

Facility Name & ID Number The Village at Victory Lakes

0048256 Report Period Beginning: 07/01/12 Ending: 06/30/13

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	120	Skilled (SNF)	120	43,800	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	120	TOTALS	120	43,800	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	6,254	14,203	17,597	38,054	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,254	14,203	17,597	38,054	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.88%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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 07/01/2006

J. Was the facility purchased or leased after January 1, 1978?

YES Date 07/01/2006 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 16,677

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/2013 Fiscal Year: 06/30/2013

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

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	521,963	78,889	236,877	837,729		837,729	837,729		1	
2	Food Purchase		493,401		493,401		493,401	(12,041)	481,360	2	
3	Housekeeping	364,760	37,555	302	402,617		402,617	(10,936)	391,681	3	
4	Laundry	80,532	5,077	648	86,257		86,257		86,257	4	
5	Heat and Other Utilities			125,620	125,620		125,620	(43,032)	82,588	5	
6	Maintenance	118,002	32,071	129,402	279,475		279,475	67,905	347,380	6	
7	Other (specify):*									7	
8	TOTAL General Services	1,085,257	646,993	492,849	2,225,099		2,225,099	1,896	2,226,995	8	
	B. Health Care and Programs										
9	Medical Director			10,200	10,200		10,200		10,200	9	
10	Nursing and Medical Records	3,598,846	138,577	13,482	3,750,905		3,750,905	(707)	3,750,198	10	
10a	Therapy	52,345	7,405	59,731	119,481		119,481	(57,701)	61,780	10a	
11	Activities	127,282	13,703	1,479	142,464		142,464		142,464	11	
12	Social Services	233,595	2,386	1,863	237,844		237,844		237,844	12	
13	CNA Training									13	
14	Program Transportation									14	
15	Other (specify):*									15	
16	TOTAL Health Care and Programs	4,012,068	162,071	86,755	4,260,894		4,260,894	(58,408)	4,202,486	16	
	C. General Administration										
17	Administrative	176,273		898,553	1,074,826		1,074,826	(30,676)	1,044,150	17	
18	Directors Fees									18	
19	Professional Services			70,569	70,569		70,569		70,569	19	
20	Dues, Fees, Subscriptions & Promotions			95,727	95,727		95,727	(14,694)	81,033	20	
21	Clerical & General Office Expenses	401,063	18,182	537,671	956,916		956,916	(728,980)	227,936	21	
22	Employee Benefits & Payroll Taxes			2,130,219	2,130,219		2,130,219		2,130,219	22	
23	Inservice Training & Education									23	
24	Travel and Seminar			4,355	4,355		4,355		4,355	24	
25	Other Admin. Staff Transportation			8,595	8,595		8,595		8,595	25	
26	Insurance-Prop.Liab.Malpractice			32,672	32,672		32,672		32,672	26	
27	Other (specify):*									27	
28	TOTAL General Administration	577,336	18,182	3,778,361	4,373,879		4,373,879	(774,349)	3,599,530	28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,674,661	827,246	4,357,965	10,859,872		10,859,872	(830,862)	10,029,010	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.

Facility Name & ID Number The Village at Victory Lakes

#0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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			1,296,172	1,296,172		1,296,172	(1,019,708)	276,464			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			154,759	154,759		154,759	(15,400)	139,359			32
33	Real Estate Taxes			538,819	538,819		538,819	(538,819)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			22,825	22,825		22,825		22,825			35
36	Other (specify):*			76,365	76,365		76,365	(39,145)	37,220			36
37	TOTAL Ownership			2,088,940	2,088,940		2,088,940	(1,613,072)	475,868			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,135,665	1,460,832	2,596,497		2,596,497		2,596,497			39
40	Barber and Beauty Shops	40,900			40,900		40,900		40,900			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			196,812	196,812		196,812		196,812			42
43	Other (specify):*	1,894,026	440,616	2,571,746	4,906,388		4,906,388	(4,906,388)	0			43
44	TOTAL Special Cost Centers	1,934,926	1,576,281	4,229,390	7,740,597		7,740,597	(4,906,388)	2,834,209			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,609,587	2,403,527	10,676,295	20,689,409		20,689,409	(7,350,322)	13,339,087			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

