

		FOR BHF USE					

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**2014**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2014)**

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.

<p><b>I. IDPH License ID Number:</b> <u>0048256</u></p> <p><b>Facility Name:</b> <u>The Village at Victory Lakes</u></p> <p><b>Address:</b> <u>1055 East Grand Ave</u> <u>Lindenhurst</u> <u>60046</u>  Number City Zip Code</p> <p><b>County:</b> <u>Lake</u></p> <p><b>Telephone Number:</b> <u>(847) 356 - 5900</u> Fax # <u>(847) 356 - 4599</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>07/12/06</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> <b>VOLUNTARY, NON-PROFIT</b>  <input checked="" type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust  <b>IRS Exemption Code</b> <u>501(c)(3)</u> </td> <td style="width:33%; border: none;"> <input type="checkbox"/> <b>PROPRIETARY</b>  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> <b>GOVERNMENTAL</b>  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____ </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Edward N. Slack</u> <b>Telephone Number:</b> <u>(847) 628 - 8796</u>  <b>Email Address:</b> _____</p>	<input checked="" type="checkbox"/> <b>VOLUNTARY, NON-PROFIT</b> <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust <b>IRS Exemption Code</b> <u>501(c)(3)</u>	<input type="checkbox"/> <b>PROPRIETARY</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>GOVERNMENTAL</b> <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/13</u> to <u>06/30/14</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) <u>Edward N. Slack, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name &amp; Address) <u>Plante &amp; Moran, PLLC</u> <u>2155 Point Boulevard, Suite 200 Elgin, Illinois 60123</u> (Telephone) <u>(847) 628 - 8796</u> Fax # <u>(248) 327 - 8417</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE  ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES  201 S. Grand Avenue East  Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Edward N. Slack, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante &amp; Moran, PLLC</u> <u>2155 Point Boulevard, Suite 200 Elgin, Illinois 60123</u> (Telephone) <u>(847) 628 - 8796</u> Fax # <u>(248) 327 - 8417</u>
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Facility Name & ID Number The Village at Victory Lakes

# 0048256 Report Period Beginning: 07/01/13 Ending: 06/30/14

**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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,527	15,040	15,879	36,446	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	5,527	15,040	15,879	36,446	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.21%

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

0 (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)

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 07/01/06

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

YES  Date 07/01/06 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 15,879

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 06/30/14 Fiscal Year: 06/30/14

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

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/13 Ending: 06/30/14

**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
	<b>A. General Services</b>										
1	Dietary	769,886	118,232	369,659	1,257,777	1,257,777	(622,488)	635,289			1
2	Food Purchase		701,605		701,605	701,605	(371,964)	329,641			2
3	Housekeeping	357,472	44,217		401,689	401,689	(190,746)	210,943			3
4	Laundry	82,398	30,631		113,029	113,029	(50,288)	62,741			4
5	Heat and Other Utilities			564,435	564,435	564,435	(446,649)	117,786			5
6	Maintenance	488,648	129,340	1,347,362	1,965,350	1,965,350	(1,644,393)	320,957			6
7	Other (specify):* <a href="#">See Supplemental</a>										7
8	<b>TOTAL General Services</b>	1,698,404	1,024,025	2,281,456	5,003,885	5,003,885	(3,326,528)	1,677,357			8
	<b>B. Health Care and Programs</b>										
9	Medical Director			10,200	10,200	10,200		10,200			9
10	Nursing and Medical Records	3,913,609	285,927	212,155	4,411,691	4,411,691	(90,011)	4,321,680			10
10a	Therapy	44,376	10,781	48,755	103,912	103,912	(45,378)	58,534			10a
11	Activities	126,657	24,454	1,040	152,151	152,151		152,151			11
12	Social Services	230,229	3,827	3,550	237,606	237,606	(141,740)	95,866			12
13	CNA Training										13
14	Program Transportation	4,824		4,425	9,249	9,249	(3,220)	6,029			14
15	Other (specify):* <a href="#">See Supplemental</a>										15
16	<b>TOTAL Health Care and Programs</b>	4,319,695	324,989	280,125	4,924,809	4,924,809	(280,348)	4,644,461			16
	<b>C. General Administration</b>										
17	Administrative	290,655		1,334,876	1,625,531	1,625,531	(790,473)	835,058			17
18	Directors Fees										18
19	Professional Services			110,133	110,133	110,133	(65,033)	45,100			19
20	Dues, Fees, Subscriptions & Promotions			88,922	88,922	88,922	(30,840)	58,082			20
21	Clerical & General Office Expenses	386,043	68,998	604,335	1,059,376	1,059,376	(621,527)	437,849			21
22	Employee Benefits & Payroll Taxes			2,065,245	2,065,245	2,065,245		2,065,245			22
23	Inservice Training & Education			2,839	2,839	2,839	(1,850)	989			23
24	Travel and Seminar			14,060	14,060	14,060	(3,760)	10,300			24
25	Other Admin. Staff Transportation			4,867	4,867	4,867	(3,172)	1,695			25
26	Insurance-Prop.Liab.Malpractice			166,763	166,763	166,763	(54,728)	112,035			26
27	Other (specify):* <a href="#">See Supplemental</a>										27
28	<b>TOTAL General Administration</b>	676,698	68,998	4,392,040	5,137,736	5,137,736	(1,571,384)	3,566,352			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,694,797	1,418,012	6,953,621	15,066,430	15,066,430	(5,178,261)	9,888,169			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.

Facility Name & ID Number The Village at Victory Lakes

#0048256

Report Period Beginning:

07/01/13

Ending:

06/30/14

## 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	
	<b>D. Ownership</b>											
30	Depreciation			1,346,476	1,346,476		1,346,476	(1,037,139)	309,337			30
31	Amortization of Pre-Op. & Org.			13,230	13,230		13,230	(4,342)	8,888			31
32	Interest			1,725,675	1,725,675		1,725,675	(1,332,801)	392,874			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			44,803	44,803		44,803	(29,200)	15,603			35
36	Other (specify):* <a href="#">See Supplemental</a>											36
37	<b>TOTAL Ownership</b>			3,130,184	3,130,184		3,130,184	(2,403,482)	726,702			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		846,598	1,822,908	2,669,506		2,669,506		2,669,506			39
40	Barber and Beauty Shops	69,030			69,030		69,030	(69,030)				40
41	Coffee and Gift Shops	10,721			10,721		10,721	(10,721)				41
42	Provider Participation Fee			189,825	189,825		189,825		189,825			42
43	Other (specify):* <a href="#">See Supplemental</a>	1,044,268	133,915	636,265	1,814,448		1,814,448	(1,814,448)				43
44	<b>TOTAL Special Cost Centers</b>	1,124,019	980,513	2,648,998	4,753,530		4,753,530	(1,894,199)	2,859,331			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	7,818,816	2,398,525	12,732,803	22,950,144		22,950,144	(9,475,941)	13,474,203			45

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

**The Village at Victory Lakes  
Medicaid Cost Report  
07/01/13 - 06/30/14**

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**Page 4 Supplemental Schedule**

