

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0045419 Facility Name: Franciscan Village Address: 1270 Franciscan Dr Lemont 60439 County: Cook Telephone Number: (630) 257 - 5801 Fax # (630) 257 - 2245 HFS ID Number: Date of Initial License for Current Owners: 04/19/65 Type of Ownership: X VOLUNTARY,NON-PROFIT X Charitable Corp. Trust IRS Exemption Code 501(c)(3) PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Edward N. Slack, CPA Telephone Number: (847) 628 - 8796 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/15 to 06/30/16 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) (Title) Paid Preparer (Signed) (Print Name and Title) Edward N. Slack, CPA Partner, Health and Human Services (Firm Name & Address) Plante & Moran, PLLC 2155 Point Boulevard, Suite 200 Elgin, Illinois 60123 (Telephone) (847) 628 - 8796 Fax # (248) 327 - 8417 MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630
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SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

0045419 Report Period Beginning: 07/01/15 Ending: 06/30/16

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>127</u>	Skilled (SNF)	<u>127</u>	<u>46,482</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>127</u>	TOTALS	<u>127</u>	<u>46,482</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>66</u>	<u>1,632</u>	<u>8,854</u>	<u>10,552</u>	8
9	SNF/PED					9
10	ICF	<u>6,721</u>	<u>20,512</u>		<u>27,233</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>6,787</u>	<u>22,144</u>	<u>8,854</u>	<u>37,785</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.29%

SEE ACCOUNTANTS' PREPARATION REPORT

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
Meals and Beauty Shop Services

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 01/20/90

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 01/20/90 NO ☐

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 38 and days of care provided _____

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: 06/30/16 Fiscal Year: 06/30/16
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/15 Ending: 06/30/16

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	946,813	284,399	639,699	1,870,911		1,870,911	(954,663)	916,248			1
2	Food Purchase		628,172		628,172		628,172	(315,454)	312,718			2
3	Housekeeping	504,919	92,695	26,213	623,827		623,827	(275,598)	348,229			3
4	Laundry			145,997	145,997		145,997	(72,765)	73,232			4
5	Heat and Other Utilities			505,085	505,085		505,085	(400,159)	104,926			5
6	Maintenance	350,849	107,500	624,190	1,082,539		1,082,539	(840,971)	241,568			6
7	Other (specify):* See Supplemental											7
8	TOTAL General Services	1,802,581	1,112,766	1,941,184	4,856,531		4,856,531	(2,859,610)	1,996,921			8
	B. Health Care and Programs											
9	Medical Director			32,500	32,500		32,500		32,500			9
10	Nursing and Medical Records	3,742,845	225,644	8,971	3,977,460		3,977,460	(227,686)	3,749,774			10
10a	Therapy	123,404	7,502	87,667	218,573		218,573	(80,039)	138,534			10a
11	Activities	301,587	41,563	16,433	359,583		359,583	(164,936)	194,647			11
12	Social Services	152,734	6,268	22,010	181,012		181,012	(72,969)	108,043			12
13	CNA Training											13
14	Program Transportation	67,312			67,312		67,312	(46,052)	21,260			14
15	Other (specify):* See Supplemental											15
16	TOTAL Health Care and Programs	4,387,882	280,977	167,581	4,836,440		4,836,440	(591,682)	4,244,758			16
	C. General Administration											
17	Administrative	243,702		1,411,788	1,655,490		1,655,490	(875,745)	779,745			17
18	Directors Fees											18
19	Professional Services			67,081	67,081		67,081	(38,588)	28,493			19
20	Dues, Fees, Subscriptions & Promotions			114,482	114,482		114,482	(50,792)	63,690			20
21	Clerical & General Office Expenses	398,176	68,677	270,429	737,282		737,282	(427,299)	309,983			21
22	Employee Benefits & Payroll Taxes			2,062,248	2,062,248		2,062,248		2,062,248			22
23	Inservice Training & Education			2,259	2,259		2,259	(1,545)	714			23
24	Travel and Seminar			2,310	2,310		2,310	(1,084)	1,226			24
25	Other Admin. Staff Transportation			11,656	11,656		11,656	(7,970)	3,686			25
26	Insurance-Prop.Liab.Malpractice			252,815	252,815		252,815	(114,058)	138,757			26
27	Other (specify):* See Supplemental											27
28	TOTAL General Administration	641,878	68,677	4,195,068	4,905,623		4,905,623	(1,517,081)	3,388,542			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,832,341	1,462,420	6,303,833	14,598,594		14,598,594	(4,968,373)	9,630,221			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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			1,997,852	1,997,852		1,997,852	(1,569,240)	428,612			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,515,730	1,515,730		1,515,730	(1,191,184)	324,546			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			246,996	246,996		246,996	(193,975)	53,021			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			3,760,578	3,760,578		3,760,578	(2,954,399)	806,179			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		359,301	1,101,151	1,460,452		1,460,452		1,460,452			39
40	Barber and Beauty Shops	14,924		114,082	129,006		129,006	(103,380)	25,626			40
41	Coffee and Gift Shops	25,184	6,693		31,877		31,877	(31,877)				41
42	Provider Participation Fee			250,154	250,154		250,154		250,154			42
43	Other (specify):* See Supplemental	1,534,070	61,502	117,761	1,713,333		1,713,333	(1,713,333)				43
44	TOTAL Special Cost Centers	1,574,178	427,496	1,583,148	3,584,822		3,584,822	(1,848,590)	1,736,232			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,406,519	1,889,916	11,647,559	21,943,994		21,943,994	(9,771,362)	12,172,632			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