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning: 07/01/12

Ending: 06/30/13

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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(11,667)	02		4
5	Telephone, TV & Radio in Resident Rooms	(43,032)	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	(21,318)	30		9
10	Interest and Other Investment Income	(15,400)	32		10
11	Discounts, Allowances, Rebates & Refunds				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	(13,958)	20		18
19	Entertainment	(601)	20		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	(293,894)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,808)	43		28
29	Other-Attach Schedule	(6,902,589)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (7,305,267)		\$	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	2	
		Amount	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)	(45,055)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (45,055)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (7,350,322)		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	2	3	4
		Yes	No	Amount	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

SEE ACCOUNTANTS' COMPILATION REPORT

The Village at Victory Lakes

Report Period Beginning: 07/01/12
 Ending: 06/30/13

ID# 0048256

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Transportation Income	\$ (2,837)	21	1
2	Telephone Income	(4,931)	21	2
3	Late Fees	(5,775)	21	3
4	Maintenance Income	(3,070)	06	4
5	Housekeeping Income	(10,936)	03	5
6	Miscellaneous Revenue	(528)	21	6
7	Rebates & Refunds	(3,249)	21	7
8	Rental Income	(3,718)	21	8
9	Realized Loss	(9,289)	36	9
10	Investment Manager Fees	(2,488)	21	10
11	Loss on Disposal of Assets	(1,428)	36	11
12	Claims - Patient Loss Replacement	(941)	21	12
13	ALU Salaries	(703,627)	43	13
14	ALU Supplies	(27,954)	43	14
15	ALU Other	(19,340)	43	15
16	ILU Salaries	(59,085)	43	16
17	ILU Supplies	(10,938)	43	17
18	ILU Other	(7,593)	43	18
19	Beverages - alcohol	(374)	02	19
20	Employee Gifts	(135)	20	20
21	Remarketing Fees	(6,169)	21	21
22	Bond Draw Fees	(4,200)	21	22
23	Rating Agency	(3,500)	21	23
24	Letter of Credit Fees	(396,715)	21	24
25	Bank Fees	(35)	21	25
26	Marketing Salaries	(205,000)	43	26
27	Marketing Supplies	(522)	43	27
28	Marketing Other	(234,293)	43	28
29	Amortization of Deferred Marketing Costs	(28,427)	36	29
30	Real Estate Taxes	(538,819)	33	30
31	Additional R&M	75,180	06	31
32	ALU/ILU Salaries Allocation	(926,313)	43	32

33	ALU/ILU Supplies Allocation	(401,201)	43	33
34	ALU/ILU Other Expense Allocation	(2,293,335)	43	34
35	Non-Care Depreciation	(998,391)	30	35
36	Senior Fitness	(57,701)	10A	36
37	Capitalized R&M	(4,205)	06	37
38	Medical Records Income	(707)	10	38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(6,902,589)		49

The Village at Victory Lakes

Report Period Beginning: 07/01/12
 Ending: 06/30/13

ID# 0048256

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	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	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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
2	Food Purchase	(12,041)											(12,041)	2
3	Housekeeping	(10,936)											(10,936)	3
4	Laundry													4
5	Heat and Other Utilities	(43,032)											(43,032)	5
6	Maintenance	67,905											67,905	6
7	Other (specify):*													7
8	TOTAL General Services	1,896											1,896	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(707)											(707)	10
10a	Therapy	(57,701)											(57,701)	10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(58,408)											(58,408)	16
	C. General Administration													
17	Administrative		(30,676)										(30,676)	17
18	Directors Fees													18
19	Professional Services													19
20	Fees, Subscriptions & Promotions	(14,694)											(14,694)	20
21	Clerical & General Office Expenses	(728,980)											(728,980)	21
22	Employee Benefits & Payroll Taxes													22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice													26
27	Other (specify):*													27
28	TOTAL General Administration	(743,673)	(30,676)										(774,349)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(800,186)	(30,676)										(830,862)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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	(1,019,708)											(1,019,708)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(15,400)											(15,400)	32
33	Real Estate Taxes	(538,819)											(538,819)	33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*	(39,145)											(39,145)	36
37	TOTAL Ownership	(1,613,072)											(1,613,072)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(4,892,009)	(14,379)										(4,906,388)	43
44	TOTAL Special Cost Centers	(4,892,009)	(14,379)										(4,906,388)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(7,305,267)	(45,055)										(7,350,322)	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
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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	17 FSCSC Shared Expenses	\$ 898,553	Franciscan Sisters of Chicago Service Corp.	100.00%	\$ 867,877	\$ (30,676)	1
2	V	43 FSCSC Shared Expenses	\$ 421,153	Franciscan Sisters of Chicago Service Corp.	100.00%	\$ 406,774	\$ (14,379)	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		\$ 1,319,706			\$ 1,274,651	\$ * (45,055)	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: 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		
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: 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		
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: 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		
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 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		
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 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		
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: 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		
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