Description	Salaries	Supplies	Other
<b>Line 36 Detailed</b>			
Total	-	-	-
<b>Line 43 Detailed</b>			
Assisted Living	780,015	25,574	667
Independent Living	191,048	22,989	489,820
Marketing	73,205	85,352	145,778
Total	1,044,268	133,915	636,265

**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	(31,841)	02		4
5	Telephone, TV & Radio in Resident Rooms	(5,154)	21		5
6	Rented Facility Space	(10,151)	06		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	(15,583)	32		10
11	Discounts, Allowances, Rebates & Refunds				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	(272,230)	21		18
19	Entertainment	(8,101)	21		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(225,557)	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				28
29	Other-Attach Schedule See Supplemental	(8,464,325)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (9,032,942)</b>		<b>\$</b>	<b>30</b>

**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)	(442,999)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (442,999)</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	<b>\$ (9,475,941)</b>		<b>37</b>

\*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	<b>TOTAL (C): (sum of lines 38-46)</b>			<b>\$</b>		<b>47</b>

BHF USE ONLY							
48		49		50		51	

The Village at Victory Lakes

ID# 0048256

Report Period Beginning: 07/01/13

Ending: 06/30/14

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Deli Revenue (To Extent of Income)	\$ (10,721)	41	1
2	Deli Revenue (Remainder Offset Against Food)	(17,123)	02	2
3	Barber and Beauty Revenue (To Extent of Income)	(69,030)	40	3
4	Maintenance Revenue	(1,199)	06	4
5	Housekeeping Revenue	(9,913)	03	5
6	Transportation Revenue	(3,964)	06	6
7	Energy Incentive Savings	(5,803)	05	7
8	Jury Duty Income	(196)	10	8
9	Insurance Settlements	(545,769)	06	9
10	Real Estate Tax Income	(361,603)	43	10
11	Other Income	(646)	21	11
12	Cable	(45,936)	05	12
13	Theft Loss	(438)	10	13
14	Senior Fitness	(45,378)	10A	14
15	Mission Integration	(77,721)	12	15
16	Non-Allowable Professional Fees	(43,003)	19	16
17	Dues and Subscriptions	(2,468)	20	17
18	Office Supplies	(3,479)	21	18
19	Bank Fees	(1,008)	21	19
20	Cell Phones	(480)	21	20
21	Seminars	(1,150)	24	21
22	Non-Nursing Home Related Direct Expenses	(1,452,845)	43	22
23	Expensed Fixed Assets < \$2,500 - NH Only	1,855	06	23
24	Capitalized Repairs and Maintenance - Non NH	(24,850)	06	24
25				25
26				26
27	Dietary - Indirect Allocation	(622,488)	01	27
28	Food Purchases - Indirect Allocation	(323,000)	02	28
29	Housekeeping - Indirect Allocation	(180,833)	03	29
30	Laundry - Indirect Allocation	(50,288)	04	30
31	Heat and Other Utilities - Indirect Allocation	(394,910)	05	31
32	Maintenance - Indirect Allocation	(1,060,315)	06	32
33	Nursing and Medical Records - Indirect Allocation	(89,377)	10	33
34	Social Services - Indirect Allocation	(64,019)	12	34
35	Program Transportation - Indirect Allocation	(3,220)	14	35
36	Administrative - Indirect Allocation	(347,475)	17	36
37	Professional Fees - Indirect Allocation	(22,030)	19	37
38	Dues and Subscriptions - Indirect Allocation	(28,372)	20	38
39	Clerical & General Office - Indirect Allocation	(104,872)	21	39
40	Inservice Training and Education - Indirect Alloc	(1,850)	23	40
41	Travel and Seminar - Indirect Allocation	(2,610)	24	41
42	Other Admin Staff Transportation - Indirect Alloc	(3,172)	25	42
43	Insurance - Indirect Allocation	(54,728)	26	43
44	Depreciation - Indirect Allocation	(1,037,139)	30	44
45	Amortization - Indirect Allocation	(4,342)	31	45
46	Interest - Indirect Allocation	(1,317,218)	32	46
47	Rent - Equipment and Vehicles - Indirect Alloc	(29,200)	35	47
48				48
49	<b>Total</b>	(8,464,325)		49

