

Facility Name & ID Number Franciscan Village

0045419 Report Period Beginning: 07/01/14 Ending: 06/30/15

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	7,668	24,035	9,663	41,366	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,668	24,035	9,663	41,366	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.24%

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

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

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

Meals and Beauty Shop Services

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 01/20/90

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

YES Date 01/20/90 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 38 and days of care provided 8,751

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: 06/30/15 Fiscal Year: 06/30/15

* 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: 07/01/14 Ending: 06/30/15

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	797,360	303,147	581,148	1,681,655		1,681,655	(811,374)	870,281		1
2	Food Purchase		589,371		589,371		589,371	(302,135)	287,236		2
3	Housekeeping	490,044	86,390	21,652	598,086		598,086	(264,226)	333,860		3
4	Laundry		319	146,914	147,233		147,233	(64,308)	82,925		4
5	Heat and Other Utilities			545,552	545,552		545,552	(431,969)	113,583		5
6	Maintenance	318,392	85,287	548,927	952,606		952,606	(743,203)	209,403		6
7	Other (specify):* See Supplemental										7
8	TOTAL General Services	1,605,796	1,064,514	1,844,193	4,514,503		4,514,503	(2,617,216)	1,897,287		8
	B. Health Care and Programs										
9	Medical Director			32,419	32,419		32,419		32,419		9
10	Nursing and Medical Records	3,587,926	230,840	10,111	3,828,877		3,828,877	(94,925)	3,733,952		10
10a	Therapy	138,217	1,251	69,971	209,439		209,439	(68,169)	141,270		10a
11	Activities	306,765	61,314	2,732	370,811		370,811	(162,927)	207,884		11
12	Social Services	234,660	8,100	20,215	262,975		262,975	(154,332)	108,643		12
13	CNA Training										13
14	Program Transportation	55,872	2,187	2,163	60,222		60,222	(40,238)	19,984		14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	4,323,440	303,692	137,611	4,764,743		4,764,743	(520,591)	4,244,152		16
	C. General Administration										
17	Administrative	246,168		1,307,249	1,553,417		1,553,417	(874,342)	679,075		17
18	Directors Fees										18
19	Professional Services			73,665	73,665		73,665	(28,553)	45,112		19
20	Dues, Fees, Subscriptions & Promotions			77,396	77,396		77,396	(29,910)	47,486		20
21	Clerical & General Office Expenses	372,125	261,393	298,785	932,303		932,303	(511,197)	421,106		21
22	Employee Benefits & Payroll Taxes			1,745,924	1,745,924		1,745,924		1,745,924		22
23	Inservice Training & Education			11,854	11,854		11,854	(7,920)	3,934		23
24	Travel and Seminar			11,835	11,835		11,835	(1,931)	9,904		24
25	Other Admin. Staff Transportation			13,606	13,606		13,606	(9,091)	4,515		25
26	Insurance-Prop.Liab.Malpractice			207,885	207,885		207,885	(80,577)	127,308		26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	618,293	261,393	3,748,199	4,627,885		4,627,885	(1,543,522)	3,084,363		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,547,529	1,629,599	5,730,003	13,907,131		13,907,131	(4,681,328)	9,225,803		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:

07/01/14

Ending:

06/30/15

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			1,822,001	1,822,001		1,822,001	(1,430,967)	391,034			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,527,674	1,527,674		1,527,674	(1,201,325)	326,349			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			18,380	18,380		18,380	(12,281)	6,099			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			3,368,055	3,368,055		3,368,055	(2,644,572)	723,483			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		395,296	1,351,613	1,746,909		1,746,909		1,746,909			39
40	Barber and Beauty Shops	14,317	129	95,173	109,619		109,619	(106,018)	3,601			40
41	Coffee and Gift Shops	24,253	8,386		32,639		32,639	(32,639)				41
42	Provider Participation Fee			267,725	267,725		267,725		267,725			42
43	Other (specify):* See Supplemental	946,057	68,987	107,950	1,122,994		1,122,994	(1,122,994)				43
44	TOTAL Special Cost Centers	984,627	472,798	1,822,461	3,279,886		3,279,886	(1,261,651)	2,018,235			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	7,532,156	2,102,397	10,920,519	20,555,072		20,555,072	(8,587,551)	11,967,521			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

**Franciscan Village
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other
Line 36 Detailed			
Total	-	-	-
Line 43 Detailed			
Assisted Living	564,673	11,375	9,417
Independent Living	105,782	765	624
Marketing	186,262	55,414	96,251
Fundraising	54,417	585	1,625
Volunteers	34,923	848	33
Total	946,057	68,987	107,950

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	(2,979)	02		4
5	Telephone, TV & Radio in Resident Rooms	(9,504)	21		5
6	Rented Facility Space	(11,181)	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	(7,383)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(2,598)	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	(217,790)	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	(7,819,961)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (8,071,396)		\$	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)	(516,155)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (516,155)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (8,587,551)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Franciscan Village

