

Facility Name & ID Number Franciscan Village

0045419 Report Period Beginning: 07/01/13 Ending: 06/30/14

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	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	29	568	10,441	11,038	8
9	SNF/PED					9
10	ICF	6,974	22,247	10	29,231	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,003	22,815	10,451	40,269	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.87%

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

0 (Do not include bed-hold days in Section B.)

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

Meals and Beauty Shop Services

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 01/20/90

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

YES Date _____ 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 9,721

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/13 Ending: 06/30/14

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	523,992	166,106	414,404	1,104,502	1,104,502	(438,629)	665,873			1
2	Food Purchase		564,041		564,041	564,041	(242,216)	321,825			2
3	Housekeeping	446,487	82,159	6,896	535,542	535,542	(238,023)	297,519			3
4	Laundry			151,857	151,857	151,857	(49,756)	102,101			4
5	Heat and Other Utilities			542,267	542,267	542,267	(430,087)	112,180			5
6	Maintenance	347,526	107,714	565,814	1,021,054	1,021,054	(793,046)	228,008			6
7	Other (specify):* See Supplemental										7
8	TOTAL General Services	1,318,005	920,020	1,681,238	3,919,263	3,919,263	(2,191,757)	1,727,506			8
	B. Health Care and Programs										
9	Medical Director			32,500	32,500	32,500		32,500			9
10	Nursing and Medical Records	3,350,018	194,034	33,706	3,577,758	3,577,758	(31,176)	3,546,582			10
10a	Therapy	109,816	1,165	73,180	184,161	184,161		184,161			10a
11	Activities	290,893	59,225	1,868	351,986	351,986	(180,138)	171,848			11
12	Social Services	210,765	7,891	20,106	238,762	238,762	(63,041)	175,721			12
13	CNA Training										13
14	Program Transportation	52,557		5,870	58,427	58,427	(35,433)	22,994			14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	4,014,049	262,315	167,230	4,443,594	4,443,594	(309,789)	4,133,805			16
	C. General Administration										
17	Administrative	235,894		1,135,931	1,371,825	1,371,825	(605,281)	766,544			17
18	Directors Fees										18
19	Professional Services			63,045	63,045	63,045	(31,983)	31,062			19
20	Dues, Fees, Subscriptions & Promotions			86,069	86,069	86,069	(23,698)	62,371			20
21	Clerical & General Office Expenses	370,603	55,447	409,304	835,354	835,354	(482,213)	353,141			21
22	Employee Benefits & Payroll Taxes			1,618,186	1,618,186	1,618,186		1,618,186			22
23	Inservice Training & Education			2,089	2,089	2,089	(1,310)	779			23
24	Travel and Seminar			4,350	4,350	4,350	(1,271)	3,079			24
25	Other Admin. Staff Transportation			3,834	3,834	3,834	(3,644)	190			25
26	Insurance-Prop.Liab.Malpractice			193,666	193,666	193,666	(53,401)	140,265			26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	606,497	55,447	3,516,474	4,178,418	4,178,418	(1,202,801)	2,975,617			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,938,551	1,237,782	5,364,942	12,541,275	12,541,275	(3,704,347)	8,836,928			29

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

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

Facility Name & ID Number Franciscan Village

#0045419

Report Period Beginning:

07/01/13

Ending:

06/30/14

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			1,547,837	1,547,837		1,547,837	(1,229,598)	318,239			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,516,682	1,516,682		1,516,682	(1,194,289)	322,393			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			202,441	202,441		202,441	(158,985)	43,456			34
35	Rent-Equipment & Vehicles			16,178	16,178		16,178	(9,747)	6,431			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			3,283,138	3,283,138		3,283,138	(2,592,619)	690,519			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		410,617	1,312,561	1,723,178		1,723,178		1,723,178			39
40	Barber and Beauty Shops	15,431	2,763	79,131	97,325		97,325	(97,325)				40
41	Coffee and Gift Shops	24,307	9,859		34,166		34,166	(34,166)				41
42	Provider Participation Fee			255,245	255,245		255,245		255,245			42
43	Other (specify):* See Supplemental	581,425	79,649	124,887	785,961		785,961	(785,961)				43
44	TOTAL Special Cost Centers	621,163	502,888	1,771,824	2,895,875		2,895,875	(917,452)	1,978,423			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	6,559,714	1,740,670	10,419,904	18,720,288		18,720,288	(7,214,418)	11,505,870			45

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

**Franciscan Village
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Total	-	-	-
Line 43 Detailed			
Assisted Living	254,285	2,338	
Independent Living	78,238		
Marketing	191,295	75,713	123,575
Fundraising	27,898	622	1,312
Volunteers	29,709	977	
Total	581,425	79,649	124,887

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	(4,394)	02		4
5	Telephone, TV & Radio in Resident Rooms	(5,465)	21		5
6	Rented Facility Space	(10,083)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(14,822)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(9,300)	21		18
19	Entertainment	(1,124)	21		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(327,717)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Supplemental	(6,481,936)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (6,854,841)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(359,577)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (359,577)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (7,214,418)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Franciscan Village