The Village at Victory Lakes  
 Medicaid Cost Report  
 07/01/13 - 06/30/14

Page 5 Supplementary

Description	Cost Center	Total Salary	Total Expenses (Allowable)	Direct Nursing Home Salary	Direct Nursing Home Other Expenses	Expenses For Allocation	Allocation Method	Allocation Basis Nursing Home	Allocation Basis Total	Allocated Plus Direct		Allocated Plus Direct		Total Balanced	Nursing Home	
										Nursing Home Salary	Other Salary	Nursing Home Other Expenses	Other Expenses		Total	Other Total
Dietary	1	769,886	1,257,777	-	-	1,257,777	Meals Served	109,338	216,473	388,860	381,026	246,428	241,463	-	635,289	622,488
Food	2	-	652,641	-	-	652,641	Meals Served	109,338	216,473	-	-	329,641	323,000	-	329,641	323,000
Housekeeping	3	357,472	391,776	-	-	391,776	Square Feet (1)	1,014,356	1,883,924	192,473	164,999	18,470	15,834	-	210,943	180,833
Laundry	4	82,398	113,029	-	-	113,029	Patient Days (1)	36,446	65,659	45,738	36,660	17,003	13,628	-	62,741	50,288
Heat and Other Utilities	5	-	512,696	-	-	512,696	Square Feet	72,454	315,376	-	-	117,786	394,910	-	117,786	394,910
Maintenance	6	488,648	1,381,272	-	4,708	1,376,565	Square Feet	72,454	315,376	112,261	376,387	208,696	683,928	-	320,957	1,060,315
Other	7	-	-	-	-	-	Patient Days	36,446	104,653	-	-	-	-	-	-	-
Medical Director	9	-	10,200	-	10,200	-	Direct Staffing	3,520,922	4,175,719	-	-	10,200	-	-	10,200	-
Nursing and Medical Records	10	3,913,609	4,411,057	3,476,546	364,544	569,967	Direct Staffing	3,520,922	4,175,719	3,845,073	68,536	476,607	20,841	-	4,321,680	89,377
Therapy	10a	44,376	58,534	44,376	14,158	-	Direct Staffing	3,520,922	4,175,719	44,376	-	14,158	-	-	58,534	-
Activities	11	126,657	152,151	126,657	25,494	-	Patient Days (2)	36,446	36,446	126,657	-	25,494	-	-	152,151	-
Social Services	12	230,229	159,885	-	-	159,885	Patient Days (3)	36,446	60,784	138,044	92,185	(42,178)	(28,166)	-	95,866	64,019
CNA Training	13	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Transportation	14	4,824	9,249	-	-	9,249	Patient Days (4)	36,446	55,910	3,145	1,679	2,885	1,540	-	6,029	3,220
Other	15	-	-	-	-	-	Patient Days (4)	36,446	55,910	-	-	-	-	-	-	-
Administrative	17	290,655	1,182,532	123,728	-	1,058,805	Net Patient Revenue	13,270,758	19,753,332	235,873	54,782	599,184	292,693	-	835,058	347,475
Directors Fees	18	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Professional Fees	19	-	67,130	-	-	67,130	Net Patient Revenue	13,270,758	19,753,332	-	-	45,100	22,030	-	45,100	22,030
Dues and Subscriptions	20	-	86,454	-	-	86,454	Net Patient Revenue	13,270,758	19,753,332	-	-	58,082	28,372	-	58,082	28,372
Office and Clerical	21	386,043	542,721	220,764	2,397	319,559	Net Patient Revenue	13,270,758	19,753,332	331,803	54,240	106,047	50,631	-	437,849	104,872
Employee Benefits	22	-	2,065,245	-	-	2,065,245	Allocated Salary	5,464,303	7,818,816	-	-	1,443,329	621,916	-	1,443,329	621,916
Inservice Training and Expense	23	-	2,839	-	-	2,839	Patient Days	36,446	104,653	-	-	989	1,850	-	989	1,850
Travel and Seminar	24	-	12,910	-	8,905	4,005	Patient Days	36,446	104,653	-	-	10,300	2,610	-	10,300	2,610
Other Staff Transportation	25	-	4,867	-	-	4,867	Patient Days	36,446	104,653	-	-	1,695	3,172	-	1,695	3,172
Insurance	26	-	166,763	-	-	166,763	Net Revenue	13,270,758	19,753,332	-	-	112,035	54,728	-	112,035	54,728
Other	27	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Depreciation	30	-	1,346,476	-	-	1,346,476	Square Feet	72,454	315,376	-	-	309,337	1,037,139	-	309,337	1,037,139
Amortization	31	-	13,230	-	-	13,230	Net Patient Revenue	13,270,758	19,753,332	-	-	8,888	4,342	-	8,888	4,342
Interest	32	-	1,710,092	-	-	1,710,092	Square Feet	72,454	315,376	-	-	392,874	1,317,218	-	392,874	1,317,218
Real Estate Taxes	33	-	-	-	-	-	Square Feet	72,454	315,376	-	-	-	-	-	-	-
Rent - Facilities and Grounds	34	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Rent - Equipment and Vehicles	35	-	44,803	-	-	44,803	Patient Days	36,446	104,653	-	-	15,603	29,200	-	15,603	29,200
Other	36	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Medically Necessary Transportation	38	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Ancillary Service Centers	39	-	2,669,506	-	-	2,669,506	Direct	1	1	-	-	2,669,506	-	-	2,669,506	-
Barber and Beauty Shop	40	69,030	-	-	-	-	Direct	1	1	-	69,030	-	(69,030)	-	-	-
Coffee and Gift Shops	41	10,721	-	-	-	-	Direct	1	1	-	10,721	-	(10,721)	-	-	-
Provider Participation Fee	42	-	189,825	-	-	189,825	Direct	1	1	-	-	189,825	-	-	189,825	-
Other	43	1,044,268	-	-	-	-	Direct	1	1	-	1,044,268	-	(1,044,268)	-	-	-
		<b>7,818,816</b>	<b>19,215,660</b>	<b>3,992,071</b>	<b>430,405</b>	<b>14,793,184</b>				<b>5,464,303</b>	<b>2,354,513</b>	<b>7,387,984</b>	<b>4,008,860</b>	<b>-</b>	<b>12,852,287</b>	<b>6,363,374</b>

## STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

07/01/13

Ending:

06/30/14

## 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	(622,488)	0	0	0	0	0	0	0	0	0	0	(622,488)	1
2	Food Purchase	(371,964)	0	0	0	0	0	0	0	0	0	0	(371,964)	2
3	Housekeeping	(190,746)	0	0	0	0	0	0	0	0	0	0	(190,746)	3
4	Laundry	(50,288)	0	0	0	0	0	0	0	0	0	0	(50,288)	4
5	Heat and Other Utilities	(446,649)	0	0	0	0	0	0	0	0	0	0	(446,649)	5
6	Maintenance	(1,644,393)	0	0	0	0	0	0	0	0	0	0	(1,644,393)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(3,326,528)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,326,528)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(90,011)	0	0	0	0	0	0	0	0	0	0	(90,011)	10
10a	Therapy	(45,378)	0	0	0	0	0	0	0	0	0	0	(45,378)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(141,740)	0	0	0	0	0	0	0	0	0	0	(141,740)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(3,220)	0	0	0	0	0	0	0	0	0	0	(3,220)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(280,348)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(280,348)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(347,475)	(442,999)	0	0	0	0	0	0	0	0	0	(790,473)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(65,033)	0	0	0	0	0	0	0	0	0	0	(65,033)	19
20	Fees, Subscriptions & Promotions	(30,840)	0	0	0	0	0	0	0	0	0	0	(30,840)	20
21	Clerical & General Office Expenses	(621,527)	0	0	0	0	0	0	0	0	0	0	(621,527)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,850)	0	0	0	0	0	0	0	0	0	0	(1,850)	23
24	Travel and Seminar	(3,760)	0	0	0	0	0	0	0	0	0	0	(3,760)	24
25	Other Admin. Staff Transportation	(3,172)	0	0	0	0	0	0	0	0	0	0	(3,172)	25
26	Insurance-Prop.Liab.Malpractice	(54,728)	0	0	0	0	0	0	0	0	0	0	(54,728)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	<b>TOTAL General Administration</b>	<b>(1,128,385)</b>	<b>(442,999)</b>	<b>0</b>	<b>(1,571,384)</b>	<b>28</b>								
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(4,735,262)</b>	<b>(442,999)</b>	<b>0</b>	<b>(5,178,261)</b>	<b>29</b>								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/13

Ending:

06/30/14

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	(1,037,139)	0	0	0	0	0	0	0	0	0	0	(1,037,139) 30
31	Amortization of Pre-Op. & Org.	(4,342)	0	0	0	0	0	0	0	0	0	0	(4,342) 31
32	Interest	(1,332,801)	0	0	0	0	0	0	0	0	0	0	(1,332,801) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	(29,200)	0	0	0	0	0	0	0	0	0	0	(29,200) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	<b>TOTAL Ownership</b>	<b>(2,403,482)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,403,482) 37</b>
	<b>Ancillary Expense</b>												
	<b>E. Special Cost Centers</b>												
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	(69,030)	0	0	0	0	0	0	0	0	0	0	(69,030) 40
41	Coffee and Gift Shops	(10,721)	0	0	0	0	0	0	0	0	0	0	(10,721) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(1,814,448)	0	0	0	0	0	0	0	0	0	0	(1,814,448) 43
44	<b>TOTAL Special Cost Centers</b>	<b>(1,894,199)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,894,199) 44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(9,032,942)</b>	<b>(442,999)</b>	<b>0</b>	<b>(9,475,941) 45</b>								

**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  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	17 FSCSC Shared Expenses	\$ 1,334,876	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 891,877	\$ (442,999)	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		\$ 1,334,876			\$ 891,877	\$ * (442,999)	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:

07/01/13

Ending:

