



Facility Name & ID Number The Village at Victory Lakes

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

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	120	Skilled (SNF)	120	43,920	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	43,920	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	6,058	14,372	12,556	32,986	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,058	14,372	12,556	32,986	14

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

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

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

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

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

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

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

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

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

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 06/30/20 Fiscal Year: 06/30/20

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

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

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

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

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

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

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

Page 3 Supplemental Schedule

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

Facility Name & ID Number The Village at Victory Lakes

#0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			2,028,581	2,028,581		2,028,581	(1,567,258)	461,323			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,239,543	1,239,543		1,239,543	(954,806)	284,737			32
33	Real Estate Taxes			687,613	687,613		687,613	(529,642)	157,971			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			66,451	66,451		66,451	(45,754)	20,697			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			4,022,188	4,022,188		4,022,188	(3,097,460)	924,728			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	60,411	6,884	845,054	912,349		912,349		912,349			39
40	Barber and Beauty Shops	73,941		263	74,204		74,204	(74,204)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			205,083	205,083		205,083		205,083			42
43	Other (specify):* <b>See Supplemental</b>	1,495,091	17,792	83,014	1,595,897		1,595,897	(1,595,897)				43
44	<b>TOTAL Special Cost Centers</b>	1,629,443	24,676	1,133,414	2,787,533		2,787,533	(1,670,101)	1,117,432			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,441,961	1,655,216	14,144,252	24,241,429		24,241,429	(11,955,089)	12,286,340			45

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

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

Page 4 Supplemental Schedule

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

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning: 07/01/19

Ending: 06/30/20

**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	(48,721)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(267)	34		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(146)	32		10
11	Discounts, Allowances, Rebates & Refunds	(1,333)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(9,019)	21		18
19	Entertainment				19
20	Contributions	(157)	27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(165,543)	21		24
25	Fund Raising, Advertising and Promotional	(414,812)	27		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(11,344,576)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (11,984,574)		\$	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)	29,485	VII-B	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 29,485		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (11,955,089)		37

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

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

		1	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>			\$	47

BHF USE ONLY							
48		49		50		51	

## The Village at Victory Lakes

ID# 0048256

Report Period Beginning: 07/01/19

Ending: 06/30/20

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



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

Page 5 - Non-Care Supplemental Allocation Schedule

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

STATE OF ILLINOIS

Summary A

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

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

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

STATE OF ILLINOIS

Summary B

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(1,607,714)	0	40,456	0	0	0	0	0	0	0	0	(1,567,258)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(954,806)	0	0	0	0	0	0	0	0	0	0	(954,806)	32
33	Real Estate Taxes	(529,642)	0	0	0	0	0	0	0	0	0	0	(529,642)	33
34	Rent-Facility & Grounds	(267)	0	267	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	(49,385)	0	3,631	0	0	0	0	0	0	0	0	(45,754)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(3,141,814)</b>	<b>0</b>	<b>44,354</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>(3,097,460)</b>	<b>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	(74,204)	0	0	0	0	0	0	0	0	0	0	(74,204)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,595,897)	0	0	0	0	0	0	0	0	0	0	(1,595,897)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(1,670,101)</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>(1,670,101)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(11,984,574)</b>	<b>0</b>	<b>29,485</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>(11,955,089)</b>	<b>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: 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	<b>Total</b>		\$			\$	\$ *	14