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	100.00%	FRANCISCAN COMMUNITIES, INC. D/B/A ADDOLORATA VILLA	WHEELING	FRANCISCAN COMMUNITIES, INC.			1
2			FRANCISCAN COMMUNITIES, INC. D/B/A ST. JOSEPH HOME	CHICAGO	D/B/A MARIAN VILLAGE	HOMER GLEN, IL	RETIREMENT COMMUNITY	2
3			FRANCISCAN COMMUNITIES, INC. D/B/A MOTHER THERESA HOME	LEMONT	FRANCISCAN VILLAGE	LEMONT	RETIREMENT COMMUNITY	3
4			FRANCISCAN COMMUNITIES, INC. D/B/A ST. ANTHONY HOME	CROWN POINT, IN	FRANCISCAN SISTERS OF CHICAGO	LEMONT	RELIGIOUS CONGREGATION	4
5			FRANCISCAN COMMUNITIES, INC. D/B/A THE VILLAGE AT VICTORY LAKES	LINDENHURST, IL	FRANCISCAN SISTERS OF CHICAGO			5
6			FRANCISCAN COMMUNITIES, INC. D/B/A THE ALVERNO	CLINTON, IA	SERVICES CORPORATION	HOMEWOOD, IL	CORP. MANAGEMENT	6
7			UNIVERSITY PLACE, INC.	WEST LAFAYETTE, IN	FRANCISCAN HOME CARE	CROWN POINT, IN	HOME HEALTH	7
8					ST. ANTHONY HOME	CROWN POINT, IN	HOSPICE	8
9					ST. JUDE HOUSE	CROWN POINT, IN	WOMEN'S SHELTER	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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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								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

SEE ACCOUNTANTS' COMPILATION REPORT

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	0.00%	See Attached	6.05	15.13%	Alloc. Salary	\$ 30,263	17-3, 43-3	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11	Where applicable, the amounts reported on this page have been adjusted from the actual costs to reflect only the amounts										11
12	anticipated to be considered allowable by the IL. Dept. of HFS.										12
13								TOTAL	\$ 30,263		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

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

Name of Related Organization Franciscan Sisters of Chicago Service Corp.
 Street Address 1260 Franciscan Drive
 City / State / Zip Code Lemont, IL 60439
 Phone Number (630) 257-3987
 Fax Number ()

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

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	17	FSCSC Shared Expenses	Direct Allocation		\$	\$		\$ 867,877	1
2	43	FSCSC Shared Expenses	Direct Allocation					406,774	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				\$	\$		\$ 1,274,651	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending: 06/30/13

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

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

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

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

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	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense				
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO										Original	Balance		
A. Directly Facility Related																
Long-Term																
1	Amalgamated Bank		X	Acquisition of Facility	Varying Princip	6/1/2006	\$ 7,555,000	\$	3/13/2013	Variable	\$ 19,414	1				
2	Amalgamated Bank		X	Acquisition of Facility	Varying Princip	6/1/2006	16,860,000		3/13/2013	Variable	83,665	2				
3	Amalgamated Bank		X	Acquisit. of Facility/Refinanced	Varying Princip	3/13/2013	19,296,430	19,296,430	5/15/2047	5.000%	570,552	3				
4	Huntington Bank		X	Acquisit. of Facility/Refinanced	Varying Princip	3/13/2013	2,476,961	2,464,557	5/15/2043	Variable		4				
5	See Supplemental Schedule						3,633,686	3,612,458				5				
Working Capital																
6												6				
7												7				
8												8				
9	TOTAL Facility Related							\$ 49,822,077	\$ 25,373,445			\$ 673,631	9			
B. Non-Facility Related*																
10	Interest Income		X								(15,401)	10				
11	ALU/ILU Allocation										(518,872)	11				
12												12				
13												13				
14	TOTAL Non-Facility Related							\$	\$			\$ (534,273)	14			
15	TOTALS (line 9+line14)							\$ 49,822,077	\$ 25,373,445			\$ 139,358	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	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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	Huntington Bank		X	Acquisit. of Facility/Refinanced	Varying Princip	3/13/2013	\$ 3,633,686	\$ 3,612,458	5/15/2013	Variable	\$ 1					
2											2					
3											3					
4											4					
5											5					
6											6					
7	TOTAL Long-Term						3,633,686	3,612,458			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.)