ID# 0045419

Report Period Beginning: 07/01/13

Ending: 06/30/14

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Gift Shop / Deli (To the Extent of Expense)	\$ (34,166)	41	1
2	Gift Shop / Deli (Remainder of Income to Food)	(25,827)	02	2
3	Beauty Shop Income (To the Extent of Expense)	(97,325)	40	3
4	Cable TV Income	(8,608)	05	4
5	Cable TV (Expense After Income Adjustment)	(11,072)	05	5
6	Maintenance Revenue	(2,408)	06	6
7	Housekeeping Revenue	(2,558)	03	7
8	Transportation Revenue	(762)	14	8
9	Activity Revenue	(2,961)	11	9
10	Other Revenue	(1,809)	21	10
11	Theft Loss	(3,487)	10	11
12	Mission Integration	(93,432)	11	12
13	Non-Allowable Professional Fees	(20,157)	19	13
14	Dues and Subscriptions	(52)	20	14
15	Office Expense	(668)	21	15
16	Bank Fees	(1,926)	21	16
17	Training and Development Costs	(129)	23	17
18	Seminars	(449)	24	18
19	Other Staff Transportation	(3,355)	25	19
20	Other Non-Allowable Expenses (Detailed Line 43)	(785,961)	43	20
21	Capitalized Assets Expenses > \$,2500 - NH Portion	1,961	06	21
22				22
23				23
24				24
25	Dietary - Indirect Allocation	(438,629)	01	25
26	Food Purchases - Indirect Allocation	(211,995)	02	26
27	Housekeeping - Indirect Allocation	(235,465)	03	27
28	Laundry - Indirect Allocation	(49,756)	04	28
29	Heat and Other Utilities - Indirect Allocation	(410,407)	05	29
30	Maintenance - Indirect Allocation	(782,516)	06	30
31	Medical Director - Indirect Allocation	0	09	31
32	Nursing and Medical Records - Indirect Allocation	(27,689)	10	32
33	Rehab Aides - Indirect Allocation	0	10a	33
34	Activities - Indirect Allocation	(83,745)	11	34
35	Social Services - Indirect Allocation	(63,041)	12	35
36	Program Transportation - Indirect Allocation	(34,671)	14	36
37	Administrative - Indirect Allocation	(245,704)	17	37
38	Professional Fees - Indirect Allocation	(11,826)	19	38
39	Dues and Subscriptions - Indirect Allocation	(23,646)	20	39
40	Clerical & General Office - Indirect Allocation	(134,204)	21	40
41	Inservice Training and Education - Indirect Alloc	(1,181)	23	41
42	Travel and Seminar - Indirect Allocation	(822)	24	42
43	Other Admin Staff Transportation - Indirect Alloc	(289)	25	43
44	Insurance - Indirect Allocation	(53,401)	26	44
45	Depreciation - Indirect Allocation	(1,229,598)	30	45
46	Interest - Indirect Allocation	(1,179,467)	32	46
47	Rent - Facility and Grounds - Indirect Allocation	(158,985)	34	47
48	Rent - Equipment and Vehicles - Indirect Alloc	(9,747)	35	48
49	Total	(6,481,936)		49

**Franciscan Village
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 5 Supplementary

Description	Cost Center	Total Salary	Total Expenses (Allowable)	Direct Nursing Home Salary	Direct Nursing Home Other Expenses	Expenses For Allocation	Allocation Method	Allocation Basis Nursing Home	Allocation Basis Total	Allocated Plus Direct		Allocated Plus Direct		Total Balanced	Nursing Home	
										Nursing Home Salary	Other Salary	Nursing Home Other Expenses	Other Expenses		Total	Other Total
Dietary	1	523,992	1,104,502	-	-	1,104,502	Meals Served	120,807	200,386	315,900	208,092	349,973	230,537	-	665,873	438,629
Food	2	-	533,820	-	-	533,820	Meals Served	120,807	200,386	-	-	321,825	211,995	-	321,825	211,995
Housekeeping	3	446,487	532,984	-	-	532,984	Square Feet (1)	880,208	1,576,830	249,235	197,252	48,284	38,213	-	297,519	235,465
Laundry	4	-	151,857	-	-	151,857	Patient Days (1)	40,269	59,893	-	-	102,101	49,756	-	102,101	49,756
Heat and Other Utilities	5	-	522,587	-	-	522,587	Square Feet	62,872	292,888	-	-	112,180	410,407	-	112,180	410,407
Maintenance	6	347,526	1,010,524	-	14,117	996,407	Square Feet	62,872	292,888	74,601	272,925	153,407	509,591	-	228,008	782,516
Other	7	-	-	-	-	-	Patient Days	40,269	92,038	-	-	-	-	-	-	-
Medical Director	9	-	32,500	-	32,500	-	Direct Staffing	3,091,629	3,333,444	-	-	32,500	-	-	32,500	-
Nursing and Medical Records	10	3,350,018	3,574,271	2,981,813	210,762	381,696	Direct Staffing	3,091,629	3,333,444	3,323,308	26,710	223,274	979	-	3,546,582	27,689
Therapy	10a	109,816	184,161	109,816	74,345	-	Direct Staffing	3,091,629	3,333,444	109,816	-	74,345	-	-	184,161	-
Activities	11	290,893	255,593	-	-	255,593	Patient Days (2)	40,269	59,893	195,582	95,311	(23,734)	(11,566)	-	171,848	83,745
Social Services	12	210,765	238,762	-	-	238,762	Patient Days (3)	40,269	54,716	155,116	55,649	20,605	7,392	-	175,721	63,041
CNA Training	13	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Transportation	14	52,557	57,665	-	120	57,545	Patient Days (4)	40,269	101,308	20,891	31,666	2,103	3,005	-	22,994	34,671
Other	15	-	-	-	-	-	Patient Days (4)	40,269	101,308	-	-	-	-	-	-	-
Administrative	17	235,894	1,012,248	121,162	-	891,086	Net Patient Revenue	15,643,056	21,598,554	204,258	31,636	562,285	214,069	-	766,544	245,704
Directors Fees	18	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Professional Fees	19	-	42,889	-	-	42,889	Net Patient Revenue	15,643,056	21,598,554	-	-	31,063	11,826	-	31,063	11,826
Dues and Subscriptions	20	-	86,017	-	260	85,757	Net Patient Revenue	15,643,056	21,598,554	-	-	62,371	23,646	-	62,371	23,646
Office and Clerical	21	370,603	487,345	-	632	486,713	Net Patient Revenue	15,643,056	21,598,554	268,414	102,189	84,726	32,016	-	353,141	134,204
Employee Benefits	22	-	1,618,186	-	-	1,618,186	Allocated Salary	4,917,121	6,559,714	-	-	1,212,982	405,204	-	1,212,982	405,204
Inservice Training and Expense	23	-	1,960	-	-	1,960	Patient Days	40,269	101,308	-	-	779	1,181	-	779	1,181
Travel and Seminar	24	-	3,901	-	2,537	1,364	Patient Days	40,269	101,308	-	-	3,079	822	-	3,079	822
Other Staff Transportation	25	-	479	-	-	479	Patient Days	40,269	101,308	-	-	190	289	-	190	289
Insurance	26	-	193,666	-	-	193,666	Net Revenue	15,643,056	21,598,554	-	-	140,265	53,401	-	140,265	53,401
Other	27	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Depreciation	30	-	1,547,837	-	-	1,547,837	Square Feet	62,872	305,794	-	-	318,239	1,229,598	-	318,239	1,229,598
Amortization	31	-	-	-	-	-	Net Patient Revenue	15,643,056	21,598,554	-	-	-	-	-	-	-
Interest	32	-	1,501,860	-	-	1,501,860	Square Feet	62,872	292,888	-	-	322,393	1,179,467	-	322,393	1,179,467
Real Estate Taxes	33	-	-	-	-	-	Square Feet	62,872	292,888	-	-	-	-	-	-	-
Rent - Facilities and Grounds	34	-	202,441	-	-	202,441	N/A	62,872	292,888	-	-	43,456	158,985	-	43,456	158,985
Rent - Equipment and Vehicles	35	-	16,178	-	-	16,178	Patient Days	40,269	101,308	-	-	6,431	9,747	-	6,431	9,747
Other	36	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Medically Necessary Transportation	38	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Ancillary Service Centers	39	-	1,723,178	-	-	1,723,178	Direct	1	1	-	-	1,723,178	-	-	1,723,178	-
Barber and Beauty Shop	40	15,431	-	-	-	-	Direct	1	1	-	15,431	-	(15,431)	-	-	-
Coffee and Gift Shops	41	24,307	-	-	-	-	Direct	1	1	-	24,307	-	(24,307)	-	-	-
Provider Participation Fee	42	-	255,245	-	-	255,245	Direct	1	1	-	-	255,245	-	-	255,245	-
Other	43	581,425	-	-	-	-	Direct	1	1	-	581,425	-	(581,425)	-	-	-
		6,559,714	16,892,656	3,212,791	335,273	13,344,592				4,917,121	1,642,593	6,183,546	4,149,396	-	11,100,667	5,791,989

