
36	See Attached			36
37	P/R Withholding / Accrued Audit	396,917		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 27,479,018	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached	61,061		43
44	See Attached			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 61,061	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 27,540,079	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,717,109	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 31,257,188	\$	48

*(See instructions.)

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Description		Operating		Building		Total
Line 9 - Other Current Assets						
Inventories - Dietary		6,202				6,202
Inventories - Gift Shop				-		
Inventories - Housekeeping		11,347		11,347		
Inventories - Laundry and Linen		24,397		24,397		
Inventories - Maintenance		28,466		28,466		
Sub-Total		70,412		-		70,412
Line 23 - Long Term Assets						
Cost Settlements- Medicare		25,929				25,929
				-		
				-		
				-		
				-		
Sub-Total		25,929		-		25,929
Line 37 - Other Current Liability						
P/R Withholding - W/C		393,637				393,637
Accrued audit		1,802		1,802		
Child Support		1,479		1,479		
Entrance fee clearing - ALU		(1)		(1)		
				-		
Sub-Total		396,917		-		396,917
Line 43 - Long term Liabilities						
Other LT Liabilities		61,061				61,061
				-		
				-		
				-		
				-		
Sub-Total		61,061		-		61,061

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,300,983	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,300,983	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(865,572)	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)	\$ (865,572)	17
	B. Transfers (Itemize):		
18	ILU net asset activity for the year	(1,718,302)	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (1,718,302)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,717,109	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning: 07/01/19

Ending: 06/30/20

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	\$ 11,853,588	1
2	Discounts and Allowances for all Levels	(2,133,322)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,720,266	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,474,578	6
7	Oxygen	4,082	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 2,478,660	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	(44)	12
13	Barber and Beauty Care	15,311	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	20	15
16	Rental of Facility Space	22,000	16
17	Sale of Drugs	669,971	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	78,559	19
20	Radiology and X-Ray	22,895	20
21	Other Medical Services	609,309	21
22	Laundry	12,576	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,430,597	23
	D. Non-Operating Revenue		
24	Contributions	1,000	24
25	Interest and Other Investment Income***	146	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,146	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>AL/IL</u>	9,332,012	28
28a	<u>Misc Revenue</u>	413,176	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,745,188	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 23,375,857	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	5,345,464	31
32	Health Care	5,173,485	32
33	General Administration	6,912,759	33
	B. Capital Expense		
34	Ownership	4,022,188	34
	C. Ancillary Expense		
35	Special Cost Centers	2,582,450	35
36	Provider Participation Fee	205,083	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 24,241,429	40
41	Income before Income Taxes (line 30 minus line 40)**	(865,572)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (865,572)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,035,876	44
45	Private Pay - Net Inpatient Revenue	5,195,657	45
46	Medicare - Net Inpatient Revenue	5,750,463	46
47	Other-(specify) <u>ALL OTHER SNF/SCF IP REVENUE</u>	1,216,857	47
48	Other-(specify) <u>C/A ANCILLARY ACCOUNTS</u>	(3,478,587)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,720,266	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.

PG 19 Line 28A Detail

MCD ACT	CLIENT_ACT	DESC	BALANCE
5400.00	4300-43009-00	Miscellaneous revenue	5,493.00
5400.00	4600-46002-00	Dividend Income - IP	115.00
5400.00	4600-46003-00	Realized Gains - IP	(18.00)
5530.00	4300-43015-00	Rebates & Refunds	1,333.00
5640.00	4600-46031-00	Gain/loss on disposal of asset	61,000.00
5670.00	4300-43150-00	Earned Grant Revenue	294,247.00
5750.20	4000-40001-00	Dept revenue - Dining services	(7,078.00)
5750.20	4300-43001-00	Cafeteria (employee meals)	26,130.00
5750.20	4300-43005-00	Deli/snack shop	29,669.00
5750.90	4000-40004-00	Dept revenue - Life Enrichment	2,800.00
5650.00	4700-47002-00	Unrealized gains - investments	(515.00)
Total			413,176.00

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	1,904	2,080	\$ 108,113	\$ 51.98	1
2	Assistant Director of Nursing	0	0	0		2
3	Registered Nurses	22,593	24,900	879,088	35.30	3
4	Licensed Practical Nurses	17,732	19,823	579,347	29.23	4
5	CNAs & Orderlies	68,796	75,472	1,350,459	17.89	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	2,993	3,575	60,411	16.90	8
9	Activity Director	1,856	2,080	52,584	25.28	9
10	Activity Assistants	4,634	4,932	65,294	13.24	10
11	Social Service Workers	4,901	5,349	164,221	30.70	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	0	0	0		13
14	Head Cook	4,609	5,608	90,372	16.11	14
15	Cook Helpers/Assistants	18,776	22,011	312,585	14.20	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	19,014	20,963	515,542	24.59	17
18	Housekeepers	34,993	39,104	522,127	13.35	18
19	Laundry	0	0	0		19
20	Administrator	3,682	4,162	317,197	76.21	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	32,783	36,181	1,165,042	32.20	22
23	Office Manager	1,888	2,088	55,545	26.60	23
24	Clerical	14,163	15,300	228,939	14.96	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	2,011	2,198	45,628	20.76	31
32	Other Health Care(specify)	3,156	3,456	59,107	17.10	32
33	Other(specify) See Supplemental	71,945	82,555	1,870,360	22.66	33
34	TOTAL (lines 1 - 33)	332,429	371,837	\$ 8,441,961 *	\$ 22.70	34