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.)

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME The Village at Victory Lakes COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0048256

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

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

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? YES NO

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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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.**

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? YES NO

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.)

C. Tax Bills

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.

Facility Name & ID Number The Village at Victory Lakes

0048256 Report Period Beginning:

07/01/12 Ending:

06/30/13

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:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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	1988	\$ 8,522,869	\$	40	\$ 188,414	\$ 188,414	\$ 1,318,898	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		2006		1,188		20	59	59	415	9
10	Various		2007		11,024		20	551	551	3,965	10
11	Various		2008		33,383		20	1,672	1,672	9,574	11
12	Various		2009		21,896		20	1,139	1,139	5,015	12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
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25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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
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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					297,780	(297,780)		69
70	TOTAL (lines 4 thru 69)		\$ 8,590,360	\$ 297,780		\$ 191,835	\$ (105,946)	\$ 1,337,867	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:

07/01/12

Ending:

06/30/13

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,590,360	\$ 297,780		\$ 191,835	\$ (105,946)	\$ 1,337,867	1
2	Vanities And Sinks \$4900.73	2010	1,126		20	56	56	225	2
3	New Lobby Entrance Wood Flooring \$8030	2010	1,845		20	92	92	368	3
4	Misc Supplies, Switches, Fans \$3411.1	2010	784		20	39	39	156	4
5	Chapel Renovations - Masonry, Carpentry, Drywall, Plumbing,Etc	2010	31,374		20	1,744	1,744	6,975	5
6	Condensor \$2782	2010	639		20	32	32	128	6
7	Suite 1101 - Compressor \$2858	2010	657		20	33	33	132	7
8	Building Automation Service \$17890	2010	4,110		20	206	206	823	8
9	Electrical \$3325	2010	764		20	38	38	152	9
10	Repair Elevator \$3594	2010	826		20	41	41	165	10
11	Heat Exchanger \$2606.99	2010	599		20	30	30	120	11
12	Fire Sprinkler Repairs \$6050	2010	1,390		20	69	69	277	12
13	Concrete Work (11,493)	2010	2,640		20	132	132	396	13
14	Sprinkler Project (8,432)	2010	1,937		20	97	97	291	14
15	Walk In Refrigerator (5,757)	2010	1,323		20	66	66	198	15
16	Electrical Work (3,530)	2010	811		20	41	41	123	16
17	Install Breakers, Relocate Electric (4,544)	2010	1,044		20	52	52	156	17
18	Sealcoat, Hot Crack Filler, Stripe (3,300)	2010	758		20	38	38	114	18
19	Asphalt Work (14,813)	2010	3,403		20	170	170	510	19
20	Hvac Reapir (4,407)	2010	1,012		20	51	51	153	20
21	Fire Dampers (4,028)	2010	926		20	46	46	138	21
22	Construct Hvac Fire Resistant Chases (3,765)	2010	865		20	43	43	129	22
23	Install 2 Heat Exchangers (10,998)	2010	2,527		20	126	126	378	23
24	Repair The Extpansion Tank (3,842)	2010	883		20	44	44	132	24
25	Asphalt Work (9,763)	2011	2,243		20	112	112	336	25
26	New Sign (11,600)	2011	2,665		20	133	133	399	26
27	Installed New Gutters (5,900)	2011	1,355		20	68	68	204	27
28	Electrical Work (4,439)	2011	1,020		20	51	51	153	28
29	Concrete Work (10,360)	2011	2,380		20	119	119	357	29
30	Remove Asphalt & Repave (4,096)	2011	941		20	47	47	141	30
31	Replace Valve And Calibrate (4,759)	2011	1,093		20	55	55	165	31
32	Chiller Repair (5,267)	2011	1,210		20	61	61	183	32
33	Roofing Repairs (208,555)	2011	47,913		20	2,396	2,396	5,590	33
34	TOTAL (lines 1 thru 33)		\$ 8,713,423	\$ 297,780		\$ 198,163	\$ (99,618)	\$ 1,357,634	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:

07/01/12

Ending:

06/30/13

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		\$ 8,713,423	\$ 297,780		\$ 198,163	\$ (99,618)	\$ 1,357,634	1
2	Sprinkler System (51,848)	2011	11,911		20	596	596	914	2
3	New Chiller (143,750)	2011	33,025		20	1,651	1,651	3,119	3
4	Praire Glenn Lobby Renovation (12,512) - New Cabinetry And Fin	2011	2,874		20	144	144	272	4
5	Prairie Glenn Lower Level Corridor (30,354)	2011	6,974		20	349	349	659	5
6	Install Fire Dampers, Replace Registers Bathroom Exhaust (8,936)	2011	2,053		20	103	103	206	6
7	Replaced Burnt Out Motor (5,780)	2011	1,328		20	66	66	132	7
8	Sealcoat And Tar 3 Parking Lots (17,536)	2011	4,029		20	201	201	402	8
9	Sewer Repair And Landscape Backfill (3,630)	2011	834		20	42	42	84	9
10	Replace Parts On Hvac Units (3,830)	2011	880		20	44	44	88	10
11	Fire System Controls (5,745)	2012	1,320		20	66	66	132	11
12	Jason Hill 10 Cameras And 1 Dvr System (6,000)	2012	1,378		20	69	69	138	12
13	Praire Glenn Lobby Renovation (32,500) - New Cabinetry And Fin	2012	7,467		20	373	373	705	13
14	Praire Glenn Lobby Renovation (32,500) - New Cabinetry And Fin	2012	7,467		20	373	373	705	14
15	Drapes For Lobby Renovation (11,520)	2012	2,647		20	132	132	308	15
16	Exterior Security System (6,146)	2012	1,412		20	71	71	142	16
17	Door Locks (9,244)	2012	2,124		20	106	106	212	17
18	Carpet For Lobby (2,543)	2012	584		20	29	29	58	18
19	Community Wifi (58,210)	2012	13,373		20	669	669	2,452	19
20	Window Treatments (3,466)	2012	796		20	40	40	80	20
21	Wall Protectors (4,851)	2012	1,115		20	56	56	112	21
22	Program Door Locking System To Fire Panel, Add Relays, Repair	2012	827		20	41	41	82	22
23	Sidewalk Repair (3,785)	2012	870		20	44	44	88	23
24	Replace Cylinders And Hoses (2,796)	2012	642		20	32	32	64	24
25	Pro-Swing Elite Door Mounted Sensors, Guide Rails, Switch Assen	2012	1,270		20	64	64	64	25
26	Elevator Motor Controls And Compatible Motor (\$6,464)	2012	6,464		20	323	323	323	26
27	Paint Tunnel Walls And Ceiling (\$4,755)	2012	1,092		20	55	55	55	27
28	Roof Eave Cutback (\$110,800)	2013	25,455		20	1,273	1,273	1,273	28
29	Eaves, Reroofing, Fire Protection (\$106,000)	2013	24,352		20	1,218	1,218	1,218	29
30	Eaves, Roofing (\$141,780)	2013	32,572		20	1,629	1,629	1,629	30
31	Eaves (\$18,500)	2013	4,250		20	213	213	213	31
32	Surface Mounted Keypaid Perimeter Alarm, Code Lock, Switches,	2013	8,705		20	435	435	435	32
33	Idph Project Fee For Exterior Eave Reduction And Automatic Spr	2013	4,740		20	237	237	237	33
34	TOTAL (lines 1 thru 33)		\$ 8,928,255	\$ 297,780		\$ 208,905	\$ (88,876)	\$ 1,374,233	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 12C, Carried Forward		\$ 8,928,255	\$ 297,780		\$ 208,905	\$ (88,876)	\$ 1,374,233	1
2	Sidewalk Repairs (\$96,735)	2013	22,224		20	1,111	1,111	1,111	2
3	Pipework, Replace Apx (\$8,000)	2013	1,838		20	92	92	92	3
4	Acoustical Ceiling (\$2,684)	2013	617		20	31	31	31	4
5	Painting (\$2,865)	2013	658		20	33	33	33	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,953,591	\$ 297,780		\$ 210,171	\$ (87,609)	\$ 1,375,500	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:

07/01/12

Ending:

06/30/13

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 12D, Carried Forward		\$ 8,953,591	\$ 297,780		\$ 210,171	\$ (87,609)	\$ 1,375,500	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
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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 (lines 1 thru 33)		\$ 8,953,591	\$ 297,780		\$ 210,171	\$ (87,609)	\$ 1,375,500	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:

07/01/12

Ending:

06/30/13

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	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
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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

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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	Building Company Information Continued								
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
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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 (12F & 12G lines 1 thru 33)		\$	\$		\$	\$	\$	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:

07/01/12

Ending:

06/30/13

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	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Information								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

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/12

Ending:

06/30/13

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		\$	\$		\$	\$	\$	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								32
33								33
34		\$	\$		\$	\$	\$	34

Related Party Information Continued

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	\$ 602,415	\$	\$ 60,322	\$ 60,322	10	\$ 310,893	71
72	Current Year Purchases	54,472		5,447	5,447	10	5,447	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 656,886	\$	\$ 65,769	\$ 65,769		\$ 316,340	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	2008	\$ 286	\$ 657	\$ 131	\$ 131	5	\$ 788	76
77		Bus \$44787	2008	10,289				5	10,289	77
78		Handicap Access Van \$8500	2008	1,953		391	391	5	1,661	78
79										79
80	TOTALS			\$ 12,899	\$	\$ 522	\$ 522		\$ 12,738	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)	\$ 10,361,718	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 297,780	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 276,462	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (21,318)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,704,578	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	\$ 3,991,866	\$	\$	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 Assets 2008 - 2013	2,240,010			90
91	TOTALS	\$ 20,721,061	\$	\$	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.

SEE ACCOUNTANTS' COMPILATION REPORT

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								6
7	TOTAL				\$			7

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. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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: \$ 22,825 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

* 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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/12 Ending: 06/30/13
 XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
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.

SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	530,801	\$		\$	530,801	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				124,646				124,646	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				757,003				757,003	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 prescripts					950,393			950,393	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): <u>See Supplemental</u>						48,382	185,272			233,654	13
14	TOTAL			\$		\$	1,460,832	\$	1,135,665	\$	2,596,497	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

Facility Name & ID Number The Village at Victory Lakes# 0048256Report Period Beginning: 07/01/12

Ending:

06/30/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/13

(last day of reporting year)

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	\$ 69,736	\$	1
2	Cash-Patient Deposits	2,876		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,104,805		3
4	Supply Inventory (priced at)	122,574		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	109,787		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	400		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,410,178	\$	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	23,118,286		14
15	Leasehold Improvements, at Historical Cost	3,127,181		15
16	Equipment, at Historical Cost	3,349,650		16
17	Accumulated Depreciation (book methods)	(8,989,370)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	370,439		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	45,058		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 30,806,244	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 33,216,422	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 502,551	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	23,639,154		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	715,691		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,057		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Attached Schedule</u>	530,554		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 25,391,007	\$	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				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,391,007	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,825,415	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 33,216,422	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,789,169)	1
2	Restatements (describe):		2
3	Prior Year Adjustment	(8,688,806)	3
4	Rounding	1	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,477,974)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,043,694)	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) Unrestricted Assets Transferred	21,267,718	15
16	Other (describe) Unrestricted/Temporary Assets Contrib.	(920,635)	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 19,303,389	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)	\$ 7,825,415	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	\$ 16,814,592	1
2	Discounts and Allowances for all Levels	(2,321,877)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,492,715	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,215,103	6
7	Oxygen	560	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,215,663	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	26,484	12
13	Barber and Beauty Care	84,587	13
14	Non-Patient Meals	11,667	14
15	Telephone, Television and Radio	4,932	15
16	Rental of Facility Space		16
17	Sale of Drugs	933,273	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	78,122	19
20	Radiology and X-Ray	23,321	20
21	Other Medical Services	368,441	21
22	Laundry	15,893	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,546,720	23
D. Non-Operating Revenue			
24	Contributions	850	24
25	Interest and Other Investment Income***	15,400	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 16,250	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	374,367	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 374,367	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,645,715	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,225,099	31
32	Health Care	4,260,894	32
33	General Administration	4,373,879	33
B. Capital Expense			
34	Ownership	2,088,940	34
C. Ancillary Expense			
35	Special Cost Centers	7,543,785	35
36	Provider Participation Fee	196,812	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,689,409	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,043,694)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,043,694)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 777,319	44
45	Private Pay - Net Inpatient Revenue	9,554,883	45
46	Medicare - Net Inpatient Revenue	4,160,513	46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,492,715	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning: 07/01/12

