

Facility Name & ID Number The Village at Victory Lakes

0048256 Report Period Beginning: 07/01/17 Ending: 06/30/18

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	4,287	12,888	15,218	32,393	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,287	12,888	15,218	32,393	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.96%

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

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
 YES NO If YES, enter number of beds certified 120 and days of care provided 11,542

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/18 Fiscal Year: 06/30/18

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/17 Ending: 06/30/18

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	1,028,817	144,750	612,217	1,785,784	1,785,784	(978,369)	807,415			1
2	Food Purchase		872,358		872,358	872,358	(509,553)	362,805			2
3	Housekeeping	495,266	88,376	1,369	585,011	585,011	(270,025)	314,986			3
4	Laundry		6,105		6,105	6,105	(3,049)	3,056			4
5	Heat and Other Utilities			551,380	551,380	551,380	(424,707)	126,673			5
6	Maintenance	628,089	110,079	787,906	1,526,074	1,526,074	(1,167,860)	358,214			6
7	Other (specify):* See Supplemental						(765)	(765)			7
8	TOTAL General Services	2,152,172	1,221,668	1,952,872	5,326,712	5,326,712	(3,354,328)	1,972,384			8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000	24,000	(7,374)	16,626			9
10	Nursing and Medical Records	3,624,581	104,796	117,633	3,847,010	3,847,010	(271,412)	3,575,598			10
10a	Therapy	48,451	7,353	63,054	118,858	118,858	(21,632)	97,226			10a
11	Activities	138,525	6,708	7,245	152,478	152,478	(78,105)	74,373			11
12	Social Services	252,520	7,193	12,214	271,927	271,927	(123,009)	148,918			12
13	CNA Training										13
14	Program Transportation			1,127	1,127	1,127	(318)	809			14
15	Other (specify):* See Supplemental						(4,365)	(4,365)			15
16	TOTAL Health Care and Programs	4,064,077	126,050	225,273	4,415,400	4,415,400	(506,215)	3,909,185			16
	C. General Administration										
17	Administrative	305,867		1,372,142	1,678,009	1,678,009	(1,503,278)	174,731			17
18	Directors Fees										18
19	Professional Services			105,790	105,790	105,790	(29,911)	75,879			19
20	Dues, Fees, Subscriptions & Promotions			80,679	80,679	80,679	(28,707)	51,972			20
21	Clerical & General Office Expenses	445,877	29,446	247,782	723,105	723,105	45,277	768,382			21
22	Employee Benefits & Payroll Taxes			2,227,312	2,227,312	2,227,312		2,227,312			22
23	Inservice Training & Education			1,582	1,582	1,582	(1,113)	469			23
24	Travel and Seminar			2,682	2,682	2,682	555	3,237			24
25	Other Admin. Staff Transportation			15,523	15,523	15,523	(12,118)	3,405			25
26	Insurance-Prop.Liab.Malpractice			387,967	387,967	387,967	(161,210)	226,757			26
27	Other (specify):* See Supplemental						(37,101)	(37,101)			27
28	TOTAL General Administration	751,744	29,446	4,441,459	5,222,649	5,222,649	(1,727,606)	3,495,043			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,967,993	1,377,164	6,619,604	14,964,761	14,964,761	(5,588,149)	9,376,612			29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

The Village at Victory Lakes
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 7 - Other General Services				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(2,579)	(2,579)
				-
Alloc. - Non-Allowable AL / IL			1,814	1,814
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>(765)</u>	<u>(765)</u>
Line 15 - Other Health Care Services				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(7,730)	(7,730)
				-
Alloc. - Non-Allowable AL / IL			3,365	3,365
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>(4,365)</u>	<u>(4,365)</u>
Line 27 - Other General Administration				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(65,705)	(65,705)
				-
Alloc. - Non-Allowable AL / IL			28,604	28,604
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>(37,101)</u>	<u>(37,101)</u>

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

Report Period Beginning:

07/01/17

Ending:

06/30/18

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			1,803,848	1,803,848		1,803,848	(1,381,269)	422,579			30
31	Amortization of Pre-Op. & Org.			13,230	13,230		13,230	(13,230)				31
32	Interest			1,142,540	1,142,540		1,142,540	(880,091)	262,449			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds							11,504	11,504			34
35	Rent-Equipment & Vehicles			29,487	29,487		29,487	(19,781)	9,706			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			2,989,105	2,989,105		2,989,105	(2,282,867)	706,238			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		826,495	1,534,355	2,360,850		2,360,850		2,360,850			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			192,130	192,130		192,130		192,130			42
43	Other (specify):* See Supplemental	1,661,382	77,348	679,666	2,418,396		2,418,396	(2,418,396)				43
44	TOTAL Special Cost Centers	1,661,382	903,843	2,406,151	4,971,376		4,971,376	(2,418,396)	2,552,980			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,629,375	2,281,007	12,014,860	22,925,242		22,925,242	(10,289,412)	12,635,830			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

The Village at Victory Lakes
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Line 43 - Other Special Cost Centers				
Assisted Living	1,180,753	26,431	22,270	1,229,454
Independent Living	307,087	18,610	530,831	856,528
Marketing	173,542	32,307	125,291	331,140
Development			1,274	1,274
				-
				-
				-
Sub-Total	<u>1,661,382</u>	<u>77,348</u>	<u>679,666</u>	<u>2,418,396</u>

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/17

Ending:

06/30/18

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	(83,634)	02		4
5	Telephone, TV & Radio in Resident Rooms	(440)	21		5
6	Rented Facility Space	(7,230)	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	(158)	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	(1,258)	21		18
19	Entertainment	(5,281)	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	(83,466)	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	(9,698,467)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (9,879,934)		\$	30

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)	(409,478)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (409,478)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (10,289,412)		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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' PREPARATION REPORT

The Village at Victory LakesID# 0048256Report Period Beginning: 07/01/17Ending: 06/30/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Transportation Revenue	\$ (318)	14	1
2	Activity Revenue	(3,904)	11	2
3	Miscellaneous Revenue	(3,854)	21	3
4	Collection Costs	(4,495)	19	4
5	Bank Fees	(5,261)	21	5
6	Cable Expense	(50,225)	21	6
7	Credit Card Expenses	(126)	21	7
8	Assisted Living	(1,229,454)	43	8
9	Independent Living	(856,528)	43	9
10	Marketing	(331,140)	43	10
11	Development	(1,274)	43	11
12	Amortization	(13,230)	31	12
13				13
14				14
15	Page 5 SUPP - Assisted Living Allocations			15
16	Dietary	(978,369)	01	16
17	Food	(425,919)	02	17
18	Housekeeping	(270,025)	03	18
19	Laundry	(3,049)	04	19
20	Utilities	(424,707)	05	20
21	Maintenance	(1,193,332)	06	21
22	Other	1,814	07	22
23	Medical Director	(7,374)	09	23
24	Nursing and Medical Records	(359,375)	10	24
25	Therapy	(21,632)	10A	25
26	Activities	(74,201)	11	26
27	Social Services	(123,009)	12	27
28	CNA Training	0	13	28
29	Transportation	0	14	29
30	Other	3,365	15	30
31	Administrative	(131,136)	17	31
32	Director Fees	0	18	32
33	Professional Fees	(56,948)	19	33
34	Dues and Subscriptions	(39,006)	20	34
35	Clerical	(574,941)	21	35
36	Employee Benefits (Not ADJ - Rate Calculation)		22	36
37	Inservice Training	(1,113)	23	37
38	Seminar and Travel	(7,674)	24	38
39	Other Staff Admin. Transportation	(12,118)	25	39
40	Insurance	(170,183)	26	40
41	Other	28,604	27	41
42	Depreciation	(1,416,813)	30	42
43	Amortization	0	31	43
44	Interest	(879,933)	32	44
45	Real Estate Taxes	0	33	45
46	Rent - Building	(38,571)	34	46
47	Rent - Equipment	(23,013)	35	47
48				48
49	Total	(9,698,467)		49

The Village at Victory Lakes
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 5 - Non-Care Supplemental Allocation Schedule