ID# 0045419

Report Period Beginning: 07/01/14

Ending: 06/30/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Beauty Shop Income	\$ (106,018)	40	1
2	Gift Shop / Deli (To Extent of Expense)	(32,639)	41	2
3	Gift Shop / Deli (Remainder Against Food)	(23,673)	02	3
4	Cable TV Income	(8,711)	05	4
5	Cable TV (Remainder of Expense)	(7,717)	05	5
6	Maintenance Revenue	(200)	06	6
7	Activity Revenue	(1,714)	11	7
8	Rebates and Refunds	(7,823)	21	8
9	Miscellaneous Revenue	(6,296)	21	9
10	Gain on Disposal of Asets	(375)	30	10
11	Senior Fit	(68,169)	10A	11
12	Mission Integration	(86,892)	12	12
13	Bank Fees	(1,007)	21	13
14	Assisted Living Expenses	(585,465)	43	14
15	Independent Living Expenses	(107,171)	43	15
16	Marketing Expenses	(337,927)	43	16
17	Fundraising Expenses	(56,627)	43	17
18	Volunteer Expenses	(35,804)	43	18
19	Capitalized Assets < \$2,500	731	06	19
20				20
21				21
22				22
23				23
24				24
25	Dietary - Indirect Allocation	(811,374)	01	25
26	Food Purchases - Indirect Allocation	(275,483)	02	26
27	Housekeeping - Indirect Allocation	(264,226)	03	27
28	Laundry - Indirect Allocation	(64,308)	04	28
29	Heat and Other Utilities - Indirect Allocation	(415,541)	05	29
30	Maintenance - Indirect Allocation	(732,553)	06	30
31	Medical Director - Indirect Allocation	0	09	31
32	Nursing and Medical Records - Indirect Allocation	(94,925)	10	32
33	Rehab Aides - Indirect Allocation	0	10a	33
34	Activities - Indirect Allocation	(161,213)	11	34
35	Social Services - Indirect Allocation	(67,440)	12	35
36	Program Transportation - Indirect Allocation	(40,238)	14	36
37	Administrative - Indirect Allocation	(358,187)	17	37
38	Professional Fees - Indirect Allocation	(28,553)	19	38
39	Dues and Subscriptions - Indirect Allocation	(29,910)	20	39
40	Clerical & General Office - Indirect Allocation	(266,179)	21	40
41	Inservice Training and Education - Indirect Alloc	(7,920)	23	41
42	Travel and Seminar - Indirect Allocation	(1,931)	24	42
43	Other Admin Staff Transportation - Indirect Alloc	(9,091)	25	43
44	Insurance - Indirect Allocation	(80,577)	26	44
45	Depreciation - Indirect Allocation	(1,430,592)	30	45
46	Amortization - Indirect Allocation	0	31	46
47	Interest - Indirect Allocation	(1,193,942)	32	47
48	Rent - Equipment and Vehicles - Indirect Alloc	(12,281)	35	48
49	Total	(7,819,961)		49