Ending: 06/30/13

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	1,824	2,080	\$ 94,097	\$ 45.24	1
2	Assistant Director of Nursing	296	312	13,115	42.04	2
3	Registered Nurses	46,690	51,429	1,646,591	32.02	3
4	Licensed Practical Nurses	15,805	17,116	460,750	26.92	4
5	CNAs & Orderlies	83,980	93,371	1,324,872	14.19	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,069	3,488	52,345	15.01	8
9	Activity Director	1,848	2,080	39,411	18.95	9
10	Activity Assistants	7,028	7,028	87,871	12.50	10
11	Social Service Workers	7,612	8,788	233,595	26.58	11
12	Dietician					12
13	Food Service Supervisor	2,717	2,966	55,700	18.78	13
14	Head Cook	6,475	7,205	102,101	14.17	14
15	Cook Helpers/Assistants	31,490	34,241	364,162	10.64	15
16	Dishwashers					16
17	Maintenance Workers	4,764	5,151	118,002	22.91	17
18	Housekeepers	28,755	32,247	364,760	11.31	18
19	Laundry	7,589	8,980	80,532	8.97	19
20	Administrator	2,549	2,822	176,273	62.46	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,164	20,086	401,063	19.97	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	1,936	2,080	59,421	28.57	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	103,617	112,022	1,934,926	17.27	33
34	TOTAL (lines 1 - 33)	376,208	413,492	\$ 7,609,587 *	\$ 18.40	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	Monthly	\$ 113,015	01-03	35
36	Medical Director	Monthly	10,200	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	13,482	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	39	2,030	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	23	1,479	11-03	44
45	Social Service Consultant	1	23	12-03	45
46	Other(specify) <u>Priests</u>	Monthly	1,840	12-03	46
47	<u>Outside Food Management</u>	Monthly	123,862	01-03	47
48	<u>Senior Fitness</u>	Monthly	57,701	10a-03	48
49	TOTAL (lines 35 - 48)	62	\$ 323,633		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

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	Adminstrator	0	\$ 109,587	Workers' Compensation Insurance	\$ 281,456	IDPH License Fee	\$	
Calvin Isaacson	Executive Director	0	149,305	Unemployment Compensation Insurance	76,211	Advertising: Employee Recruitment	14,503	
				FICA Taxes	582,134	Health Care Worker Background Check		
ALU/ILU Allocation			(82,619)	Employee Health Insurance	841,707	(Indicate # of checks performed <u>102</u>)	3,019	
				Employee Meals		Patient Background Checks	30,902	
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	26,580	
				Employee Awards	8,982	Licenses	6,030	
				Retirement Benefits	106,810			
				Employee Physicals, Labs, Other	7,165			
				Group Disability	30,966			
				Group Dental Premiums	63,923	Less: Public Relations Expense	()	
				Group Vision Premiums	8,747	Non-allowable advertising	()	
				See Supplemental Schedule	122,119	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 176,273	TOTAL (agree to Schedule V, line 22, col.8)	\$ 2,130,219	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 81,035	
(List each licensed administrator separately.)								
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. - Shared Expenses			\$ 1,319,706				Out-of-State Travel	\$
ALU/ILU Allocation			(421,153)				In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 898,553				Seminar Expense	4,355
(Attach a copy of any management service agreement)								
C. Professional Services				TOTAL			Entertainment Expense ()	
Vendor/Payee	Type		Amount					
Ernst and Young	Accounting		\$ 31,873				TOTAL (agree to Sch. V, line 24, col. 8)	\$ 4,355
Frost, Ruttenberg, & Rothblatt	Accounting		7,000					
ProBusiness Service Inc.	Payroll Processing		25,886					
AV Powell & Association	Consulting		13,900					
IVANS	Consulting		1,968					
Foote, Meyers, Mielke, & Flower	Consulting		19,207					
Ungaretti & Harris	Legal		3,075					
CT Corporation	Legal		190					
Jackson Lewis, LLP	Legal		546					
ALU/ILU Allocation			(33,076)					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 70,570					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* 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	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

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning: 07/01/12

Ending: 06/30/13

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 \$15,317
- (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. \$ 34,039 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. \$ 196,812
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.

SEE ACCOUNTANTS' COMPILATION REPORT

- (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. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 11,667
- (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? N/A
 - 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 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.