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

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

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

Facility Name & ID Number

The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Franciscan Communities, Inc.							1
2								2
3	Board of Directors							3
4	James Stark		Franciscan Village	Lemont, IL	Franciscan Sisters of	Lemont, IL	Religious Cong.	4
5	Judy Amiano		Mt. Alverna Village	Parma, OH	Franciscan Sisters Ch	Lemont, IL	Corp. Management	5
6	Raymond Catania		Addolorata Villa	Wheeling, IL	St. James Senior Estab	Crete, IL	Ind. Living	6
7	Guy R. Alton		The Village of Victory Lakes	Lindenhurst, IL	Marian Village	Homer Glen, IL	Ind. & Asst. Living	7
8	Raymond Ingham		University Place	West Lafayette, IN	Franciscan Senior Est	Louisville, KY	Ind. Living	8
9	Marianne D. Araujo		St. Joseph Village	Chicago IL	Franciscan Advisory S	Lemont, IL	Consulting Serv.	9
10	Daniel Noonan				St. Joseph Senior Hou	Lemont, IL	Affordable Housing	10
11	Denise Boudreau				St. Jude House	Crown Point, IN	Dom. Viol. Shelter	11
12					Madonna Foundation	Lemont, IL	HS Foundation	12
13					Village at Mercy Creel	Normal, IL	Ind. & Asst. Living	13
14					Ancora at Mt. Alverna	Parma, OH	Memory Support	14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	N/A								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending: 06/30/20

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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.

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



Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending: 06/30/20

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization

Franciscan Sisters of Chicago Service Corp.

Street Address

11500 Theresa Drive

City / State / Zip Code

Lemont, IL 60439

Phone Number

( )

Fax Number

( )

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	6	Maintenance - Salary	Expense	131,924,954	10	\$ 183,742	\$ 183,742	24,241,428	\$ 33,763	1
2	6	Maintenance - Other	Expense	131,924,954	10	33,622		24,241,428	6,178	2
3	7	Emp. Ben. - Gen. Services	% of Salary	1,225,414	10	42,690		225,172	7,844	3
4	10	Nursing - Salary	Expense	131,924,954	10	474,118	474,118	24,241,428	87,120	4
5	10	Nursing - Other	Expense	131,924,954	10	59,851		24,241,428	10,998	5
6	15	Emp. Ben. - HC and Programs	% of Salary	1,225,414	10	110,156		225,172	20,241	6
7	17	Administrative - Salary	Expense	131,924,954	10	1,055,028	1,055,028	24,241,428	193,863	7
8	19	Professional Fees	Expense	131,924,954	10	231,305		24,241,428	42,503	8
9	20	Dues and Subscriptions	Expense	131,924,954	10	51,582		24,241,428	9,478	9
10	21	Clerical - Salary	Expense	131,924,954	10	3,561,362	3,561,362	24,241,428	654,406	10
11	21	Clerical - Other	Expense	131,924,954	10	979,649		24,241,428	180,012	11
12	24	Seminar and Travel	Expense	131,924,954	10	63,479		24,241,428	11,664	12
13	26	Insurance	Expense	131,924,954	10	108,010		24,241,428	19,847	13
14	27	Emp. Ben. - Gen. Admin.	% of Salary	1,225,414	10	1,072,567		225,172	197,086	14
15	30	Depreciaton	Expense	131,924,954	10	220,169		24,241,428	40,456	15
16	34	Rent - Building	Expense	131,924,954	10	1,452		24,241,428	267	16
17	35	Rent - Equipment	Expense	131,924,954	10	19,760		24,241,428	3,631	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 8,268,543	\$ 5,274,250		\$ 1,519,357	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											
										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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Amalgamated Bank		X	Acquisition of Facility	Varies	03/13/13	\$ 13,608,386	\$ 13,567,995	05/15/47	4.860%	\$ 610,582	1								
2	Amalgamated Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	5,526,038	6,079,905	05/01/47	4.860%	273,606	2								
3	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	622,606	705,717	05/01/47	Variable	31,758	3								
4	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	1,502,484	1,440,483	05/01/47	Variable	64,824	4								
5	Huntington Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	3,012,421	3,347,000	05/01/47	2.830%	150,621	5								
<b>Working Capital</b>																				
6	Long Term Debt Continued											6								
7	Wintrust Bank		X	Acquisition of Facility/Refinanc	Varies	06/28/17	2,191,566	2,403,285	05/01/47	Variable	108,152	7								
8												8								
9	<b>TOTAL Facility Related</b>						\$ 26,463,499	\$ 27,544,386			\$ 1,239,543	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X								(146)	10								
11												11								
12	Alloc. - Non-Allowable AL/IL										(954,660)	12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (954,806)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 26,463,499	\$ 27,544,386			\$ 284,737	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ None Line # N/A