06/30/14

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.	100%	St. Joseph Village of Chicago	Chicago, IL	Franciscan Sisters	Lemont, IL	Religious Cong.	1
2					of Chicago			2
3			The Village at Victory Lakes	Lindenhurst, IL				3
4	Board of Directors & Officers				Franciscan Sisters of			4
5			Addolorata Villa	Wheeling, IL	Chicago Serv Corp	Homewood, IL	Corp. Management	5
6	Sister M. Francis Clare Radke							6
7	Annette Shoemaker		Franciscan Village	Lemont, IL	St. James			7
8	Judy Amiano				Senior Estates	Crete, IL	Ind. Living	8
9	Sandra Singer		St. Anthony Home	Crown Point, IN				9
10	Ronald Tinsley				Marian Village	Homer Glen, IL	Ind. & Asst. Living	10
11	Tracy Shearer		University Place	West Lafayette, IN				11
12	Denise Boudreau				Franciscan			12
13			Mount Alverna Village	Parma, OH	Senior Estates	Louisville, KY	Ind. Living	13
14								14
15					Franciscan Comm.			15
16					Based Services	Michigan City, IN	Hm. Care / Hospice	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

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/13 Ending: 06/30/14

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 Supplemental	6.27	15.68%	Alloc. Salary	\$ 31,351	17 - 03	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	\$ 31,351		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

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/13

Ending: 06/30/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Franciscan Sisters of Chicago Serv Corp  
 Street Address 1055 West 175th Street, Suite 202  
 City / State / Zip Code Homewood, Illinois 60430  
 Phone Number ( )  
 Fax Number ( )

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	FSCSC Shared Expenses	Management Fees	8,515,708	13	\$ 6,474,687	\$ 3,777,432	1,334,876	\$ 1,014,937	1
2	17	FSCSC Shared Expenses	Health Insurance	9,478,129	13	(976,685)	0	1,194,218	(123,060)	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					\$ 5,498,002	\$ 3,777,432		\$ 891,877	25

**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	
					Original	Balance					
Name of Lender	Related** YES NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
<b>A. Directly Facility Related</b>											
<b>Long-Term</b>											
1	Amalgamated Bank	X	Facility Acquisition	Varies	03/13/13	\$ 13,608,386	\$ 13,374,645	05/15/47	5.25%	\$ 1,313,546	1
2	Huntington Bank	X	Facility Acquisition	Varies	03/13/13	1,738,075	1,703,299	05/15/43	Variable	167,284	2
3	Huntington Bank	X	Facility Acquisition	Varies	03/13/13	2,547,608	2,493,039	05/15/43	Variable	244,845	3
4											4
5											5
<b>Working Capital</b>											
6											6
7											7
8											8
9	<b>TOTAL Facility Related</b>					\$ 17,894,069	\$ 17,570,983			\$ 1,725,675	9
<b>B. Non-Facility Related*</b>											
10	Interest Income									(15,583)	10
11											11
12	Allocation - IL / AL									(1,317,218)	12
13											13
14	<b>TOTAL Non-Facility Related</b>					\$	\$			\$ (1,332,801)	14
15	<b>TOTALS (line 9+line14)</b>					\$ 17,894,069	\$ 17,570,983			\$ 392,874	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 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**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2013 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	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:	2009	8	
	2010	9	
	2011	10	
	2012	11	
	2013	12	
<b>N/A - The Village at Victory Lakes is exempt from real estate taxes on its nursing home operations.</b>			

	<b>FOR BHF USE ONLY</b>		
13	FROM R. E. TAX STATEMENT FOR 2013	\$	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 & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/13 Ending:

06/30/14

**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: 8,888 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: Organization Costs (Total Expense = \$13,230 Less IL / AL Allocations of \$4,342)

(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	<b>TOTALS</b>			<b>\$ 738,341</b>	3

Facility Name &amp; ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/13

Ending:

06/30/14

**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	
	Bed* 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	\$		\$	\$	\$	4
5										5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
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	Asphalt Work (TC = \$9,763)		2011	2,243						14
15	New Sign (TC = \$11,600)		2011	2,665						15
16	Gutters (TC = \$5,900)		2011	1,355						16
17	Electrical Work (TC = \$4,439)		2011	1,020						17
18	Concrete (TC = \$10,360)		2011	2,380						18
19	Asphalt and Repave (TC = \$4,096)		2011	941						19
20	Replace Valve and Calibrate (TC = \$4,759)		2011	1,093						20
21	Chiller Repair (TC = \$5,267)		2011	1,210						21
22	Roofing Repairs (TC = \$208,555)		2011	47,913						22
23	Sprinkler System (TC = \$51,848)		2011	11,911						23
24	Chiller (TC = \$143,750)		2011	33,025						24
25	Cabinetry and Finish - Prairie Glenn Lobby (TC = \$12,512)		2011	2,874						25
26	Corridor - Prairie Glenn Lower Level (TC = \$30,354)		2011	6,974						26
27	Fire Dampers, Registers, and Bathroom Exhaust (TC = \$8,936)		2011	2,053						27
28	Replaced Burnt Out Motor (TC = \$5,780)		2011	1,328						28
29	Sealcoat and Tar 3 Parking Lots (TC = \$17,536)		2011	4,029						29
30	Sewer Repair and Landscape Backfill (TC = \$3,630)		2011	834						30
31	Replace Parts on HVAC Units (TC = \$3,830)		2011	880						31
32	Fire Control Systems (TC = \$5,745)		2012	1,320						32
33	Jason Hill 10 Cameras and 1 DVR System (TC = \$6,000)		2012	1,378						33
34	Cabinetry and Finish - Prairie Glenn Lobby (TC = \$32,500)		2012	7,467						34
35	Cabinetry and Finish - Prairie Glenn Lobby (TC = \$32,500)		2012	7,467						35
36	Drapes - Lobby Renovation (TC = \$11,520)		2012	2,647						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:

07/01/13

Ending:

06/30/14**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	2012	\$ 1,412	\$		\$	\$	\$	37
38	2012	2,124						38
39	2012	584						39
40	2012	13,373						40
41	2012	796						41
42	2012	1,115						42
43	2012	827						43
44	2012	870						44
45	2012	642						45
46	2012	1,270						46
47	2012	6,464						47
48	2012	1,092						48
49	2013	25,455						49
50	2013	24,352						50
51	2013	32,572						51
52	2013	4,250						52
53	2013	8,705						53
54	2013	4,740						54
55	2013	22,224						55
56	2013	1,838						56
57	2013	617						57
58	2013	658						58
59								59
60								60
61								61
62								62
63	2013	12,453						63
64	2013	18,365						64
65	2013	1,017						65
66	2014	7,762						66
67	2014	689						67
68	2014	8,271						68
69	2014	2,527						69
70		\$ 9,004,674	\$		\$	\$	\$	70

\*\*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	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,004,674	\$		\$	\$	\$	1
2									2
3	<b>Current Year Dispositions - FY 2013 - 2014</b>								3
4	<b>See CY FA Disposals Schedule - Allocations and Locations</b>								4
5									5
6	Various	2007	(12,853)						6
7	Various	2008	(6,083)						7
8	Various	2009	(5,144)						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	<b>Financial Statement Depreciation</b>			309,337		309,337		2,328,846	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,980,594	\$ 309,337		\$ 309,337	\$	\$ 2,328,846	34

\*\*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	\$ 656,886	\$	\$	\$		\$	71
72	Current Year Purchases	21,593						72
73	Fully Depreciated Assets							73
74	Disposals	(8,230)						74
75	TOTALS	\$ 670,249	\$	\$	\$		\$	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	Facility	Bus (TC = \$57,744)	2014	\$ 13,266	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 13,266	\$	\$	\$		\$	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)	\$ 10,402,450	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 309,337	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 309,337	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,328,846	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	Non-Care Assets - PY Total	\$ 20,721,061	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	574,102			87
88	Non-Care Assets - CY EQIP Add.	98,599			88
89	Non-Care Assets - CY Disposals	(151,577)			89
90	Financial Statement Depreciation		1,037,139	7,808,097	90
91	TOTALS	\$ 21,242,185	\$ 1,037,139	\$ 7,808,097	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.