Page 4 Supplemental Schedule

Description	Salaries		Supplies		Other		Total	
Line 36 - Other Capital Costs								
								-
								-
								-
								-
								-
								-
Sub-Total		-		-		-		-
Line 43 - Other Special Cost Centers								
Assisted Living		1,072,474		25,775		5,516		1,103,765
Fundraising		31,030		1,423		338		32,791
Independent Living		114,000		297		462		114,759
Marketing		202,194		32,305		111,269		345,768
Volunteers		33,830		1,278		176		35,284
Mission Integration		80,542		424				80,966
Sub-Total		1,534,070		61,502		117,761		1,713,333

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	(5,583)	02		4
5	Telephone, TV & Radio in Resident Rooms	(13,167)	21		5
6	Rented Facility Space	(8,738)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(11,208)	04		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(3,839)	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				18
19	Entertainment	(3,610)	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	(150,798)	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 Supplemental Schedule	(9,244,826)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (9,441,769)		\$	30

BHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(329,593)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (329,593)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (9,771,362)		37

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

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

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' PREPARATION REPORT

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Barber and Beauty Shop Revenue	\$ (103,380)	40	1
2	Gift Shop Revenue (To Extent of Expense)	(31,877)	41	2
3	Activity Revenue	(1,319)	11	3
4	Transportation Revenue	(80)	14	4
5	Miscellaneous Revenue	(3,585)	21	5
6	Rebates and Refunds	(956)	21	6
7	Fixed Asset Sale - Gain on Disposal	(1,170)	30	7
8	Cable	(16,287)	05	8
9	Senior Fit	(80,039)	10a	9
10	Collections / Legal	(15,166)	19	10
11	Bank Fees	(1,079)	21	11
12	Assisted Living	(1,103,765)	43	12
13	Fundraising	(32,791)	43	13
14	Independent Living	(114,759)	43	14
15	Marketing	(345,768)	43	15
16	Volunteers	(35,284)	43	16
17	Mission Integration	(80,966)	43	17
18	Leasehold Improvement - Expensed Under \$2,500	1,062	06	18
19				19
20				20
21				21
22				22
23	AL / IL Allocations - See Pg 5 SUPP			23
24				24
25	Dietary - Indirect Allocation	(954,663)	01	25
26	Food Purchases - Indirect Allocation	(309,871)	02	26
27	Housekeeping - Indirect Allocation	(275,598)	03	27
28	Laundry - Indirect Allocation	(61,557)	04	28
29	Heat and Other Utilities - Indirect Allocation	(383,872)	05	29
30	Maintenance - Indirect Allocation	(833,295)	06	30
31	Medical Director - Indirect Allocation	0	09	31
32	Nursing and Medical Records - Indirect Allocation	(227,686)	10	32
33	Rehab Aides - Indirect Allocation	0	10a	33
34	Activities - Indirect Allocation	(163,617)	11	34
35	Social Services - Indirect Allocation	(72,969)	12	35
36	Program Transportation - Indirect Allocation	(45,972)	14	36
37	Administrative - Indirect Allocation	(546,152)	17	37
38	Professional Fees - Indirect Allocation	(23,422)	19	38
39	Dues and Subscriptions - Indirect Allocation	(50,792)	20	39
40	Clerical & General Office - Indirect Allocation	(254,104)	21	40
41	Inservice Training and Education - Indirect Alloc	(1,545)	23	41
42	Travel and Seminar - Indirect Allocation	(1,084)	24	42
43	Other Admin Staff Transportation - Indirect Alloc	(7,970)	25	43
44	Insurance - Indirect Allocation	(114,058)	26	44
45	Depreciation - Indirect Allocation	(1,568,070)	30	45
46	Amortization - Indirect Allocation	0	31	46
47	Interest - Indirect Allocation	(1,187,345)	32	47
48	Rent - Building - Indirect Alloc	(193,975)	34	48
49	Total	(9,244,826)		49

Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16

Page 5 - Non-Care Supplemental Allocation Schedule

Page 5 - Non-Care Supplemental Allocation Schedule				Direct Nursing Home				Statistics		Expenses		
Description	Cost Center	Salary	Total Allow. Exp.	Salary	Other	Expenses For Alloc.	Alloc. Method	Nursing Home	Total	Nursing Home	Other	
Dietary	1	946,813	1,870,911		16,362	1,854,549	Meals Served	113,355	233,610	916,248	954,663	
Food	2		622,589		20,627	601,962	Meals Served	113,355	233,610	312,718	309,871	
Housekeeping	3	504,919	623,827			623,827	SQFT (1)	880,208	1,576,830	348,229	275,598	
Laundry	4		134,789			134,789	Pat. Days (1)	37,785	69,546	73,232	61,557	
Heat and Other Utilities	5		488,798			488,798	SQFT	62,872	292,888	104,926	383,872	
Maintenance	6	350,849	1,074,863		13,797	1,061,066	SQFT	62,872	292,888	241,568	833,295	
Other	7		-			-	Pat. Days	37,785	119,488	-	-	
Medical Director	9		32,500		32,500	-	Dir. Staffing	3,056,750	4,243,224	32,500	-	
Nursing and Medical Records	10	3,742,845	3,977,460	2,933,346	229,835	814,279	Dir. Staffing	3,056,750	4,243,224	3,749,774	227,686	
Therapy	10a	123,404	138,534	123,404	15,130	-	Dir. Staffing	3,056,750	4,243,224	138,534	-	
Activities	11	301,587	358,264			358,264	Pat. Days (2)	37,785	69,546	194,647	163,617	
Social Services	12	152,734	181,012			181,012	Pat. Days (3)	37,785	63,304	108,043	72,969	
CNA Training	13		-			-	Dir. Staffing				-	
Transportation	14	67,312	67,232			67,232	Pat. Days	37,785	119,488	21,260	45,972	
Other	15		-			-	Pat. Days	37,785	119,488	-	-	
Administrative	17	243,702	1,325,897	115,324		1,210,573	Net. Pat. Rev.	12,475,852	22,730,971	779,745	546,152	
Directors Fees	18		-			-	N/A				-	
Professional Fees	19		51,915			51,915	Net. Pat. Rev.	12,475,852	22,730,971	28,493	23,422	
Dues and Subscriptions	20		114,482		1,899	112,583	Net. Pat. Rev.	12,475,852	22,730,971	63,690	50,792	
Office and Clerical	21	398,176	564,087		852	563,235	Net. Pat. Rev.	12,475,852	22,730,971	309,983	254,104	
Employee Benefits	22		2,062,248			2,062,248	Alloc. Salary	5,137,118	8,406,519	1,260,214	802,034	
Inservice Training and Expense	23		2,259			2,259	Pat. Days	37,785	119,488	714	1,545	
Travel and Seminar	24		2,310		724	1,586	Pat. Days	37,785	119,488	1,226	1,084	
Other Staff Transportation	25		11,656			11,656	Pat. Days	37,785	119,488	3,686	7,970	
Insurance	26		252,815			252,815	Net. Pat. Rev.	12,475,852	22,730,971	138,757	114,058	
Other	27		-			-	N/A				-	
Depreciation	30		1,996,682			1,996,682	SQFT	62,872	292,888	428,612	1,568,070	
Amortization	31		-			-	Net. Pat. Rev.	12,475,852	22,730,971	-	-	
Interest	32		1,511,891			1,511,891	SQFT	62,872	292,888	324,546	1,187,345	
Real Estate Taxes	33		-			-	SQFT	62,872	292,888	-	-	
Rent - Facilities and Grounds	34		246,996			246,996	SQFT	62,872	292,888	53,021	193,975	
Rent - Equipment and Vehicles	35		-			-	Pat. Days	37,785	119,488	-	-	
Other	36		-			-	N/A				-	
Medically Necessary Transportation	38		-			-	N/A				-	
Ancillary Service Centers	39		1,460,452		1,460,452	-	Direct	1	1	1,460,452	-	
Barber and Beauty Shop	40	14,924	25,626			25,626	Direct		1	-	25,626	
Coffee and Gift Shops	41	25,184	-			-	Direct		1	-	-	
Provider Participation Fee	42		250,154		250,154	-	Direct	1	1	250,154	-	
Other	43	1,534,070	-			-	Direct		1	-	-	
		8,406,519	19,450,249	3,172,074	2,042,332	14,235,843					11,344,972	8,105,277

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/15

Ending:

06/30/16

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	(954,663)	0	0	0	0	0	0	0	0	0	0	(954,663)	1
2	Food Purchase	(315,454)	0	0	0	0	0	0	0	0	0	0	(315,454)	2
3	Housekeeping	(275,598)	0	0	0	0	0	0	0	0	0	0	(275,598)	3
4	Laundry	(72,765)	0	0	0	0	0	0	0	0	0	0	(72,765)	4
5	Heat and Other Utilities	(400,159)	0	0	0	0	0	0	0	0	0	0	(400,159)	5
6	Maintenance	(840,971)	0	0	0	0	0	0	0	0	0	0	(840,971)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,859,610)	0	0	0	0	0	0	0	0	0	0	(2,859,610)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(227,686)	0	0	0	0	0	0	0	0	0	0	(227,686)	10
10a	Therapy	(80,039)	0	0	0	0	0	0	0	0	0	0	(80,039)	10a
11	Activities	(164,936)	0	0	0	0	0	0	0	0	0	0	(164,936)	11
12	Social Services	(72,969)	0	0	0	0	0	0	0	0	0	0	(72,969)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(46,052)	0	0	0	0	0	0	0	0	0	0	(46,052)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(591,682)	0	0	0	0	0	0	0	0	0	0	(591,682)	16
	C. General Administration													
17	Administrative	(546,152)	(329,593)	0	0	0	0	0	0	0	0	0	(875,745)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(38,588)	0	0	0	0	0	0	0	0	0	0	(38,588)	19
20	Fees, Subscriptions & Promotions	(50,792)	0	0	0	0	0	0	0	0	0	0	(50,792)	20
21	Clerical & General Office Expenses	(427,299)	0	0	0	0	0	0	0	0	0	0	(427,299)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,545)	0	0	0	0	0	0	0	0	0	0	(1,545)	23
24	Travel and Seminar	(1,084)	0	0	0	0	0	0	0	0	0	0	(1,084)	24
25	Other Admin. Staff Transportation	(7,970)	0	0	0	0	0	0	0	0	0	0	(7,970)	25
26	Insurance-Prop.Liab.Malpractice	(114,058)	0	0	0	0	0	0	0	0	0	0	(114,058)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(1,187,488)	(329,593)	0	0	0	0	0	0	0	0	0	(1,517,081)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(4,638,780)	(329,593)	0	0	0	0	0	0	0	0	0	(4,968,373)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/15 Ending: 06/30/16

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	(1,569,240)	0	0	0	0	0	0	0	0	0	0	(1,569,240) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(1,191,184)	0	0	0	0	0	0	0	0	0	0	(1,191,184) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	(193,975)	0	0	0	0	0	0	0	0	0	0	(193,975) 34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(2,954,399)	0	0	0	0	0	0	0	0	0	0	(2,954,399) 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	(103,380)	0	0	0	0	0	0	0	0	0	0	(103,380) 40
41	Coffee and Gift Shops	(31,877)	0	0	0	0	0	0	0	0	0	0	(31,877) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(1,713,333)	0	0	0	0	0	0	0	0	0	0	(1,713,333) 43
44	TOTAL Special Cost Centers	(1,848,590)	0	0	0	0	0	0	0	0	0	0	(1,848,590) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(9,441,769)	(329,593)	0	0	0	0	0	0	0	0	0	(9,771,362) 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:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17	FSCSC Shared Expenses	\$ 1,411,788	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 1,082,195	\$ (329,593)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 1,411,788			\$ 1,082,195	\$ * (329,593)	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.		St. Joseph Village of Chicago	Chicago, IL	Franciscan Sisters			1
2			The Village at Victory Lakes	Lindenhurst, IL	of Chicago	Lemont, IL	Religious Cong.	2
3			Addolorata Villa	Wheeling, IL	Franciscan Sisters			3
4	Board of Directors Listing		Franciscan Village	Lemont, IL	Chicago Serv Crp	Lemont, IL	Corp. Management	4
5			St. Anthony Home	Crown Point, IN	St. James			5
6	Sister M. Francis Clare Radke		University Place	West Lafayette, IN	Senior Estates	Crete, IL	Ind. Living	6
7	James Stark		Mount Alverna Village	Parma, OH	Marian Village	Homer Glen, IL	Ind. & Ast. Living	7
8	Judy Amiano				Franciscan			8
9	Andrew Duren				Senior Estates	Louisville, KY	Ind. Living	9
10	Tracy Shearer				Franciscan Comm.			10
11	Ronald Tinsley				Based Services	Michigan City, IN	Hm. Care / Hospice	11
12	Denise Bourdreau				Franciscan Advisory			12
13					Services	Lemont, IL	Consulting Serv.	13
14					St. Joseph			14
15					Senior Housing	Lemont, IL	Affordable Housing	15
16					St. Jude House	Crown Point, IN	Dom. Viol. Shelter	16
17					Madonna Found.	Lemont, IL	HS Schol. Found.	17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/15 Ending: 06/30/16