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

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

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

**B. Real Estate Taxes**

**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 2019 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 2020 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:	2015	8
	2016	9
	2017	10
	2018	11
	2019	12

**FOR BHF USE ONLY**

	13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**N/A - The Village at Victory Lakes is exempt from real estate taxes.**

**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:

07/01/19

Ending:

06/30/20

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

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

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

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

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

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

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

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

If so, please complete the following:

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

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

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

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	204	2006	1998	\$ 8,522,869	\$		\$	\$	4
5									5
6									6
7									7
8									8
<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	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 Supleasion - Kitchen (TC = \$6,000)		2014	1,378					23
24	Paving and Repairs - Parking Lot / Sidewalk (TC = \$267,620)		2014	53,901					24
25	Paving and Repairs - Parking Lot / Sidewalk (TC = \$267,620)		2015	7,581					25
26	Landscaping - Foundation, Patio, Painting, Garden, Fire Pit,								26
27	Terrace Fountain (TC = \$132,507)		2016	30,442					27
28	Phone System (Internet) = (TC = \$96,767)		2016	22,231					28
29	Gutters - Exterior Roof (TC = \$15,239)		2016	3,501					29
30	Sprinkler System (TC = \$81,975)		2016	18,833					30
31	Phone System (Internet) = (TC = \$27,695)		2017	6,363					31
32	Exhaust Ventilation - Kitchen (TC = \$13,012)		2017	13,012					32
33	Nurse Call System - Nursing Home (TC = \$261,735)		2016	261,735					33
34									34
35									35
36									36

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

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

See Page 12A, Line 70 for total

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

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38	2016	25,512						38
39	2016	8,600						39
40	2016	8,391						40
41	2016	134,409						41
42	2016	75,840						42
43	2016	57,779						43
44	2016	115,061						44
45	2016	91,500						45
46	2016	42,000						46
47	2016	48,000						47
48	2016	170,100						48
49	2016	62,376						49
50	2016	3,227						50
51	2016	769						51
52	2016	48,356						52
53	2016	9,996						53
54								54
55	2016	36,332						55
56								56
57								57
58								58
59								59
60	2017	80,058						60
61	2017							61
62	2017	38,190						62
63	2017	59,870						63
64	2017	345,013						64
65	2017	2,250						65
66	2017	1,800						66
67	2017	69,250						67
68	2017	24,928						68
69	2017	139,643						69
70		\$ 11,127,115	\$		\$	\$	\$	70

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

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

**XI. OWNERSHIP COSTS (continued)**

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

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

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



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

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

## XI. OWNERSHIP COSTS (continued)

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

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

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

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

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

## XI. OWNERSHIP COSTS (continued)

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

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

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

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,435,903	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Depreciation			461,323		461,323		4,517,115	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,435,903	\$ 461,323		\$ 461,323	\$	\$ 4,517,115	34