Description	Cost Center	Salary	Total		Direct Nursing Home		Expenses For Alloc.	Alloc. Method	Statistics		Expenses	
			Allow. Exp.	Salary	Other	Nursing Home			Other	Nursing Home	Other	
Dietary	1	1,028,817	1,785,784		9,789	1,775,995	Meals Served	97,179	216,379	807,415	978,369	
Food	2	-	788,724		15,571	773,153	Meals Served	97,179	216,379	362,805	425,919	
Housekeeping	3	495,266	585,011			585,011	SQFT (1)	1,014,356	1,883,924	314,986	270,025	
Laundry	4	-	6,105			6,105	Pat. Days (1)	32,393	64,711	3,056	3,049	
Heat and Other Utilities	5	-	551,380			551,380	SQFT	72,454	315,376	126,673	424,707	
Maintenance	6	628,089	1,551,546		2,290	1,549,256	SQFT	72,454	315,376	358,214	1,193,332	
Other	7	-	(2,579)			(2,579)	Pat. Days	32,393	109,201	(765)	(1,814)	
Medical Director	9	-	24,000			24,000	Dir. Staffing	2,662,357	3,843,110	16,626	7,374	
Nursing and Medical Records	10	3,624,581	3,934,973	2,613,906	151,374	1,169,693	Dir. Staffing	2,662,357	3,843,110	3,575,598	359,375	
Therapy	10a	48,451	118,858	48,451		70,407	Dir. Staffing	2,662,357	3,843,110	97,226	21,632	
Activities	11	138,525	148,574			148,574	Pat. Days (2)	32,393	64,711	74,373	74,201	
Social Services	12	252,520	271,927			271,927	Pat. Days (3)	32,393	59,150	148,918	123,009	
CNA Training	13	-	-			-	Dir. Staffing	2,662,357	3,843,110	-	-	
Transportation	14	-	809		809	-	Pat. Days	32,393	109,201	809	-	
Other	15	-	(7,730)			(7,730)	Alloc. Salary	4,872,607	8,629,375	(4,365)	(3,365)	
Administrative	17	305,867	305,867			305,867	Net. Pat. Rev.	12,294,047	21,520,798	174,731	131,136	
Directors Fees	18	-	-			-	N/A	-	-	-	-	
Professional Fees	19	-	132,827			132,827	Net. Pat. Rev.	12,294,047	21,520,798	75,879	56,948	
Dues and Subscriptions	20	-	90,978			90,978	Net. Pat. Rev.	12,294,047	21,520,798	51,972	39,006	
Office and Clerical	21	445,877	1,343,323		2,310	1,341,013	Net. Pat. Rev.	12,294,047	21,520,798	768,382	574,941	
Employee Benefits	22	-	2,227,312			2,227,312	Alloc. Salary	4,872,607	8,629,375	1,257,660	969,652	
Inservice Training and Expense	23	-	1,582			1,582	Pat. Days	32,393	109,201	469	1,113	
Travel and Seminar	24	-	10,911			10,911	Pat. Days	32,393	109,201	3,237	7,674	
Other Staff Transportation	25	-	15,523			15,523	Pat. Days	32,393	109,201	3,405	12,118	
Insurance	26	-	396,940			396,940	Net. Pat. Rev.	12,294,047	21,520,798	226,757	170,183	
Other	27	-	(65,705)			(65,705)	Alloc. Salary	4,872,607	8,629,375	(37,101)	(28,604)	
Depreciation	30	-	1,839,392			1,839,392	SQFT	72,454	315,376	422,579	1,416,813	
Amortization	31	-	-			-	Net. Pat. Rev.	12,294,047	21,520,798	-	-	
Interest	32	-	1,142,382			1,142,382	SQFT	72,454	315,376	262,449	879,933	
Real Estate Taxes	33	-	-			-	SQFT	-	-	-	-	
Rent - Facilities and Grounds	34	-	50,075			50,075	SQFT	72,454	315,376	11,504	38,571	
Rent - Equipment and Vehicles	35	-	32,719			32,719	Pat. Days	32,393	109,201	9,706	23,013	
Other	36	-	-			-	N/A	-	-	-	-	
Medically Necessary Transportation	38	-	-			-	N/A	-	-	-	-	
Ancillary Service Centers	39	-	2,360,850			2,360,850	Direct	-	-	2,360,850	-	
Barber and Beauty Shop	40	-	-			-	Direct	-	-	-	-	
Coffee and Gift Shops	41	-	-			-	Direct	-	-	-	-	
Provider Participation Fee	42	-	192,130			192,130	Direct	-	-	192,130	-	
Other	43	1,661,382	-			-	Direct	-	-	-	-	
			8,629,375	19,834,488	2,662,357	182,143	16,989,988			11,666,178	8,168,310	

