

Facility Name & ID Number St Joseph Village of Chicago

0046581 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	54	Skilled (SNF)	54	19,710	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	54	TOTALS	54	19,710	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,514	8,436	6,891	16,841	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1,514	8,436	6,891	16,841	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.44%

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)

N/A

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 01/13/06

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

YES Date New Construction NO

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

YES NO If YES, enter number of beds certified 54 and days of care provided 5,931

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 St Joseph Village of Chicago # 0046581 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	218,270	80,275	259,800	558,345	558,345	(197,741)	360,604			1
2	Food Purchase		228,316		228,316	228,316	(91,133)	137,183			2
3	Housekeeping	144,396	20,929		165,325	165,325	(83,245)	82,080			3
4	Laundry	32,869	16,311		49,180	49,180	(18,206)	30,974			4
5	Heat and Other Utilities			243,823	243,823	243,823	(124,658)	119,165			5
6	Maintenance	82,141	16,005	82,119	180,265	180,265	(86,923)	93,342			6
7	Other (specify):* See Supplemental										7
8	TOTAL General Services	477,676	361,836	585,742	1,425,254	1,425,254	(601,907)	823,347			8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000	12,000		12,000			9
10	Nursing and Medical Records	1,744,574	115,290	4,863	1,864,727	1,864,727	(60,275)	1,804,452			10
10a	Therapy	32,705		1,002	33,707	33,707		33,707			10a
11	Activities	83,605	6,863	736	91,204	91,204	(21,579)	69,625			11
12	Social Services	128,018	4,116	23,838	155,972	155,972	(100,742)	55,230			12
13	CNA Training										13
14	Program Transportation			5,408	5,408	5,408	(2,002)	3,406			14
15	Other (specify):* See Supplemental										15
16	TOTAL Health Care and Programs	1,988,902	126,269	47,847	2,163,018	2,163,018	(184,599)	1,978,419			16
	C. General Administration										
17	Administrative	121,318		558,946	680,264	680,264	(323,376)	356,888			17
18	Directors Fees										18
19	Professional Services			44,800	44,800	44,800	(14,355)	30,445			19
20	Dues, Fees, Subscriptions & Promotions			31,192	31,192	31,192	(6,302)	24,890			20
21	Clerical & General Office Expenses	221,380	31,089	41,376	293,845	293,845	(77,311)	216,534			21
22	Employee Benefits & Payroll Taxes			664,013	664,013	664,013		664,013			22
23	Inservice Training & Education			3,673	3,673	3,673	(1,360)	2,313			23
24	Travel and Seminar			974	974	974	(361)	613			24
25	Other Admin. Staff Transportation			1,742	1,742	1,742	(645)	1,097			25
26	Insurance-Prop.Liab.Malpractice			139,646	139,646	139,646	(32,288)	107,358			26
27	Other (specify):* See Supplemental										27
28	TOTAL General Administration	342,698	31,089	1,486,362	1,860,149	1,860,149	(455,997)	1,404,152			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,809,276	519,194	2,119,951	5,448,421	5,448,421	(1,242,504)	4,205,917			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 St Joseph Village of Chicago

#0046581

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			921,245	921,245		921,245	(463,870)	457,375			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			858,723	858,723		858,723	(433,228)	425,495			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			8,459	8,459		8,459	(3,131)	5,328			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			1,788,427	1,788,427		1,788,427	(900,229)	888,198			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		268,039	663,284	931,323		931,323		931,323			39
40	Barber and Beauty Shops			21,977	21,977		21,977	(21,977)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			96,293	96,293		96,293		96,293			42
43	Other (specify):* See Supplemental	610,649	78,582	98,634	787,865		787,865	(787,865)				43
44	TOTAL Special Cost Centers	610,649	346,621	880,188	1,837,458		1,837,458	(809,842)	1,027,616			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,419,925	865,815	4,788,566	9,074,306		9,074,306	(2,952,575)	6,121,731			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

**St. Joseph Village of Chicago
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	556,158	37,049	4,166
Independent Living			
Marketing	54,491	40,053	94,231
Fundraising		1,393	237
Volunteers		87	
Total	610,649	78,582	98,634