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/13

Ending:

06/30/14

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(438,629)	0	0	0	0	0	0	0	0	0	0	(438,629)	1
2	Food Purchase	(242,216)	0	0	0	0	0	0	0	0	0	0	(242,216)	2
3	Housekeeping	(238,023)	0	0	0	0	0	0	0	0	0	0	(238,023)	3
4	Laundry	(49,756)	0	0	0	0	0	0	0	0	0	0	(49,756)	4
5	Heat and Other Utilities	(430,087)	0	0	0	0	0	0	0	0	0	0	(430,087)	5
6	Maintenance	(793,046)	0	0	0	0	0	0	0	0	0	0	(793,046)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,191,757)	0	0	0	0	0	0	0	0	0	0	(2,191,757)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(31,176)	0	0	0	0	0	0	0	0	0	0	(31,176)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(180,138)	0	0	0	0	0	0	0	0	0	0	(180,138)	11
12	Social Services	(63,041)	0	0	0	0	0	0	0	0	0	0	(63,041)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(35,433)	0	0	0	0	0	0	0	0	0	0	(35,433)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(309,789)	0	0	0	0	0	0	0	0	0	0	(309,789)	16
	C. General Administration													
17	Administrative	(245,704)	(359,577)	0	0	0	0	0	0	0	0	0	(605,281)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(31,983)	0	0	0	0	0	0	0	0	0	0	(31,983)	19
20	Fees, Subscriptions & Promotions	(23,698)	0	0	0	0	0	0	0	0	0	0	(23,698)	20
21	Clerical & General Office Expenses	(482,213)	0	0	0	0	0	0	0	0	0	0	(482,213)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,310)	0	0	0	0	0	0	0	0	0	0	(1,310)	23
24	Travel and Seminar	(1,271)	0	0	0	0	0	0	0	0	0	0	(1,271)	24
25	Other Admin. Staff Transportation	(3,644)	0	0	0	0	0	0	0	0	0	0	(3,644)	25
26	Insurance-Prop.Liab.Malpractice	(53,401)	0	0	0	0	0	0	0	0	0	0	(53,401)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(843,224)	(359,577)	0	0	0	0	0	0	0	0	0	(1,202,801)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(3,344,770)	(359,577)	0	0	0	0	0	0	0	0	0	(3,704,347)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/13

Ending:

06/30/14

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(1,229,598)	0	0	0	0	0	0	0	0	0	0	(1,229,598) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(1,194,289)	0	0	0	0	0	0	0	0	0	0	(1,194,289) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	(158,985)	0	0	0	0	0	0	0	0	0	0	(158,985) 34
35	Rent-Equipment & Vehicles	(9,747)	0	0	0	0	0	0	0	0	0	0	(9,747) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(2,592,619)	0	0	0	0	0	0	0	0	0	0	(2,592,619) 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0 39
40	Barber and Beauty Shops	(97,325)	0	0	0	0	0	0	0	0	0	0	(97,325) 40
41	Coffee and Gift Shops	(34,166)	0	0	0	0	0	0	0	0	0	0	(34,166) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(785,961)	0	0	0	0	0	0	0	0	0	0	(785,961) 43
44	TOTAL Special Cost Centers	(917,452)	0	0	0	0	0	0	0	0	0	0	(917,452) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(6,854,841)	(359,577)	0	0	0	0	0	0	0	0	0	(7,214,418) 45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	17 FSCSC Shared Expenses	\$ 1,135,931	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 776,354	\$	(359,577)	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$ 1,135,931			\$ 776,354	\$ *	(359,577)	14

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

Facility Name & ID Number

Franciscan Village

0045419

Report Period Beginning:

07/01/13

Ending:

06/30/14

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Franciscan Communities, Inc.	100%	St. Joseph Village of Chicago	Chicago, IL	Franciscan Sisters	Lemont, IL	Religious Cong.	1
2					of Chicago			2
3			The Village at Victory Lakes	Lindenhurst, IL				3
4	Board of Directors & Officers				Franciscan Sisters of			4
5			Addolorata Villa	Wheeling, IL	Chicago Serv Corp	Homewood, IL	Corp. Management	5
6	Sister M. Francis Clare Radke							6
7	Annette Shoemaker		Franciscan Village	Lemont, IL	St. James			7
8	Judy Amiano				Senior Estates	Crete, IL	Ind. Living	8
9	Sandra Singer		St. Anthony Home	Crown Point, IN				9
10	Ronald Tinsley				Marian Village	Homer Glen, IL	Ind. & Asst. Living	10
11	Tracy Shearer		University Place	West Lafayette, IN				11
12	Denise Boudreau				Franciscan			12
13			Mount Alverna Village	Parma, OH	Senior Estates	Louisville, KY	Ind. Living	13
14								14
15					Franciscan Comm.			15
16					Based Services	Michigan City, IN	Hm. Care / Hospice	16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/13 Ending: 06/30/14