STATE OF ILLINOIS

Summary A

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

Report Period Beginning:

07/01/17

Ending:

06/30/18

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	(978,369)	0	0	0	0	0	0	0	0	0	0	(978,369)	1
2	Food Purchase	(509,553)	0	0	0	0	0	0	0	0	0	0	(509,553)	2
3	Housekeeping	(270,025)	0	0	0	0	0	0	0	0	0	0	(270,025)	3
4	Laundry	(3,049)	0	0	0	0	0	0	0	0	0	0	(3,049)	4
5	Heat and Other Utilities	(424,707)	0	0	0	0	0	0	0	0	0	0	(424,707)	5
6	Maintenance	(1,200,562)	0	32,702	0	0	0	0	0	0	0	0	(1,167,860)	6
7	Other (specify):*	1,814	0	(2,579)	0	0	0	0	0	0	0	0	(765)	7
8	TOTAL General Services	(3,384,451)	0	30,123	0	(3,354,328)	8							
	B. Health Care and Programs													
9	Medical Director	(7,374)	0	0	0	0	0	0	0	0	0	0	(7,374)	9
10	Nursing and Medical Records	(359,375)	0	87,963	0	0	0	0	0	0	0	0	(271,412)	10
10a	Therapy	(21,632)	0	0	0	0	0	0	0	0	0	0	(21,632)	10a
11	Activities	(78,105)	0	0	0	0	0	0	0	0	0	0	(78,105)	11
12	Social Services	(123,009)	0	0	0	0	0	0	0	0	0	0	(123,009)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(318)	0	0	0	0	0	0	0	0	0	0	(318)	14
15	Other (specify):*	3,365	0	(7,730)	0	0	0	0	0	0	0	0	(4,365)	15
16	TOTAL Health Care and Programs	(586,448)	0	80,233	0	(506,215)	16							
	C. General Administration													
17	Administrative	(131,136)	0	(1,372,142)	0	0	0	0	0	0	0	0	(1,503,278)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(61,443)	0	31,532	0	0	0	0	0	0	0	0	(29,911)	19
20	Fees, Subscriptions & Promotions	(39,006)	0	10,299	0	0	0	0	0	0	0	0	(28,707)	20
21	Clerical & General Office Expenses	(724,852)	0	770,129	0	0	0	0	0	0	0	0	45,277	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,113)	0	0	0	0	0	0	0	0	0	0	(1,113)	23
24	Travel and Seminar	(7,674)	0	8,229	0	0	0	0	0	0	0	0	555	24
25	Other Admin. Staff Transportation	(12,118)	0	0	0	0	0	0	0	0	0	0	(12,118)	25
26	Insurance-Prop.Liab.Malpractice	(170,183)	0	8,973	0	0	0	0	0	0	0	0	(161,210)	26
27	Other (specify):*	28,604	0	(65,705)	0	0	0	0	0	0	0	0	(37,101)	27
28	TOTAL General Administration	(1,118,921)	0	(608,685)	0	(1,727,606)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(5,089,820)	0	(498,329)	0	(5,588,149)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/17

Ending:

06/30/18

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(1,416,813)	0	35,544	0	0	0	0	0	0	0	0	(1,381,269)	30
31	Amortization of Pre-Op. & Org.	(13,230)	0	0	0	0	0	0	0	0	0	0	(13,230)	31
32	Interest	(880,091)	0	0	0	0	0	0	0	0	0	0	(880,091)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(38,571)	0	50,075	0	0	0	0	0	0	0	0	11,504	34
35	Rent-Equipment & Vehicles	(23,013)	0	3,232	0	0	0	0	0	0	0	0	(19,781)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(2,371,718)	0	88,851	0	(2,282,867)	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(2,418,396)	0	0	0	0	0	0	0	0	0	0	(2,418,396)	43
44	TOTAL Special Cost Centers	(2,418,396)	0	0	0	0	0	0	0	0	0	0	(2,418,396)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(9,879,934)	0	(409,478)	0	(10,289,412)	45							