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(5,416)	02		4
5	Telephone, TV & Radio in Resident Rooms	(8,783)	21		5
6	Rented Facility Space	(5,575)	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	(1,691)	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	(1,862)	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	(382)	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	(2,712,823)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (2,736,532)		\$	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)	(216,043)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (216,043)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,952,575)		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

St Joseph Village of Chicago

ID# 0046581

Report Period Beginning: 07/01/14

Ending: 06/30/15

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Miscellaneous Revenue	\$ (1,563)	21	1
2	Cable	(3,801)	05	2
3	Collection Expense	(5,199)	19	3
4	Bank Fees	(34)	21	4
5	Assisted Living Expenses	(597,373)	43	5
6	Marketing Expenses	(188,775)	43	6
7	Fundraising Expenses	(1,630)	43	7
8	Volunteer Expenses	(87)	43	8
9	Capitalized Assets < \$2,500	7,376	06	9
10	Beauty Shop Revenue	(21,977)	40	10
11	Deli / Snack Shop Revenue	(9,443)	02	11
12	Director of Mission Integration	(68,279)	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	Dietary - Indirect Allocation	(197,741)	01	25
26	Food Purchases - Indirect Allocation	(76,274)	02	26
27	Housekeeping - Indirect Allocation	(83,245)	03	27
28	Laundry - Indirect Allocation	(18,206)	04	28
29	Heat and Other Utilities - Indirect Allocation	(120,857)	05	29
30	Maintenance - Indirect Allocation	(88,724)	06	30
31	Medical Director - Indirect Allocation	0	09	31
32	Nursing and Medical Records - Indirect Allocation	(60,275)	10	32
33	Rehab Aides - Indirect Allocation	0	10a	33
34	Activities - Indirect Allocation	(21,579)	11	34
35	Social Services - Indirect Allocation	(32,463)	12	35
36	Program Transportation - Indirect Allocation	(2,002)	14	36
37	Administrative - Indirect Allocation	(107,333)	17	37
38	Professional Fees - Indirect Allocation	(9,156)	19	38
39	Dues and Subscriptions - Indirect Allocation	(6,302)	20	39
40	Clerical & General Office - Indirect Allocation	(64,687)	21	40
41	Inservice Training and Education - Indirect Alloc	(1,360)	23	41
42	Travel and Seminar - Indirect Allocation	(361)	24	42
43	Other Admin Staff Transportation - Indirect Alloc	(645)	25	43
44	Insurance - Indirect Allocation	(32,288)	26	44
45	Depreciation - Indirect Allocation	(463,870)	30	45
46	Interest - Indirect Allocation	(431,537)	32	46
47	Rent - Facility and Grounds - Indirect Allocation	0	34	47
48	Rent - Equipment and Vehicles - Indirect Alloc	(3,131)	35	48
49	Total	(2,712,823)		49

**St. Joseph Village of Chicago
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 5 Supplementary

Description	Cost Center	Total Salary	Total Expenses (Allowable)	Direct Nusing 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	218,270	558,345	-	24,190	534,155	Meals Served	50,523	80,220	137,468	80,802	223,136	116,939	-	360,604	197,741
Food	2	-	213,457	-	7,419	206,038	Meals Served	50,523	80,220	-	-	137,183	76,274	-	137,183	76,274
Housekeeping	3	144,396	165,325	-	-	165,325	Square Feet (1)	46,408	93,475	71,689	72,707	10,391	10,538	-	82,080	83,245
Laundry	4	32,869	49,180	-	-	49,180	Patient Days (1)	16,841	26,740	20,701	12,168	10,273	6,038	-	30,974	18,206
Heat and Other Utilities	5	-	240,022	-	-	240,022	Square Feet	46,408	93,475	-	-	119,165	120,857	-	119,165	120,857
Maintenance	6	82,141	182,066	-	5,860	176,206	Square Feet	46,408	93,475	40,781	41,360	52,561	47,364	-	93,342	88,724
Other	7	-	-	-	-	-	Patient Days	16,841	26,740	-	-	-	-	-	-	-
Medical Director	9	-	12,000	-	12,000	-	Direct Staffing	1,510,802	1,952,428	-	-	12,000	-	-	12,000	-
Nursing and Medical Records	10	1,744,574	1,864,727	1,478,097	120,153	266,477	Direct Staffing	1,510,802	1,952,428	1,684,299	60,275	120,153	-	-	1,804,452	60,275
Therapy	10a	32,705	33,707	32,705	1,002	-	Direct Staffing	1,510,802	1,952,428	32,705	-	1,002	-	-	33,707	-
Activities	11	83,605	91,204	32,912	-	58,292	Patient Days (2)	16,841	26,740	64,839	18,766	4,786	2,813	-	69,625	21,579
Social Services	12	128,018	87,693	-	-	87,693	Patient Days (3)	16,841	26,740	80,626	47,392	(25,397)	(14,928)	-	55,230	32,463
CNA Training	13	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Transportation	14	-	5,408	-	-	5,408	Patient Days (4)	16,841	26,740	-	-	3,406	2,002	-	3,406	2,002
Other	15	-	-	-	-	-	Patient Days (4)	16,841	26,740	-	-	-	-	-	-	-
Administrative	17	121,318	464,221	-	-	464,221	Net Patient Revenue	6,415,645	8,345,138	93,268	28,050	263,620	79,283	-	356,888	107,333
Directors Fees	18	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Professional Fees	19	-	39,601	-	-	39,601	Net Patient Revenue	6,415,645	8,345,138	-	-	30,445	9,156	-	30,445	9,156
Dues and Subscriptions	20	-	31,192	-	3,935	27,257	Net Patient Revenue	6,415,645	8,345,138	-	-	24,890	6,302	-	24,890	6,302
Office and Clerical	21	221,380	281,221	-	1,448	279,773	Net Patient Revenue	6,415,645	8,345,138	170,194	51,186	46,340	13,501	-	216,534	64,687
Employee Benefits	22	-	664,013	-	-	664,013	Allocated Salary	2,396,570	3,419,925	-	-	465,318	198,695	-	465,318	198,695
Inservice Training and Expense	23	-	3,673	-	-	3,673	Patient Days	16,841	26,740	-	-	2,313	1,360	-	2,313	1,360
Travel and Seminar	24	-	974	-	-	974	Patient Days	16,841	26,740	-	-	613	361	-	613	361
Other Staff Transportation	25	-	1,742	-	-	1,742	Patient Days	16,841	26,740	-	-	1,097	645	-	1,097	645
Insurance	26	-	139,646	-	-	139,646	Net Revenue	6,415,645	8,345,138	-	-	107,358	32,288	-	107,358	32,288
Other	27	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Depreciation	30	-	921,245	-	-	921,245	Square Feet	46,408	93,475	-	-	457,375	463,870	-	457,375	463,870
Amortization	31	-	-	-	-	-	Net Patient Revenue	46,408	93,475	-	-	-	-	-	-	-
Interest	32	-	857,032	-	-	857,032	Square Feet	46,408	93,475	-	-	425,495	431,537	-	425,495	431,537
Real Estate Taxes	33	-	-	-	-	-	Square Feet	46,408	93,475	-	-	-	-	-	-	-
Rent - Facilities and Grounds	34	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Rent - Equipment and Vehicles	35	-	8,459	-	-	8,459	Patient Days	16,841	26,740	-	-	5,328	3,131	-	5,328	3,131
Other	36	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Medically Necessary Transportation	38	-	-	-	-	-	N/A	-	-	-	-	-	-	-	-	-
Ancillary Service Centers	39	-	931,323	-	931,323	-	Direct	1	1	-	-	931,323	-	-	931,323	-
Barber and Beauty Shop	40	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Coffee and Gift Shops	41	-	-	-	-	-	Direct	-	-	-	-	-	-	-	-	-
Provider Participation Fee	42	-	96,293	-	96,293	-	Direct	1	1	-	-	96,293	-	-	96,293	-
Other	43	610,649	-	-	-	-	Direct	-	1	-	610,649	-	(610,649)	-	-	-
		<u>3,419,925</u>	<u>7,943,769</u>	<u>1,543,714</u>	<u>1,203,623</u>	<u>5,196,432</u>				<u>2,396,570</u>	<u>1,023,355</u>	<u>3,526,467</u>	<u>997,377</u>	<u>-</u>	<u>5,923,036</u>	<u>2,020,733</u>

STATE OF ILLINOIS

Summary A

Facility Name & ID Number St Joseph Village of Chicago# 0046581

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	(197,741)	0	0	0	0	0	0	0	0	0	0	(197,741)	1
2	Food Purchase	(91,133)	0	0	0	0	0	0	0	0	0	0	(91,133)	2
3	Housekeeping	(83,245)	0	0	0	0	0	0	0	0	0	0	(83,245)	3
4	Laundry	(18,206)	0	0	0	0	0	0	0	0	0	0	(18,206)	4
5	Heat and Other Utilities	(124,658)	0	0	0	0	0	0	0	0	0	0	(124,658)	5
6	Maintenance	(86,923)	0	0	0	0	0	0	0	0	0	0	(86,923)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(601,907)	0	0	0	0	0	0	0	0	0	0	(601,907)	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	(60,275)	0	0	0	0	0	0	0	0	0	0	(60,275)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(21,579)	0	0	0	0	0	0	0	0	0	0	(21,579)	11
12	Social Services	(100,742)	0	0	0	0	0	0	0	0	0	0	(100,742)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(2,002)	0	0	0	0	0	0	0	0	0	0	(2,002)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(184,599)	0	0	0	0	0	0	0	0	0	0	(184,599)	16
	C. General Administration													
17	Administrative	(107,333)	(216,043)	0	0	0	0	0	0	0	0	0	(323,376)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,355)	0	0	0	0	0	0	0	0	0	0	(14,355)	19
20	Fees, Subscriptions & Promotions	(6,302)	0	0	0	0	0	0	0	0	0	0	(6,302)	20
21	Clerical & General Office Expenses	(77,311)	0	0	0	0	0	0	0	0	0	0	(77,311)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,360)	0	0	0	0	0	0	0	0	0	0	(1,360)	23
24	Travel and Seminar	(361)	0	0	0	0	0	0	0	0	0	0	(361)	24
25	Other Admin. Staff Transportation	(645)	0	0	0	0	0	0	0	0	0	0	(645)	25
26	Insurance-Prop.Liab.Malpractice	(32,288)	0	0	0	0	0	0	0	0	0	0	(32,288)	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	(239,954)	(216,043)	0	(455,997)	28								
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,026,461)	(216,043)	0	(1,242,504)	29								

STATE OF ILLINOIS

Summary B

Facility Name & ID Number St Joseph Village of Chicago

0046581

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	(463,870)	0	0	0	0	0	0	0	0	0	0	(463,870) 30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0 31
32	Interest	(433,228)	0	0	0	0	0	0	0	0	0	0	(433,228) 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	(3,131)	0	0	0	0	0	0	0	0	0	0	(3,131) 35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 36
37	TOTAL Ownership	(900,229)	0	0	0	0	0	0	0	0	0	0	(900,229) 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	(21,977)	0	0	0	0	0	0	0	0	0	0	(21,977) 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	(787,865)	0	0	0	0	0	0	0	0	0	0	(787,865) 43
44	TOTAL Special Cost Centers	(809,842)	0	0	0	0	0	0	0	0	0	0	(809,842) 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(2,736,532)	(216,043)	0	(2,952,575) 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	\$ 558,946	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 342,903	\$ (216,043)	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		\$ 558,946			\$ 342,903	\$ * (216,043)	14

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

St Joseph Village of Chicago

0046581

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

St Joseph Village of Chicago

0046581

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	2.56	6.40%	Alloc. Salary	\$ 12,785	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	\$ 12,785		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 St Joseph Village of Chicago

0046581

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	558,946	\$ 377,750	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	374,888	(34,847)	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		\$ 342,903	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number St Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/14 Ending: 06/30/15

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										
										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	07/01/03	\$ 3,060,000	\$ 3,060,000		7.40%	\$ 171,661	1							
2	Amalgamated Bank		X	Facility Acquisition	Varies	03/13/13	9,664,936	8,656,668	05/15/47	4.86%	485,625	2							
3	Huntington Bank		X	Facility Acquisition	Varies	03/13/13	1,240,627	1,184,196	05/15/43	Variable	66,431	3							
4	Huntington Bank		X	Facility Acquisition	Varies	03/13/13	1,819,992	2,406,577	05/15/43	Variable	135,006	4							
5												5							
Working Capital																			
6												6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 15,785,555	\$ 15,307,441			\$ 858,723	9							
B. Non-Facility Related*																			
10	Interest Income										(1,691)	10							
11												11							
12	Allocation - AL										(431,537)	12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (433,228)	14							
15	TOTALS (line 9+line14)						\$ 15,785,555	\$ 15,307,441			\$ 425,495	15							

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

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 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

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

N/A - St. Joseph Village of Chicago is exempt from real estate taxes.

NOTES:

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number St Joseph Village of Chicago

0046581

Report Period Beginning:

07/01/14 Ending:

06/30/15

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,408 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).

Assisted Living - 42,457 Square Feet

Dr. Offices - 180 Square Feet

Therapy Room - 1,840 Square Feet

Retail Food - 2,590 Square Feet

Chapel - 4,110 Square Feet

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

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

Nature of Costs: _____

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Facility</u>		<u>2003</u>	<u>\$ 141,036</u>	1
2					2
3	TOTALS			\$ 141,036	3

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	54		2006	2006	\$ 10,146,462	\$		\$		\$
5			2007	2007	(315,077)					
6										
7										
8										
	Improvement Type**									
9	Various			2007	24,402					
10	Various			2008	29,726					
11	Various			2009	6,967					
12	Various			2010	4,092					
13	Fire Alarm Devices (TC = \$3,485)			2012	1,936					
14	Sprinkler Heads - Installation (TC = \$4,175)			2012	2,319					
15	Signal Switches & Delayed Egress Maglocks - Front Entrance			2012	3,524					
16	Signage With LED Message - Exterior Main (TC = \$11,380)			2012	6,259					
17	One Card Reader - Installation (TC = \$2,825)			2013	2,825					
18	Door Closures and Locks - Hallways (TC = \$7,404)			2013	7,404					
19	Nurse Workstations - 3rd Floor (TC = \$5,875)			2014	5,875					
20	Entrance Sign and Lighting - Main Entrance (TC = \$14,555)			2014	7,226					
21										
22	Current Year Additions - FY 2014 - 2015									
23	See CY FA Addition Schedule - Allocations and Locations									
24										
25	Gazebo (TC = \$8,430)			2015	4,185					
26	Boiler - Boiler Tubes and Head Gaskets Replaced(TC = \$3,200)			2015	1,589					
27	Sidewalk and Landscaping (TC = \$8,100)			2015	4,021					
28										
29										
30										
31										
32										
33										
34										
35										
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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69					457,375	457,375		4,733,940
70		\$ 9,943,735	\$ 457,375		\$ 457,375	\$	\$ 4,733,940	70

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	\$ 655,774	\$	\$	\$		\$	71
72	Current Year Purchases	39,022						72
73	Fully Depreciated Assets							73
74	Disposals							74
75	TOTALS	\$ 694,796	\$	\$	\$		\$	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	2007	\$ 22,893	\$	\$	\$		\$	76
77										77
78										78
79										79
80	TOTALS			\$ 22,893	\$	\$	\$		\$	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)	\$ 10,802,460	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 457,375	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 457,375	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,733,940	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	\$ 10,888,376	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	28,703			87
88	Non-Care Assets - CY EQIP Add.	20,056			88
89	Non-Care Assets - CY Disposals				89
90	Financial Statement Depreciation		463,870	4,801,162	90
91	TOTALS	\$ 10,937,135	\$ 463,870	\$ 4,801,162	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

St. Joseph Village of Chicago
 Fixed Asset Analysis - Additions
 FYE June 30, 2015

Description	Page	Section	Grouping	Cost	In Service Date	Class	Method	Cost				
								46,408	47,067	46,408	47,067	93,475
								Nursing Home	Other	Expensed - NH	Expensed - NA	Total
Leasehold Improvements												
Gazebo Depot-Gazebo	12	XI-B	1	4,478	06/12/15	LIMP	Indirect	2,223	2,255	-	-	4,478
Gazebo Depot-Gazebo	12	XI-B	1	3,953	06/12/15	LIMP	Indirect	1,962	1,990	-	-	3,953
				<u>8,430</u>				<u>4,185</u>	<u>4,245</u>	<u>-</u>	<u>-</u>	<u>8,430</u>
Jacobs Boiler-Boiler	12	XI-B	2	3,200	03/03/15	LIMP	Indirect	1,589	1,611	-	-	3,200
				<u>3,200</u>				<u>1,589</u>	<u>1,611</u>	<u>-</u>	<u>-</u>	<u>3,200</u>
Phil Patti-Sidewalk/Landscaping	12	XI-B	3	8,100	06/25/15	LIMP	Indirect	4,021	4,079	-	-	8,100
				<u>8,100</u>				<u>4,021</u>	<u>4,079</u>	<u>-</u>	<u>-</u>	<u>8,100</u>
Phil Patti-MS Pantry	13	XI-F	NCAR	14,500	06/20/15	LIMP	Direct ALU	-	14,500	-	-	14,500
Sherpa Consulting-Carpet AL #116	13	XI-F	NCAR	2,784	12/16/14	LIMP	Direct ALU	-	2,784	-	-	2,784
Sherpa-Carpet Rm 216	13	XI-F	NCAR	1,484	06/10/15	LIMP	Direct ALU	-	1,484	-	-	1,484
				<u>18,768</u>				<u>-</u>	<u>18,768</u>	<u>-</u>	<u>-</u>	<u>18,768</u>
Sub Total				38,498				9,793	28,703	-	-	38,498
Equipment												
Tik Skillet	13	XI-C	1	13,782	12/22/14	EQUIP	Indirect	6,843	6,940	-	-	13,782
				<u>13,782</u>				<u>6,843</u>	<u>6,940</u>	<u>-</u>	<u>-</u>	<u>13,782</u>
Daugherty Sales-Sewer Pump	13	XI-C	2	3,566	03/17/15	EQUIP	Indirect	1,770	1,796	-	-	3,566
				<u>3,566</u>				<u>1,770</u>	<u>1,796</u>	<u>-</u>	<u>-</u>	<u>3,566</u>
Direct Supply-Air Max w/Slope	13	XI-C	3	14,212	09/22/14	EQUIP	Direct NH	14,212	-	-	-	14,212
				<u>14,212</u>				<u>14,212</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>14,212</u>
Direct Supply-Dishwasher	13	XI-C	4	5,969	02/23/15	EQUIP	Indirect	2,963	3,006	-	-	5,969
				<u>5,969</u>				<u>2,963</u>	<u>3,006</u>	<u>-</u>	<u>-</u>	<u>5,969</u>
Direct Supply-Ice Machine	13	XI-C	5	3,525	01/28/15	EQUIP	Indirect	1,750	1,775	-	-	3,525
				<u>3,525</u>				<u>1,750</u>	<u>1,775</u>	<u>-</u>	<u>-</u>	<u>3,525</u>
Full Count-POS System	13	XI-C	6	5,000	05/20/15	EQUIP	Indirect	2,482	2,518	-	-	5,000
				<u>5,000</u>				<u>2,482</u>	<u>2,518</u>	<u>-</u>	<u>-</u>	<u>5,000</u>
Prof Med-Crash Cart	13	XI-C	7	4,501	04/08/15	EQUIP	Direct NH	4,501	-	-	-	4,501
				<u>4,501</u>				<u>4,501</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,501</u>
Prof Medical- VS Monitors & Mobile Cart	13	XI-C	8	4,500	07/22/14	EQUIP	Direct NH	4,500	-	-	-	4,500
				<u>4,500</u>				<u>4,500</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,500</u>
Direct Supply-Bed	13	XI-C	EXP	1,987	09/22/14	EQUIP	Direct NH	-	-	1,987	-	1,987
Direct Supply-Mattress	13	XI-C	EXP	309	09/22/14	EQUIP	Direct NH	-	-	309	-	309
Direct Supply-Oxygen Monitor	13	XI-C	EXP	1,469	09/22/14	EQUIP	Direct NH	-	-	1,469	-	1,469
Direct Supply-Portable Aspirator	13	XI-C	EXP	782	09/22/14	EQUIP	Direct NH	-	-	782	-	782
Direct Supply-Wheelchair	13	XI-C	EXP	1,132	09/22/14	EQUIP	Direct NH	-	-	1,132	-	1,132
Prof Medical-Scales	13	XI-C	EXP	1,699	12/17/14	EQUIP	Direct NH	-	-	1,699	-	1,699
				<u>7,376</u>				<u>-</u>	<u>-</u>	<u>7,376</u>	<u>-</u>	<u>7,376</u>
ABT-Washer	13	XI-F	NCAR	2,098	05/20/15	EQUIP	Direct ALU	-	2,098	-	-	2,098
ABT-Dryers	13	XI-F	NCAR	1,924	05/20/15	EQUIP	Direct ALU	-	1,924	-	-	1,924
				<u>4,022</u>				<u>-</u>	<u>4,022</u>	<u>-</u>	<u>-</u>	<u>4,022</u>
Sub Total				66,453				39,022	20,056	7,376	-	66,453
Total				104,951				48,817	48,758	7,376	-	104,951

St. Joseph Village of Chicago
 Fixed Asset Analysis - Disposals
 FYE June 30, 2015

Description	Page	Section	Grouping	Cost	In Service Date	Class	Method	Cost				
								Nursing Home	Other	Expensed - NH	Expensed - NA	Total
Leasehold Improvements								46,408	47,067	46,408	47,067	93,475
Sub-Total				-				-	-	-	-	-
Equipment												
Sub-Total				-				-	-	-	-	-
Total				-				-	-	-	-	-

Facility Name & ID Number St Joseph Village of Chicago

0046581

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

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> </u> /2016	\$ <u> </u>
13.	<u> </u> /2017	\$ <u> </u>
14.	<u> </u> /2018	\$ <u> </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: \$ 5,328 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.

SEE ACCOUNTANTS' COMPILATION REPORT

**St. Joseph Village of Chicago
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	Dietary Equipment	1,845
GE Capital / Ricoh	Copier	6,614
Allocation - AL		(3,131)
Total		5,328

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	\$		\$	226,839	\$		\$	226,839	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs				80,095				80,095	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39 - 03	hrs				268,231				268,231	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					247,525			247,525	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): See Supplemental	39 - 02						20,514			20,514	12
13	Other (specify): See Supplemental	39 - 03					88,119				88,119	13
14	TOTAL			\$		\$	663,284	\$	268,039	\$	931,323	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

**St. Joseph Village of Chicago
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 16 Supplemental Schedule

Description	Supplies	Other
Oxygen and Supplies	20,514	
Respiratory Therapy		3,933
Laboratory		7,111
Radiology		7,414
Other Professional Services		20,597
Therapy Equipment Rental		7,650
Other Equipment Rental		27,303
Ambulance		14,111
Total	<u>20,514</u>	<u>88,119</u>

Facility Name & ID Number St Joseph Village of Chicago

0046581

Report Period Beginning: 07/01/14

Ending: 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	\$ 613	\$	1
2	Cash-Patient Deposits	3,186		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>115,000</u>)	782,184		3
4	Supply Inventory (priced at <u>Cost - FIFO</u>)	30,221		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	53,628		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)	\$ 869,832	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,348,419		13
14	Buildings, at Historical Cost	15,073,131		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,019,589		16
17	Accumulated Depreciation (book methods)	(9,535,102)		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>	263		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,906,300	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,776,132	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 360,721	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,186		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	236,242		30
31	Accrued Taxes Payable (excluding real estate taxes)	2,037		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See Supplemental Schedule</u>	125,302		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 727,488	\$	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)	\$ 727,488	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 12,048,644	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,776,132	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

St. Joseph Village of Chicago
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	263	
Total	263	-
Line 36 - Other Current Liabilities		
Reservation / Refundable Deposits	83,879	
Unrefundable Deposits (Net of Amortization)	41,423	
Total	125,302	-
Line 43 - Other Long Term Liabilities		
Total	-	-

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 12,744,451	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 12,744,451	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(576,146)	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)	\$ (576,146)	17
	B. Transfers (Itemize):		
18	FC Holding - Intercompany Transfer	(123,889)	18
19	Net Assets Released - Temporarily Restricted	8,123	19
20	Net Asset Contributions - Temporarily Restricted	(3,895)	20
21	Net Assets Released - Unrestricted		21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (119,661)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 12,048,644	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,345,138	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,345,138	3
B. Ancillary Revenue			
4	Day Care	83,575	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 83,575	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	9,443	12
13	Barber and Beauty Care	25,933	13
14	Non-Patient Meals	5,416	14
15	Telephone, Television and Radio	8,783	15
16	Rental of Facility Space	5,575	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)	\$ 55,150	23
D. Non-Operating Revenue			
24	Contributions	11,043	24
25	Interest and Other Investment Income***	1,691	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 12,734	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	1,563	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,563	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,498,160	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,425,254	31
32	Health Care	2,163,018	32
33	General Administration	1,860,149	33
B. Capital Expense			
34	Ownership	1,788,427	34
C. Ancillary Expense			
35	Special Cost Centers	1,741,165	35
36	Provider Participation Fee	96,293	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,074,306	40
41	Income before Income Taxes (line 30 minus line 40)**	(576,146)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (576,146)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 350,076	44
45	Private Pay - Net Inpatient Revenue	2,757,717	45
46	Medicare - Net Inpatient Revenue	2,949,833	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	358,019	47
48	Other-(specify) <u>Private Pay - Assisted Living</u>	1,929,493	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,345,138	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

Facility Name & ID Number St Joseph Village of Chicago

0046581

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	1,896	2,080	\$ 101,992	\$ 49.03	1
2	Assistant Director of Nursing					2
3	Registered Nurses	21,737	23,712	722,655	30.48	3
4	Licensed Practical Nurses	5,994	7,026	182,830	26.02	4
5	CNAs & Orderlies	41,503	45,358	572,612	12.62	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	431	1,448	32,705	22.59	8
9	Activity Director	2,024	2,467	53,350	21.63	9
10	Activity Assistants	2,455	2,635	30,255	11.48	10
11	Social Service Workers	1,968	2,088	59,739	28.61	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,669	4,060	78,485	19.33	14
15	Cook Helpers/Assistants	12,956	14,530	139,785	9.62	15
16	Dishwashers					16
17	Maintenance Workers	3,689	3,954	82,141	20.77	17
18	Housekeepers	9,780	11,073	144,396	13.04	18
19	Laundry	2,665	2,809	32,869	11.70	19
20	Administrator	2,082	2,764	121,318	43.89	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	11,776	12,645	221,380	17.51	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	1,484	1,709	23,075	13.50	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	44,076	48,497	820,338	16.92	33
34	TOTAL (lines 1 - 33)	170,185	188,855	\$ 3,419,925 *	\$ 18.11	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	12,000	09 - 03	36
37	Medical Records Consultant	1,200	10 - 03	37
38	Nurse Consultant			38
39	Pharmacist Consultant	3,663	10 - 03	39
40	Physical Therapy Consultant	1,002	10A - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	736	11 - 03	44
45	Social Service Consultant			45
46	Other(specify) <u>Priest / Organist</u>	23,838	12 - 03	46
47	<u>Dietary Management</u>	259,800	01 - 03	47
48				48
49	TOTAL (lines 35 - 48)	\$ 302,239		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.

**St. Joseph Village of Chicago
Medicaid Cost Report
07/01/14 - 06/30/15**

Page 20 Supplemental Schedule

Description	Hours Worked	Hours Paid	Salary
Other Salaries			
Unit Secretary (Line 10)	1,483	1,846	28,198
MDS Coordinator (Line 10)	2,103	2,365	80,464
Staff Development Coordinator (Line 10)	1,210	1,239	32,748
Director of Mission Integration (Line 12)	1,832	2,080	68,279
Assisted Living (Line 43)	36,152	39,533	556,158
Marketing (Line 43)	1,296	1,434	54,491
Total	<u>44,076</u>	<u>48,497</u>	<u>820,338</u>

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

(See instructions.)

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

SEE ACCOUNTANTS' COMPILATION REPORT