**Franciscan Village
Medicaid Cost Report
07/01/14 - 06/30/15**

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	797,360	1,681,655	-	43,897	1,637,758	Meals Served	124,098	245,942	402,334	395,026	467,947	416,348	-	870,281	811,374
Food	2	-	562,719	-	6,656	556,063	Meals Served	124,098	245,942	-	-	287,236	275,483	-	287,236	275,483
Housekeeping	3	490,044	598,086	-	-	598,086	Square Feet (1)	880,208	1,576,830	273,549	216,495	60,311	47,731	-	333,860	264,226
Laundry	4	-	147,233	-	-	147,233	Patient Days (1)	41,366	73,445	-	-	82,925	64,308	-	82,925	64,308
Heat and Other Utilities	5	-	529,124	-	-	529,124	Square Feet	62,872	292,888	-	-	113,583	415,541	-	113,583	415,541
Maintenance	6	318,392	941,956	-	9,169	932,787	Square Feet	62,872	292,888	68,347	250,045	141,056	482,508	-	209,403	732,553
Other	7	-	-	-	-	-	Patient Days	41,366	124,658	-	-	-	-	-	-	-
Medical Director	9	-	32,419	-	32,419	-	Direct Staffing	3,034,336	3,515,251	-	-	32,419	-	-	32,419	-
Nursing and Medical Records	10	3,587,926	3,828,877	2,896,119	238,906	693,852	Direct Staffing	3,034,336	3,515,251	3,493,281	94,645	240,671	280	-	3,733,952	94,925
Therapy	10a	138,217	141,270	138,217	3,053	-	Direct Staffing	3,034,336	3,515,251	138,217	-	3,053	-	-	141,270	-
Activities	11	306,765	369,097	-	-	369,097	Patient Days (2)	41,366	73,445	172,777	133,988	35,107	27,225	-	207,884	161,213
Social Services	12	234,660	176,083	-	-	176,083	Patient Days (3)	41,366	67,044	144,786	89,874	(36,142)	(22,435)	-	108,643	67,440
CNA Training	13	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Transportation	14	55,872	60,222	-	-	60,222	Patient Days	41,366	124,658	18,540	37,332	1,443	2,907	-	19,984	40,238
Other	15	-	-	-	-	-	Patient Days	41,366	124,658	-	-	-	-	-	-	-
Administrative	17	246,168	1,037,262	113,155	-	924,107	Net Patient Revenue	13,266,171	21,662,720	194,612	51,556	484,463	306,631	-	679,075	358,187
Directors Fees	18	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Professional Fees	19	-	73,665	-	-	73,665	Net Patient Revenue	13,266,171	21,662,720	-	-	45,112	28,553	-	45,112	28,553
Dues and Subscriptions	20	-	77,396	-	230	77,166	Net Patient Revenue	13,266,171	21,662,720	-	-	47,486	29,910	-	47,486	29,910
Office and Clerical	21	372,125	687,285	-	554	686,731	Net Patient Revenue	13,266,171	21,662,720	227,888	144,237	193,218	121,942	-	421,106	266,179
Employee Benefits	22	-	1,745,924	-	-	1,745,924	Allocated Salary	5,134,331	7,532,156	-	-	1,190,118	555,806	-	1,190,118	555,806
Inservice Training and Expense	23	-	11,854	-	-	11,854	Patient Days	41,366	124,658	-	-	3,934	7,920	-	3,934	7,920
Travel and Seminar	24	-	11,835	-	8,945	2,890	Patient Days	41,366	124,658	-	-	9,904	1,931	-	9,904	1,931
Other Staff Transportation	25	-	13,606	-	-	13,606	Patient Days	41,366	124,658	-	-	4,515	9,091	-	4,515	9,091
Insurance	26	-	207,885	-	-	207,885	Net Revenue	13,266,171	21,662,720	-	-	127,308	80,577	-	127,308	80,577
Other	27	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Depreciation	30	-	1,821,626	-	-	1,821,626	Square Feet	62,872	292,888	-	-	391,034	1,430,592	-	391,034	1,430,592
Amortization	31	-	-	-	-	-	Net Patient Revenue	13,266,171	21,662,720	-	-	-	-	-	-	-
Interest	32	-	1,520,291	-	-	1,520,291	Square Feet	62,872	292,888	-	-	326,349	1,193,942	-	326,349	1,193,942
Real Estate Taxes	33	-	-	-	-	-	Square Feet	62,872	292,888	-	-	-	-	-	-	-
Rent - Facilities and Grounds	34	-	-	-	-	-	N/A	62,872	292,888	-	-	-	-	-	-	-
Rent - Equipment and Vehicles	35	-	18,380	-	-	18,380	Patient Days	41,366	124,658	-	-	6,099	12,281	-	6,099	12,281
Other	36	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Medically Necessary Transportation	38	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Ancillary Service Centers	39	-	1,746,909	-	1,746,909	-	Direct	1	1	-	-	1,746,909	-	-	1,746,909	-
Barber and Beauty Shop	40	14,317	3,601	-	-	3,601	Direct	1	1	-	14,317	-	(10,716)	-	-	3,601
Coffee and Gift Shops	41	24,253	-	-	-	-	Direct	1	1	-	24,253	-	(24,253)	-	-	-
Provider Participation Fee	42	-	267,725	-	267,725	-	Direct	1	1	-	-	267,725	-	-	267,725	-
Other	43	946,057	-	-	-	-	Direct	1	1	-	946,057	-	(946,057)	-	-	-
		<u>7,532,156</u>	<u>18,313,985</u>	<u>3,147,491</u>	<u>2,358,463</u>	<u>12,808,031</u>				<u>5,134,331</u>	<u>2,397,825</u>	<u>6,273,783</u>	<u>4,508,046</u>	<u>-</u>	<u>11,408,113</u>	<u>6,905,872</u>