Table 1.1: Summary of the data

ID	Name	Type	Status	Age	Sex	Height	Weight	BMI	Blood Pressure	Heart Rate	Blood Sugar			
											Fasting	Random	HbA1c	Diabetes
1	John Doe	Male	1	45	M	175	75	24.5	120/80	75	100	120	5.5	0
2	Jane Smith	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0
3	Michael Brown	Male	1	55	M	180	85	26.0	130/90	85	130	140	6.0	1
4	Sarah White	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
5	David Green	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
6	Emily Black	Female	1	40	F	165	60	22.0	115/75	60	95	105	5.2	0
7	Robert King	Male	1	30	M	170	65	22.0	110/70	65	90	100	5.0	0
8	Laura Lee	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
9	James Hall	Male	1	40	M	175	70	22.0	115/75	65	95	105	5.2	0
10	Maria Garcia	Female	1	30	F	155	50	19.0	100/60	55	80	90	4.5	0
11	Christopher Wilson	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
12	Amanda Taylor	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
13	Kevin Anderson	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
14	Nicole Jackson	Female	1	45	F	160	55	21.5	110/70	65	90	110	5.0	0
15	Brandon Thomas	Male	1	35	M	175	65	21.0	110/70	65	90	100	4.8	0
16	Karen White	Female	1	55	F	165	60	22.0	115/75	60	95	105	5.2	0
17	Steven Harris	Male	1	40	M	175	70	22.0	115/75	65	95	105	5.2	0
18	Michelle Clark	Female	1	30	F	155	50	19.0	100/60	55	80	90	4.5	0
19	Timothy Lewis	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
20	Stephanie Walker	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
21	Eric Young	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
22	Christina King	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
23	Jonathan Hill	Male	1	30	M	175	65	21.0	110/70	65	90	100	4.8	0
24	Victoria Scott	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
25	Gregory Adams	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
26	Heather Baker	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
27	Benjamin Carter	Male	1	45	M	175	65	21.0	110/70	65	90	100	4.8	0
28	Samantha Evans	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0
29	Christopher Foster	Male	1	55	M	175	70	22.0	115/75	65	95	105	5.2	0
30	Michelle Gibson	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
31	Timothy Hall	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
32	Stephanie Ives	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
33	Eric King	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
34	Christina Lee	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
35	Jonathan Miller	Male	1	30	M	175	65	21.0	110/70	65	90	100	4.8	0
36	Victoria Nelson	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
37	Gregory Ortiz	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
38	Heather Parker	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
39	Benjamin Quinn	Male	1	45	M	175	65	21.0	110/70	65	90	100	4.8	0
40	Samantha Reed	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0
41	Christopher Stone	Male	1	55	M	175	70	22.0	115/75	65	95	105	5.2	0
42	Michelle Taylor	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
43	Timothy White	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
44	Stephanie Young	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
45	Eric Adams	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
46	Christina Baker	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
47	Jonathan Carter	Male	1	30	M	175	65	21.0	110/70	65	90	100	4.8	0
48	Victoria Evans	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
49	Gregory Foster	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
50	Heather Gibson	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
51	Benjamin Hall	Male	1	45	M	175	65	21.0	110/70	65	90	100	4.8	0
52	Samantha Ives	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0
53	Christopher King	Male	1	55	M	175	70	22.0	115/75	65	95	105	5.2	0
54	Michelle Lee	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
55	Timothy Miller	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
56	Stephanie Nelson	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
57	Eric Ortiz	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
58	Christina Parker	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
59	Jonathan Quinn	Male	1	30	M	175	65	21.0	110/70	65	90	100	4.8	0
60	Victoria Reed	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
61	Gregory Stone	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
62	Heather Taylor	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
63	Benjamin White	Male	1	45	M	175	65	21.0	110/70	65	90	100	4.8	0
64	Samantha Young	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0
65	Christopher Adams	Male	1	55	M	175	70	22.0	115/75	65	95	105	5.2	0
66	Michelle Baker	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
67	Timothy Carter	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
68	Stephanie Evans	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
69	Eric Foster	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
70	Christina Gibson	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
71	Jonathan Hall	Male	1	30	M	175	65	21.0	110/70	65	90	100	4.8	0
72	Victoria Ives	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
73	Gregory King	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
74	Heather Lee	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
75	Benjamin Miller	Male	1	45	M	175	65	21.0	110/70	65	90	100	4.8	0
76	Samantha Nelson	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0
77	Christopher Ortiz	Male	1	55	M	175	70	22.0	115/75	65	95	105	5.2	0
78	Michelle Parker	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
79	Timothy Quinn	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
80	Stephanie Reed	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
81	Eric Stone	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
82	Christina Taylor	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
83	Jonathan White	Male	1	30	M	175	65	21.0	110/70	65	90	100	4.8	0
84	Victoria Young	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
85	Gregory Adams	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
86	Heather Baker	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
87	Benjamin Carter	Male	1	45	M	175	65	21.0	110/70	65	90	100	4.8	0
88	Samantha Evans	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0
89	Christopher Foster	Male	1	55	M	175	70	22.0	115/75	65	95	105	5.2	0
90	Michelle Gibson	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
91	Timothy Hall	Male	1	65	M	170	70	24.0	125/85	70	110	125	5.8	0
92	Stephanie Ives	Female	1	25	F	150	45	20.0	100/60	55	80	90	4.5	0
93	Eric King	Male	1	50	M	170	70	24.0	125/85	70	110	125	5.8	0
94	Christina Lee	Female	1	40	F	160	50	19.0	105/65	55	85	95	4.8	0
95	Jonathan Miller	Male	1	30	M	175	65	21.0	110/70	65	90	100	4.8	0
96	Victoria Nelson	Female	1	50	F	160	50	19.0	105/65	55	85	95	4.8	0
97	Gregory Ortiz	Male	1	60	M	180	80	24.0	130/90	80	120	130	6.0	1
98	Heather Parker	Female	1	20	F	150	40	18.0	95/55	50	75	85	4.2	0
99	Benjamin Quinn	Male	1	45	M	175	65	21.0	110/70	65	90	100	4.8	0
100	Samantha Reed	Female	1	35	F	160	55	21.5	110/70	65	90	110	5.0	0

The Village of Victory Lakes  
 Fixed Asset Analysis - Disposals  
 FYE June 30, 2014