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Judy Amiano	Board Member	President & CEO	0.00%	See Supplemental	5.86	14.65%	Alloc. Salary	\$ 29,304	17 - 03	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 29,304		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

**Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16**

Page 7 Supplemental Schedule

Description	Alloc. Hours	Total Hours	Alloc. Percentage	Total Compensation			Alloc. Compensation	
				Salary	Mgmt. Fees		Salary	Mgmt. Fees
Owners / Director Compensation - Judy Amiano (President & CEO)								
Addolorata Villa	4.99	40	12.47%	200,000	-		24,942	-
Franciscan Village	5.86	40	14.65%	200,000	-		29,304	-
St. Joseph Village	2.39	40	5.97%	200,000	-		11,945	-
Village at Victory Lakes	5.99	40	14.98%	200,000	-		29,950	-
Other	20.77	40	51.93%	200,000	-		103,858	-
							-	-
							-	-
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VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization	<u>Franciscan Sisters of Chicago Serv Corporation</u>
Street Address	<u>1055 West 175th Street</u>
City / State / Zip Code	<u>Homewood, Illinois 60430</u>
Phone Number	() _____
Fax Number	() _____

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	FSCSC Shared Expenses	Management Fees	9,635,364	13	\$ 7,350,174	\$ 3,855,135	1,411,788	\$ 1,076,959	1
2	17	FSCSC Shared Expenses	Health Premiums	8,323,800	13	43,580	0	1,000,147	5,236	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
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21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,393,754	\$ 3,855,135		\$ 1,082,195	25

IL478-2471

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Amalgamated Bank		X	Facility Acquisition	Varies	06/01/07	\$ 12,462,000	\$ 12,437,200	05/01/37	5.5000%	\$ 487,781	1	
2	Amalgamated Bank		X	Facility Acquisition	Varies	03/17/13	23,627,363	23,079,749	05/01/47	4.8600%	905,177	2	
3	Huntington Bank		X	Facility Acquisition	Varies	03/17/13	1,364,167	1,273,121	05/01/43	Variable	49,931	3	
4	Huntington Bank		X	Facility Acquisition	Varies	03/17/13	2,001,225	1,857,225	05/01/43	Variable	72,841	4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$ 39,454,755	\$ 38,647,295			\$ 1,515,730	9	
	B. Non-Facility Related*												
10	Interest Income										(3,839)	10	
11												11	
12	Allocation - IL / AL										(1,187,345)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (1,191,184)	14	
15	TOTALS (line 9+line14)						\$ 39,454,755	\$ 38,647,295			\$ 324,546	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

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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 2016 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:		2011		8	
		2012		9	
		2013		10	
		2014		11	
		2015		12	
N/A - Franciscan Village is exempt from real estate taxes.		13	FOR BHF USE ONLY		
		13	FROM R. E. TAX STATEMENT FOR 2015 \$		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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Franciscan Village COUNTY Cook
FACILITY IDPH LICENSE NUMBER 0045419
CONTACT PERSON REGARDING THIS REPORT Edward N. Slack, CPA
TELEPHONE (847) 628 - 8796 FAX #: (248) 327 - 8417

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

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

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to providecopies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 62,872

B. General Construction Type: Exterior Brick / Masonry

Frame Steel

Number of Stories 3

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 - 48,000 Square Feet (52 Cottages)

Independent Living - 143,354 Square Feet (150 Units)

Assisted Living - 38,662 Square Feet (30 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	Facility		1989	\$ 293,706	1
2					2
3	TOTALS			\$ 293,706	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/15

Ending:

06/30/16

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	127		1990	1989	\$ 5,724,856	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1990	255,348						9
10	Various			1992	5,470						10
11	Various			1993	787,171						11
12	Various			1994	14,713						12
13	Various			1995	159,949						13
14	Various			1996	29,149						14
15	Various			1997	19,633						15
16	Various			1998	12,498						16
17	Various			1999	9,158						17
18	Various			2000	22,497						18
19	Various			2001	38,345						19
20	Various			2002	84,703						20
21	Various			2003	25,280						21
22	Various			2004	112,667						22
23	Various			2005	48,458						23
24	Various			2006	39,041						24
25	Various			2007	37,147						25
26	Various			2008	46,659						26
27	Various			2009	287,260						27
28	Various			2010	13,908						28
29	Various			2011	58,164						29
30	Various			2012	39,152						30
31	Camera System (TC = \$32,826)			2013	5,413						31
32	Second Floor Camera and Door Release (TC = \$9,971)			2013	1,644						32
33	BAS System (TC = \$31,969)			2013	5,272						33
34	Automatic Doors (TC = \$10,420)			2013	1,718						34
35	Service to Replace Cast iron Waste Piping (TC = \$9,085)			2013	1,498						35
36	Sanitary Piping (TC = \$3,000)			2013	495						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