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

SEE ACCOUNTANTS' PREPARATION 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, Inc.							1
2								2
3	Board of Directors		St. Joseph Village of Chicago	Chicago, IL	Franciscan Sisters			3
4	Sister M. Francis Clare Radke		The Village at Victory Lakes	Lindenhurst, IL	of Chicago	Lemont, IL	Religious Cong.	4
5	James Stark		Addolorata Villa	Wheeling, IL	Franciscan Sisters			5
6	Judy Amiano		Franciscan Village	Lemont, IL	Chicago Serv Corp	Lemont, IL	Corp. Management	6
7	Andrew Duren		St. Anthony Home	Crown Point, IN	St. James			7
8	Raymond Catania		University Place	West Lafayette, IN	Senior Estates	Crete, IL	Ind. Living	8
9	Joseph Benson		Mount Alverna Village	Parma, OH	Marian Village	Homer Glen, IL	Ind. & Asst. Living	9
10	Andrea Ramirez-Justin				Franciscan			10
11	Guy Alton				Senior Estates	Louisville, KY	Ind. Living	11
12	Bobbie Parkhill				Franciscan Comm.			12
13	Tracy Shearer				Based Services	Michigan City, IN	Hm. Care / Hospice	13
14	Daniel Noonan				Franciscan			14
15	Denise Bourdreau				Advisory Services	Lemont, IL	Consulting Serv.	15
16					St. Joseph			16
17					Senior Housing	Lemont, IL	Affordable Housing	17
18					St. Jude House	Crown Point, IN	Dom. Viol. Shelter	18
19					Madonna Found.	Lemont, IL	HS Foundation	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' PREPARATION 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	6	Maintenance - Salary	\$	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 22,832	\$ 22,832	15
16	V	6	Maintenance - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	9,870	9,870	16
17	V	7	Emp. Ben. - General Services		Franciscan Sisters of Chicago Service Corporation	100.00%	(2,579)	(2,579)	17
18	V	10	Nursing - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	68,429	68,429	18
19	V	10	Nursing - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	19,534	19,534	19
20	V	15	Emp. Ben. - HC and Programs		Franciscan Sisters of Chicago Service Corporation	100.00%	(7,730)	(7,730)	20
21	V	19	Professional Fees		Franciscan Sisters of Chicago Service Corporation	100.00%	31,532	31,532	21
22	V	20	Dues and Subscriptions		Franciscan Sisters of Chicago Service Corporation	100.00%	10,299	10,299	22
23	V	21	Clerical - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	581,668	581,668	23
24	V	21	Clerical - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	188,461	188,461	24
25	V	24	Seminar and Travel		Franciscan Sisters of Chicago Service Corporation	100.00%	8,229	8,229	25
26	V	26	Insurance		Franciscan Sisters of Chicago Service Corporation	100.00%	8,973	8,973	26
27	V	27	Emp. Ben. - General Admin.		Franciscan Sisters of Chicago Service Corporation	100.00%	(65,705)	(65,705)	27
28	V	30	Depreciation		Franciscan Sisters of Chicago Service Corporation	100.00%	35,544	35,544	28
29	V	34	Rent - Building		Franciscan Sisters of Chicago Service Corporation	100.00%	50,075	50,075	29
30	V	35	Rent - Equipment		Franciscan Sisters of Chicago Service Corporation	100.00%	3,232	3,232	30
31	V	17	Management Fees	1,372,142	Franciscan Sisters of Chicago Service Corporation	100.00%		(1,372,142)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,372,142				\$ 962,664	\$ * (409,478)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/17 Ending: 06/30/18

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									\$		1	
2	N/A											2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13								TOTAL	\$			13

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256 Report Period Beginning: 07/01/17

Ending: 06/30/18

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256 Report Period Beginning: 07/01/17