C/L Number	Cost Report Classification	Description	Page	Section	Grouping	Cost	In Service Date	Class	Method	Cost					
										72-014	72-022	72-014	72-022	72-014	
											Nondepr. Items	Other	Expensed - NH	Expensed - NA	Total
<b>Leasehold Improvements</b>															
4-0100	Building Equipment	Auto Bedroom Doors	12	XI-B	1	3,060	08/20/07	LIMP	Indirect	703	2,357	-	-	-	3,060
4-0100	Building Equipment	Automatic Doors	12	XI-B	1	9,541	08/20/07	LIMP	Indirect	2,192	7,349	-	-	-	9,541
4-0100	Building Equipment	Cabinets	12	XI-B	1	2,975	08/20/07	LIMP	Indirect	683	2,292	-	-	-	2,975
4-0100	Building Equipment	Cabinets	12	XI-B	1	450	08/20/07	LIMP	Indirect	92	308	-	-	-	450
4-0100	Building Equipment	Cabinets	12	XI-B	1	2,975	10/22/07	LIMP	Indirect	683	2,292	-	-	-	2,975
4-0100	Building Equipment	Cabinets	12	XI-B	1	400	10/22/07	LIMP	Indirect	92	308	-	-	-	400
4-0100	Building Equipment	Carpet	12	XI-B	1	848	02/20/07	LIMP	Indirect	151	653	-	-	-	848
4-0100	Building Equipment	Carpet	12	XI-B	1	6,085	06/02/07	LIMP	Indirect	1,308	4,687	-	-	-	6,085
4-0100	Building Equipment	Carpet	12	XI-B	1	1,812	08/21/07	LIMP	Indirect	416	1,396	-	-	-	1,812
4-0100	Building Equipment	Carpet and Vinyl	12	XI-B	1	2,079	08/01/07	LIMP	Indirect	476	1,603	-	-	-	2,079
4-0100	Building Equipment	Carpet and Vinyl	12	XI-B	1	1,609	08/28/07	LIMP	Indirect	370	1,239	-	-	-	1,609
4-0100	Building Equipment	Carpet and Vinyl	12	XI-B	1	3,994	08/21/07	LIMP	Indirect	907	3,078	-	-	-	3,994
4-0100	Building Equipment	Carpet and Vinyl	12	XI-B	1	5,043	11/26/07	LIMP	Indirect	1,159	3,884	-	-	-	5,043
4-0100	Building Equipment	Countertops	12	XI-B	1	605	07/21/07	LIMP	Indirect	139	466	-	-	-	605
4-0100	Building Equipment	Rebarbath	12	XI-B	1	9,002	07/21/07	LIMP	Indirect	2,068	6,934	-	-	-	9,002
4-0100	Building Equipment	Rebarbath	12	XI-B	1	520	07/21/07	LIMP	Indirect	119	401	-	-	-	520
4-0100	Building Equipment	Rebarbath	12	XI-B	1	3,066	07/21/07	LIMP	Indirect	1,149	1,917	-	-	-	3,066
						<b>25,941</b>				<b>12,693</b>	<b>13,048</b>				<b>25,941</b>
4-0100	Building Equipment	Al Partitions Walls	12	XI-B	2	1,213	06/03/08	LIMP	Indirect	279	936	-	-	-	1,213
4-0100	Building Equipment	Carpet and Vinyl	12	XI-B	2	3,440	01/23/08	LIMP	Indirect	790	2,650	-	-	-	3,440
4-0100	Building Equipment	Carpeting	12	XI-B	2	845	07/21/08	LIMP	Indirect	194	651	-	-	-	845
4-0100	Building Equipment	Carpeting	12	XI-B	2	3,466	09/16/08	LIMP	Indirect	796	2,670	-	-	-	3,466
4-0100	Building Equipment	Carpeting	12	XI-B	2	1,327	09/16/08	LIMP	Indirect	304	1,023	-	-	-	1,327
4-0100	Building Equipment	Carpeting	12	XI-B	2	1,102	10/20/08	LIMP	Indirect	274	828	-	-	-	1,102
4-0100	Building Equipment	Floor Covering	12	XI-B	2	9,341	05/13/08	LIMP	Indirect	2,146	7,195	-	-	-	9,341
4-0100	Building Equipment	Floor Covering	12	XI-B	2	2,832	04/01/08	LIMP	Indirect	653	2,179	-	-	-	2,832
4-0100	Building Equipment	Floor Covering	12	XI-B	2	2,807	09/28/08	LIMP	Indirect	645	2,162	-	-	-	2,807
						<b>25,480</b>				<b>6,083</b>	<b>20,396</b>				<b>25,480</b>
4-0100	Building Equipment	Carpeting	12	XI-B	3	827	01/13/09	LIMP	Indirect	190	637	-	-	-	827
4-0100	Building Equipment	Carpeting	12	XI-B	3	1,267	01/13/09	LIMP	Indirect	298	969	-	-	-	1,267
4-0100	Building Equipment	Carpeting	12	XI-B	3	890	01/13/09	LIMP	Indirect	205	686	-	-	-	890
4-0100	Building Equipment	Carpeting	12	XI-B	3	989	01/20/09	LIMP	Indirect	227	761	-	-	-	989
4-0100	Building Equipment	Carpeting	12	XI-B	3	4,048	01/20/09	LIMP	Indirect	930	3,118	-	-	-	4,048
4-0100	Building Equipment	Carpeting	12	XI-B	3	2,003	02/11/09	LIMP	Indirect	460	1,543	-	-	-	2,003
4-0100	Building Equipment	Carpeting	12	XI-B	3	1,127	02/11/09	LIMP	Indirect	259	868	-	-	-	1,127
4-0100	Building Equipment	Carpeting	12	XI-B	3	1,127	02/26/09	LIMP	Indirect	259	868	-	-	-	1,127
4-0100	Building Equipment	Carpeting	12	XI-B	3	1,050	03/18/09	LIMP	Indirect	241	809	-	-	-	1,050
4-0100	Building Equipment	Carpeting	12	XI-B	3	1,050	03/18/09	LIMP	Indirect	241	809	-	-	-	1,050
4-0100	Building Equipment	Carpeting	12	XI-B	3	2,388	03/21/09	LIMP	Indirect	549	1,840	-	-	-	2,388
4-0100	Building Equipment	Carpeting	12	XI-B	3	848	03/21/09	LIMP	Indirect	151	653	-	-	-	848
4-0100	Building Equipment	Carpeting	12	XI-B	3	1,307	04/20/09	LIMP	Indirect	300	1,007	-	-	-	1,307
4-0100	Building Equipment	Carpeting	12	XI-B	3	1,517	04/20/09	LIMP	Indirect	348	1,169	-	-	-	1,517
4-0100	Building Equipment	Carpeting	12	XI-B	3	927	05/21/09	LIMP	Indirect	213	714	-	-	-	927
						<b>22,280</b>				<b>3,144</b>	<b>17,280</b>				<b>22,280</b>
<b>Sub - Total</b>						<b>104,821</b>				<b>24,080</b>	<b>80,726</b>				<b>104,821</b>
<b>Equipment</b>															
5-0100	Movable Equipment	CCC Convex Oven	13	XI-C	1	2,965	07/20/07	EQUIP	Indirect	681	2,284	-	-	-	2,965
5-0100	Movable Equipment	Computer Monitors	13	XI-C	1	436	07/18/07	EQUIP	Indirect	144	450	-	-	-	436
5-0100	Movable Equipment	Computers	13	XI-C	1	1,945	01/19/07	EQUIP	Indirect	447	1,498	-	-	-	1,945
5-0100	Movable Equipment	Computers	13	XI-C	1	2,428	01/18/07	EQUIP	Indirect	558	1,870	-	-	-	2,428
5-0100	Movable Equipment	Computers	13	XI-C	1	1,014	01/18/07	EQUIP	Indirect	233	781	-	-	-	1,014
5-0100	Movable Equipment	Computers	13	XI-C	1	1,397	01/18/07	EQUIP	Indirect	321	1,076	-	-	-	1,397
5-0100	Movable Equipment	Garbage Disposal	13	XI-C	1	2,102	07/21/08	EQUIP	Indirect	483	1,619	-	-	-	2,102
5-0100	Movable Equipment	Kitchen Equipment	13	XI-C	1	10,441	06/01/08	EQUIP	Indirect	2,403	8,038	-	-	-	10,441
5-0100	Movable Equipment	Kitchen Toy Dolly	13	XI-C	1	391	07/20/07	EQUIP	Indirect	126	455	-	-	-	391
5-0100	Movable Equipment	Kitchen Toy Dolly	13	XI-C	1	391	08/15/07	EQUIP	Indirect	126	455	-	-	-	391
5-0100	Movable Equipment	Nourishment Room Refrigerator	13	XI-C	1	1,379	07/20/07	EQUIP	Indirect	317	1,062	-	-	-	1,379
5-0100	Movable Equipment	Plate Warmer	13	XI-C	1	735	10/26/07	EQUIP	Indirect	169	566	-	-	-	735
5-0100	Movable Equipment	Plate Warmer	13	XI-C	1	2,281	11/20/07	EQUIP	Indirect	324	1,757	-	-	-	2,281
5-0100	Movable Equipment	Plate Warmer	13	XI-C	1	2,119	11/21/07	EQUIP	Indirect	487	1,632	-	-	-	2,119
5-0100	Movable Equipment	Software	13	XI-C	1	3,160	09/20/06	EQUIP	Indirect	1,190	1,970	-	-	-	3,160
						<b>23,825</b>				<b>8,230</b>	<b>17,495</b>				<b>23,825</b>
<b>Sub - Total</b>						<b>21,822</b>				<b>8,230</b>	<b>17,592</b>				<b>21,822</b>
<b>Transportation Equipment</b>															
6-0100	Transportation Equipment	Cherry Trax	13	XI-D	1	2,860		TRNF	Indirect	617	2,243	-	-	-	2,860
6-0100	Transportation Equipment	Bus	13	XI-D	2	44,787	01/03/07	TRNF	Indirect	10,289	34,498	-	-	-	44,787
6-0100	Transportation Equipment	Handicap Van	13	XI-D	3	8,200	07/02/08	TRNF	Indirect	1,932	6,267	-	-	-	8,200
						<b>35,147</b>				<b>12,839</b>	<b>22,308</b>				<b>35,147</b>
<b>Sub - Total</b>						<b>36,147</b>				<b>12,839</b>	<b>23,308</b>				<b>36,147</b>
<b>Totals</b>						<b>196,786</b>				<b>43,209</b>	<b>153,577</b>				<b>196,786</b>

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning: 07/01/13

Ending: 06/30/14

**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? NO

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	<b>TOTAL</b>				\$			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.	<u>                    </u> /2015	\$ <u>                    </u>
13.	<u>                    </u> /2016	\$ <u>                    </u>
14.	<u>                    </u> /2017	\$ <u>                    </u>

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: \$ 15,603 Description: See Supplemental 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	<b>TOTAL</b>		\$	\$	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.

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**Page 14 Supplemental Schedule - Building and Fixed Equipment**

Vendor	Amount
Total	-

**Page 14 Supplemental Schedule - Equipment Rental**

Vendor	Item Rented	Amount
Accelerated Care Plus	Rehab Equipment	20,782
Ecolab / Unidine	Dining Equipment	6,931
GE Capital / Pitney Bowes	Copiers / Postage Machine	17,090
Allocation - IL / AL		(29,200)
Total		15,603

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			
		1	2	3	4
		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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (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.)

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8			
			Staff		Outside Practitioner (other than consultant)		Total Cost (Col. 3 + 5 + 6)							
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$			\$	469,445	\$		\$	469,445	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					173,513				173,513	2	
3	Licensed Recreational Therapist		hrs										3	
4	Licensed Physical Therapist	39 - 03	hrs					905,414				905,414	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						816,061			816,061	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10	
11	Academic Education		hrs										11	
12	Other (specify): <a href="#">See Supplemental</a>	39 - 02							30,537			30,537	12	
13	Other (specify): <a href="#">See Supplemental</a>	39 - 03							274,537			274,537	13	
14	TOTAL			\$				\$	1,822,908	\$	846,598	\$	2,669,506	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**

<b>Description</b>	<b>Supplies</b>	<b>Other</b>
Oxygen and Supplies	12,787	
Enteral Nutrition / Pen Nutrients	17,750	
Flu Shot		
Respiratory Therapy		62,150
Radiology		54,562
Laboratory		108,354
Wound Pump		3,641
Specialized Beds & Air Mattresses		15,358
Other Ancillary Services		30,472
Total	30,537	274,537

**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **06/30/14**

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 3,948	\$	1
2	Cash-Patient Deposits	4,032		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>678,000</u> )	2,244,587		3
4	Supply Inventory (priced at <u>Cost - FIFO</u> )	114,003		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	114,214		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 2,480,784	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	9,785,000		13
14	Buildings, at Historical Cost	23,180,486		14
15	Leasehold Improvements, at Historical Cost	3,211,546		15
16	Equipment, at Historical Cost	3,777,514		16
17	Accumulated Depreciation (book methods)	(10,136,942)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>	388,781		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 30,206,385	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 32,687,169	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 653,803	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,190		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	484,172		30
31	Accrued Taxes Payable (excluding real estate taxes)	3,178		31
32	Accrued Real Estate Taxes(Sch.IX-B)	255,530		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Supplemental Schedule</u>	23,761,618		36
37				37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 25,161,491	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Supplemental Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 25,161,491	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ 7,525,678	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 32,687,169	\$	48

\*(See instructions.)

**The Village at Victory Lakes  
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**Page 17 Supplemental Schedule**

Description	Operating	After Consolidation
<b>Line 9 - Other Current Assets</b>		
Total	-	-
<b>Line 23 - Other Long Term Assets</b>		
Deferred Marketing Costs (Net of Amortization)	31,571	
Organizational Costs (Net of Amortization)	357,209	
Total	388,781	-
<b>Line 36 - Other Current Liabilities</b>		
Unclaimed Funds	615	
Reservation Deposits	77,700	
Refundable Deposits	21,042,309	
Unrefundable Deposits (Net of Amortization)	2,640,993	
Total	23,761,618	-
<b>Line 43 - Other Long Term Liabilities</b>		
Total	-	-

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>7,825,415</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>7,825,415</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(1,939,790)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(1,939,790)</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
<b>18</b>	<b>FC Holding - Intercompany Transfer</b>	1,640,053	<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ <b>1,640,053</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>7,525,678</b>	<b>24</b> *

\* This must agree with page 17, line 47.

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 19,601,598	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 19,601,598	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	124,689	6
7	Oxygen	24,139	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 148,828	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	27,844	12
13	Barber and Beauty Care	88,284	13
14	Non-Patient Meals	31,841	14
15	Telephone, Television and Radio	5,154	15
16	Rental of Facility Space	10,151	16
17	Sale of Drugs	2,569	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	338	19
20	Radiology and X-Ray		20
21	Other Medical Services	135,767	21
22	Laundry	12,237	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 314,185	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	1,067	24
25	Interest and Other Investment Income***	15,583	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 16,650	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	929,093	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 929,093	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 21,010,354	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	5,003,885	31
32	Health Care	4,924,809	32
33	General Administration	5,137,736	33
<b>B. Capital Expense</b>			
34	Ownership	3,130,184	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	4,563,705	35
36	Provider Participation Fee	189,825	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 22,950,144	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,939,790)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,939,790)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 832,819	44
45	Private Pay - Net Inpatient Revenue	10,164,063	45
46	Medicare - Net Inpatient Revenue	8,116,764	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	487,952	47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 19,601,598	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not Final 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.

**The Village at Victory Lakes  
Medicaid Cost Report  
07/01/13 - 06/30/14**

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**Page 19 Supplemental Schedule**

Description	Total	Adjustment
<b>Line 28 - Other Revenue</b>		
Maintenance Revenue	1,199	1,199
Housekeeping Revenue	9,913	9,913
Transportation Revenue	3,964	3,964
Energy Incentive Savings	5,803	5,803
Badge Replacement	195	195
Jury Duty Income	196	196
Insurance Settlements	545,769	545,769
Real Estate Taxes	361,603	361,603
Rebates and Refunds	452	452
Total	<u>929,093</u>	<u>929,093</u>

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/13

Ending:

06/30/14

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	1,296	1,579	\$ 74,134	\$ 46.95	1
2	Assistant Director of Nursing	1,860	2,345	99,258	42.33	2
3	Registered Nurses	47,603	52,532	1,663,927	31.67	3
4	Licensed Practical Nurses	16,388	18,081	455,473	25.19	4
5	CNAs & Orderlies	83,162	92,301	1,235,991	13.39	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,582	3,194	44,376	13.89	8
9	Activity Director	1,825	2,104	40,543	19.27	9
10	Activity Assistants	6,165	6,928	86,115	12.43	10
11	Social Service Workers	8,157	8,956	230,229	25.71	11
12	Dietician					12
13	Food Service Supervisor	6,342	6,663	123,252	18.50	13
14	Head Cook	6,925	7,670	110,421	14.40	14
15	Cook Helpers/Assistants	47,585	52,553	536,213	10.20	15
16	Dishwashers					16
17	Maintenance Workers	19,344	21,261	488,648	22.98	17
18	Housekeepers	27,835	30,723	357,472	11.64	18
19	Laundry	7,756	8,600	82,398	9.58	19
20	Administrator	1,896	2,201	123,727	56.21	20
21	Assistant Administrator					21
22	Other Administrative	1,928	2,080	166,928	80.25	22
23	Office Manager					23
24	Clerical	17,222	18,964	386,044	20.36	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	1,912	2,080	61,318	29.48	31
32	Other Health Care(specify)	13,500	15,009	323,506	21.55	32
33	Other(specify) <u>See Supplement</u>	57,475	64,494	1,128,843	17.50	33
34	TOTAL (lines 1 - 33)	378,758	420,318	\$ 7,818,816 *	\$ 18.60	34

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$ 9,054	01 - 03	35
36	Medical Director	10,200	09 - 03	36
37	Medical Records Consultant	333	10 - 03	37
38	Nurse Consultant	112,673	10 - 03	38
39	Pharmacist Consultant	4,060	10 - 03	39
40	Physical Therapy Consultant	3,377	10a - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	1,040	11 - 03	44
45	Social Service Consultant	1,105	12 - 03	45
46	Other(specify) <u>Priests</u>	2,445	12 - 03	46
47	<u>Outside Food Management</u>	360,605	01 - 03	47
48	<u>Senior Fitness</u>	45,378	10a - 03	48
49	TOTAL (lines 35 - 48)	\$ 550,269		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 21,940	10 - 03	50
51	Licensed Practical Nurses	52,558	10 - 03	51
52	Certified Nurse Assistants/Aides	20,590	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 95,089		53

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

\*\* See instructions.

**The Village at Victory Lakes  
Medicaid Cost Report  
07/01/13 - 06/30/14**

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**Page 20 Supplemental Schedule**

Description	Hours Worked	Hours Paid	Salary
<b>Other Salaries</b>			
Transportation (Line 14)	335	335	4,824
Beautician (Line 40)	3,593	4,085	69,030
Gift Shop and Store Attendant (Line 41)	644	828	10,721
Assisted Living (Line 43)	39,371	44,581	780,015
Independent Living (Line 43)	9,716	10,481	191,048
Marketing (Line 43)	3,816	4,184	73,205
Total	57,475	64,494	1,128,843



**The Village at Victory Lakes  
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**Page 21 Supplemental Schedule - Seminar and Travel Schedule**

<b>Payee</b>	<b>Date</b>	<b>Topic</b>	<b>Amount</b>	<b>Allowable</b>
Life Services Network	08/30/13	Interact 3.0 Face to Face	20	20
Kaylynn Wabich-Jindra	08/31/13		400	400
Opus Greeley	09/30/13		199	199
Illinois Council on Long Term Care	12/31/13	Interact 3.0 Face to Face	495	495
Wound Care Ed Institute	01/01/14	Wound Care	7,491	7,491
Leading Age	02/28/14	Nitty Gritty of Section G	300	300
Life Services Network	08/30/13		675	
Life Services Network	09/30/13		175	
Life Services Network	12/23/13		175	
Life Services Network	02/28/13		125	
Life Services Network	08/30/13	DON LTC Certification	500	500
Life Services Network	08/31/13	Leading Excellence in Dementia Care	675	675
Life Services Network	11/30/13	RUGS IV - 48	190	190
Pathway Health	12/31/13	Restorative Certification	899	899
Cross Country Education	10/31/13		189	189
Leading Age	09/30/13		915	915
Life Services Network	11/30/13	2013 Legislative Update	40	40
Cross Country Education	12/27/13	IL UST Class C Operator	192	192
Amazon	02/28/14		25	25
NIU Outreach	06/23/14		151	151
SHRM	01/31/14	SRKA	17	17
David A. Egan	03/26/14		212	212
Allocation - IL / AL				(2,610)
<b>Total</b>			<b>14,060</b>	<b>10,300</b>

**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		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	N/A											
3												
4												
5												
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19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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

Report Period Beginning:

07/01/13Ending: 06/30/14**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 - \$16,000
- (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? 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. \$ 35,327 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.
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 189,825  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 31,841
- (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? Yes
- 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? 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 and Moran, PLLC - Consolidated Statement (Not Final)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Allocation 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. No - ADJ Out  
Attach invoices and a summary of services for all architect and appraisal fees