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Judy Amiano	Board Member	CEO	0.00%	See Supplemental	5.34	13.35%	Alloc. Salary	\$ 26,678	17 - 03	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 26,678		13

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

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/13

Ending: 06/30/14

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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	Management Fees	8,515,708	13	\$ 6,474,687	\$ 3,777,432	1,135,931	\$ 863,674	1
2	17	FSCSC Shared Expenses	Health Insurance	9,478,129	13	(976,685)	0	847,388	(87,320)	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,498,002	\$ 3,777,432		\$ 776,354	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Amalgamated Bank		X	Facility Acquisition	Varies	02/14/07	\$ 12,462,000	\$ 12,449,600	05/01/37	5.50%	\$ 482,036	1								
2	Amalgamated Bank		X	Facility Acquisition	Varies	03/13/13	23,627,363	23,444,825	05/15/47	4.96%	907,760	2								
3	Huntington Bank		X	Facility Acquisition	Varies	03/13/13	1,364,167	1,301,178	05/15/43	Variable	51,503	3								
4	Huntington Bank		X	Facility Acquisition	Varies	03/13/13	2,001,225	1,946,919	05/15/43	Variable	75,383	4								
5												5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 39,454,755	\$ 39,142,522			\$ 1,516,682	9								
B. Non-Facility Related*																				
10	Interest Income										(14,822)	10								
11												11								
12	Allocation - IL / AL										(1,179,467)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (1,194,289)	14								
15	TOTALS (line 9+line14)						\$ 39,454,755	\$ 39,142,522			\$ 322,393	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 0 Line # N/A

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

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

Facility Name & ID Number **Franciscan Village**

0045419

Report Period Beginning:

07/01/13

Ending:

06/30/14

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2013 report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	2
3. Under or (over) accrual (line 2 minus line 1).		\$	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (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:	2009	8	
	2010	9	
	2011	10	
	2012	11	
	2013	12	
N/A - Franciscan Village is exempt from real estate taxes on its nursing home operations.			

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2013	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/13 Ending:

06/30/14

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 62,872 B. General Construction Type: Exterior Brick / Masonry Frame Steel Number of Stories 3

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

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

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

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

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

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

Independent Living - 48,000 Square Feet (52 Cottages)

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

Assisted Living - 38,662 Square Feet (30 Units)

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

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

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>1989</u>	<u>\$ 293,706</u>	1
2					2
3	TOTALS			\$ 293,706	3

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	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1990		255,348						9
10	Various		1992		5,470						10
11	Various		1993		787,171						11
12	Various		1994		14,713						12
13	Various		1995		159,949						13
14	Various		1996		29,149						14
15	Various		1997		19,633						15
16	Various		1998		12,498						16
17	Various		1999		9,158						17
18	Various		2000		22,497						18
19	Various		2001		38,345						19
20	Various		2002		84,703						20
21	Various		2003		25,280						21
22	Various		2004		112,667						22
23	Various		2005		48,458						23
24	Various		2006		39,041						24
25	Various		2007		37,147						25
26	Various		2008		46,659						26
27	Various		2009		287,260						27
28	Various		2010		13,908						28
29	Expansion Joints and Butterfly Valves		2011		5,437						29
30	B&G Pump and Repipe		2011		2,774						30
31	HVAC Repairs		2011		3,367						31
32	Repair East Trane Chiller Mother Teresa Home		2011		5,053						32
33	Perform Burner Maintenance, Replace Modulating Motor, Boiler		2011		3,179						33
34	Chilled Water Pump and Motor Replacement		2011		2,543						34
35	Main Entrance Roof		2011		545						35
36	Lighting for FV Dining Room		2011		664						36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/13

Ending:

06/30/14**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Carpet for FV Dining Room	2011	\$ 1,304	\$		\$	\$	\$	37
38	Main Entrance Roof	2011	545						38
39	Dining Room Chairs	2011	12,069						39
40	Maintenance Hours	2011	1,594						40
41	Maintenance Hours	2011	1,911						41
42	Roofing St. Clare and St. Joseph	2011	3,484						42
43	Maintenance Hours	2011	1,758						43
44	Maintenance Hours	2011	1,156						44
45	New Roof St. Clare and St. Joseph	2011	1,295						45
46	Maintenance Hours	2011	1,542						46
47	Carpet - Chapel Hallways and Mezzanine	2011	1,907						47
48	Misc. Building Supplies	2011	573						48
49	Roofing St. Joseph	2011	1,480						49
50	Misc. Building Supplies	2011	673						50
51	Maintenance Hours	2011	1,468						51
52	Carpet - Upper Level	2011	1,843						52
53	Misc. Building Supplies	2012	622						53
54	Furnaces (2)	2012	744						54
55	Fireplace for IL Dining Room	2012	1,133						55
56	Maintenance Hours	2012	2,260						56
57	Misc. Building Supplies	2012	557						57
58	Walk In Produce Cooler	2012	871						58
59	Maintenance Hours	2012	2,171						59
60	Misc. Building Supplies	2012	1,295						60
61	Misc. Building Supplies	2012	1,194						61
62	Maintenance Hours	2012	1,798						62
63	Capitalized Labor	2012	2,034						63
64	Lowes Misc. Range & Refrigerator	2012	2,091						64
65	Capitalized Labor	2012	1,629						65
66	Misc. Building Supplies	2012	1,989						66
67	Heat Exchanger for HVAC	2012	731						67
68	Chiller Water Pump Replacement	2012	1,167						68
69	Capitalized Labor	2012	1,765						69
70	TOTAL (lines 4 thru 69)		\$ 7,856,125	\$		\$	\$	\$	70