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

** See instructions.

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	0	\$ 0		35
36	Medical Director	0	24,000	09 - 03	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	0	22,524	10 - 03	38
39	Pharmacist Consultant	0	1,350	10 - 03	39
40	Physical Therapy Consultant	0	0	10a - 03	40
41	Occupational Therapy Consultant	0	0	10a - 03	41
42	Respiratory Therapy Consultant	0	0	10a - 03	42
43	Speech Therapy Consultant	0	0	10a - 03	43
44	Activity Consultant	0	975	11 - 03	44
45	Social Service Consultant	0	2,293	12 - 03	45
46	Other(specify) See Supplemental	0	532,487	Various	46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		\$ 583,629		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	4,160	\$ 179,869	V10-3	50
51	Licensed Practical Nurses			V10-3	51
52	Certified Nurse Assistants/Aides	3,078	98,503	V10-3	52
53	TOTAL (lines 50 - 52)	7,238	\$ 278,372		53

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Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Other Staffing							
Marketing and Advertising	43	3,574	3,971	174,736	44.00		
Barber and Beauty	43	3,966	4,551	73,941	16.25		
Gift Shop Salary	43				-		
Development	43	3,635	4,011	126,592	31.56		
Assisted Living	43	48,617	56,568	1,260,621	22.29		
Independent Living	43	12,153	13,454	234,470	17.43		
Total		71,945	82,555	1,870,360	22.66		
Other Contract Services							
Dietary Management	01						141,427
Dietary Labor	01						380,335
Priest	12						7,750
Organists	12						2,975
Total						-	532,487

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description		Amount	Description	Amount	
Calvin Issacson	Executive Director	0	\$ 191,712	Workers' Compensation Insurance		\$ 253,820	IDPH License Fee	\$ 5,928	
Jean Heid-Grubman	Administrator	0	125,485	Unemployment Compensation Insurance		8,879	Advertising: Employee Recruitment	33,885	
				FICA Taxes		615,647	Health Care Worker Background Check		
				Employee Health Insurance		885,551	(Indicate # of checks performed _____)		
				Employee Meals			Patient Background Checks	4,260	
				Illinois Municipal Retirement Fund (IMRF)*			Dues & Subscriptions	45,848	
				Disability Insurance		25,109			
				Life Insurance		9,345			
				Retirement Benefits		175,889	Alloc. - FSCSC (See Page 6A Alloc.)	9,478	
				Other Benefits		181,189	Alloc. - Non Allowable AL / IL (See Page 5A)	(54,525)	
							Less: Public Relations Expense	()	
							Non-allowable advertising	()	
							Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,		\$ 2,155,429	TOTAL (agree to Sch. V,		
(List each licensed administrator separately.)			\$ 317,197	line 22, col.8)			line 20, col. 8)		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Franciscan Sisters of Chicago Service Corp.			\$ 1,489,872				Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,489,872						
(Attach a copy of any management service agreement)									
C. Professional Services									
Vendor/Payee	Type		Amount						
Plante Moran	Audit/Cost Report		\$ 18,839				Seminar Expense	4,086	
Probusiness/ Ultipro	Payroll Processing		45,574				Alloc. - FSCSC (See Page 6A Alloc.)	11,664	
Markoff Law LLc	Collection-Attrny		5,351				Alloc. - Non Allowable AL / IL (See Page 5A)	(11,099)	
Kopon Airdo, LLC	Legal		3,654						
Sosin,Arnold & Schoenbeck, LTD	Legal		2,593						
Polsinelli Shughart, PC	Legal		2,090						
Consulting	Other		11,962				Entertainment Expense	()	
Consulting	Financial		5,768				(agree to Sch. V,		
Clinical Software	Maintenance		1,409				line 24, col. 8)		
Financial Software	Maintenance		7,371				TOTAL	\$ 4,651	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL					
(For legal fee disclosure, see page 39 of instructions)			\$ 104,611						

*** Attach copy of IMRF notifications**

****See instructions.**

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?
If YES, give association name and amount. Leading Age, \$20,834
- (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? N/A
- (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?
What was the average life used for new equipment added during this period? Yes
5 - 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,452 Line 10 - 02
- (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. \$ 205,083
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? Yes - See Pg. 11 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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 48,721
- (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? Ln 14
- d. Have vehicle usage logs been maintained? Yes
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
- g. Does the facility transport residents to and from day training? No
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: Plante & Moran, PLLC (Consolidated Basis)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Alloc. Basis
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.