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	(811,374)	0	0	0	0	0	0	0	0	0	0	(811,374)	1
2	Food Purchase	(302,135)	0	0	0	0	0	0	0	0	0	0	(302,135)	2
3	Housekeeping	(264,226)	0	0	0	0	0	0	0	0	0	0	(264,226)	3
4	Laundry	(64,308)	0	0	0	0	0	0	0	0	0	0	(64,308)	4
5	Heat and Other Utilities	(431,969)	0	0	0	0	0	0	0	0	0	0	(431,969)	5
6	Maintenance	(743,203)	0	0	0	0	0	0	0	0	0	0	(743,203)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(2,617,216)	0	0	0	0	0	0	0	0	0	0	(2,617,216)	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	(94,925)	0	0	0	0	0	0	0	0	0	0	(94,925)	10
10a	Therapy	(68,169)	0	0	0	0	0	0	0	0	0	0	(68,169)	10a
11	Activities	(162,927)	0	0	0	0	0	0	0	0	0	0	(162,927)	11
12	Social Services	(154,332)	0	0	0	0	0	0	0	0	0	0	(154,332)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(40,238)	0	0	0	0	0	0	0	0	0	0	(40,238)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(520,591)	0	0	0	0	0	0	0	0	0	0	(520,591)	16
	C. General Administration													
17	Administrative	(358,187)	(516,155)	0	0	0	0	0	0	0	0	0	(874,342)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(28,553)	0	0	0	0	0	0	0	0	0	0	(28,553)	19
20	Fees, Subscriptions & Promotions	(29,910)	0	0	0	0	0	0	0	0	0	0	(29,910)	20
21	Clerical & General Office Expenses	(511,197)	0	0	0	0	0	0	0	0	0	0	(511,197)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(7,920)	0	0	0	0	0	0	0	0	0	0	(7,920)	23
24	Travel and Seminar	(1,931)	0	0	0	0	0	0	0	0	0	0	(1,931)	24
25	Other Admin. Staff Transportation	(9,091)	0	0	0	0	0	0	0	0	0	0	(9,091)	25
26	Insurance-Prop.Liab.Malpractice	(80,577)	0	0	0	0	0	0	0	0	0	0	(80,577)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(1,027,367)	(516,155)	0	(1,543,522)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(4,165,173)	(516,155)	0	(4,681,328)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	(1,430,967)	0	0	0	0	0	0	0	0	0	0	(1,430,967) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(1,201,325)	0	0	0	0	0	0	0	0	0	0	(1,201,325) 32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0 33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0 34
35	Rent-Equipment & Vehicles	(12,281)	0	0	0	0	0	0	0	0	0	0	(12,281) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(2,644,572)	0	0	0	0	0	0	0	0	0	0	(2,644,572) 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	(106,018)	0	0	0	0	0	0	0	0	0	0	(106,018) 40
41	Coffee and Gift Shops	(32,639)	0	0	0	0	0	0	0	0	0	0	(32,639) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(1,122,994)	0	0	0	0	0	0	0	0	0	0	(1,122,994) 43
44	TOTAL Special Cost Centers	(1,261,651)	0	0	0	0	0	0	0	0	0	0	(1,261,651) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(8,071,396)	(516,155)	0	(8,587,551) 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	\$ 1,307,249	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 791,094	\$ (516,155)	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		\$ 1,307,249			\$ 791,094	\$ * (516,155)	14

* 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:

07/01/14

Ending:

06/30/15

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				Franciscan Sisters of			4
5			Addolorata Villa	Wheeling, IL	Chicago Serv Corp	Lemont, 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					Franciscan Advisory	Lemont, IL	Consulting	18
19					Services		Services	19
20								20
21					St. Joseph Senior	Lemont, IL	Affordable Parent	21
22					Housing		Co.	22
23								23
24					St. Jude House	Crown Point, IN	Domestic Violence	24
25							Shelter	25
26								26
27					Madonna Foundation	Lemont, IL	Catholic High	27
28							School girls	28
29							Scholarship Prog.	29
30								30

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Franciscan Village

0045419

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	5.98	14.95%	Alloc. Salary	\$ 29,900	17 - 03	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 29,900		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

Judy Amiano
Weighted Average Hours Worked and Compensation
07/01/14 - 06/30/15

Facility Name	Weighted Average Hours	Management Fees	Allocated Salary From Facilities	Total Compensation
Addolorata Villa	5.42	1,183,899	27,079	27,079
Franciscan Village	5.98	1,307,249	29,900	29,900
St. Joseph Village	2.56	558,946	12,785	12,785
Village at Victory Lakes	6.26	1,369,364	31,321	31,321
Other	19.78	4,324,610	98,915	98,915
Total	<u>40.00</u>	<u>8,744,068</u>	<u>200,000</u>	<u>200,000</u>

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/14

Ending: 06/30/15

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	17	FSCSC Shared Expenses	Management Fees	8,744,068	13	\$ 5,909,460	\$ 3,566,825	1,307,249	\$ 883,472	1
2	17	FSCSC Shared Expenses	Direct Cost	307,589	13	307,589	0	0	0	2
3	17	FSCSC Shared Expenses	Health Insurance	8,232,524	13	(765,249)	0	993,803	(92,378)	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					\$ 5,451,800	\$ 3,566,825		\$ 791,094	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Franciscan Village**

0045419

Report Period Beginning:

07/01/14

Ending:

06/30/15

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 2014 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 2015 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:	2010	_____	8
	2011	_____	9
	2012	_____	10
	2013	_____	11
	2014	_____	12
N/A - Franciscan Village is exempt from real estate taxes.			

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2014	\$	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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/14 Ending:

06/30/15

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

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		
	Bed*s	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	127		1990	1989	\$ 5,724,856	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various		1990		255,348						9
10	Various		1992		5,470						10
11	Various		1993		787,171						11
12	Various		1994		14,713						12
13	Various		1995		159,949						13
14	Various		1996		29,149						14
15	Various		1997		19,633						15
16	Various		1998		12,498						16
17	Various		1999		9,158						17
18	Various		2000		22,497						18
19	Various		2001		38,345						19
20	Various		2002		84,703						20
21	Various		2003		25,280						21
22	Various		2004		112,667						22
23	Various		2005		48,458						23
24	Various		2006		39,041						24
25	Various		2007		37,147						25
26	Various		2008		46,659						26
27	Various		2009		287,260						27
28	Various		2010		13,908						28
29	Various		2011		58,164						29
30	Misc. Building Supplies		2012		622						30
31	Furnaces (2)		2012		744						31
32	Fireplace for IL Dining Room		2012		1,133						32
33	Maintenance Hours		2012		2,260						33
34	Misc. Building Supplies		2012		557						34
35	Walk In Produce Cooler		2012		871						35
36	Maintenance Hours		2012		2,171						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:

07/01/14

Ending:

06/30/15**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	2012	\$ 1,295	\$		\$	\$	\$	37
38	2012	1,194						38
39	2012	1,798						39
40	2012	2,034						40
41	2012	2,091						41
42	2012	1,629						42
43	2012	1,989						43
44	2012	731						44
45	2012	1,167						45
46	2012	1,765						46
47	2012	682						47
48	2012	2,748						48
49	2012	7,388						49
50	2012	694						50
51	2012	469						51
52	2012	779						52
53	2012	555						53
54	2012	742						54
55	2012	427						55
56	2012	617						56
57	2013	5,413						57
58	2013	1,644						58
59	2013	5,272						59
60	2013	1,718						60
61	2013	1,498						61
62	2013	495						62
63	2013	436						63
64	2013	2,021						64
65	2013	766						65
66	2013	629						66
67	2013	870						67
68	2013	841						68
69	2013	500						69
70		\$ 7,893,329	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12A, Carried Forward	\$ 7,893,329	\$		\$	\$	\$		1
2	Roof Repair (TC = \$3,125)	2013 515							2
3	2 Filter Vessel Housings (TC = \$3,730)	2013 615							3
4	Water Main Plumbing - Exterior Street (TC = \$23,810)	2014 23,810							4
5	Cameras and Door Release Systems - Hallways (TC = \$48,921)	2014 11,233							5
6	Elevator Repairs (TC = \$25,825)	2014 5,544							6
7	Interior Room Signs (TC = \$59,235)	2014 12,716							7
8	Lighting - Sidewalks and Streets (TC = \$41,350)	2014 8,876							8
9	Transfer Switches (TC = \$6,346)	2013 1,362							9
10	RPZ Backflow Valve and Installation (TC = \$4,680)	2014 1,005							10
11	Fire Extinguishers (TC = \$4,679)	2013 1,004							11
12	Sidewalks - Exterior (TC = \$14,725)	2014 14,725							12
13	Fence - Exterior (TC = \$6,380)	2014 6,380							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)	\$ 7,981,114	\$		\$	\$	\$		34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward	\$ 7,981,114	\$		\$	\$	\$		1
2	Current Year Additions FY 2014 - 2015								2
3	See CY FA Addition Schedule - Allocations and Locations								3
4									4
5	Beauty Salon - Flooring, Painting, and Drywall (TC = \$7,880)	2014	1,692						5
6	Water Heater - NU (TC = \$13,545)	2014	13,545						6
7	Fireproofing - 24 Resident Rooms in NU (TC = \$70,560)	2014	70,560						7
8	Roof Replacement (TC = \$332,084)	2014	71,286						8
9	WiFi Installation - Entire Campus (TC = \$50,260)	2014	10,789						9
10	Asphalt Repaving - Parking Lot (TC = \$11,850)	2014	2,544						10
11	Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2014	23,590						11
12	Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2015	4,477						12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,179,597	\$		\$	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,179,597	\$		\$	\$	\$	1
2	Disposals								2
3									3
4	See PY FA Disposal Schedule - Allocations and Locations								4
5									5
6	Various	2003	(2,674)						6
7									7
8	See CY FA Disposal Schedule - Allocations and Locations								8
9									9
10	Various	1997	(6,967)						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	Financial Statement Depreciation			391,034		391,034		6,801,321	33
34	TOTAL (lines 1 thru 33)		\$ 8,169,956	\$ 391,034		\$ 391,034	\$	\$ 6,801,321	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	\$ 1,393,645	\$	\$	\$		\$	71
72	Current Year Purchases	176,237						72
73	Fully Depreciated Assets							73
74	Disposals	(4,988)						74
75	TOTALS	\$ 1,564,894	\$	\$	\$		\$	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Bus	2010	\$ 54,645	\$	\$	\$		\$	76
77	Facility	Dodge Ram Pickup Truck	2010	2,857						77
78	Facility	Bus (TC = \$120,107)	2014	25,804						78
79										79
80	TOTALS			\$ 83,306	\$	\$	\$		\$	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,111,862	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 391,034	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 391,034	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)	\$ 6,801,321	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	\$ 36,709,224	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	1,224,556			87
88	Non-Care Assets - CY EQIP Add.	545,443			88
89	Non-Care Assets - CY Disposals	(60,638)			89
90	Financial Statement Depreciation		1,430,592	24,858,661	90
91	TOTALS	\$ 38,418,585	\$ 1,430,592	\$ 24,858,661	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Account		Debit		Credit		Balance	
No.	Description	Dr.	Cr.	Dr.	Cr.	Dr.	Cr.
101	Assets						
101.1	Current Assets						
101.1.1	Accounts Receivable	100		100		100	
101.1.2	Inventory	50		50		50	
101.1.3	Prepaid Expenses	20		20		20	
101.1.4	Other Current Assets						
101.2	Non-current Assets						
101.2.1	Property, Plant, and Equipment	200		200		200	
101.2.2	Intangible Assets						
101.2.3	Other Non-current Assets						
102	Liabilities						
102.1	Current Liabilities						
102.1.1	Accounts Payable		100		100		100
102.1.2	Short-term Debt		50		50		50
102.1.3	Other Current Liabilities		20		20		20
102.2	Non-current Liabilities						
102.2.1	Long-term Debt		150		150		150
102.2.2	Other Non-current Liabilities						
103	Equity						
103.1	Common Stock			100		100	
103.2	Retained Earnings			100		100	
103.3	Other Equity						
201	Income Statement						
201.1	Revenue			100			100
201.2	Cost of Sales			50			50
201.3	Gross Profit			50			50
201.4	Operating Expenses			20			20
201.5	Operating Income			30			30
201.6	Interest Expense			10			10
201.7	Income Before Tax			20			20
201.8	Income Tax Expense			5			5
201.9	Net Income			15			15
202	Balance Sheet						
202.1	Assets			270			270
202.2	Liabilities					300	
202.3	Equity						270
203	Statement of Cash Flows						
203.1	Operating Activities			15			15
203.2	Investing Activities						
203.3	Financing Activities						
203.4	Net Change in Cash			15			15
203.5	Free Cash Flow			15			15