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

XI. OWNERSHIP COSTS (continued)

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

1	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	\$ 7,856,125	\$		\$	\$	\$		1
2	Fire Systems Upgrade (TC = \$4,135)	2012 682							2
3	Replace Fire Sprinkler (TC = \$16,663)	2012 2,748							3
4	Street and Driveway Replacement (TC = \$44,800)	2012 7,388							4
5	Chiller Replacement (TC = \$4,209)	2012 694							5
6	Boiler Repair (TC = \$2,845)	2012 469							6
7	Magnetic Door Locks and Key Pad (TC = \$4,725)	2012 779							7
8	Insulation of New Piping (TC = \$3,365)	2012 555							8
9	Exterior Stucco and Painting (TC = \$4,500)	2012 742							9
10	New Wire South Pole Light Fixture (TC = \$2,589)	2012 427							10
11	Water Main Break Repair (TC = \$3,740)	2012 617							11
12	Camera System (TC = \$32,826)	2013 5,413							12
13	Second Floor Camera and Door Release (TC = \$9,971)	2013 1,644							13
14	BAS System (TC = \$31,969)	2013 5,272							14
15	Automatic Doors (TC = \$10,420)	2013 1,718							15
16	Service to Replace Cast iron Waste Piping (TC = \$9,085)	2013 1,498							16
17	Sanitary Piping (TC = \$3,000)	2013 495							17
18	Boiler Repair (TC = \$2,645)	2013 436							18
19	Chiller Replacement (TC = \$12,254)	2013 2,021							19
20	Chiller Repair (TC = \$4,645)	2013 766							20
21	Valves, Fittings and Piping (TC = \$3,815)	2013 629							21
22	Chiller and Pump Repair (TC = \$5,276)	2013 870							22
23	Insulation Work (TC = \$5,100)	2013 841							23
24	Rod Sewer (TC = \$3,035)	2013 500							24
25	Roof Repair (TC = \$3,125)	2013 515							25
26	2 Filter Vessel Housings (TC = \$3,730)	2013 615							26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 7,894,459	\$		\$	\$	\$		34

**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:

07/01/13

Ending:

06/30/14

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,894,459	\$		\$	\$	\$	1
2									2
3	Current Year Additions - FY 2013 - 2014								3
4	See CY FA Addition Schedule - Allocations and Locations								4
5									5
6	Water Main Plumbing - Exterior Street (TC = \$23,810)	2014	23,810						6
7	Cameras and Door Release Systems - Hallways (TC = \$48,921)	2014	11,233						7
8	Elevator Repairs (TC = \$25,825)	2014	5,544						8
9	Interior Room Signs (TC = \$59,235)	2014	12,716						9
10	Lighting - Sidewalks and Streets (TC = \$41,350)	2014	8,876						10
11	Transfer Switches (TC = \$6,346)	2013	1,362						11
12	RPZ Backflow Valve and Installation (TC = \$4,680)	2014	1,005						12
13	Fire Extinguishers (TC = \$4,679)	2013	1,004						13
14	Sidewalks - Exterior (TC = \$14,725)	2014	14,725						14
15	Fence - Exterior (TC = \$6,380)	2014	6,380						15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	Current Year Disposals - FY 2013 - 2014								24
25	See CY FA Disposition Schedule - Allocations and Locations								25
26									26
27	Various	2003	(2,674)						27
28									28
29									29
30									30
31									31
32									32
33	Financial Statement Depreciation			318,239		318,239		6,420,671	33
34	TOTAL (lines 1 thru 33)		\$ 7,978,440	\$ 318,239		\$ 318,239	\$	\$ 6,420,671	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,366,383	\$	\$	\$		\$	71
72	Current Year Purchases	27,262						72
73	Fully Depreciated Assets							73
74	Disposals							74
75	TOTALS	\$ 1,393,645	\$	\$	\$		\$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Bus	2010	\$ 54,645	\$	\$	\$		\$	76
77	Facility	Dodge Ram Pickup Truck	2010	2,857						77
78	Facility	Transit Bus (TC = \$120,107)	2014	25,804						78
79										79
80	TOTALS			\$ 83,306	\$	\$	\$		\$	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)	\$ 9,749,097	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 318,239	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 318,239	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,420,671	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-Care Assets - PY Total	\$ 30,983,561	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	5,091,113			87
88	Non-Care Assets - CY EQIP Add.	645,650			88
89	Non-Care Assets - CY Disposals	(11,100)			89
90	Financial Statement Depreciation		1,229,598	23,489,902	90
91	TOTALS	\$ 36,709,224	\$ 1,229,598	\$ 23,489,902	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Year	Month	Day	Time	Location	Activity	Remarks
2000	1	1	08:00	...	...	...
2000	1	2	08:00	...	...	...
2000	1	3	08:00	...	...	...
2000	1	4	08:00	...	...	...
2000	1	5	08:00	...	...	...
2000	1	6	08:00	...	...	...
2000	1	7	08:00	...	...	...
2000	1	8	08:00	...	...	...
2000	1	9	08:00	...	...	...
2000	1	10	08:00	...	...	...
2000	1	11	08:00	...	...	...
2000	1	12	08:00	...	...	...
2000	1	13	08:00	...	...	...
2000	1	14	08:00	...	...	...
2000	1	15	08:00	...	...	...
2000	1	16	08:00	...	...	...
2000	1	17	08:00	...	...	...
2000	1	18	08:00	...	...	...
2000	1	19	08:00	...	...	...
2000	1	20	08:00	...	...	...
2000	1	21	08:00	...	...	...
2000	1	22	08:00	...	...	...
2000	1	23	08:00	...	...	...
2000	1	24	08:00	...	...	...
2000	1	25	08:00	...	...	...
2000	1	26	08:00	...	...	...
2000	1	27	08:00	...	...	...
2000	1	28	08:00	...	...	...
2000	1	29	08:00	...	...	...
2000	1	30	08:00	...	...	...
2000	1	31	08:00	...	...	...
2000	2	1	08:00	...	...	...
2000	2	2	08:00	...	...	...
2000	2	3	08:00	...	...	...
2000	2	4	08:00	...	...	...
2000	2	5	08:00	...	...	...
2000	2	6	08:00	...	...	...
2000	2	7	08:00	...	...	...
2000	2	8	08:00	...	...	...
2000	2	9	08:00	...	...	...
2000	2	10	08:00	...	...	...
2000	2	11	08:00	...	...	...
2000	2	12	08:00	...	...	...
2000	2	13	08:00	...	...	...
2000	2	14	08:00	...	...	...
2000	2	15	08:00	...	...	...
2000	2	16	08:00	...	...	...
2000	2	17	08:00	...	...	...
2000	2	18	08:00	...	...	...
2000	2	19	08:00	...	...	...
2000	2	20	08:00	...	...	...
2000	2	21	08:00	...	...	...
2000	2	22	08:00	...	...	...
2000	2	23	08:00	...	...	...
2000	2	24	08:00	...	...	...
2000	2	25	08:00	...	...	...
2000	2	26	08:00	...	...	...
2000	2	27	08:00	...	...	...
2000	2	28	08:00	...	...	...
2000	2	29	08:00	...	...	...
2000	2	30	08:00	...	...	...
2000	3	1	08:00	...	...	...
2000	3	2	08:00	...	...	...
2000	3	3	08:00	...	...	...
2000	3	4	08:00	...	...	...
2000	3	5	08:00	...	...	...
2000	3	6	08:00	...	...	...
2000	3	7	08:00	...	...	...
2000	3	8	08:00	...	...	...
2000	3	9	08:00	...	...	...
2000	3	10	08:00	...	...	...
2000	3	11	08:00	...	...	...
2000	3	12	08:00	...	...	...
2000	3	13	08:00	...	...	...
2000	3	14	08:00	...	...	...
2000	3	15	08:00	...	...	...
2000	3	16	08:00	...	...	...
2000	3	17	08:00	...	...	...
2000	3	18	08:00	...	...	...
2000	3	19	08:00	...	...	...
2000	3	20	08:00	...	...	...
2000	3	21	08:00	...	...	...
2000	3	22	08:00	...	...	...
2000	3	23	08:00	...	...	...
2000	3	24	08:00	...	...	...
2000	3	25	08:00	...	...	...
2000	3	26	08:00	...	...	...
2000	3	27	08:00	...	...	...
2000	3	28	08:00	...	...	...
2000	3	29	08:00	...	...	...
2000	3	30	08:00	...	...	...
2000	3	31	08:00	...	...	...
2000	4	1	08:00	...	...	...
2000	4	2	08:00	...	...	...
2000	4	3	08:00	...	...	...
2000	4	4	08:00	...	...	...
2000	4	5	08:00	...	...	...
2000	4	6	08:00	...	...	...
2000	4	7	08:00	...	...	...
2000	4	8	08:00	...	...	...
2000	4	9	08:00	...	...	...
2000	4	10	08:00	...	...	...
2000	4	11	08:00	...	...	...
2000	4	12	08:00	...	...	...
2000	4	13	08:00	...	...	...
2000	4	14	08:00	...	...	...
2000	4	15	08:00	...	...	...
2000	4	16	08:00	...	...	...
2000	4	17	08:00	...	...	...
2000	4	18	08:00	...	...	...
2000	4	19	08:00	...	...	...
2000	4	20	08:00	...	...	...
2000	4	21	08:00	...	...	...
2000	4	22	08:00	...	...	...
2000	4	23	08:00	...	...	...
2000	4	24	08:00	...	...	...
2000	4	25	08:00	...	...	...
2000	4	26	08:00	...	...	...
2000	4	27	08:00	...	...	...
2000	4	28	08:00	...	...	...
2000	4	29	08:00	...	...	...
2000	4	30	08:00	...	...	...
2000	4	31	08:00	...	...	...
2000	5	1	08:00	...	...	...
2000	5	2	08:00	...	...	...
2000	5	3	08:00	...	...	...
2000	5	4	08:00	...	...	...
2000	5	5	08:00	...	...	...
2000	5	6	08:00	...	...	...
2000	5	7	08:00	...	...	...
2000	5	8	08:00	...	...	...
2000	5	9	08:00	...	...	...
2000	5	10	08:00	...	...	...
2000	5	11	08:00	...	...	...
2000	5	12	08:00	...	...	...
2000	5	13	08:00	...	...	...
2000	5	14	08:00	...	...	...
2000	5	15	08:00	...	...	...
2000	5	16	08:00	...	...	...
2000	5	17	08:00	...	...	...
2000	5	18	08:00	...	...	...
2000	5	19	08:00	...	...	...
2000	5	20	08:00	...	...	...
2000	5	21	08:00	...	...	...
2000	5	22	08:00	...	...	...
2000	5	23	08:00	...	...	...
2000	5	24	08:00	...	...	...
2000	5	25	08:00	...	...	...
2000	5	26	08:00	...	...	...
2000	5	27	08:00	...	...	...
2000	5	28	08:00	...	...	...
2000	5	29	08:00	...	...	...
2000	5	30	08:00	...	...	...
2000	5	31	08:00	...	...	...
2000	6	1	08:00	...	...	...
2000	6	2	08:00	...	...	...
2000	6	3	08:00	...	...	...
2000	6	4	08:00	...	...	...
2000	6	5	08:00	...	...	...
2000	6	6	08:00	...	...	...
2000	6	7	08:00	...	...	...
2000	6	8	08:00	...	...	...
2000	6	9	08:00	...	...	...
2000	6	10	08:00	...	...	...
2000	6	11	08:00	...	...	...
2000	6	12	08:00	...	...	...
2000	6	13	08:00	...	...	...
2000	6	14	08:00	...	...	...
2000	6	15	08:00	...	...	...
2000	6	16	08:00	...	...	...
2000	6	17	08:00	...	...	...
2000	6	18	08:00	...	...	...
2000	6	19	08:00	...	...	...
2000	6	20	08:00	...	...	...
2000	6	21	08:00	...	...	...
2000	6	22	08:00	...	...	...
2000	6	23	08:00	...	...	...
2000	6	24	08:00	...	...	...
2000	6	25	08:00	...	...	...
2000	6	26	08:00	...	...	...
2000	6	27	08:00	...	...	...
2000	6	28	08:00	...	...	...
2000	6	29	08:00	...	...	...
2000	6	30	08:00	...	...	...
2000	6	31	08:00	...	...	...
2000	7	1	08:00	...	...	...
2000	7	2	08:00	...	...	...
2000	7	3	08:00	...	...	...
2000	7	4	08:00	...	...	...
2000	7	5	08:00	...	...	...
2000	7	6	08:00	...	...	...
2000	7	7	08:00	...	...	...
2000	7	8	08:00	...	...	...
2000	7	9	08:00	...	...	...
2000	7	10	08:00	...	...	...
2000	7	11	08:00	...	...	...
2000	7	12	08:00	...	...	...
2000	7	13	08:00	...	...	...
2000	7	14	08:00	...	...	...
2000	7	15	08:00	...	...	...
2000	7	16	08:00	...	...	...
2000	7	17	08:00	...	...	...
2000	7	18	08:00	...	...	...
2000	7	19	08:00	...	...	...
2000	7	20	08:00	...	...	...
2000	7	21	08:00	...	...	...
2000	7	22	08:00	...	...	...
2000	7	23	08:00	...	...	...
2000	7	24	08:00	...	...	...
2000	7	25	08:00	...	...	...
2000	7	26	08:00	...	...	...
2000	7	27	08:00	...	...	...
2000	7	28	08:00	...	...	...
2000	7	29	08:00	...	...	...
2000	7	30	08:00	...	...	...
2000	7	31	08:00	...	...	...
2000	8	1	08:00	...	...	...
2000	8	2	08:00	...	...	...
2000	8	3	08:00	...	...	...
2000	8	4	08:00	...	...	...
2000	8	5	08:00	...	...	...
2000	8	6	08:00	...	...	...
2000	8	7	08:00	...	...	...
2000	8	8	08:00	...	...	...
2000	8	9	08:00	...	...	...
2000	8	10	08:00	...	...	...
2000	8	11	08:00	...	...	...
2000	8	12	08:00	...	...	...
2000	8	13	08:00	...	...	...
2000	8	14	08:00	...	...	...
2000	8	15	08:00	...	...	...
2000	8	16	08:00	...	...	...
2000	8	17	08:00	...	...	...
2000	8	18	08:00	...	...	...
2000	8	19	08:00	...	...	...
2000	8	20	08:00	...	...	...
2000	8	21	08:00	...	...	...
2000	8	22	08:0			