Ending: 06/30/18

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 Service Corp.
 Street Address 1055 West 175th Street
 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	6	Maintenance - Salary	9,151,107	10	\$ 152,273	\$ 152,273	1,372,142	\$ 22,832	1
2	6	Maintenance - Other	9,151,107	10	65,826		1,372,142	9,870	2
3	7	Emp. Ben. - Gen. Services	481,948	10	(16,352)		76,014	(2,579)	3
4	10	Nursing - Salary	9,151,107	10	456,367	456,367	1,372,142	68,429	4
5	10	Nursing - Other	9,151,107	10	130,275		1,372,142	19,534	5
6	15	Emp. Ben. - HC and Programs	481,948	10	(49,008)		76,014	(7,730)	6
7	19	Professional Fees	9,151,107	10	210,292		1,372,142	31,532	7
8	20	Dues and Subscriptions	9,151,107	10	68,687		1,372,142	10,299	8
9	21	Clerical - Salary	9,151,107	10	3,879,266	3,879,266	1,372,142	581,668	9
10	21	Clerical - Other	9,151,107	10	1,256,887		1,372,142	188,461	10
11	24	Seminar and Travel	9,151,107	10	54,882		1,372,142	8,229	11
12	26	Insurance	9,151,107	10	59,840		1,372,142	8,973	12
13	27	Emp. Ben. - Gen. Admin.	481,948	10	(416,587)		76,014	(65,705)	13
14	30	Depreciaton	9,151,107	10	237,050		1,372,142	35,544	14
15	34	Rent - Building	9,151,107	10	333,958		1,372,142	50,075	15
16	35	Rent - Equipment	9,151,107	10	21,555		1,372,142	3,232	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 6,445,210	\$ 4,487,906		\$ 962,664	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes # 0048256 Report Period Beginning: 07/01/17 Ending: 06/30/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Amalgamated Bank		X	Acquisition	Varies	03/17/13	\$ 13,608,386	\$ 13,308,690	05/01/47	4.860%	\$ 587,531	1								
2	Amalgamated Bank		X	Acquisition / Refinance	Varies	06/28/17	5,526,038	5,516,168	05/01/47	4.860%	238,582	2								
3	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	622,606	622,606	05/01/47	Variable	26,880	3								
4	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	1,502,484	1,466,688	05/01/47	Variable	64,869	4								
5	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	3,012,421	2,948,633	05/01/47	2.830%	130,059	5								
Working Capital																				
6	Long Term Debt Continued											6								
7	Windtrust Bank		X	Acquisition / Refinance	Varies	06/28/17	2,191,566	2,136,782	05/01/47	Variable	94,619	7								
8												8								
9	TOTAL Facility Related						\$ 26,463,499	\$ 25,999,567			\$ 1,142,540	9								
B. Non-Facility Related*																				
10	Interest Income		X								(158)	10								
11												11								
12	Alloc. - Non-Allowable AL/IL										(879,933)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (880,091)	14								
15	TOTALS (line 9+line14)						\$ 26,463,499	\$ 25,999,567			\$ 262,449	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.) SEE ACCOUNTANTS' PREPARATION 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 (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 2017 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 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2013	_____	8
	2014	_____	9
	2015	_____	10
	2016	_____	11
	2017	_____	12
N/A - The Village at Victory Lakes is exempt from real estate taxes.			

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2017	\$	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/17 Ending:

06/30/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,454 B. General Construction Type: Exterior Brick Frame Masonry Number of Stories 2

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

Independent Living - 131,881 Square Feet (100 Units)

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	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' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/17

Ending:

06/30/18

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

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/17

Ending:

06/30/18

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION 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:

07/01/17

Ending:

06/30/18

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 10,893,294	\$		\$	\$	\$	1
2	FY 2017 - 2018 Current Year Improvements (Continued)								2
3									3
4	Renovations - Resident Rooms, Dining Rooms, Chapel, Parking								4
5	Parking Lot, and Common Areas (Continued)								5
6	Drwall (TC - \$69250)	2017	69,250						6
7	Electrical (TC - \$24928)	2017	24,928						7
8	Flooring (TC - \$139643)	2017	139,643						8
9	Window Treatments (TC - \$3860)	2017							9
10	Countertops (TC - \$6000)	2017	6,000						10
11	Countertops (TC - \$13360)	2018	5,220						11
12	Design (TC - \$36897.19)	2017	36,897						12
13	Doors (TC - \$8212)	2017	8,212						13
14	Doors (TC - \$35364.96)	2018	35,365						14
15	Electrical (TC - \$172277)	2017	172,277						15
16	Electrical Sign (TC - \$3465)	2017	796						16
17	Fire Protection (TC - \$27850)	2017	27,850						17
18	Flooring (TC - \$77017)	2017							18
19	Flooring (TC - \$108640)	2018	14,196						19
20	Gutters (TC - \$12060)	2017							20
21	HVAC (TC - \$25230)	2017	25,230						21
22	HVAC (TC - \$11564.27)	2018							22
23	Insurance (TC - \$1500)	2017	1,500						23
24	Paint (TC - \$45300)	2017	45,300						24
25	Parking Lot Asphalt (TC - \$120231)	2017	27,622						25
26	Plumbing Fixtures (TC - \$4135)	2017	4,135						26
27	Roof (TC - \$154310)	2017							27
28	Sidewalk Excavation (TC - \$27500)	2017	6,318						28
29	Signs (TC - \$7713.24)	2017	7,713						29
30	Signs (TC - \$780)	2018	780						30
31	Thermostats (60) (TC - \$13002)	2017	2,987						31
32	Windows (TC - \$5890)	2017	5,890						32
33	Windows (TC - \$1321.16)	2018							33
34	TOTAL (lines 1 thru 33)		\$ 11,561,403	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,561,403	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Depreciation			422,579		422,579		3,647,848	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,561,403	\$ 422,579		\$ 422,579	\$	\$ 3,647,848	34