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 Boiler Repair (TC = \$2,645)	2013	\$ 436	\$		\$	\$	\$	37
38 Chiller Replacement (TC = \$12,254)	2013	2,021						38
39 Chiller Repair (TC = \$4,645)	2013	766						39
40 Valves, Fittings and Piping (TC = \$3,815)	2013	629						40
41 Chiller and Pump Repair (TC = \$5,276)	2013	870						41
42 Insulation Work (TC = \$5,100)	2013	841						42
43 Rod Sewer (TC = \$3,035)	2013	500						43
44 Roof Repair (TC = \$3,125)	2013	515						44
45 2 Filter Vessel Housings (TC = \$3,730)	2013	615						45
46 Water Main Plumbing - Exterior Street (TC = \$23,810)	2014	23,810						46
47 Cameras and Door Release Systems - Hallways (TC = \$48,921)	2014	11,233						47
48 Elevator Repairs (TC = \$25,825)	2014	5,544						48
49 Interior Room Signs (TC = \$59,235)	2014	12,716						49
50 Lighting - Sidewalks and Streets (TC = \$41,350)	2014	8,876						50
51 Transfer Switches (TC = \$6,346)	2013	1,362						51
52 RPZ Backflow Value and Installation (TC = \$4,680)	2014	1,005						52
53 Fire Extinguishers (TC = \$4,679)	2013	1,004						53
54 Sidewalks - Exterior (TC = \$14,725)	2014	14,725						54
55 Fence - Exterior (TC = \$6,380)	2014	6,380						55
56 Beauty Salon - Flooring, Painting, and Drywall (TC = \$7,880)	2014	1,692						56
57 Water Heater - NU (TC = \$13,545)	2014	13,545						57
58 Fireproofing - 24 Resident Rooms in NU (TC = \$70,560)	2014	70,560						58
59 Roof Replacement (TC = \$332,084)	2014	71,286						59
60 WIFI Installation - Entire Campus (TC = \$50,260)	2014	10,789						60
61 Asphalt Repaving - Parking Lot (TC = \$11,850)	2014	2,544						61
62 Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2014	23,590						62
63 Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2015	4,477						63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 8,179,597	\$		\$	\$	\$	70

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 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 12A, Carried Forward		\$ 8,179,597	\$		\$	\$	\$	1
2									2
3	Current Year Additions FY 2015 - 2016								3
4									4
5	Nurse Call System (Expensed Pg. 5 - Under \$2,500)	2015							5
6	Concrete & Tile - Kitchen Floor (TC = \$49,259)	2016	49,259						6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,228,856	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16

Page 12D - CY Leasehold Improvement Additions

[illegible]

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 12B, Carried Forward		\$ 8,228,856	\$		\$	\$	\$	1
2									2
3	Dispositions - Prior Years								3
4									4
5	Various	1997	(6,967)						5
6	Various	2003	(2,674)						6
7									7
8									8
9	Dispositions - Current Year								9
10									10
11	Various	1990	(10,112)						11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Financial Statement Depreciation			428,612		428,612		7,031,778	33
34	TOTAL (lines 1 thru 33)		\$ 8,209,103	\$ 428,612		\$ 428,612	\$	\$ 7,031,778	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

**Franciscan Village
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Page 12E - CY Leasehold Improvement Dispositions

[illegible]

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	\$1,564,894	\$	\$	\$		\$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74	Disposals							74
75	TOTALS	\$1,564,894	\$	\$	\$		\$	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	2010	\$54,645	\$	\$	\$		\$	76
77	Facility	Dodge Ram Pickup Truck	2010	2,857						77
78	Facility	Bus (TC = \$120,107)	2014	25,804						78
79										79
80	TOTALS			\$83,306	\$	\$	\$		\$	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)	\$10,151,009	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$428,612	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$428,612	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)	\$7,031,778	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	\$38,418,585	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	2,806,502			87
88	Non-Care Assets - CY EQIP Add.	317,735			88
89	Non-Care Assets - CY Disposals	(890,369)			89
90	Financial Statement Depreciation		1,568,070	25,725,644	90
91	TOTALS	\$40,652,453	\$1,568,070	\$25,725,644	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

Franciscan Village
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Page 13 - CY Equipment, Furniture and Vehicle Additions

[illegible]

**Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16**

Page 13 - CY Equipment, Furniture and Vehicle Dispositions

[illegible]

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 Suppl.				53,021			5
6								6
7	TOTAL				\$ 53,021			7

