

Facility Name & ID Number Franciscan Village

0045419 Report Period Beginning: 07/01/12 Ending: 06/30/13

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	127	Skilled (SNF)	127	46,355	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	127	TOTALS	127	46,355	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1	688	9,577	10,266	8
9	SNF/PED					9
10	ICF	9,561	19,083		28,644	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	9,562	19,771	9,577	38,910	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.94%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

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

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 01/20/1990

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ 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 9,282

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/13 Fiscal Year: 06/30/13

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

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	335,428	79,668	266,256	681,352	681,352		681,352			1
2	Food Purchase		374,919		374,919	374,919	(4,947)	369,972			2
3	Housekeeping	299,229	59,988	569	359,786	359,786	(2,793)	356,993			3
4	Laundry			148,839	148,839	148,839		148,839			4
5	Heat and Other Utilities			395,984	395,984	395,984	(18,842)	377,142			5
6	Maintenance	307,937	39,383	178,526	525,846	525,846	32,676	558,522			6
7	Other (specify):*										7
8	TOTAL General Services	942,594	553,958	990,174	2,486,726	2,486,726	6,095	2,492,821			8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000	30,000		30,000			9
10	Nursing and Medical Records	3,007,178	134,707	11,691	3,153,576	3,153,576	(26,633)	3,126,943			10
10a	Therapy	111,804	1,314	78,289	191,407	191,407	(75,163)	116,244			10a
11	Activities	307,671	45,393	2,544	355,608	355,608		355,608			11
12	Social Services	228,532	3,624	13,025	245,181	245,181	(7,515)	237,666			12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	3,655,185	185,038	135,549	3,975,772	3,975,772	(109,310)	3,866,462			16
	C. General Administration										
17	Administrative	150,763		782,127	932,890	932,890	(26,411)	906,479			17
18	Directors Fees										18
19	Professional Services			60,692	60,692	60,692		60,692			19
20	Dues, Fees, Subscriptions & Promotions			50,547	50,547	50,547	(6)	50,541			20
21	Clerical & General Office Expenses	340,372	31,571	178,045	549,988	549,988	(153,340)	396,648			21
22	Employee Benefits & Payroll Taxes			1,777,921	1,777,921	1,777,921	(2,625)	1,775,296			22
23	Inservice Training & Education										23
24	Travel and Seminar			1,875	1,875	1,875		1,875			24
25	Other Admin. Staff Transportation			7,613	7,613	7,613		7,613			25
26	Insurance-Prop.Liab.Malpractice			108,313	108,313	108,313		108,313			26
27	Other (specify):*										27
28	TOTAL General Administration	491,135	31,571	2,967,133	3,489,839	3,489,839	(182,382)	3,307,457			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,088,914	770,567	4,092,856	9,952,337	9,952,337	(285,598)	9,666,739			29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number

Franciscan Village

#0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,345,103	1,345,103		1,345,103	(986,650)	358,453			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			874,132	874,132		874,132	(18,940)	855,192			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			202,441	202,441		202,441	(15,650)	186,791			34
35	Rent-Equipment & Vehicles			22,329	22,329		22,329		22,329			35
36	Other (specify):*			33,371	33,371		33,371	(9,129)	24,242			36
37	TOTAL Ownership			2,477,376	2,477,376		2,477,376	(1,030,369)	1,447,007			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		463,217	1,048,932	1,512,149		1,512,149		1,512,149			39
40	Barber and Beauty Shops	13,729	2,267	78,166	94,162		94,162	(94,162)	(0)			40
41	Coffee and Gift Shops	24,005	10,701	13	34,719		34,719	(34,719)				41
42	Provider Participation Fee			251,493	251,493		251,493		251,493			42
43	Other (specify):*	1,280,541	428,492	1,487,700	3,196,733		3,196,733	(3,196,733)	0			43
44	TOTAL Special Cost Centers	1,318,275	904,677	2,866,304	5,089,256		5,089,256	(3,325,614)	1,763,642			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,407,189	1,675,244	9,436,536	17,518,969		17,518,969	(4,641,581)	12,877,388			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning: 07/01/12