SEE ACCOUNTANTS' PREPARATION 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	\$ 910,837	\$	\$	\$		\$	71
72	Current Year Purchases	225,828						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,136,665	\$	\$	\$		\$	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	Facility	Bus (TC = \$31,550)	2015	7,248						77
78	Facility	Truck (TC = \$47,705)	2017	10,960						78
79										79
80	TOTALS			\$ 31,474	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 13,467,883 81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 422,579 82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 422,579 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)	\$ 3,647,848 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	\$ 23,648,997	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	786,459			87
88	Non-Care Assets - CY EQIP Add.	60,707			88
89	Non-Care Assets - CY AUTO Add.	36,745			89
90	Depreciation		1,416,813	15,878,268	90
91	TOTALS	\$ 24,532,908	\$ 1,416,813	\$ 15,878,268	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' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning: 07/01/17

Ending: 06/30/18

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	See							5
6	Supplement				11,504			6
7	TOTAL				\$ 11,504			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> /2019	\$ <u> </u>
13.	<u> </u> /2020	\$ <u> </u>
14.	<u> </u> /2021	\$ <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: \$ 9,706 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	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' PREPARATION REPORT

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?</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>2. CLASSROOM PORTION:</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. CLINICAL PORTION:</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			
		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	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' PREPARATION REPORT

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 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	499,835	\$		\$	499,835	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				90,161				90,161	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				670,976				670,976	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					664,947			664,947	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): See Supplemental	39 - 02						161,548			161,548	12
13	Other (specify): See Supplemental	39 - 03					273,383				273,383	13
14	TOTAL			\$		\$	1,534,355	\$	826,495	\$	2,360,850	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' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes# 0048256Report Period Beginning: 07/01/17Ending: 06/30/18

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/18

(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	\$ 26,933	\$	1
2	Cash-Patient Deposits	2,422		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>149,851</u>)	1,570,223		3
4	Supply Inventory (priced at)	93,184		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	109,858		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,802,620	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	13,812,934		13
14	Buildings, at Historical Cost	25,295,070		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,717,990		16
17	Accumulated Depreciation (book methods)	(15,878,268)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	304,289		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>	1,753,618		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 32,005,633	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 33,808,253	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 501,088	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,597		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	747,733		30
31	Accrued Taxes Payable (excluding real estate taxes)	23,698		31
32	Accrued Real Estate Taxes(Sch.IX-B)	264,851		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	24,277,964		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 25,817,931	\$	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	<u>See Supplemental Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,817,931	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,990,322	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 33,808,253	\$	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