**

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

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

9. Option to Buy: ☐ YES ☐ NO Terms: *

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

15. Is Movable equipment rental included in building rental?

16. Rental Amount for movable equipment: \$ 0 Description:

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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. 2017 \$

13. /2018 \$

14. _____ /2019 \$ _____

*** 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

Description		Amount		Total
Building Rental				
Land Lease		246,996		246,996
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
Alloc. - IL / AL				(193,975)
Total		53,021	53,021	
Equipment Rental				
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total		-	-	

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' PREPARATION REPORT

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

		1	2		3	4	5	6	7	8	
	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	39 - 03	hrs	\$		\$	331,940	\$		\$ 331,940	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				202,331			202,331	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39 - 03	hrs				472,511			472,511	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 prescrpts					313,477		313,477	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
	Academic Education		hrs								11
12	Other (specify): See Supplemental	39 - 02						45,824		45,824	12
13	Other (specify): See Supplemental	39 - 03					94,369			94,369	13
14	TOTAL				\$		\$ 1,101,151	\$ 359,301		\$ 1,460,452	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

**Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16**

Page 16 Supplemental Schedule

[illegible]

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 23,195	\$	1
2	Cash-Patient Deposits	3,750		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	783,110		3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	46,490		4
5	Short-Term Investments			5
6	Prepaid Insurance	279,922		6
7	Other Prepaid Expenses	145,598		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>	2,407,246		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,689,311	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,959,558		13
14	Buildings, at Historical Cost	33,134,030		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	13,122,687		16
17	Accumulated Depreciation (book methods)	(32,757,422)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>	6,597,252		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 23,056,105	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,745,416	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 699,884	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,222		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	564,226		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,610		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	5,519		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>See Supplemental Schedule</u>	7,255,940		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,538,401	\$	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)	\$ 8,538,401	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 18,207,015	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,745,416	\$	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16

Page 17 Supplemental Schedule

Description		Operating		Building		Total
Line 9 - Other Current Assets						
Other Current Receivables		11,764				11,764
FSC		69,096				69,096
Land - Contributed Lease Receivable		2,326,386				2,326,386
						-
						-
Sub-Total		2,407,246		-		2,407,246
Line 23 - Long Term Assets						
Construction in Progress		6,597,252				6,597,252
						-
						-
						-
						-
Sub-Total		6,597,252		-		6,597,252
Line 36 - Other Current Liability						
Refundable Deposits		6,711,894				6,711,894
Unrefundable Deposits (Net of Amort.)		543,126				543,126
Unclaimed Funds		920				920
						-
						-
Sub-Total		7,255,940		-		7,255,940
Line 43 - Long term Liabilities						
						-
						-
						-
						-
						-
Sub-Total		-		-		-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 13,219,720	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 13,219,720	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,344,067	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)	\$ 1,344,067	17
	B. Transfers (Itemize):		
18	FC Holding - Intercompany Transfer	3,709,944	18
19	Net Assets Released - Temporarily Restricted	(66,716)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 3,643,228	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 18,207,015	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/15

Ending:

06/30/16

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 22,730,971	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 22,730,971	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	226,338	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 226,338	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	45,394	12
13	Barber and Beauty Care	103,380	13
14	Non-Patient Meals	5,583	14
15	Telephone, Television and Radio	20,224	15
16	Rental of Facility Space	8,738	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	75	21
22	Laundry	11,208	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 194,602	23
	D. Non-Operating Revenue		
24	Contributions	125,201	24
25	Interest and Other Investment Income***	3,839	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 129,040	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	7,110	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,110	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 23,288,061	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	4,856,531	31
32	Health Care	4,836,440	32
33	General Administration	4,905,623	33
	B. Capital Expense		
34	Ownership	3,760,578	34
	C. Ancillary Expense		
35	Special Cost Centers	3,334,668	35
36	Provider Participation Fee	250,154	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 21,943,994	40
41	Income before Income Taxes (line 30 minus line 40)**	1,344,067	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,344,067	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,029,401	44
45	Private Pay - Net Inpatient Revenue	6,672,427	45
46	Medicare - Net Inpatient Revenue	4,223,138	46
47	Other-(specify) <u>Insurance - Net Patient Revenue</u>	550,886	47
48	Other-(specify) <u>Private Pay - Assisted and Independent Living</u>	10,255,119	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 22,730,971	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

**Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16**

Page 19 Supplemental Schedule

[illegible]

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/15

Ending:

06/30/16

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	1,433	1,630	\$ 80,796	\$ 49.57	1
2	Assistant Director of Nursing	1,811	2,093	89,086	42.56	2
3	Registered Nurses	50,376	54,662	1,696,745	31.04	3
4	Licensed Practical Nurses	18,210	19,826	528,930	26.68	4
5	CNAs & Orderlies	85,256	92,808	1,230,287	13.26	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,071	6,718	123,404	18.37	8
9	Activity Director	1,859	2,093	60,201	28.76	9
10	Activity Assistants	16,845	18,821	241,386	12.83	10
11	Social Service Workers	5,635	6,214	152,734	24.58	11
12	Dietician					12
13	Food Service Supervisor	7,475	8,173	87,012	10.65	13
14	Head Cook	1,895	2,163	34,063	15.75	14
15	Cook Helpers/Assistants	68,825	75,976	825,738	10.87	15
16	Dishwashers					16
17	Maintenance Workers	15,807	17,235	350,849	20.36	17
18	Housekeepers	40,227	44,490	504,919	11.35	18
19	Laundry					19
20	Administrator	2,004	2,198	115,324	52.47	20
21	Assistant Administrator					21
22	Other Administrative	1,420	1,649	128,378	77.85	22
23	Office Manager					23
24	Clerical	23,503	25,171	454,815	18.07	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	3,930	4,284	60,362	14.09	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	85,199	94,174	1,641,490	17.43	33
34	TOTAL (lines 1 - 33)	437,781	480,378	\$ 8,406,519 *	\$ 17.50	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		32,500	09 - 03	36
37	Medical Records Consultant		1,485	10 - 03	37
38	Nurse Consultant				38
39	Pharmacist Consultant		6,049	10 - 03	39
40	Physical Therapy Consultant		7,628	10a - 03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant		2,376	11 - 03	44
45	Social Service Consultant				45
46	Other(specify)				46
47	<u>See Supplemental Schedule</u>		734,077		47
48					48
49	TOTAL (lines 35 - 48)		\$ 784,115		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

Franciscan Village
Medicaid Cost Report
07/01/15 - 06/30/16

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Transportation Attendant	14	3,789	4,322	67,312	15.57		
Beauty Shop	40	1,490	1,490	14,924	10.02		
Snack Shop	41	1,768	2,089	25,184	12.06		
Assisted Living	43	64,510	70,574	1,072,474	15.20		
Fund Raising	43	1,164	1,277	31,030	24.30		
Independent Living	43	3,763	4,190	114,000	27.21		
Marketing	43	5,149	5,944	202,194	34.02		
Volunteer	43	1,699	1,984	33,830	17.05		
Director of Mission Integration	43	1,867	2,304	80,542	34.96		
					-		
					-		
					-		
					-		
					-		
Total		85,199	94,174	1,641,490	17.43		

Contracted Services							
Dietary Management	01						145,140
Dietary Contracted Services	01						486,888
Senior Fit	10A						80,039
Priest	12						5,210
Organist	12						16,800
Total						-	734,077

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		
Daniel Bannon	Executive Dir.	0	\$ 128,378	Workers' Compensation Insurance		\$ 325,195	IDPH License Fee		\$		
Sylvia Czerwinski	Administrator	0	115,324	Unemployment Compensation Insurance		39,611	Advertising: Employee Recruitment		27,056		
				FICA Taxes		621,913	Health Care Worker Background Check				
				Employee Health Insurance		677,138	(Indicate # of checks performed _____)		21,101		
				Employee Meals			Patient Background Checks				
				Illinois Municipal Retirement Fund (IMRF)*			Dues and Subscriptions		46,672		
				Dental Insurance		49,398	Licenses		19,653		
				Vision Insurance		5,954					
				Disability Insurance		16,789					
				Life Insurance		7,214	Allocation - IL / AL		(50,792)		
				Retirement Benefits		121,510	Less: Public Relations Expense	(			
				PTO Benefit Adjustment		141,745	Non-allowable advertising	(			
				Other Employee Benefits		55,781	Yellow page advertising	(			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						\$ 243,702	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 63,690	
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			\$ 1,411,788				Out-of-State Travel		\$		
							In-State Travel				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)						\$ 1,411,788					
C. Professional Services											
Vendor/Payee	Type		Amount								
Plante Moran, PLLC	Accounting		\$ 18,100								
Probusiness	Payroll Processing		27,093								
Ability Network, Inc.	Financial Consultant		5,895								
FMLASource	HR Consultnat		827								
							Seminar Expense		2,310		
							Allocation - IL / AL		(1,084)		
Non-Allowable	Collections / Legal		15,166				Entertainment Expense	(			
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)						\$ 67,081	TOTAL (agree to Sch. V, line 24, col. 8)			\$ 1,226	

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union?

No

(2) Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

LeadingAge \$16,402

(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. \$

38,142

 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. \$

250,154

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. \$

5,583

(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 Statement

(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

HFS 3745 (N-4-99)

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