Franciscan Village
Fixed Asset Analysis - Disposals
FYE June 30, 2014

G/L Number	Cost Report Classification	Description	Page	Section	Grouping	Cost	In Service Date	Class	Method	Cost				
										Nursing Home	Other	Expensed - NH	Expensed - NA	Total
										62,872	230,016	62,872	230,016	292,888
Leasehold Improvements														
4 - 0100	Building Equipment	2nd Floor bathroom cabinets	12	XI - B	1	1,324	10/02/03	LIMP	Direct SKU	1,324	-	-	-	1,324
4 - 0100	Building Equipment	Tile - Sanded Natural Gravel 23#	12	XI - B	1	58	08/01/03	LIMP	Direct SKU	58	-	-	-	58
4 - 0100	Building Equipment	Tile---Polar White (4X6& 4X4)---Gre	12	XI - B	1	1,291	07/31/03	LIMP	Direct SKU	1,291	-	-	-	1,291
						<u>2,674</u>				<u>2,674</u>	-	-	-	<u>2,674</u>
4 - 0100	Building Equipment	3rd flr utility room countertop w/2	12	XI - B	NCAR	748	11/30/03	LIMP	Direct ALU / ILU	-	748	-	-	748
4 - 0100	Building Equipment	Carpeting provided by FV---XL Gold	12	XI - B	NCAR	329	11/30/03	LIMP	Direct ALU / ILU	-	329	-	-	329
4 - 0100	Building Equipment	Carpeting--Northfield# 26 (#640 Oak	12	XI - B	NCAR	1,857	10/31/01	LIMP	Direct ALU / ILU	-	1,857	-	-	1,857
4 - 0100	Building Equipment	cooling u---1 Armstrong cooling uni	12	XI - B	NCAR	1,510	07/23/98	LIMP	Direct ALU / ILU	-	1,510	-	-	1,510
4 - 0100	Building Equipment	flooring apt 223	12	XI - B	NCAR	1,286	11/30/03	LIMP	Direct ALU / ILU	-	1,286	-	-	1,286
4 - 0100	Building Equipment	Formica kitchen counter top, Color	12	XI - B	NCAR	703	11/30/03	LIMP	Direct ALU / ILU	-	703	-	-	703
4 - 0100	Building Equipment	Kitchen Countertops; Formica 303-58	12	XI - B	NCAR	748	10/22/03	LIMP	Direct ALU / ILU	-	748	-	-	748
4 - 0100	Building Equipment	Kitchen Countertops; Formica 303-58	12	XI - B	NCAR	748	10/22/03	LIMP	Direct ALU / ILU	-	748	-	-	748
4 - 0100	Building Equipment	Kitchen Countertops; Formica 303-58	12	XI - B	NCAR	703	11/30/03	LIMP	Direct ALU / ILU	-	703	-	-	703
4 - 0100	Building Equipment	shaft bearings and blower valves fo	12	XI - B	NCAR	1,116	09/30/03	LIMP	Direct ALU / ILU	-	1,116	-	-	1,116
4 - 0100	Building Equipment	Staron Kitchen countertops in Sande	12	XI - B	NCAR	1,352	11/11/03	LIMP	Direct ALU / ILU	-	1,352	-	-	1,352
						<u>11,100</u>				<u>-</u>	<u>11,100</u>	-	-	<u>11,100</u>
	Sub-Total					13,774				2,674	11,100	-	-	13,774
	Totals					13,774				2,674	11,100	-	-	13,774

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning: 07/01/13

Ending: 06/30/14

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

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				202,441			5
6	Alloc-IL/AL				(158,985)			6
7	TOTAL				\$ 43,456			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
12.	<u>/2015</u>	\$ _____
13.	<u>/2016</u>	\$ _____
14.	<u>/2017</u>	\$ _____

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 6,431 Description: See Supplemental Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

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

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

**Franciscan Village
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Amount
Total	-

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Item Rented	Amount
Accelerated Care Plus	Rehab Equipment	14,100
Helget Gas Products	Helium	314
Unidine	Dining Equipment	252
Pitney Bowes	Postage Machine	1,014
Studio 121	Task Chair Samples	498
Allocation - IL / AL		(9,747)
Total		6,431

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	475,468	\$		\$	475,468	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				108,660				108,660	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				521,605				521,605	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	39 - 02	# of prescripts					371,877			371,877	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): See Supplemental	39 - 02						38,739			38,739	12
13	Other (specify): See Supplemental	39 - 03					206,828				206,828	13
14	TOTAL			\$		\$	1,312,561	\$	410,617	\$	1,723,177	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.

**Franciscan Village
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 16 Supplemental Schedule

Description	Supplies	Other
Oxygen and Supplies	27,220	
Enteral Nutrition / Pen Nutrients	7,264	
Flu Shot	4,255	
Respiratory Therapy		105,515
Radiology		20,490
Laboratory		27,678
Wound Pump		10,595
Specialized Beds & Air Mattresses		41,540
Other Ancillary Services		1,010
Total	38,739	206,828

Facility Name & ID Number **Franciscan Village**# **0045419**Report Period Beginning: **07/01/13**Ending: **06/30/14****XV. BALANCE SHEET - Unrestricted Operating Fund.**As of **06/30/14**

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 22,559	\$	1
2	Cash-Patient Deposits	8,112		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>460,000</u>)	1,435,121		3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	39,006		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	123,522		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,628,320	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,941,817		13
14	Buildings, at Historical Cost	32,034,655		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	9,943,191		16
17	Accumulated Depreciation (book methods)	(29,910,573)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>	536,660		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,545,750	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,174,070	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 601,177	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	8,233		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	397,586		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,856		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	5,519		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	6,887,183		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 7,902,554	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,902,554	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 9,271,516	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 17,174,070	\$	48

*(See instructions.)

**Franciscan Village
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Total	-	-
Line 23 - Other Long Term Assets		
Construction in Progress	536,660	
Total	536,660	-
Line 36 - Other Current Liabilities		
Unclaimed Funds	920	
Reservation Deposits	10,800	
Refundable Deposits	6,435,318	
Unrefundable Deposits (Net of Amortization)	440,145	
Total	6,887,183	-
Line 43 - Other Long Term Liabilities		
Total	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,596,634	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,596,634	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	432,967	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)	\$ 432,967	17
B. Transfers (Itemize):			
18	FC Holding - Intercompany Transfer	3,226,615	18
19	Temporarily Restricted Donation	15,300	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 3,241,915	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 9,271,516	24 *

* This must agree with page 17, line 47.

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

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 18,315,453	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,315,453	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	264,671	6
7	Oxygen	18,430	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 283,101	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	59,993	12
13	Barber and Beauty Care	107,341	13
14	Non-Patient Meals	4,394	14
15	Telephone, Television and Radio	14,073	15
16	Rental of Facility Space	10,083	16
17	Sale of Drugs	11,647	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	18,156	19
20	Radiology and X-Ray		20
21	Other Medical Services	223,327	21
22	Laundry	42,796	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 491,810	23
D. Non-Operating Revenue			
24	Contributions	37,571	24
25	Interest and Other Investment Income***	14,822	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 52,393	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	10,498	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,498	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,153,255	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	3,919,263	31
32	Health Care	4,443,594	32
33	General Administration	4,178,418	33
B. Capital Expense			
34	Ownership	3,283,138	34
C. Ancillary Expense			
35	Special Cost Centers	2,640,630	35
36	Provider Participation Fee	255,245	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,720,288	40
41	Income before Income Taxes (line 30 minus line 40)**	432,967	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 432,967	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,113,342	44
45	Private Pay - Net Inpatient Revenue	11,966,030	45
46	Medicare - Net Inpatient Revenue	4,900,478	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	335,603	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,315,453	49

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

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

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

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

**Franciscan Village
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 19 Supplemental Schedule

Description	Total	Adjustment
Line 28 - Other Revenue		
Maintenance Revenue	1,621	1,621
Housekeeping Revenue	2,558	2,558
Transportation Revenue	762	762
Activity Revenue	2,961	2,961
Badge Replacement	230	230
Jury Duty Income	71	71
Copy Income	120	120
Scrap Income	627	627
Rebates and Refunds	1,389	1,389
Gain on Disposal of Assets	160	160
Total	10,498	10,498

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/13

Ending:

06/30/14

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,024	2,112	\$ 94,755	\$ 44.87	1
2	Assistant Director of Nursing	1,608	1,760	65,385	37.15	2
3	Registered Nurses	33,261	35,455	1,074,795	30.31	3
4	Licensed Practical Nurses	23,675	25,391	656,197	25.84	4
5	CNAs & Orderlies	87,782	95,409	1,250,821	13.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,080	6,607	109,816	16.62	8
9	Activity Director	1,944	2,136	59,429	27.82	9
10	Activity Assistants	14,932	16,631	231,464	13.92	10
11	Social Service Workers	6,012	6,960	210,765	30.28	11
12	Dietician					12
13	Food Service Supervisor	6,441	7,595	75,782	9.98	13
14	Head Cook	11,037	12,453	192,007	15.42	14
15	Cook Helpers/Assistants	26,582	28,998	256,203	8.84	15
16	Dishwashers					16
17	Maintenance Workers	15,212	16,970	347,526	20.48	17
18	Housekeepers	36,496	40,732	446,487	10.96	18
19	Laundry					19
20	Administrator	2,848	3,134	121,162	38.66	20
21	Assistant Administrator					21
22	Other Administrative	1,212	1,284	114,732	89.36	22
23	Office Manager					23
24	Clerical	19,965	21,604	370,603	17.15	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	1,809	1,991	27,951	14.04	31
32	Other Health Care(specify)	8,330	9,161	180,114	19.66	32
33	Other(specify) <u>See Supplement</u>	32,877	36,859	673,720	18.28	33
34	TOTAL (lines 1 - 33)	340,127	373,242	\$ 6,559,714 *	\$ 17.57	34

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant			35
36	Medical Director	32,500	09 - 03	36
37	Medical Records Consultant	358	10 - 03	37
38	Nurse Consultant	32,665	10 - 03	38
39	Pharmacist Consultant	683	10 - 03	39
40	Physical Therapy Consultant	863	10a - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	1,868	11 - 03	44
45	Social Service Consultant	561	12 - 03	45
46	Other(specify) <u>Priest / Organist</u>	19,545	12 - 03	46
47	<u>Dietary Management</u>	414,404	01 - 03	47
48	<u>Senior Fit</u>	72,317	10a - 03	48
49	TOTAL (lines 35 - 48)	\$ 575,764		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

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

** See instructions.

**Franciscan Village
Medicaid Cost Report
07/01/13 - 06/30/14**

Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Transportation (Line 14)	3,105	3,527	52,557
Beautician (Line 40)	1,594	1,602	15,431
Gift Shop and Store Attendant (Line 41)	1,902	2,097	24,307
Assisted Living (Line 43)	16,828	18,753	254,285
Independent Living (Line 43)	1,824	2,326	78,238
Marketing (Line 43)	5,154	5,622	191,295
Fundraising (Line 43)	844	1,048	27,898
Volunteers (Line 43)	1,626	1,884	29,709
Total	32,877	36,859	673,720

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

(See instructions.)

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