The Village at Victory Lakes
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>
Line 23 - Long Term Assets			
Construction in Progress	1,753,618		1,753,618
			-
			-
			-
Sub-Total	<u>1,753,618</u>	<u>-</u>	<u>1,753,618</u>
Line 36 - Other Current Liability			
Reservation Deposits	12,249		12,249
Refundable Deposits	22,036,182		22,036,182
NonRefundable Deposits	2,228,918		2,228,918
Unclaimed Funds	615		615
			-
Sub-Total	<u>24,277,964</u>	<u>-</u>	<u>24,277,964</u>
Line 43 - Long term Liabilities			
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 6,722,495	1
2	Restatements (describe):		2
3	Rounding	1	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,722,496	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,083,500)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,083,500)	17
B. Transfers (Itemize):			
18	FC Holding - Intercompany Transfer	2,384,925	18
19	Temporarily Restricted Net Assets Released	(33,599)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 2,351,326	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 7,990,322	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION 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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,520,798	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 21,520,798	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	78,619	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 78,619	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	417	12
13	Barber and Beauty Care	86,697	13
14	Non-Patient Meals	83,634	14
15	Telephone, Television and Radio	440	15
16	Rental of Facility Space	7,230	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,325	21
22	Laundry	13,445	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 195,188	23
D. Non-Operating Revenue			
24	Contributions	38,903	24
25	Interest and Other Investment Income***	158	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 39,061	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	8,076	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,076	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,841,742	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	5,326,712	31
32	Health Care	4,415,400	32
33	General Administration	5,222,649	33
B. Capital Expense			
34	Ownership	2,989,105	34
C. Ancillary Expense			
35	Special Cost Centers	4,779,246	35
36	Provider Participation Fee	192,130	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 22,925,242	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,083,500)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,083,500)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 967,723	44
45	Private Pay - Net Inpatient Revenue	4,005,252	45
46	Medicare - Net Inpatient Revenue	6,031,053	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	1,290,019	47
48	Other-(specify) <u>Private Pay - Assisted and Independent Living</u>	9,226,751	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 21,520,798	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.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number The Village at Victory Lakes

0048256

Report Period Beginning:

07/01/17

Ending:

06/30/18

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	1,868	2,099	\$ 114,695	\$ 54.64	1
2	Assistant Director of Nursing					2
3	Registered Nurses	27,242	29,122	982,404	33.73	3
4	Licensed Practical Nurses	17,721	19,017	557,176	29.30	4
5	CNAs & Orderlies	65,130	70,084	1,233,610	17.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,847	3,187	48,451	15.20	8
9	Activity Director	1,877	2,077	49,952	24.05	9
10	Activity Assistants	6,059	6,520	88,573	13.58	10
11	Social Service Workers	3,933	4,360	134,900	30.94	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	14,906	16,223	251,104	15.48	14
15	Cook Helpers/Assistants	58,524	62,601	777,713	12.42	15
16	Dishwashers					16
17	Maintenance Workers	21,115	23,425	628,089	26.81	17
18	Housekeepers	34,686	39,079	495,266	12.67	18
19	Laundry					19
20	Administrator	1,776	2,120	119,669	56.45	20
21	Assistant Administrator					21
22	Other Administrative	1,776	2,120	186,198	87.83	22
23	Office Manager	1,326	1,471	42,013	28.56	23
24	Clerical	13,387	14,617	403,864	27.63	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	1,810	2,030	41,131	20.26	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	102,630	112,489	2,474,567	22.00	33
34	TOTAL (lines 1 - 33)	378,613	412,641	\$ 8,629,375 *	\$ 20.91	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			35
36	Medical Director	24,000	09 - 03	36
37	Medical Records Consultant	3,973	10 - 03	37
38	Nurse Consultant	44,714	10 - 03	38
39	Pharmacist Consultant	14,450	10 - 03	39
40	Physical Therapy Consultant			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	2,126	12 - 03	45
46	Other(specify)			46
47	<u>See Supplemental Schedule</u>	664,268		47
48				48
49	TOTAL (lines 35 - 48)	\$ 754,571		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ 456	10 - 03	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides	54,040	10 - 03	52
53	TOTAL (lines 50 - 52)	\$ 54,496		53

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

The Village at Victory Lakes
 Medicaid Cost Report
 07/01/17 - 06/30/18

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Other Nursing Administration	10	23,056	25,174	695,565	27.63		
Pastoral Care	12	3,331	3,873	117,620	30.37		
Assisted Living	43	53,009	57,935	1,180,753	20.38		
Independent Living	43	19,541	21,403	307,087	14.35		
Marketing	43	3,693	4,104	173,542	42.29		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
Total		<u>102,630</u>	<u>112,489</u>	<u>2,474,567</u>	<u>22.00</u>		

Contracted Services							
Dietary Management	01						138,373
Dietary Labor	01						456,516
Senior Fit	10A						63,054
Priest	12						6,325
Total						<u>-</u>	<u>664,268</u>

Facility Name & ID Number The Village at Victory Lakes# 0048256Report Period Beginning: 07/01/17Ending: 06/30/18**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. Leading Age
- (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? 5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 44,879 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 192,130
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes - See Pg. 11 For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 83,634
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran, PLLC (Consolidated Basis)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Alloc. Basis
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees

SEE ACCOUNTANTS' PREPARATION REPORT