Ending: 06/30/13

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,485)	02		4
5	Telephone, TV & Radio in Resident Rooms	(18,842)	05		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	257,605	30		9
10	Interest and Other Investment Income	(18,940)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(25,857)	21		18
19	Entertainment				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	(32,022)	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	(11,568)	43		28
29	Other-Attach Schedule	(4,750,493)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (4,602,602)		\$	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)	(38,979)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (38,979)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (4,641,581)		37

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Franciscan Village

ID#	0045419
Report Period Beginning:	07/01/12
Ending:	06/30/13

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Maintenance and Transportation Revenue	\$ (3,791)	06	1
2	Housekeeping Revenue	(2,793)	03	2
3	Late Fees	(7,157)	21	3
4	Plant Department Revenue	(65)	21	4
5	Life Enrichment Revenue	(7,515)	12	5
6	Gift Shop Expense	(10,714)	41	6
7	Misc. Revenue	(345)	21	7
8	Rebates & Refunds	(1,726)	02	8
9	Facility Rent	(15,650)	34	9
10	Investment Manager Fees	(2,131)	21	10
11	Gain on Disposal of Asset	(9,129)	36	11
12	Patient Loss Replacement	(2,179)	21	12
13	Assisted Living Salaries	(204,685)	43	13
14	Assisted Living Expense	(1,082)	43	14
15	Independent Living Salaries	(75,607)	43	15
16	Independent Living Expense	(107)	43	16
17	Senior Fit Therapy	(75,163)	10a	17
18	Beauty Shop Salaries / Contracted	(91,895)	40	18
19	Beauty Shop Expense	(2,267)	40	19
20	Alcohol Beverages	(736)	02	20
21	Remarketing Fees	(1,029)	21	21
22	Bond fees	(5,164)	21	22
23	Rating Agency	(1,000)	21	23
24	Letter of Credit Fees	(69,248)	21	24
25	Bank Fees	(1,230)	21	25
26	Community Relations	(6)	20	26
27	Marketing Salaries	(180,899)	43	27
28	Marketing Expense	(174,696)	43	28
29	Referral Bonus	(2,625)	22	29
30	Mission Integration	(79)	43	30
31	Fundraising Salaries	(30,288)	43	31
32	Fundraising Expense	(1,567)	43	32

33	Gifts & Entertainment	(517)	21	33
34	Additional R&M	111,960	06	34
35	Non-Care Depreciation	(1,244,255)	30	35
36	Capitalized R&M	(75,493)	06	36
37	Adult Care/AL Salaries	(42,989)	43	37
38	Homecare Revenue	(26,440)	10	38
39	Medical Records Copies	(193)	10	39
40	Deli Salaries	(24,005)	41	40
41	Telephone Income	(5,396)	21	41
42	ILU/ALU Allocations	(2,460,597)	43	42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(4,750,493)		49

Franciscan Village

ID# 0045419

Report Period Beginning: 07/01/12

Ending: 06/30/13

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
50		\$		1
51				2
52				3
53				4
54				5
55				6
56				7
57				8
58				9
59				10
60				11
61				12
62				13
63				14
64				15
65				16
66				17
67				18
68				19
69				20
70				21
71				22
72				23
73				24
74				25
75				26
76				27
77				28
78				29
79				30
80				31
81				32

82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98	Total	0	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary													1
2	Food Purchase	(4,947)											(4,947)	2
3	Housekeeping	(2,793)											(2,793)	3
4	Laundry													4
5	Heat and Other Utilities	(18,842)											(18,842)	5
6	Maintenance	32,676											32,676	6
7	Other (specify):*													7
8	TOTAL General Services	6,095											6,095	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(26,633)											(26,633)	10
10a	Therapy	(75,163)											(75,163)	10a
11	Activities													11
12	Social Services	(7,515)											(7,515)	12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(109,310)											(109,310)	16
	C. General Administration													
17	Administrative			(26,411)									(26,411)	17
18	Directors Fees													18
19	Professional Services													19
20	Fees, Subscriptions & Promotions	(6)											(6)	20
21	Clerical & General Office Expenses	(153,340)											(153,340)	21
22	Employee Benefits & Payroll Taxes	(2,625)											(2,625)	22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice													26
27	Other (specify):*													27
28	TOTAL General Administration	(155,971)		(26,411)									(182,382)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(259,187)		(26,411)									(285,598)	29