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

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

Page 12 Supp 1 - CY Leasehold Improvement Additions

Description	Acquisition Date	Cost	Class	Method	Capitalized		Expensed	
					Nursing Home	Other	Nursing Home	Other
Mark Seigle - Custom Cabinet	7/10/2019	2,405	LIMP	Direct				2,405
Seigle's Cabinets	7/19/2019	2,579	LIMP	Direct			2,579	
Seigle's Cabinets	7/23/2019	2,579	LIMP	Direct			2,579	
Seigle's Cabinets	7/15/2019	2,888	LIMP	Direct			2,888	
Northwest Lamination - Countertop	7/18/2019	1,800	LIMP	Direct				1,800
International Flooring - Carpet Install	8/13/2019	1,440	LIMP	Direct				1,440
International Flooring - Carpet Install	8/21/2019	2,190	LIMP	Direct				2,190
International Flooring - Carpet Install	8/21/2019	2,785	LIMP	Direct			2,785	
Northwest Lamination - Counter Tops	8/6/2019	1,800	LIMP	Direct				1,800
International Flooring - Vinyl Plank	7/9/2019	6,048	LIMP	Direct			6,048	
Seigle's Cabinets	8/28/2019	2,894	LIMP	Direct			2,894	
Seigle's Cabinets	8/28/2019	2,802	LIMP	Direct			2,802	
GroupCL LLC- Garden Home Roofs	9/3/2019	102,153	LIMP	Indirect		102,153		
Northwest Lamination - Counter Tops	9/8/2019	1,800	LIMP	Direct				1,800
Northwest Lamination - Counter Tops	9/8/2019	1,800	LIMP	Direct				1,800
International Flooring - Carpet Install	9/13/2019	1,750	LIMP	Direct				1,750
International Flooring - Carpet Install	9/13/2019	2,840	LIMP	Direct			2,840	
International Flooring - Carpet Install	9/13/2019	5,865	LIMP	Direct			5,865	
Seigle's Cabinets	9/11/2019	2,428	LIMP	Direct				2,428
Capital Hours	7/31/2019	9,600	LIMP	Direct			9,600	
Capital Hours	8/31/2019	8,880	LIMP	Direct			8,880	
Capital Hours	9/30/2019	9,120	LIMP	Direct			9,120	
GroupCL LLC- Unit Turnovers	10/14/2019	16,695	LIMP	Direct		16,695		
Seigle's Cabinets	10/21/2019	942	LIMP	Direct				942
Seigle's Cabinets	9/28/2019	2,398	LIMP	Direct				2,398
Seigle's Cabinets	10/21/2019	1,979	LIMP	Direct				1,979
Northwest Lamination - Counter Tops	10/17/2019	1,800	LIMP	Direct				1,800
Northwest Lamination - Counter Tops	10/17/2019	1,800	LIMP	Direct				1,800
Northwest Lamination - Counter Tops	9/24/2019	1,800	LIMP	Direct				1,800
Northwest Lamination - Counter Tops	10/17/2019	2,000	LIMP	Direct				2,000
International Flooring - Carpet Install	9/25/2019	1,455	LIMP	Direct				1,455
International Flooring - Carpet Install	9/25/2019	1,455	LIMP	Direct				1,455
International Flooring - Vinyl Plank	10/2/2019	6,198	LIMP	Direct		6,198		
International Flooring - Carpet Install	10/11/2019	2,840	LIMP	Direct			2,840	
International Flooring - Carpet Install	10/11/2019	2,840	LIMP	Direct			2,840	
Capital Hours	10/31/2019	7,080	LIMP	Direct			7,080	
Capital Hours	11/30/2019	4,260	LIMP	Direct			4,260	
Capital Hours	12/31/2019	6,180	LIMP	Direct			6,180	
Home Depot - Unit Turnovers	12/31/2019	2,828	LIMP	Direct			2,828	
Northwest Lamination - Counter Tops	10/20/2019	1,800	LIMP	Direct				1,800
International Flooring - Vinyl Plank	10/31/2019	2,785	LIMP	Direct			2,785	
International Flooring - Vinyl Plank	7/16/2019	3,315	LIMP	Direct			3,315	
International Flooring - Vinyl Plank	7/16/2019	3,315	LIMP	Direct			3,315	
International Flooring - Vinyl Plank	10/31/2019	3,528	LIMP	Direct			3,528	
International Flooring - Vinyl Plank	8/14/2019	5,614	LIMP	Direct			5,614	
Seigle's Cabinets	11/27/2019	2,398	LIMP	Direct				2,398
Northwest Lamination - Counter Tops	12/12/2019	1,800	LIMP	Direct				1,800
Capital Hours	1/31/2020	6,390	LIMP	Direct		6,390		
Direct Supply - Steamer	12/23/2019	7,563	LIMP	Indirect	1,738		5,825	
Elite Door Service - Doors	1/12/2020	5,635	LIMP	Indirect	1,295		4,340	
International Flooring - Carpet	12/27/2019	1,455	LIMP	Direct				1,455
International Flooring - Vinyl Plank	12/27/2019	3,370	LIMP	Direct		3,370		
Northwest Lamination - Counter Tops	1/14/2020	1,800	LIMP	Direct				1,800
Seigle's Cabinets	12/20/2019	1,979	LIMP	Direct				1,979
Seigle's Cabinets	12/20/2019	1,979	LIMP	Direct				1,979
Seigle's Cabinets	2/5/2020	2,499	LIMP	Direct				2,499
Seigle's Cabinets	2/19/2020	2,343	LIMP	Direct				2,343
Northwest Lamination - Counter Tops	2/14/2020	1,800	LIMP	Direct				1,800
Northwest Lamination - Counter Tops	1/23/2020	1,800	LIMP	Direct				1,800
Midwest Mechanical	2/17/2020	9,672	LIMP	Indirect	2,222		7,450	
International Flooring - Vinyl Plank	1/27/2020	3,315	LIMP	Direct			3,315	
Northwest Lamination - Carpet Install	1/27/2020	2,360	LIMP	Direct				2,360
Capital Hours	2/29/2020	8,820	LIMP	Direct			8,820	
Water Heater	8/29/2019	8,050	LIMP	Indirect	1,849		6,201	
Krause Electrical Work	2/1/2020	7,133	LIMP	Indirect	1,639		5,494	
Krause Electrical Work	3/1/2020	7,133	LIMP	Indirect	1,639		5,494	
Capital Hours	3/31/2020	9,570	LIMP	Direct			9,570	
Lobenz Construction	3/1/2020	8,394	LIMP	Indirect	1,929		6,466	
Seigle's Cabinets	3/24/2020	1,982	LIMP	Direct				1,982
Midwest Mechanical	2/24/2020	10,001	LIMP	Direct		10,001		
Northwest Lamination - Countertops	3/3/2020	1,800	LIMP	Direct				1,800
Northwest Lamination	4/6/2020	1,800	LIMP	Direct				1,800
International Flooring - Vinyl Plank	2/21/2020	2,775	LIMP	Direct		2,775		
International Flooring - Vinyl Plank	3/8/2020	2,775	LIMP	Direct		2,775		
International Flooring - Carpet Install	11/11/2019	2,830	LIMP	Direct			2,830	
International Flooring - Carpet	3/8/2020	2,840	LIMP	Direct			2,840	
International Flooring - Vinyl Plank	2/21/2020	2,975	LIMP	Direct		2,975		
International Flooring - Carpet Install	3/30/2020	3,315	LIMP	Direct			3,315	
International Flooring - Carpet	11/11/2019	3,380	LIMP	Direct			3,380	
RMC INC - Boiler	5/11/2020	58,900	LIMP	Indirect	13,532		45,368	
International Flooring - Carpet Install	6/17/2020	2,271	LIMP	Direct				2,271
Amazon- Unit Turnover	6/30/2020	603	LIMP	Direct			603	
Capital Hours	6/30/2020	4,620	LIMP	Direct		4,620		
Seigle's Cabinets	6/22/2020	1,585	LIMP	Direct				1,585
Seigle's Cabinets	6/1/2020	1,877	LIMP	Direct				1,877
Northwest Lamination - Counter Tops	6/12/2020	1,200	LIMP	Direct				1,200
Northwest Lamination - Counter Tops	6/12/2020	1,800	LIMP	Direct				1,800
International Flooring - Carpet Install	2/21/2020	2,405	LIMP	Direct				2,405
International Flooring - Vinyl Plank	2/21/2020	3,315	LIMP	Direct		3,315		
Waukegan Gumes Glass	6/16/2020	951	LIMP	Direct				951
Waukegan Gumes Glass	6/16/2020	225	LIMP	Direct				225
International Flooring - Vinyl Flooring	6/17/2020	2,661	LIMP	Indirect	611		2,050	
		491,330			26,452	387,491		77,387