Franciscan Village
Fixed Asset Analysis - Disposals
FYE June 30, 2015

Description	Page	Section	Grouping	Cost	In Service Date	Class	Method	Cost				Total
								62,872	230,016	62,872	230,016	
								Nursing Home	Other	Expensed - NH	Expensed - NA	
Leasehold Improvements												
DISH ROOM	12	XI - B	1	15,850	06/30/97	LIMP	Indirect	3,402	12,448	-	-	15,850
fv kitche	12	XI - B	1	6,096	07/14/97	LIMP	Indirect	1,309	4,787	-	-	6,096
fv kitche	12	XI - B	1	10,510	07/14/97	LIMP	Indirect	2,256	8,254	-	-	10,510
				32,456				6,967	25,489	-	-	32,456
Carpet Apt #349	13	XI - F	NCAR	1,458	11/29/06	LIMP	Direct ALU / ILU	-	1,458	-	-	1,458
Carpet APT# 328	13	XI - F	NCAR	2,269	08/17/05	LIMP	Direct ALU / ILU	-	2,269	-	-	2,269
Carpet Apt#212 - Color#3557 Herbal	13	XI - F	NCAR	2,879	11/29/06	LIMP	Direct ALU / ILU	-	2,879	-	-	2,879
flooring ahu 24	13	XI - F	NCAR	703	05/16/05	LIMP	Direct ALU / ILU	-	703	-	-	703
flooring apt 123	13	XI - F	NCAR	982	03/22/05	LIMP	Direct ALU / ILU	-	982	-	-	982
flooring apt 230	13	XI - F	NCAR	1,644	04/12/05	LIMP	Direct ALU / ILU	-	1,644	-	-	1,644
flooring apt 246	13	XI - F	NCAR	1,644	05/31/05	LIMP	Direct ALU / ILU	-	1,644	-	-	1,644
flooring apt 345	13	XI - F	NCAR	1,675	05/31/05	LIMP	Direct ALU / ILU	-	1,675	-	-	1,675
flooring coach home 31	13	XI - F	NCAR	1,850	05/11/05	LIMP	Direct ALU / ILU	-	1,850	-	-	1,850
flooring coach home 47	13	XI - F	NCAR	1,857	02/28/05	LIMP	Direct ALU / ILU	-	1,857	-	-	1,857
Village Inn entrance doors	13	XI - F	NCAR	2,226	09/29/03	LIMP	Direct ALU / ILU	-	2,226	-	-	2,226
				19,187				-	19,187	-	-	19,187
Sub-Total				51,643				6,967	44,676	-	-	51,643
Equipment												
5 Wheelchairs	13	XI - C	1	1,185	05/22/90	EQIP	Direct NU	1,185	-	-	-	1,185
				1,185				1,185	-	-	-	1,185
dinnerwar	13	XI - C	2	8,153	01/01/93	EQIP	Indirect	1,750	6,403	-	-	8,153
				8,153				1,750	6,403	-	-	8,153
FOOD SER---Food service equip inclu	13	XI - C	3	5,478	01/31/97	EQIP	Indirect	1,176	4,302	-	-	5,478
				5,478				1,176	4,302	-	-	5,478
medicare room telephones	13	XI - C	4	120	01/31/04	EQIP	Direct NU	120	-	-	-	120
				120				120	-	-	-	120
PC & PRIN	13	XI - C	5	1,678	03/02/91	EQIP	Indirect	360	1,318	-	-	1,678
				1,678				360	1,318	-	-	1,678
table 54	13	XI - C	6	1,151	01/02/91	EQIP	Indirect	247	904	-	-	1,151
table- d	13	XI - C	6	698	01/02/91	EQIP	Indirect	150	548	-	-	698
				1,849				397	1,452	-	-	1,849
Washers---3 GE Washer/Dryer units,	13	XI - F	NCAR	2,487	06/12/02	EQIP	Direct ALU / ILU	-	2,487	-	-	2,487
				2,487				-	2,487	-	-	2,487
Sub-Total				20,950				4,988	15,962	-	-	20,950
Total				72,593				11,955	60,638	-	-	72,593