STATE OF ILLINOIS

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12 Ending:

Summary B

06/30/13

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(986,650)											(986,650) 30
31	Amortization of Pre-Op. & Org.												
32	Interest	(18,940)											(18,940) 32
33	Real Estate Taxes												
34	Rent-Facility & Grounds	(15,650)											(15,650) 34
35	Rent-Equipment & Vehicles												
36	Other (specify):*	(9,129)											(9,129) 36
37	TOTAL Ownership	(1,030,369)											(1,030,369) 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation												
39	Ancillary Service Centers												
40	Barber and Beauty Shops	(94,162)											(94,162) 40
41	Coffee and Gift Shops	(34,719)											(34,719) 41
42	Provider Participation Fee												
43	Other (specify):*	(3,184,165)		(12,568)									(3,196,733) 43
44	TOTAL Special Cost Centers	(3,313,046)		(12,568)									(3,325,614) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(4,602,602)		(38,979)									(4,641,581) 45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Communities	100%	See PG6 Supplemental		See PG6 Supplemental		

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	17 FSCSC Shared Expenses	773,611	Franciscan Sisters of Chicago Service Corp.	100.00%	747,200	\$ (26,411)
16	V	43 FSCSC Shared Expenses	368,138	Franciscan Sisters of Chicago Service Corp.	100.00%	355,570	(12,568)
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,141,749			\$ 1,102,770	\$ * (38,979)

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			FRANCISCAN COMMUNITIES, INC. D/B/A ADDOLORATA VILLA	WHEELING	FRANCISCAN SISTERS OF CHICAGO	LEMONT	RELIGIOUS CONGREGATION	1
2			FRANCISCAN COMMUNITIES, INC. D/B/A ST. JOSEPH HOME	CHICAGO	FRANCISCAN SISTERS OF CHICAGO			2
3			FRANCISCAN COMMUNITIES, INC. D/B/A MOTHER THERESA HOME	LEMONT	SERVICES CORPORATION	HOMEWOOD	CORP. MANAGEMENT	3
4			FRANCISCAN COMMUNITIES, INC. D/B/A ST. ANTHONY HOME	CROWN POINT, IN	FRANCISCAN HOME CARE	CROWN POINT, IN	HOME HEALTH	4
5			FRANCISCAN COMMUNITIES, INC. D/B/A THE VILLAGE AT VICTORY LAKES	LINDENHURST, IL	ST. JUDE HOUSE	CROWN POINT, IN	WOMEN'S SHELTER	5
6			FRANCISCAN COMMUNITIES, INC. D/B/A MOUNT ALVERNA	PARMA, OH	FRANCISCAN COMMUNITIES, INC.			6
7			UNIVERSITY PLACE, INC.	WEST LAFAYETTE, IN	D/B/A MARIAN VILLAGE	HOMER GLEN	RETIREMENT COMMUNITY	7
8					ST. ANTHONY HOME	CROWN POINT, IN	HOSPICE	8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/12 Ending: 06/30/13

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	JUDY AMIANO	BOARD MEMBER	CEO	0%	SEE ATTACHED	5.24	13%	Alloc Sal	\$ 26,182	17-3, 43-3	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	\$ 26,182		13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	FSCSC Shared Expenses			\$	\$		\$ 747,200	1
2	43	FSCSC Shared Expenses						355,570	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 1,102,770	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending: 06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Amalgamated Bank		X	Acquisition of Facility	Varying Princip.	\$ 4,050,000	\$	3/13/2013	Variable	\$ 10,434	1									
2	Amalgamated Bank		X	Acquisition of Facility	Varying Princip	6/1/2003	3,472,524	5/1/2013	6.630%	13,635	2									
3	Amalgamated Bank		X	Acquisition of Facility	Varying Princip	6/1/2003	2,181,925	3/13/2013	6.630%	96,135	3									
4	Amalgamated Bank		X	Acquisition of Facility	Varying Princip	2/14/2007	12,462,000	12,455,800	5/1/2037	5.500%	452,743	4								
5	See Supplemental Schedule						26,992,755	26,974,233		528,514	5									
Working Capital																				
6											6									
7											7									
8											8									
9	TOTAL Facility Related					\$ 49,159,204	\$ 39,430,033			\$ 1,101,461	9									
B. Non-Facility Related*																				
10	Interest Income		X							(18,941)	10									
11	Non-Allowable Interest									(227,329)	11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$	\$			(246,270)	14									
15	TOTALS (line 9+line14)					\$ 49,159,204	\$ 39,430,033			\$ 855,191	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # _____

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

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	Amalgamated Bank		X	Acquisit. of Facility/Refinanced	Varying Princip	3/13/2013	\$ 23,627,363	\$ 23,627,363	5/15/2047		\$ 528,514					
2	Huntington Bank		X	Acquisit. of Facility/Refinanced	Varying Princip		1,364,167	1,357,336	5/15/2043							
3	Huntington Bank		X	Acquisit. of Facility/Refinanced	Varying Princip		2,001,225	1,989,534	5/15/2043							
4																
5																
6																
7	TOTAL Long-Term						26,992,755	26,974,233			528,514					
Working Capital																
8							\$	\$			\$					
9																
10																
11																
12																
13																
14	TOTAL Working Capital															
B. Non-Facility Related*																
15							\$	\$			\$					
16																
17																
18																
19																
20	TOTAL Non-Facility Related															

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (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 2012 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 2013 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:	2008	_____	8	FOR BHF USE ONLY		
	2009	_____	9			
	2010	_____	10			
	2011	_____	11			
	2012	_____	12			
Exempt from Property Tax				13	FROM R. E. TAX STATEMENT FOR 2012 \$	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' COMPILATION REPORT

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

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

C. **Tax Bills**

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

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

4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Franciscan Village

0045419 Report Period Beginning:

07/01/12 Ending:

06/30/13

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).

Franciscan Communities, dba Franciscan Village - A retirement Community Consistiing of
52 Independent Living Coach Homes 48,000 Square Feet
150 Independent Living Apartments 143, 354 Square Feet
30 Assisted Living Apartments 38,662 Square Feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Land Leased from Franciscan Sisters of Chicago</u>		<u>1989</u>	<u>\$ 293,706</u>	1
2					2
3	TOTALS			\$ 293,706	3

SEE ACCOUNTANTS' COMPILATION REPORT

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	150	1990	1989	\$ 5,724,856	\$	35	\$ 190,829	\$ 190,829	\$ 4,431,395	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Various	1990		255,348		20	8,735	8,735	210,149	9
10	Various	1992		5,470		20			5,470	10
11	Various	1993		787,171		20	37,776	37,776	742,625	11
12	Various	1994		14,713		20	524	524	11,005	12
13	Various	1995		159,949		20	5,130	5,130	118,407	13
14	Various	1996		29,149		20			29,149	14
15	Various	1997		19,633		20			19,633	15
16	Various	1998		12,498		20			12,498	16
17	Various	1999		9,158		20			9,158	17
18	Various	2000		22,497		20			22,497	18
19	Various	2001		38,345		20			38,345	19
20	Various	2002		84,703		20	2,527	2,527	61,848	20
21	Various	2003		25,280		20	896	896	21,733	21
22	Various	2004		112,667		20	7,887	7,887	79,868	22
23	Various	2005		48,458		20	2,258	2,258	25,483	23
24	Various	2006		39,041		20	1,950	1,950	13,829	24
25	Various	2007		37,147		20	1,857	1,857	11,287	25
26	Various	2008		46,659		20	2,333	2,333	12,245	26
27	Various	2009		287,260		20	14,363	14,363	57,534	27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69					100,848		(100,848)	69
70		\$ 7,760,002	\$ 100,848		\$ 277,065	\$ 176,217	\$ 5,934,158	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,760,002	\$ 100,848		\$ 277,065	\$ 176,217	\$ 5,934,158	1
2	Asphalt Work	2010	2,548		20	127	127	382	2
3	Asphalt Work	2010	2,743		20	137	137	411	3
4	Water Valve Replacement	2010	2,553		20	128	128	383	4
5	Condenser Fan Motor & Thermostat	2010	3,344		20	167	167	501	5
6	Insulation	2010	2,720		20	136	136	408	6
7	Expansion Joints & Butterfly Valves	2011	5,437		20	272	272	816	7
8	B&G Pump & Repipe	2011	2,774		20	139	139	416	8
9	Hvac Repairs	2011	3,367		20	168	168	505	9
10	Repair East Trane Chiller Mother Teresa Home	2011	5,053		20	253	253	506	10
11	Perform Burner Maintenance, Replace Modulating Motor, Boiler 1	2011	3,179		20	159	159	318	11
12	Chilled Water Pump And Motor Replacement	2011	2,543		20	127	127	254	12
13	Main Entrance Roof	2011	545		20	27	27	54	13
14	Lighting For Fv Dining Room	2011	664		20	33	33	66	14
15	Carpet For Fv Dining Room	2011	1,304		20	65	65	130	15
16	Main Entrance Roof	2011	545		20	27	27	54	16
17	Dining Room Chairs	2011	12,069		20	603	603	1,206	17
18	Maintenance Hours	2011	1,594		20	80	80	160	18
19	Maintenance Hours	2011	1,911		20	96	96	192	19
20	Roofing St. Clare And St. Joseph	2011	3,484		20	174	174	348	20
21	Maintenance Hours	2011	1,758		20	88	88	176	21
22	Maintenance Hours	2011	1,156		20	58	58	116	22
23	New Roof St. Clare And St. Joseph	2011	1,295		20	65	65	130	23
24	Maintenance Hours	2011	1,542		20	77	77	154	24
25	Carpet - Chapel Hallways And Mezzanine	2011	1,907		20	95	95	190	25
26	Misc Building Supplies	2011	573		20	29	29	58	26
27	Roofing St. Joseph	2011	1,480		20	74	74	148	27
28	Misc Building Supplies	2011	673		20	34	34	68	28
29	Maintenance Hours	2011	1,468		20	73	73	146	29
30	Carpet - Upper Level	2011	1,843		20	92	92	184	30
31	Misc Building Supplies	2012	622		20	31	31	62	31
32	2 Furnaces	2012	744		20	37	37	74	32
33	Fireplace For II Dining Room	2012	1,133		20	57	57	114	33
34	TOTAL (lines 1 thru 33)		\$ 7,834,573	\$ 100,848		\$ 280,793	\$ 179,945	\$ 5,942,888	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,834,573	\$ 100,848		\$ 280,793	\$ 179,945	\$ 5,942,888	1
2	Maintenance Hours	2012	2,260		20	113	113	226	2
3	Misc Building Supplies	2012	557		20	28	28	56	3
4	Walk In Produce Cooler	2012	871		20	44	44	88	4
5	Maintenance Hours	2012	2,171		20	109	109	218	5
6	Misc Building Supplies	2012	1,295		20	65	65	130	6
7	Misc Building Supplies	2012	1,194		20	60	60	120	7
8	Maintenance Hours To Capital	2012	1,798		20	90	90	180	8
9	Capitalize Labor	2012	2,034		20	102	102	204	9
10	Lowes Misc Range, Ref	2012	2,091		20	105	105	210	10
11	Capitalize Labor	2012	1,629		20	81	81	162	11
12	Home Depot Credit Services Misc Building	2012	1,989		20	99	99	198	12
13	Stranton Mechanical Heat Exchanger Hvac	2012	731		20	37	37	74	13
14	Stanton Mech Replace Chilled Water Pump	2012	1,167		20	58	58	116	14
15	Capital Hours	2012	1,765		20	88	88	176	15
16	Simplexgrinnell - Fire Systems Upgrade (4135)	2012	682		20	34	34	34	16
17	Simplex Grinnell - Replace Fire Sprinkler (16663)	2012	2,748		20	137	137	137	17
18	Street & Driveway Replacement (44,800)	2012	7,388		20	369	369	369	18
19	Remove Defectiver Controllers From 2 Chillers And Install 2 New	2012	694		20	35	35	35	19
20	Boiler Repair (2845)	2012	469		20	23	23	23	20
21	Magnetic Door Locks And Key Pad (4725)	2012	779		20	39	39	39	21
22	Insulation Of New Piping (3365)	2012	555		20	28	28	28	22
23	Exterior Stucco And Painting Service (4500)	2012	742		20	37	37	37	23
24	New Wire South Pole Light Fixture (2589)	2012	427		20	21	21	21	24
25	Water Main Break Repair (3740)	2012	617		20	31	31	31	25
26	Red Hawk Fire & Security-Camera System (32826)	2013	5,413		20	271	271	271	26
27	Red Hawk Fire & Security-2Nd Floor Camera And Door Release (2013	1,644		20	82	82	82	27
28	Stanton Mechanical-Installed New Johnson Bas System (31969)	2013	5,272		20	264	264	264	28
29	Automatic Doors (10420)	2013	1,718		20	86	86	86	29
30	Service To Replace Cast Iron Waste Piping (9085)	2013	1,498		20	75	75	75	30
31	Sanitary Piping Job (3000)	2013	495		20	25	25	25	31
32	Boiler Repair (2645)	2013	436		20	22	22	22	32
33	Remove Old Chiller Replace With New (12254)	2013	2,021		20	101	101	101	33
34	TOTAL (lines 1 thru 33)		\$ 7,889,722	\$ 100,848		\$ 283,552	\$ 182,704	\$ 5,946,726	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,889,722	\$ 100,848		\$ 283,552	\$ 182,704	\$ 5,946,726	1
2	Chiller Repairs (4645)	2013	766		20	38	38	38	2
3	Valves,Fittings And Piping (3815)	2013	629		20	31	31	31	3
4	Chiller And Pump Repair (5276)	2013	870		20	44	44	44	4
5	Insulation Work (5100)	2013	841		20	42	42	42	5
6	Rod Sewer (3035)	2013	500		20	25	25	25	6
7	Roof Repair (3125)	2013	515		20	26	26	26	7
8	2-Filter Vessel Housings (3730)	2013	615		20	31	31	31	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)		\$ 7,894,459	\$ 100,848		\$ 283,789	\$ 182,941	\$ 5,946,963	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,894,459	\$ 100,848		\$ 283,789	\$ 182,941	\$ 5,946,963	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,894,459	\$ 100,848		\$ 283,789	\$ 182,941	\$ 5,946,963	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Building Company Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$	\$		\$	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XI. OWNERSHIP COSTS (continued)

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

1	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	Related Party Information			\$		\$				\$		\$		\$		1
2	Buildings:															2
3																3
4																4
5																5
6																6
7																7
8	Leasehold Information															8
9																9
10																10
11																11
12																12
13																13
14																14
15																15
16																16
17																17
18																18
19																19
20																20
21																21
22																22
23																23
24																24
25																25
26																26
27																27
28																28
29																29
30																30
31																31
32																32
33																33
34																34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XI. OWNERSHIP COSTS (continued)

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

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Related Party Information Continued		\$	\$		\$	\$	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (12H & 12I lines 1 thru 33)		\$	\$		\$	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,216,298	\$	\$ 69,733	\$ 69,733	10	\$ 1,119,782	71
72	Current Year Purchases	20,567		2,057	2,057	10	2,057	72
73	Fully Depreciated Assets	129,518				10	129,518	73
74								74
75	TOTALS	\$ 1,366,383	\$	\$ 71,790	\$ 71,790		\$ 1,251,356	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		new bus chevy 3500	2010	\$ 54,645	\$	\$ 2,732	\$ 2,732	5	\$ 8,197	76
77		2007 Dodge Ram 2500 pick up - N	2010	2,857		143	143	5	429	77
78										78
79										79
80	TOTALS			\$ 57,502	\$	\$ 2,875	\$ 2,875		\$ 8,626	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)	\$ 9,612,050	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 100,848	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 358,453	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 257,605	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,206,945	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	FV noncare assets (1990 - 2013) - 1900	\$ 30,724,829	\$ 1,228,993	\$ 24,821,906	86
87	Beauty shop/pastoral offices - 1900	115,982	3,866	67,012	87
88	Chevy truck - 1900	21,723			88
89	Beauty shop equipment - 1900	7,073			89
90	Buses - 1900	113,954	11,395	130,790	90
91	TOTALS	\$ 30,983,561	\$ 1,244,255	\$ 25,019,708	91

G. Construction-in-Progress

	Description	Cost	
92	Project 1	\$ 530,378	92
93	ILU Unit Rehab	223,322	93
94			94
95		\$ 753,700	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	Land Lease from FSC				202,441			5
6	Rental Income				(15,650)			6
7	TOTAL				\$ 186,791			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

Fiscal Year Ending Annual Rent

12. _____ /2014 \$ _____

13. _____ /2015 \$ _____

14. _____ /2016 \$ _____

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

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

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 22,329 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/12 Ending: 06/30/13
 XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
 - (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.
- SEE ACCOUNTANTS' COMPILATION REPORT

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	381,324	\$		\$	381,324	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				125,535				125,535	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				440,234				440,234	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					393,450			393,450	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):											12
13	Other (specify): <u>See Supplemental</u>						101,839	69,767			171,606	13
14	TOTAL			\$		\$	1,048,932	\$	463,217	\$	1,512,149	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village# 0045419Report Period Beginning: 07/01/12Ending: 06/30/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/13

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 723,772	\$	1
2	Cash-Patient Deposits	9,464		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,213,056		3
4	Supply Inventory (priced at)	43,580		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	122,529		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,112,401	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	29,416,411		14
15	Leasehold Improvements, at Historical Cost	2,835,730		15
16	Equipment, at Historical Cost	7,246,962		16
17	Accumulated Depreciation (book methods)	(28,839,034)		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 Attached Schedule</u>	753,700		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,413,769	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 13,526,170	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 685,320	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,640,056		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	604,160		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,929,536	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,929,536	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 5,596,634	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 13,526,170	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,441,848)	1
2	Restatements (describe):		2
3	See Attached	14,837,821	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,395,973	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	200,661	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)	\$ 200,661	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 5,596,634	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 17,050,709	1
2	Discounts and Allowances for all Levels	(2,377,535)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,673,174	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,982,154	6
7	Oxygen	6,848	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,989,002	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	65,722	12
13	Barber and Beauty Care	106,344	13
14	Non-Patient Meals	2,485	14
15	Telephone, Television and Radio	14,478	15
16	Rental of Facility Space	15,650	16
17	Sale of Drugs	380,556	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	43,101	19
20	Radiology and X-Ray	13,639	20
21	Other Medical Services	266,141	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 908,116	23
D. Non-Operating Revenue			
24	Contributions	78,933	24
25	Interest and Other Investment Income***	18,940	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 97,873	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	51,465	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 51,465	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,719,630	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,486,726	31
32	Health Care	3,975,772	32
33	General Administration	3,489,839	33
B. Capital Expense			
34	Ownership	2,477,376	34
C. Ancillary Expense			
35	Special Cost Centers	4,837,763	35
36	Provider Participation Fee	251,493	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,518,969	40
41	Income before Income Taxes (line 30 minus line 40)**	200,661	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 200,661	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,066,299	44
45	Private Pay - Net Inpatient Revenue	10,948,257	45
46	Medicare - Net Inpatient Revenue	2,498,684	46
47	Other-(specify)	159,934	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,673,174	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,256	1,355	\$ 59,677	\$ 44.04	1
2	Assistant Director of Nursing	1,864	2,000	71,789	35.89	2
3	Registered Nurses	29,594	31,630	940,431	29.73	3
4	Licensed Practical Nurses	26,549	29,100	735,471	25.27	4
5	CNAs & Orderlies	82,183	89,413	1,172,859	13.12	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,254	5,925	111,804	18.87	8
9	Activity Director	1,336	2,067	57,806	27.97	9
10	Activity Assistants	16,164	18,152	249,865	13.77	10
11	Social Service Workers	8,175	9,117	228,532	25.07	11
12	Dietician					12
13	Food Service Supervisor	8,141	9,103	91,231	10.02	13
14	Head Cook	11,153	12,388	179,795	14.51	14
15	Cook Helpers/Assistants	5,869	7,315	64,402	8.80	15
16	Dishwashers					16
17	Maintenance Workers	12,272	16,304	307,937	18.89	17
18	Housekeepers	25,772	28,458	299,229	10.51	18
19	Laundry					19
20	Administrator	1,871	2,501	150,763	60.28	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,244	19,487	340,372	17.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,799	2,010	26,951	13.41	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	79,239	86,638	1,318,275	15.22	33
34	TOTAL (lines 1 - 33)	335,735	372,963	\$ 6,407,189 *	\$ 17.18	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	\$		35
36	Medical Director	Monthly 30,000	09-03	36
37	Medical Records Consultant			37
38	Nurse Consultant	Monthly 11,691	10-03	38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant	11 538	10a-03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant	52 2,588	10a-03	42
43	Speech Therapy Consultant			43
44	Activity Consultant	12 2,544	11-03	44
45	Social Service Consultant			45
46	Other(specify) <u>Chaplin/Organist</u>	Monthly 13,025	12-03	46
47	<u>Senior Fit Therapy</u>	Monthly 75,163	10a-03	47
48	<u>Food Service Consultant</u>	Monthly 266,256	01-03	48
49	TOTAL (lines 35 - 48)	75 \$ 401,805		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' COMPILATION REPORT

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Melody Stein	Administrator	0%	\$ 98,705	Workers' Compensation Insurance	\$ 347,054	IDPH License Fee	\$	
Daniel Bannon	Exec. Dir	0%	123,801	Unemployment Compensation Insurance	46,504	Advertising: Employee Recruitment	25,435	
				FICA Taxes	490,150	Health Care Worker Background Check		
AL/IL Allocation			(71,743)	Employee Health Insurance	643,117	(Indicate # of checks performed <u>609</u>)	12,053	
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Dues & Subscriptions	25,993	
				PTO Liability	101,020	Facility Licenses	11,111	
				Life Insurance	2,209	AL/IL Allocation	(24,051)	
				Retirement Benefits	92,129			
				Employee Physicals	14,841			
				Emp Benefits- Other	9,855	Less: Public Relations Expense	()	
				Disability Insurance	28,418	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 150,763	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,775,296	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 50,541	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Franciscan Sisters of Chicago Service Corp. - Shared Expenses			\$ 1,141,749				Out-of-State Travel	\$
AL/IL Allocation			(359,622)					
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 782,128					
C. Professional Services								
Vendor/Payee	Type		Amount					
Ernst & Young	Audit		\$ 31,873					
Frost, Ruttenberg & Rothblatt	Accounting		7,000					
ProBusiness Services	Payroll Processing		20,054					
See Attached	Legal		28,678					
A.V. Powell & Assoc.	Financial Consultant		1,968					
AL/IL Allocation			(28,881)					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 60,692	TOTAL		\$	Seminar Expense	1,875
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 1,875

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/12

Ending:

06/30/13

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN - \$8,943, Leading Age - \$5,611
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 42,279 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 251,493
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 2,485
- (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? None
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
 - 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. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? N/A
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.