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning:

07/01/19

Ending:

06/30/20

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,409,520	\$	\$	\$		\$	71
72	Current Year Purchases	65,959						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,475,479	\$	\$	\$		\$	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	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	Facility	Van (TC = \$34,246)	2018	34,246						79
80	TOTALS			\$ 65,720	\$	\$	\$		\$	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)	\$ 15,715,444	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 461,323	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 461,323	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)	\$ 4,517,115	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	\$ 25,278,407	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	387,491			87
88	Non-Care Assets - CY EQIP Add.	47,164			88
89	Non-Care Assets - CY AUTO Add.				89
90	Depreciation		1,567,258	15,346,048	90
91	TOTALS	\$ 25,713,062	\$ 1,567,258	\$ 15,346,048	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.

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

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

Description	Acquisition Date	Cost	Class	Method	Capitalized		Expensed	
					Nursing Home	Other	Nursing Home	Other
Direct Supply - Microwave	7/15/2019	317	Equip	Direct				317
Direct Supply - Ice Maker	7/15/2019	899	Equip	Indirect			207	692
Providence Management & Development	7/1/2019	1,310	Equip	Direct			1,310	
Direct Supply - Washer	7/25/2019	807	Equip	Direct				807
Direct Supply - Dryer	7/25/2019	546	Equip	Direct				546
Direct Supply - Gas Stove	7/25/2019	606	Equip	Direct				606
Direct Supply - Refrigerator	7/25/2019	899	Equip	Direct				899
Direct Supply - Dishwasher	7/25/2019	458	Equip	Direct				458
Direct Supply - Microwave	7/25/2019	232	Equip	Direct				232
Direct Supply - Electric Stove	7/31/2019	631	Equip	Direct				631
Direct Supply - Microwave	7/31/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	7/31/2019	899	Equip	Direct				899
Direct Supply - Electric Floor Machine	8/9/2019	10,029	Equip	Indirect	2,304	7,725		
Direct Supply - Medical Equipment	7/1/2019	14,371	Equip	Direct			14,371	
ProviNet - Computers	7/31/2019	9,363	Equip	Direct			9,363	
Direct Supply - Electric Stove	8/27/2019	631	Equip	Direct				631
Direct Supply - Microwave	8/27/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	8/27/2019	879	Equip	Direct				879
Midwest Healthcare - Medical Equipment	8/15/2019	12,299	Equip	Direct	12,299	-		
Direct Supply - Medical Equipment	9/19/2019	5,868	Equip	Direct	5,868	-		
Direct Supply - Washer	10/4/2019	787	Equip	Direct				787
Direct Supply - Dryer	10/4/2019	1,092	Equip	Direct				1,092
Direct Supply - Electric Stove	7/31/2019	631	Equip	Direct				631
Direct Supply - Microwave	7/31/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	7/31/2019	899	Equip	Direct				899
Direct Supply - Electric Stove	9/17/2019	631	Equip	Direct				631
Direct Supply - Microwave	9/17/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	9/17/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	9/17/2019	631	Equip	Direct				631
Direct Supply - Microwave	9/17/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	9/17/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	9/23/2019	631	Equip	Direct				631
Direct Supply - Microwave	9/23/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	9/23/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	10/3/2019	631	Equip	Direct				631
Direct Supply - Microwave	10/3/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	10/3/2019	879	Equip	Direct				879
Direct Supply - Electric Stove	10/16/2019	631	Equip	Direct				631
Direct Supply - Microwave	10/16/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	10/16/2019	879	Equip	Direct				879
Direct Supply - Microwave	10/29/2019	317	Equip	Direct				317
Direct Supply - Gas Stove	10/29/2019	606	Equip	Direct				606
Direct Supply - Refrigerator	10/29/2019	879	Equip	Direct				879
Direct Supply - Dishwasher	10/29/2019	458	Equip	Direct				458
Direct Supply - Electric Stove	10/28/2019	631	Equip	Direct				631
Direct Supply - Microwave	10/28/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	10/28/2019	879	Equip	Direct				879
Direct Supply - Washer	10/30/2019	797	Equip	Direct				797
Direct Supply - Dryer	10/30/2019	556	Equip	Direct				556
Direct Supply - Electric Stove	1/29/2020	647	Equip	Direct				647
Direct Supply - Microwave	1/29/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	1/29/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	12/10/2019	631	Equip	Direct				631
Direct Supply - Microwave	12/10/2019	317	Equip	Direct				317
Direct Supply - Refrigerator	12/10/2019	896	Equip	Direct				896
Direct Supply - Dishwasher	12/10/2019	533	Equip	Direct				533
Direct Supply - Beds	12/19/2019	9,992	Equip	Direct	9,992	-		
Direct Supply - Equipment	10/22/2019	8,133	Equip	Indirect	1,868	6,264		
Direct Supply - Electric Stove	1/23/2020	647	Equip	Direct				647
Direct Supply - Microwave	1/23/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	1/23/2020	915	Equip	Direct				915
Direct Supply - Equipment	2/5/2020	24,398	Equip	Indirect	5,605	18,793		
Direct Supply - Electric Stove	2/12/2020	647	Equip	Direct				647
Direct Supply - Microwave	2/12/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	2/12/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	3/25/2020	647	Equip	Direct				647
Direct Supply - Microwave	3/25/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	3/25/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	3/20/2020	647	Equip	Direct				647
Direct Supply - Microwave	3/20/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	3/20/2020	898	Equip	Direct				898
Direct Supply - Electric Stove	2/28/2020	647	Equip	Direct				647
Direct Supply - Microwave	2/28/2020	326	Equip	Direct				326
Direct Supply - Refrigerator	2/28/2020	898	Equip	Direct				898
Direct Supply - Dishwasher	2/28/2020	545	Equip	Direct				545
Direct Supply - Hot Food Cabinet	3/25/2020	3399	Equip	Indirect	779	2,610		
Direct Supply - Microwave	6/17/2020	326	Equip	Direct				326
Direct Supply - Ice Maker	6/17/2020	898	Equip	Direct				898
Tablets	6/30/2020	7,650	Equip	Indirect	1,757	5,893		
Food Warmer	6/30/2020	432	Equip	Indirect			99	333
Dining Services Equipment	6/30/2020	7,632	Equip	Indirect	1,753	5,878		
		156,992			65,959	47,164	1,616	42,253

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions							4
5								5
6		<u>See Supplemental</u>			<u>0</u>			6
7	TOTAL				\$ _____			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12.	_____ /2021	\$ _____
13.	_____ /2022	\$ _____
14.	_____ /2023	\$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized \_\_\_\_\_  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ 20,697 Description: See Supplemental

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

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

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





**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			
		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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	V10A	0.00 hrs	\$ 0	6,822	\$ 416,005	\$ 0	6,822	\$ 416,005	1
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	1,589	95,702	0	1,589	95,702	2
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00 hrs	0	12,282	654,527	0	12,282	654,527	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	##### hrs	60,411	0	0	29,211	3,575	89,622	8
9	Pharmacy	V39	0.00 # of prescripts	0	0	0	702,216		702,216	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>LAB/RADIOLOGY</u>	V39	0.00	0	0	0	113,627		113,627	12
13	Other (specify): <u>BILLABLE SUPPLIES</u>	V39	0.00	0	0	0	6,884		6,884	13
14	<b>TOTAL</b>			\$ 60,411	20,693	\$ 1,166,234	\$ 851,938	24,268	\$ 2,078,583	14

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

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

Page 16 Supplemental Schedule

Description	Salaries		Supplies		Other		Total
Medical Supplies					6,884		6,884
Oxygen							-
Laboratory					88,215		88,215
Radiology					25,412		25,412
Medical Equipment Rental							-
Other							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
<b>Total</b>	-		-		120,511		120,511

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

# **0048256**

Report Period Beginning: **07/01/19**

Ending:

**06/30/20**

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

As of **06/30/20**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 22,283	\$	1
2	Cash-Patient Deposits	1,823		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,446,208	_____	3
4	Supply Inventory (priced at )	8,948		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	119,360		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <b>See Attached</b>	70,412		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,669,034	\$	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	36,305,847		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,285,382		16
17	Accumulated Depreciation (book methods)	(19,863,163)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs		_____	20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <b>See Attached</b>	49,159		22
23	Other(specify): <b>See Attached</b>	25,929		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 29,588,154	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 31,257,188	\$	25

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

\*(See instructions.)

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

Page 17 Supplemental Schedule

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

**XVI. STATEMENT OF CHANGES IN EQUITY**

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

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

Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning: 07/01/19

Ending: 06/30/20

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

**classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1

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

2

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

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

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

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

PG 19 Line 28A Detail

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



Facility Name & ID Number The Village at Victory Lakes

# 0048256

Report Period Beginning: 07/01/19

Ending: 06/30/20

06/30/20

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

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

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	0	\$ 0	35	
36	Medical Director	0	24,000	09 - 03	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	0	22,524	10 - 03	38
39	Pharmacist Consultant	0	1,350	10 - 03	39
40	Physical Therapy Consultant	0	0	10a - 03	40
41	Occupational Therapy Consultant	0	0	10a - 03	41
42	Respiratory Therapy Consultant	0	0	10a - 03	42
43	Speech Therapy Consultant	0	0	10a - 03	43
44	Activity Consultant	0	975	11 - 03	44
45	Social Service Consultant	0	2,293	12 - 03	45
46	Other(specify) <u>See Supplemental</u>	0	532,487	Various	46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		\$ 583,629		49

C. CONTRACT NURSES

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

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

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
<b>Other Staffing</b>							
Marketing and Advertising	43	3,574	3,971	174,736	44.00		
Barber and Beauty	43	3,966	4,551	73,941	16.25		
Gift Shop Salary	43				-		
Development	43	3,635	4,011	126,592	31.56		
Assisted Living	43	48,617	56,568	1,260,621	22.29		
Independent Living	43	12,153	13,454	234,470	17.43		
<b>Total</b>		<b>71,945</b>	<b>82,555</b>	<b>1,870,360</b>	<b>22.66</b>		

<b>Other Contract Services</b>							
Dietary Management	01						141,427
Dietary Labor	01						380,335
Priest	12						7,750
Organists	12						2,975
<b>Total</b>							<b>532,487</b>

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Calvin Issacson	Executive Director	0	\$ 191,712	Workers' Compensation Insurance	\$ 253,820	IDPH License Fee	\$ 5,928	
Jean Heid-Grubman	Administrator	0	125,485	Unemployment Compensation Insurance	8,879	Advertising: Employee Recruitment	33,885	
				FICA Taxes	615,647	Health Care Worker Background Check (Indicate # of checks performed _____)		
				Employee Health Insurance	885,551	Patient Background Checks	4,260	
				Employee Meals		Dues & Subscriptions	45,848	
				Illinois Municipal Retirement Fund (IMRF)*				
				Disability Insurance	25,109			
				Life Insurance	9,345	Alloc. - FSCSC (See Page 6A Alloc.)	9,478	
				Retirement Benefits	175,889	Alloc. - Non Allowable AL / IL (See Page 5A)	(54,525)	
				Other Benefits	181,189	Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 317,197	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,489,872					
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Franciscan Sisters of Chicago Service Corp.			\$ 1,489,872				Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,489,872				Seminar Expense	4,086
							Alloc. - FSCSC (See Page 6A Alloc.)	11,664
							Alloc. - Non Allowable AL / IL (See Page 5A)	(11,099)
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 104,611	TOTAL		\$	TOTAL	\$ 4,651

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number The Village at Victory Lakes# 0048256Report Period Beginning: 07/01/19Ending: 06/30/20**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, \$20,834
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 5 - 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,452 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 205,083  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes - See Pg. 11 For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 48,721
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Plante & Moran, PLLC (Consolidated Basis)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Alloc. Basis
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.