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning: 07/01/14

Ending: 06/30/15

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 6,099 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

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.	_____ /2016	\$ _____
13.	_____ /2017	\$ _____
14.	_____ /2018	\$ _____

* 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

**Franciscan Village
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 14 Supplemental Schedule - Building and Fixed Equipment

Vendor	Amount
Total	-

Page 14 Supplemental Schedule - Equipment Rental

Vendor	Item Rented	Amount
Unidine	Dining Equipment	2,465
FilterShine of Chicago, Inc	Dining Equipment	90
Edward Don & Company	Dining Equipment	280
Johnson Water Conditioning	Dining Equipment	140
Village of Lemont	Dining Equipment	200
GE / Richo	Copier	15,204
Allocation - AL / IL		(12,281)
Total		6,099

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3		4		6 Supplies (Actual or) Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)							
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$	419,637	\$		\$	419,637	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				190,752				190,752	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				529,142				529,142	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					355,793			355,793	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): See Supplemental	39 - 02						39,503			39,503	12
13	Other (specify): See Supplemental	39 - 03					212,082				212,082	13
14	TOTAL			\$		\$	1,351,613	\$	395,296	\$	1,746,909	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

**Franciscan Village
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 16 Supplemental Schedule

Description	Supplies	Other
IV Solutions and Supplies	28	
Oxygen and Supplies	32,968	
Enteral / PEN Nutrition	6,507	
Respiratory Therapy		45,676
Laboratory		44,348
Radiology		44,375
Therapy Equipment Rental		12,925
Other Equipment Rental		63,732
Ambulance		891
Other		135
Total	39,503	212,082

Facility Name & ID Number Franciscan Village# 0045419Report Period Beginning: 07/01/14Ending: 06/30/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/15

(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	\$ 29,484	\$	1
2	Cash-Patient Deposits	3,502		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>570,000</u>)	1,046,077		3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	46,378		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	145,483		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)	\$ 1,270,924	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	5,354,476		13
14	Buildings, at Historical Cost	32,544,666		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	11,488,186		16
17	Accumulated Depreciation (book methods)	(31,659,982)		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>	2,471,219		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 20,198,565	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,469,489	\$	25

		1	2	
		Operating	After	
			Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 712,537	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,801		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	462,287		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,766		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	5,519		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	7,060,859		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,249,769	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>See Supplemental Schedule</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,249,769	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ 13,219,720	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 21,469,489	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

**Franciscan Village
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 17 Supplemental Schedule

Description	Operating	After Consolidation
Line 9 - Other Current Assets		
Total	-	-
Line 23 - Other Long Term Assets		
Construction in Progress	2,471,219	
Total	2,471,219	-
Line 36 - Other Current Liabilities		
Unclaimed Funds	920	
Reservation / Refundable Deposits	6,472,610	
Unrefundable Deposits (Net of Amortization)	587,329	
Total	7,060,859	-
Line 43 - Other Long Term Liabilities		
Total	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 9,271,516	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 9,271,516	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,629,331	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,629,331	17
	B. Transfers (Itemize):		
18	FC Holding - Intercompany Transfer	(97,655)	18
19	Net Assets Released - Temporarily Restricted	(83,988)	19
20	Net Asset Contributions - Temporarily Restricted	2,484,951	20
21	Net Assets Released - Unrestricted	15,565	21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 2,318,873	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 13,219,720	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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,662,720	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 21,662,720	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	263,669	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 263,669	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	56,312	12
13	Barber and Beauty Care	106,018	13
14	Non-Patient Meals	2,979	14
15	Telephone, Television and Radio	18,215	15
16	Rental of Facility Space	11,181	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 194,705	23
D. Non-Operating Revenue			
24	Contributions	39,518	24
25	Interest and Other Investment Income***	7,383	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 46,901	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	16,408	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 16,408	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 22,184,403	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	4,514,503	31
32	Health Care	4,764,743	32
33	General Administration	4,627,885	33
B. Capital Expense			
34	Ownership	3,368,055	34
C. Ancillary Expense			
35	Special Cost Centers	3,012,161	35
36	Provider Participation Fee	267,725	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,555,072	40
41	Income before Income Taxes (line 30 minus line 40)**	1,629,331	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,629,331	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,255,388	44
45	Private Pay - Net Inpatient Revenue	6,744,303	45
46	Medicare - Net Inpatient Revenue	4,736,594	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	529,886	47
48	Other-(specify) <u>Private Pay - Assisted and Independent Living</u>	8,396,549	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 21,662,720	49

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

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

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Description	Total	Adjustment
Line 28 - Other Revenue		
Maintenance Revenue	200	200
Activity Revenue	1,714	1,714
Rebates and Refunds	7,823	7,823
Gain on Disposal of Assets	375	375
Miscellaneous Revenue	6,296	6,296
Total	<u>16,408</u>	<u>16,408</u>

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/14

Ending:

06/30/15

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	1,848	2,080	\$ 98,133	\$ 47.18	1
2	Assistant Director of Nursing	1,784	2,080	81,131	39.01	2
3	Registered Nurses	35,588	37,911	1,112,040	29.33	3
4	Licensed Practical Nurses	17,695	19,407	502,477	25.89	4
5	CNAs & Orderlies	88,907	96,481	1,281,602	13.28	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,766	7,632	138,217	18.11	8
9	Activity Director	1,840	2,080	58,046	27.91	9
10	Activity Assistants	15,753	17,933	248,719	13.87	10
11	Social Service Workers	3,840	4,160	101,218	24.33	11
12	Dietician					12
13	Food Service Supervisor	6,102	6,962	73,243	10.52	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,609	17,333	280,578	16.19	15
16	Dishwashers	43,713	47,331	443,539	9.37	16
17	Maintenance Workers	13,984	15,645	318,392	20.35	17
18	Housekeepers	39,857	44,592	490,044	10.99	18
19	Laundry					19
20	Administrator	1,888	2,080	113,255	54.45	20
21	Assistant Administrator					21
22	Other Administrative	1,302	1,560	132,913	85.20	22
23	Office Manager					23
24	Clerical	20,198	21,877	372,125	17.01	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	1,904	2,042	26,929	13.19	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	76,139	83,014	1,659,555	19.99	33
34	TOTAL (lines 1 - 33)	394,717	432,200	\$ 7,532,156 *	\$ 17.43	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	32,419	09 - 03	36
37	Medical Records Consultant	720	10 - 03	37
38	Nurse Consultant			38
39	Pharmacist Consultant	9,391	10 - 03	39
40	Physical Therapy Consultant	1,802	10A - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	2,732	11 - 03	44
45	Social Service Consultant			45
46	Other(specify) <u>Priest / Organist</u>	20,215	12 - 03	46
47	<u>Dietary Management</u>	581,148	01 - 03	47
48	<u>Senior Fit / Rehab Consultant</u>	68,169	10A - 03	48
49	TOTAL (lines 35 - 48)	\$ 716,596		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

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

** See instructions.

**Franciscan Village
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Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Unit Secretary (Line 10)	2,408	2,628	34,387
Medicare Nurse (Line 10)	1,992	2,080	66,019
MDS Coordinator (Line 10)	4,335	4,849	159,769
Staff Development Coordinator (Line 10)	1,949	2,380	74,774
Staffing Coordinator (Line 10)	1,901	2,173	35,209
Nurse Supervisor (Line 10)	1,091	1,236	37,516
Nurse Liason (Line 10)	1,608	1,760	77,940
Pastoral Care (Line 12)	1,824	2,062	46,652
Director of Mission Integration (Line 12)	1,832	2,080	86,790
Transportation (Line 14)	3,275	3,783	55,872
Shampoo Technician (Line 40)	1,445	1,453	14,317
Deli Attendent (Line 41)	1,886	2,082	24,253
Assisted Living (Line 43)	38,056	40,747	564,673
Independent Living (Line 43)	3,664	3,960	105,782
Marketing (Line 43)	5,250	5,610	186,262
Fundraising (Line 43)	1,736	1,920	54,417
Volunteer Coordinator (Line 43)	1,887	2,211	34,923
Total	76,139	83,014	1,659,555

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Page 21 Supplemental Schedule - Legal Invoice Detail

Firm Name	Invoice Date	Description of Services	Total	Non-Allowable Amount
Jackson Lewis, LLP	10/31/14	HR Advice and Counsel	1,155	
Jackson Lewis, LLP	10/31/14	HR Advice and Counsel	279	
Jackson Lewis, LLP	10/31/14	HR Advice and Counsel	620	
Jackson Lewis, LLP	10/31/14	HR Advice and Counsel	62	
Jackson Lewis, LLP	11/30/14	HR Advice and Counsel	279	
Ungaretti & Harris	12/31/14	General Legal Services	128	
Ungaretti & Harris	12/31/14	General Legal services	3,950	
Ungaretti & Harris	12/31/14	General Legal services	879	
Sub-Total			7,351	-

**Franciscan Village
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Page 21 Supplemental Schedule - Seminar Schedule

Payee	Seminar Date	Seminar Title	Attendee	Amount
Life Services Network	09/29/14	Senior Living Conference	Sylvia Czerwinski	590
Life Services Network	04/29/15	Yearly Conference	Feliza Rojas	203
Life Services Network	04/29/15	Yearly Conference	Linda Schubert	203
Life Services Network	05/01/15	Yearly Conference	Linda Schubert	157
Wound Care Education Inst	06/25/15	Wound and Skin Certification Course	Various Nurses	7,791
Lemont Fire Protection District	11/18/14	CPR Course	Various Nurses	105
Symbria Rx Services	04/24/15	SeniorLIFEsteps training	Various Nurses	250
Stanton Mechanical Inc	04/30/15	Training to Maintenance Staff	Maintenance Staff	2,112
Other				423
Allocation - AL / IL				(1,931)
Sub-Total				9,904

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												
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19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Leading Age - \$15,890
- (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 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 50,567 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 267,725
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? Yes - See Pg. 11 For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 59,291
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran, PLLC - Consolidated Statement (Not Final)
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Allocation Basis
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees