

		FOR BHF USE					

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2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

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

<p>I. IDPH License ID Number: <u>0045419</u></p> <p>Facility Name: <u>Franciscan Village</u></p> <p>Address: <u>1270 Franciscan Dr</u> <u>Lemont</u> <u>60439</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(630) 257 - 5801</u> Fax # <u>(630) 257 - 2245</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>04/19/65</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code <u>501(c)(3)</u> </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Christopher S. Joos</u> Telephone Number: <u>(614) 222 - 9040</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code <u>501(c)(3)</u>	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/16</u> to <u>06/30/17</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) _____ (Date) _____ (Title) _____ </td> </tr> <tr> <td style="width:20%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Date) _____ (Print Name and Title) <u>Christopher S. Joos</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>250 South High Street, Suite 100 Columbus, OH 43215</u> (Telephone) <u>(614) 222 - 9040</u> Fax # <u>(248) 233 - 8811</u> </td> </tr> </table> <p align="center">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Date) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Christopher S. Joos</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante & Moran, PLLC</u> <u>250 South High Street, Suite 100 Columbus, OH 43215</u> (Telephone) <u>(614) 222 - 9040</u> Fax # <u>(248) 233 - 8811</u>
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SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

0045419 Report Period Beginning: 07/01/16 Ending: 06/30/17

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	6,079	20,902	11,689	38,670	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,079	20,902	11,689	38,670	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.42%

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

0 (Do not include bed reserve 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 9,653

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/17 Fiscal Year: 06/30/17

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/16 Ending: 06/30/17

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	1,018,442	249,684	642,740	1,910,866		1,910,866	(1,048,969)	861,897		1
2	Food Purchase		850,518		850,518		850,518	(568,654)	281,864		2
3	Housekeeping	495,860	95,998	14,999	606,857		606,857	(268,101)	338,756		3
4	Laundry			142,884	142,884		142,884	(77,358)	65,526		4
5	Heat and Other Utilities			508,909	508,909		508,909	(399,665)	109,244		5
6	Maintenance	377,827	112,067	499,530	989,424		989,424	(763,322)	226,102		6
7	Other (specify):* See Supplemental							1,145	1,145		7
8	TOTAL General Services	1,892,129	1,308,267	1,809,062	5,009,458		5,009,458	(3,124,924)	1,884,534		8
	B. Health Care and Programs										
9	Medical Director			32,500	32,500		32,500	(8,483)	24,017		9
10	Nursing and Medical Records	3,878,283	122,668	4,746	4,005,697		4,005,697	(178,258)	3,827,439		10
10a	Therapy	113,320	2,091	56,851	172,262		172,262	(15,385)	156,877		10a
11	Activities	378,861	43,350	16,152	438,363		438,363	(222,287)	216,076		11
12	Social Services	241,064	4,021	20,304	265,389		265,389	(122,949)	142,440		12
13	CNA Training										13
14	Program Transportation			69	69		69	(69)			14
15	Other (specify):* See Supplemental							4,864	4,864		15
16	TOTAL Health Care and Programs	4,611,528	172,130	130,622	4,914,280		4,914,280	(542,567)	4,371,713		16
	C. General Administration										
17	Administrative	325,975		1,556,616	1,882,591		1,882,591	(1,683,873)	198,718		17
18	Directors Fees										18
19	Professional Services			84,720	84,720		84,720	11,538	96,258		19
20	Dues, Fees, Subscriptions & Promotions			73,015	73,015		73,015	(14,657)	58,358		20
21	Clerical & General Office Expenses	455,009	44,588	261,490	761,087		761,087	(72,841)	688,246		21
22	Employee Benefits & Payroll Taxes			2,305,543	2,305,543		2,305,543	(84,874)	2,220,669		22
23	Inservice Training & Education			6,245	6,245		6,245	(1,386)	4,859		23
24	Travel and Seminar			2,198	2,198		2,198	(401)	1,797		24
25	Other Admin. Staff Transportation			12,142	12,142		12,142	(7,706)	4,436		25
26	Insurance-Prop.Liab.Malpractice			295,656	295,656		295,656	(118,334)	177,322		26
27	Other (specify):* See Supplemental							82,421	82,421		27
28	TOTAL General Administration	780,984	44,588	4,597,625	5,423,197		5,423,197	(1,890,113)	3,533,084		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,284,641	1,524,985	6,537,309	15,346,935		15,346,935	(5,557,604)	9,789,331		29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

**Franciscan Village
Medicaid Cost Report
07/01/16 - 06/30/17**

Page 3 Supplemental Schedule

Description		Salaries	Supplies	Other	Total
Line 7 - Other General Services					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				3,793	3,793
					-
Alloc. - Non-Allowable AL / IL				(2,648)	(2,648)
					-
					-
					-
Sub-Total		<u>-</u>	<u>-</u>	<u>1,145</u>	<u>1,145</u>
Line 15 - Other Health Care Services					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				16,112	16,112
					-
Alloc. - Non-Allowable AL / IL				(11,248)	(11,248)
					-
					-
					-
Sub-Total		<u>-</u>	<u>-</u>	<u>4,864</u>	<u>4,864</u>
Line 27 - Other General Administration					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				135,404	135,404
					-
Alloc. - Non-Allowable AL / IL				(52,983)	(52,983)
					-
					-
					-
Sub-Total		<u>-</u>	<u>-</u>	<u>82,421</u>	<u>82,421</u>

Facility Name & ID Number Franciscan Village

#0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

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			2,511,459	2,511,459		2,511,459	(1,964,371)	547,088			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,595,749	1,595,749		1,595,749	(1,257,855)	337,894			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			234,263	234,263		234,263	(178,930)	55,333			34
35	Rent-Equipment & Vehicles							888	888			35
36	Other (specify):* See Supplemental											36
37	TOTAL Ownership			4,341,471	4,341,471		4,341,471	(3,400,268)	941,203			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		579,302	1,247,465	1,826,767		1,826,767		1,826,767			39
40	Barber and Beauty Shops	14,357	52	97,965	112,374		112,374	(105,380)	6,994			40
41	Coffee and Gift Shops		5,157		5,157		5,157	(5,157)				41
42	Provider Participation Fee			247,714	247,714		247,714		247,714			42
43	Other (specify):* See Supplemental	1,443,099	96,051	108,943	1,648,093		1,648,093	(1,648,093)				43
44	TOTAL Special Cost Centers	1,457,456	680,562	1,702,087	3,840,105		3,840,105	(1,758,630)	2,081,475			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	8,742,097	2,205,547	12,580,867	23,528,511		23,528,511	(10,716,502)	12,812,009			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

**Franciscan Village
Medicaid Cost Report
07/01/16 - 06/30/17**

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
				-
				-
				-
				-
				-
				-
				-
				-
Sub-Total	-	-	-	-
Line 43 - Other Special Cost Centers				
Assisted Living	1,094,477	21,435	1,437	1,117,349
Independent Living	74,740	11	324	75,075
Marketing	227,858	66,902	105,705	400,465
Development	39,909	4,801	1,477	46,187
Other	6,115	2,902		9,017
				-
				-
Sub-Total	1,443,099	96,051	108,943	1,648,093

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	(257,738)	02		4
5	Telephone, TV & Radio in Resident Rooms	(20,860)	21		5
6	Rented Facility Space	(9,395)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients	(10,248)	04		8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(21,675)	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				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	(124,925)	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	(9,801,930)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (10,246,771)		\$	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)	(469,731)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (469,731)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (10,716,502)		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	

SEE ACCOUNTANTS' PREPARATION REPORT

Franciscan Village

ID# 0045419

Report Period Beginning: 07/01/16

Ending: 06/30/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Beauty Shop Revenue	\$ (105,380)	40	1
2	Gift Shop Revenue	(5,157)	41	2
3	Transportation Revenue	(69)	14	3
4	Transportation Revenue	(288)	06	4
5	Capitalized Assets < \$2,500	0	06	5
6	Capitalized Assets < \$2,500	0	43	6
7	Activity Revenue	(989)	11	7
8	Miscellaneous Revenue	(3,397)	21	8
9	Rebates and Refund Revenue	(286)	21	9
10	Gain on Disposal of Assets	(1,225)	30	10
11	Collections	(720)	19	11
12	Other Administration	(21,632)	21	12
13	Non-Allowable Expenses	(1,648,093)	43	13
14				14
15	Page 5 SUPP - Assisted / Independent Living Alloc.			15
16	Dietary	(1,048,969)	01	16
17	Food	(310,916)	02	17
18	Housekeeping	(268,101)	03	18
19	Laundry	(67,110)	04	19
20	Utilities	(399,665)	05	20
21	Maintenance	(777,800)	06	21
22	Other	(2,648)	07	22
23	Medical Director	(8,483)	09	23
24	Nursing and Medical Records	(254,499)	10	24
25	Therapy	(15,385)	10A	25
26	Activities	(221,298)	11	26
27	Social Services	(122,949)	12	27
28	CNA Training	0	13	28
29	Transportation	0	14	29
30	Other	(11,248)	15	30
31	Administrative	(159,331)	17	31
32	Director Fees	0	18	32
33	Professional Fees	(77,179)	19	33
34	Dues and Subscriptions	(45,701)	20	34
35	Clerical	(551,558)	21	35
36	Employee Benefits (Not ADJ - Rate Calculation)	0	22	36
37	Inservice Training	(12,892)	23	37
38	Seminar and Travel	(2,899)	24	38
39	Other Staff Admin. Transportation	(18,724)	25	39
40	Insurance	(142,177)	26	40
41	Other	(52,983)	27	41
42	Depreciation	(2,001,509)	30	42
43	Amortization	0	31	43
44	Interest	(1,236,180)	32	44
45	Real Estate Taxes	0	33	45
46	Rent - Building	(202,437)	34	46
47	Rent - Equipment	(2,053)	35	47
48	Other	0	36	48
49	Total	(9,801,930)		49

**Franciscan Village
Medicaid Cost Report
07/01/16 - 06/30/17**

Page 5 - Non-Care Supplemental Allocation Schedule

Description	Cost Center	Total		Direct Nursing Home		Expenses For Alloc.	Alloc. Method	Statistics		Expenses	
		Salary	Allow. Exp.	Salary	Other			Nursing Home	Other	Nursing Home	Other
Dietary	1	1,018,442	1,910,866	-	15,169	1,895,697	Meals Served	116,010	259,729	861,897	1,048,969
Food	2	-	592,780	-	30,893	561,887	Meals Served	116,010	259,729	281,864	310,916
Housekeeping	3	495,860	606,857	-	-	606,857	SQFT (1)	880,208	1,576,830	338,756	268,101
Laundry	4	-	132,636	-	-	132,636	Pat. Days (1)	38,670	78,275	65,526	67,110
Heat and Other Utilities	5	-	508,909	-	-	508,909	SQFT	62,872	292,888	109,244	399,665
Maintenance	6	377,827	1,003,902	-	13,500	990,402	SQFT	62,872	292,888	226,102	777,800
Other	7	-	3,793	-	-	3,793	Pat. Days	38,670	128,085	1,145	2,648
Medical Director	9	-	32,500	-	-	32,500	Dir. Staffing	3,098,696	4,193,173	24,017	8,483
Nursing and Medical Records	10	3,878,283	4,081,938	2,985,376	121,521	975,041	Dir. Staffing	3,098,696	4,193,173	3,827,439	254,499
Therapy	10a	113,320	172,262	113,320	-	58,942	Dir. Staffing	3,098,696	4,193,173	156,877	15,385
Activities	11	378,861	437,374	-	-	437,374	Pat. Days (2)	38,670	78,275	216,076	221,298
Social Services	12	241,064	265,389	-	-	265,389	Pat. Days (3)	38,670	72,048	142,440	122,949
CNA Training	13	-	-	-	-	-	N/A	-	-	-	-
Transportation	14	-	-	-	-	-	N/A	-	-	-	-
Other	15	-	16,112	-	-	16,112	Pat. Days	38,670	128,085	4,864	11,248
Administrative	17	325,975	358,049	-	-	358,049	Net. Pat. Rev.	13,676,139	24,641,616	198,718	159,331
Directors Fees	18	-	-	-	-	-	N/A	-	-	-	-
Professional Fees	19	-	173,437	-	-	173,437	Net. Pat. Rev.	13,676,139	24,641,616	96,258	77,179
Dues and Subscriptions	20	-	104,059	-	1,360	102,699	Net. Pat. Rev.	13,676,139	24,641,616	58,358	45,701
Office and Clerical	21	455,009	1,239,804	-	343	1,239,461	Net. Pat. Rev.	13,676,139	24,641,616	688,246	551,558
Employee Benefits	22	-	2,220,669	-	-	2,220,669	Alloc. Salary	5,321,339	8,742,097	1,351,727	868,942
Inservice Training and Expense	23	-	17,751	-	-	17,751	Pat. Days	38,670	128,085	4,859	12,892
Travel and Seminar	24	-	4,696	-	543	4,153	Pat. Days	38,670	128,085	1,797	2,899
Other Staff Transportation	25	-	23,160	-	134	23,026	Pat. Days	38,670	128,085	4,436	18,724
Insurance	26	-	319,499	-	-	319,499	Net. Pat. Rev.	13,676,139	24,641,616	177,322	142,177
Other	27	-	135,404	-	-	135,404	Alloc. Salary	5,321,339	8,742,097	82,421	52,983
Depreciation	30	-	2,548,597	-	-	2,548,597	SQFT	62,872	292,888	547,088	2,001,509
Amortization	31	-	-	-	-	-	Net. Pat. Rev.	13,676,139	24,641,616	-	-
Interest	32	-	1,574,074	-	-	1,574,074	SQFT	62,872	292,888	337,894	1,236,180
Real Estate Taxes	33	-	-	-	-	-	SQFT	62,872	292,888	-	-
Rent - Facilities and Grounds	34	-	257,770	-	-	257,770	SQFT	62,872	292,888	55,333	202,437
Rent - Equipment and Vehicles	35	-	2,941	-	-	2,941	Pat. Days	38,670	128,085	888	2,053
Other	36	-	-	-	-	-	N/A	-	-	-	-
Medically Necessary Transportation	38	-	-	-	-	-	N/A	-	-	-	-
Ancillary Service Centers	39	-	1,826,767	-	-	1,826,767	Direct	-	-	1,826,767	-
Barber and Beauty Shop	40	14,357	6,994	-	-	6,994	Direct	-	-	-	6,994
Coffee and Gift Shops	41	-	-	-	-	-	Direct	-	-	-	-
Provider Participation Fee	42	-	247,714	-	-	247,714	Direct	-	-	247,714	-
Other	43	1,443,099	-	-	-	-	Direct	-	-	-	-
		8,742,097	20,826,703	3,098,696	183,463	17,544,544				11,936,073	8,890,630

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(1,048,969)	0	0	0	0	0	0	0	0	0	0	(1,048,969)	1
2	Food Purchase	(568,654)	0	0	0	0	0	0	0	0	0	0	(568,654)	2
3	Housekeeping	(268,101)	0	0	0	0	0	0	0	0	0	0	(268,101)	3
4	Laundry	(77,358)	0	0	0	0	0	0	0	0	0	0	(77,358)	4
5	Heat and Other Utilities	(399,665)	0	0	0	0	0	0	0	0	0	0	(399,665)	5
6	Maintenance	(787,483)	0	24,161	0	0	0	0	0	0	0	0	(763,322)	6
7	Other (specify):*	(2,648)	0	3,793	0	0	0	0	0	0	0	0	1,145	7
8	TOTAL General Services	(3,152,878)	0	27,954	0	(3,124,924)	8							
	B. Health Care and Programs													
9	Medical Director	(8,483)	0	0	0	0	0	0	0	0	0	0	(8,483)	9
10	Nursing and Medical Records	(254,499)	0	76,241	0	0	0	0	0	0	0	0	(178,258)	10
10a	Therapy	(15,385)	0	0	0	0	0	0	0	0	0	0	(15,385)	10a
11	Activities	(222,287)	0	0	0	0	0	0	0	0	0	0	(222,287)	11
12	Social Services	(122,949)	0	0	0	0	0	0	0	0	0	0	(122,949)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(69)	0	0	0	0	0	0	0	0	0	0	(69)	14
15	Other (specify):*	(11,248)	0	16,112	0	0	0	0	0	0	0	0	4,864	15
16	TOTAL Health Care and Programs	(634,920)	0	92,353	0	(542,567)	16							
	C. General Administration													
17	Administrative	(159,331)	0	(1,524,542)	0	0	0	0	0	0	0	0	(1,683,873)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(77,899)	0	89,437	0	0	0	0	0	0	0	0	11,538	19
20	Fees, Subscriptions & Promotions	(45,701)	0	31,044	0	0	0	0	0	0	0	0	(14,657)	20
21	Clerical & General Office Expenses	(722,658)	0	649,817	0	0	0	0	0	0	0	0	(72,841)	21
22	Employee Benefits & Payroll Taxes	0	0	(84,874)	0	0	0	0	0	0	0	0	(84,874)	22
23	Inservice Training & Education	(12,892)	0	11,506	0	0	0	0	0	0	0	0	(1,386)	23
24	Travel and Seminar	(2,899)	0	2,498	0	0	0	0	0	0	0	0	(401)	24
25	Other Admin. Staff Transportation	(18,724)	0	11,018	0	0	0	0	0	0	0	0	(7,706)	25
26	Insurance-Prop.Liab.Malpractice	(142,177)	0	23,843	0	0	0	0	0	0	0	0	(118,334)	26
27	Other (specify):*	(52,983)	0	135,404	0	0	0	0	0	0	0	0	82,421	27
28	TOTAL General Administration	(1,235,264)	0	(654,849)	0	(1,890,113)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(5,023,062)	0	(534,542)	0	(5,557,604)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(2,002,734)	0	38,363	0	0	0	0	0	0	0	0	(1,964,371)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,257,855)	0	0	0	0	0	0	0	0	0	0	(1,257,855)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(202,437)	0	23,507	0	0	0	0	0	0	0	0	(178,930)	34
35	Rent-Equipment & Vehicles	(2,053)	0	2,941	0	0	0	0	0	0	0	0	888	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(3,465,079)	0	64,811	0	(3,400,268)	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	(105,380)	0	0	0	0	0	0	0	0	0	0	(105,380)	40
41	Coffee and Gift Shops	(5,157)	0	0	0	0	0	0	0	0	0	0	(5,157)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,648,093)	0	0	0	0	0	0	0	0	0	0	(1,648,093)	43
44	TOTAL Special Cost Centers	(1,758,630)	0	0	0	0	0	0	0	0	0	0	(1,758,630)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(10,246,771)	0	(469,731)	0	(10,716,502)	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		\$			\$	\$		1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$			\$	\$ *		14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

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.							1
2								2
3	Board of Directors		St. Joseph Village of Chicago	Chicago, IL	Franciscan Sisters			3
4	Sister M. Francis Clare Radke		The Village at Victory Lakes	Lindenhurst, IL	of Chicago	Lemont, IL	Religious Cong.	4
5	James Stark		Addolorata Villa	Wheeling, IL	Franciscan Sisters			5
6	Judy Amiano		Franciscan Village	Lemont, IL	Chicago Serv Corp	Lemont, IL	Corp. Management	6
7	Andrew Duren		St. Anthony Home	Crown Point, IN	St. James			7
8	Raymond Catania		University Place	West Lafayette, IN	Senior Estates	Crete, IL	Ind. Living	8
9	Joseph Benson		Mount Alverna Village	Parma, OH	Marian Village	Homer Glen, IL	Ind. & Asst. Living	9
10	Andrea Ramirez-Justin				Franciscan			10
11	Guy Alton				Senior Estates	Louisville, KY	Ind. Living	11
12	Bobbie Parkhill				Franciscan Comm.			12
13	Tracy Shearer				Based Services	Michigan City, IN	Hm. Care / Hospice	13
14	Ronald Tinsley				Franciscan			14
15	Denise Bourdreau				Advisory Services	Lemont, IL	Consulting Serv.	15
16					St. Joseph			16
17					Senior Housing	Lemont, IL	Affordable Housing	17
18					St. Jude House	Crown Point, IN	Dom. Viol. Shelter	18
19					Madonna Found.	Lemont, IL	HS Foundation	19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Maintenance - Salary	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 16,577	\$ 16,577	15
16	V	6	Maintenance - Other	Franciscan Sisters of Chicago Service Corporation	100.00%	7,584	7,584	16
17	V	7	Emp. Ben. - General Services	Franciscan Sisters of Chicago Service Corporation	100.00%	3,793	3,793	17
18	V	10	Nursing - Salary	Franciscan Sisters of Chicago Service Corporation	100.00%	70,421	70,421	18
19	V	10	Nursing - Other	Franciscan Sisters of Chicago Service Corporation	100.00%	5,820	5,820	19
20	V	15	Emp. Ben. - HC and Programs	Franciscan Sisters of Chicago Service Corporation	100.00%	16,112	16,112	20
21	V	17	Administrative - Salary	Franciscan Sisters of Chicago Service Corporation	100.00%	32,074	32,074	21
22	V	17	Administrative - Other	Franciscan Sisters of Chicago Service Corporation	100.00%		(1,556,616)	22
23	V	19	Professional Fees	Franciscan Sisters of Chicago Service Corporation	100.00%	89,437	89,437	23
24	V	20	Dues and Subscriptions	Franciscan Sisters of Chicago Service Corporation	100.00%	31,044	31,044	24
25	V	21	Clerical - Salary	Franciscan Sisters of Chicago Service Corporation	100.00%	559,749	559,749	25
26	V	21	Clerical - Other	Franciscan Sisters of Chicago Service Corporation	100.00%	90,068	90,068	26
27	V	22	Employee Benefits	Franciscan Sisters of Chicago Service Corporation	100.00%	(84,874)	(84,874)	27
28	V	23	Inservice Expense	Franciscan Sisters of Chicago Service Corporation	100.00%	11,506	11,506	28
29	V	24	Seminar and Travel	Franciscan Sisters of Chicago Service Corporation	100.00%	2,498	2,498	29
30	V	25	Other Staff Admin. Transp.	Franciscan Sisters of Chicago Service Corporation	100.00%	11,018	11,018	30
31	V	26	Insurance	Franciscan Sisters of Chicago Service Corporation	100.00%	23,843	23,843	31
32	V	27	Emp. Ben. - General Admin.	Franciscan Sisters of Chicago Service Corporation	100.00%	135,404	135,404	32
33	V	30	Depreciation	Franciscan Sisters of Chicago Service Corporation	100.00%	38,363	38,363	33
34	V	32	Interest	Franciscan Sisters of Chicago Service Corporation	100.00%	0		34
35	V	33	Real Estate Taxes	Franciscan Sisters of Chicago Service Corporation	100.00%	0		35
36	V	34	Rent - Building	Franciscan Sisters of Chicago Service Corporation	100.00%	23,507	23,507	36
37	V	35	Rent - Equipment	Franciscan Sisters of Chicago Service Corporation	100.00%	2,941	2,941	37
38	V							38
39	Total		\$ 1,556,616			\$ 1,086,885	\$ * (469,731)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Judy Amiano	Board Member	President & CEO	0.00%	See Supplemental	6.41	16.04%	Alloc. Salary	\$ 32,074	17 - 07	1
2								Alloc. Ben.	7,338	27 - 07	2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 39,413		13

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

**Franciscan Village
Medicaid Cost Report
07/01/16 - 06/30/17**

Page 7 Supplemental Schedule

Description	Alloc. Hours	Total Hours	Alloc. Percentage	Total Compensation		Alloc. Compensation	
				Salary	Emp. Benefits	Salary	Emp. Benefits
Owners / Director Compensation - Judy Amiano (President and CEO)							
Addolorata Villa	5.10	40	12.74%	200,000	45,758	25,487	5,831
Franciscan Village	6.41	40	16.04%	200,000	45,758	32,074	7,338
St. Joseph Village	2.44	40	6.09%	200,000	45,758	12,180	2,787
Village at Victory Lakes	5.41	40	13.53%	200,000	45,758	27,064	6,192
Other	20.64	40	51.60%	200,000	45,758	103,194	23,610
Total	40		100.00%			200,000	45,758

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending: 06/30/17

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending: 06/30/17

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 Service Corp.
 Street Address 11500 Theresa Dr.
 City / State / Zip Code Lemont, Illinois 60439
 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	6	Maintenance - Salary	9,706,344	13	\$ 103,364	\$ 103,364	1,556,616	\$ 16,577	1
2	6	Maintenance - Other	9,706,344	13	47,290		1,556,616	7,584	2
3	7	Emp. Ben. - General Services	9,706,344	13	23,649		1,556,616	3,793	3
4	10	Nursing - Salary	9,706,344	13	439,115	439,115	1,556,616	70,421	4
5	10	Nursing - Other	9,706,344	13	36,289		1,556,616	5,820	5
6	15	Emp. Ben. - HC and Programs	9,706,344	13	100,466		1,556,616	16,112	6
7	17	Administrative - Salary	9,706,344	13	200,000	200,000	1,556,616	32,074	7
8	19	Professional Fees	9,706,344	13	557,689		1,556,616	89,437	8
9	20	Dues and Subscriptions	9,706,344	13	193,579		1,556,616	31,044	9
10	21	Clerical - Salary	9,706,344	13	3,490,336	3,490,336	1,556,616	559,749	10
11	21	Clerical - Other	9,706,344	13	561,623		1,556,616	90,068	11
12	22	Employee Benefits	6,876,811	10	(572,318)		1,019,822	(84,874)	12
13	23	Inservice Expense	9,706,344	13	71,747		1,556,616	11,506	13
14	24	Seminar and Travel	9,706,344	13	15,578		1,556,616	2,498	14
15	25	Other Staff Admin. Trans.	9,706,344	13	68,701		1,556,616	11,018	15
16	26	Insurance	9,706,344	13	148,675		1,556,616	23,843	16
17	27	Emp. Ben. - General Admin.	9,706,344	13	844,320		1,556,616	135,404	17
18	30	Depreciation	9,706,344	13	239,212		1,556,616	38,363	18
19	32	Interest	9,706,344	13			1,556,616		19
20	33	Real Estate Taxes	9,706,344	13			1,556,616		20
21	34	Rent - Building	9,706,344	13	146,578		1,556,616	23,507	21
22	35	Rent - Equipment	9,706,344	13	18,339		1,556,616	2,941	22
23									23
24									24
25	TOTALS				\$ 6,734,232	\$ 4,232,815		\$ 1,086,885	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Amalgamated Bank		X	Facility Acquisition	Varies	03/17/13	\$ 36,089,363	\$ 17,755,935	05/15/47	4.860%	\$ 1,022,203	1								
2	Huntington Bank		X	Facility Acquisition	Varies	03/17/13	3,365,392		06/28/17	Variable	95,322	2								
3	Amalgamated Bank		X	Facility Acquisition	Varies	06/28/17	7,257,907	7,257,907	05/01/47	4.860%	205,575	3								
4	Huntington Bank		X	Facility Acquisition	Varies	06/28/17	6,747,615	6,747,615	05/01/47	Variable	191,120	4								
5	Wintrust Bank		X	Facility Acquisition	Varies	06/28/17	2,878,406	2,878,406	05/01/47	Variable	81,529	5								
Working Capital																				
6												6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 56,338,683	\$ 34,639,863			\$ 1,595,749	9								
B. Non-Facility Related*																				
10	Interest Income		X								(21,675)	10								
11												11								
12	Alloc. - Non-Allowable AL/IL										(1,236,180)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (1,257,855)	14								
15	TOTALS (line 9+line14)						\$ 56,338,683	\$ 34,639,863			\$ 337,894	15								

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

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

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

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

B. Real Estate Taxes

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 2016 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 2017 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:	2012	_____	8
	2013	_____	9
	2014	_____	10
	2015	_____	11
	2016	_____	12
N/A - Franciscan Village is exempt from real estate taxes.			

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

SEE ACCOUNTANTS' PREPARATION REPORT

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Franciscan Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0045419

CONTACT PERSON REGARDING THIS REPORT Christopher S. Joos

TELEPHONE (614) 222 - 9040 FAX #: (248) 233 - 8811

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

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

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16 Ending:

06/30/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 62,872 B. General Construction Type: Exterior Brick 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' PREPARATION 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	\$		\$	\$	\$
5										
6										
7										
8										
	Improvement Type**									
9	Various		1990		255,348					
10	Various		1992		5,470					
11	Various		1993		787,171					
12	Various		1994		14,713					
13	Various		1995		159,949					
14	Various		1996		29,149					
15	Various		1997		19,633					
16	Various		1998		12,498					
17	Various		1999		9,158					
18	Various		2000		22,497					
19	Various		2001		38,345					
20	Various		2002		84,703					
21	Various		2003		25,280					
22	Various		2004		112,667					
23	Various		2005		48,458					
24	Various		2006		39,041					
25	Various		2007		37,147					
26	Various		2008		46,659					
27	Various		2009		287,260					
28	Various		2010		13,908					
29	Various		2011		58,164					
30	Various		2012		39,152					
31	Various		2013		23,233					
32	Water Main Plumbinig - Exterior Street (TC = \$23,810)		2014		23,810					
33	Cameras and Door Release Systems - Hallways (TC = \$48,921)		2014		11,233					
34	Elevator Repairs (TC = \$25,825)		2014		5,544					
35	Interior Room Signs (TC = \$59,235)		2014		12,716					
36	Lighting, Sidewalks and Streets (TC = \$41,350)		2014		8,876					

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Transfer Switches (TC = \$6,346)	2014	\$ 1,362	\$		\$	\$	\$	37
38	RPZ Backflow Valve and Installation (TC = \$4,680)	2014	1,005						38
39	Fire Extinguishers (TC = \$4,679)	2014	1,004						39
40	Sidewalks - Exterior (TC = \$14,725)	2014	14,725						40
41	Fence - Exterior (TC = \$6,380)	2014	6,380						41
42	Beauty Salon - Flooring, Painting, and Drywall (TC = \$7,880)	2014	1,692						42
43	Water Heater - NU (TC = \$13,545)	2014	13,545						43
44	Fireproofing - 24 Resident Rooms in NU (TC = \$70,560)	2014	70,560						44
45	Roof Replacement (TC = \$332,084)	2014	71,286						45
46	WIFI Installation - Entire Campus (TC = \$50,260)	2014	10,789						46
47	Asphalt Repaving - Parking Lot (TC = \$11,850)	2014	2,544						47
48	Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2014	23,590						48
49	Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2015	4,477						49
50	Nurse Call System (Expensed Pg. 5 - Under \$2,500)	2015							50
51	Concrete and Tile - Kitchen Floor (TC = \$49,259)	2016	49,259						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									69
70	TOTAL (lines 4 thru 69)		\$ 8,228,856	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

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		\$ 8,228,856	\$		\$	\$	\$	1
2									2
3	Current Fiscal Year Additions: 2016 - 2017								3
4									4
5	Chapel - Carpeting (TC = \$22,026)	2016	4,728						5
6	Facility - Cable System and Installation (TC = \$30,600)	2016	6,569						6
7	Facility - WIFI System and Installation (TC = \$178,654)	2016	38,350						7
8	Exterior - Landscaping (Soild and Seed) (TC = \$5,733)	2016	1,231						8
9	HVAC (TC = \$9,437)	2016	2,026						9
10	HVAC (TC = \$11,618)	2017	2,494						10
11	Bathrooms - Toilets and Plumbing (TC = \$15,765)	2017	3,384						11
12	Nursing Home Renovations (Detailed)								12
13	Henry Brothers - General Contractor	2016	1,357,536						13
14	Henry Brothers - Masonry	2016	73,392						14
15	Henry Brothers - Steel	2016	38,200						15
16	Henry Brothers - Woodwork	2016	297,696						16
17	Henry Brothers - Elevator	2016	58,309						17
18	Henry Brothers - Waterproofing	2016	26,740						18
19	Henry Brothers - Fireproofing	2016	9,458						19
20	Henry Brothers - Roofing	2016	43,200						20
21	Henry Brothers - Doors	2016	103,079						21
22	Henry Brothers - Mirrors	2016	14,064						22
23	Henry Brothers - Drywall	2016	450,232						23
24	Henry Brothers - Tile	2016	122,749						24
25	Henry Brothers - Ceailing	2016	212,434						25
26	Henry Brothers - Carpeting	2016	403,912						26
27	Henry Brothers - Paint	2016	176,241						27
28	Henry Brothers - Wall corner guards	2016	35,063						28
29	Henry Brothers - Fireplaces	2016	2,047						29
30	Henry Brothers - Toilets	2016	29,805						30
31	Henry Brothers - Appliances	2016	2,790						31
32	Henry Brothers - Cabinets	2016	41,402						32
33	Henry Brothers - Elevator	2016	77,825						33
34	TOTAL (lines 1 thru 33)		\$ 11,863,812	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

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		\$ 11,863,812	\$		\$	\$	\$	1
2									2
3	Nursing Home Renovations (Detailed - Continued)								3
4	Henry Brothers - Fire protection	2016	63,570						4
5	Henry Brothers - Plumbing	2016	417,777						5
6	Henry Brothers - HVAC	2016	661,840						6
7	Henry Brothers - Electrical	2016	1,192,402						7
8	AG Architecture - Architectural Services	2016	730,395						8
9	Meany Electric - Electrical Outlets to Emergency Generator	2016	16,744						9
10	Meany Electric - Move and Install Nurse Call System	2016	8,301						10
11	Meany Electric - Electrical Outlets, Conduits, Breakers	2016	10,961						11
12	Accurate Security and Lock - Commercial Steel Fire Doors	2016	19,408						12
13	Accurate Security and Lock - Commercial Steel Fire Doors	2016	9,172						13
14	Intertek - Steel Door Inspection	2016	1,450						14
15	Direct Supply - Nurse Call System	2016	140,246						15
16	Health Dimensions - Feasibility Study	2016	45,239						16
17	Universal Insulation - Insulation	2016	14,080						17
18	O'Hare Mechanical - Air Conditioner and Installation	2016	6,451						18
19	O'Hare Mechanical - Exhaust Fan and Installation	2016	8,600						19
20	O'Hare Mechanical - Extension to Generator	2016	9,370						20
21	Palos Home Services - Grout 30 Bathroom Floor Tiles	2016	4,050						21
22	Tom Callahan Plumbing - Relocate Hot and Cold Water Lines	2016	8,340						22
23	River Road Tops - Countertops	2016	7,710						23
24	Schindler Elevator Company - Elevator Installation	2016	9,200						24
25	SimplexGrinnell LP - Elevator Installation	2016	4,632						25
26	Stanton Mechanical - Hot Water System	2016	5,108						26
27	Franciscan Staff - Capitalized Labor	2016	93,934						27
28	Ram Fire Protection - Fire and Security Systems	2016	2,135						28
29	Red Hawk - Fire and Security Systems	2016	16,135						29
30	Ridge Landscaping	2016	5,492						30
31									31
32	Depreciation			547,088		547,088		7,464,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 15,376,554	\$ 547,088		\$ 547,088	\$	\$ 7,464,417	34

SEE ACCOUNTANTS' PREPARATION 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	\$ 1,564,894	\$	\$	\$		\$	71
72	Current Year Purchases	1,487,552						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 3,052,446	\$	\$	\$		\$	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 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)	\$ 18,806,012	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 547,088	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 547,088	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,464,417	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	\$ 40,652,453	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	902,271			87
88	Non-Care Assets - CY EQIP Add.	174,325			88
89					89
90	Depreciation		2,001,509	34,772,844	90
91	TOTALS	\$ 41,729,049	\$ 2,001,509	\$ 34,772,844	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning: 07/01/16

Ending: 06/30/17

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	See Suppl				55,333			5
6								6
7	TOTAL				\$ 55,333			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> /2018	\$ <u> </u>
13.	<u> </u> /2019	\$ <u> </u>
14.	<u> </u> /2020	\$ <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: \$ 888 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' PREPARATION REPORT

**Franciscan Village
Medicaid Cost Report
07/01/16 - 06/30/17**

Page 14 Supplemental Schedule

Description	Amount	Total
Building Rental		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Building Rent	23,507	23,507
		-
Land Lease	234,263	234,263
		-
Alloc. - Non-Allowable AL / IL	(202,437)	(202,437)
		-
		-
		-
		-
		-
		-
		-
		-
Total	<u>55,333</u>	<u>55,333</u>
Equipment Rental		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Building Rent	2,941	2,941
		-
Alloc. - Non-Allowable AL / IL	(2,053)	(2,053)
		-
		-
		-
		-
		-
		-
		-
		-
		-
Total	<u>888</u>	<u>888</u>

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' PREPARATION 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	\$			\$	396,487	\$		\$	396,487	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					193,729				193,729	2
3	Licensed Recreational Therapist		hrs										3
4	Licensed Physical Therapist	39 - 03	hrs					548,464				548,464	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						423,237			423,237	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs										10
11	Academic Education		hrs										11
12	Other (specify): See Supplemental	39 - 02							156,065			156,065	12
13	Other (specify): See Supplemental	39 - 03							108,785			108,785	13
14	TOTAL			\$			\$	1,247,465	\$	579,302	\$	1,826,767	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

**Franciscan Village
 Medicaid Cost Report
 07/01/16 - 06/30/17**

Page 16 Supplemental Schedule

Description	Salaries		Supplies		Other		Total
Medical Supplies				102,622			102,622
Enteral Nutrition / PEN Nutrients				21,278			21,278
Oxygen and Supplies				32,165			32,165
Medical Equipment Rental						33,920	33,920
Laboratory						42,931	42,931
Radiology						30,079	30,079
Other						1,855	1,855
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
							-
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							-
							-
							-
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							-
							-
							-
							-
							-
							-
							-
							-
Total		-		<u>156,065</u>		<u>108,785</u>	<u>264,850</u>

Facility Name & ID Number **Franciscan Village**

0045419

Report Period Beginning: **07/01/16**

Ending:

06/30/17

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **06/30/17**

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 11,448	\$	1
2	Cash-Patient Deposits	3,582		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>191,000</u>)	1,157,301		3
4	Supply Inventory (priced at <u>Cost / FIFO</u>)	43,455		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	136,535		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>	2,384,226		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,736,547	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,969,878		13
14	Buildings, at Historical Cost	34,192,350		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	21,270,599		16
17	Accumulated Depreciation (book methods)	(34,772,844)		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>	87,246		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 23,747,229	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 27,483,776	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 524,927	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,222		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	629,066		30
31	Accrued Taxes Payable (excluding real estate taxes)	11,200		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>	7,262,742		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,437,676	\$	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)	\$ 8,437,676	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 19,046,100	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 27,483,776	\$	48

SEE ACCOUNTANTS' PREPARATION REPORT

*(See instructions.)

**Franciscan Village
Medicaid Cost Report
07/01/16 - 06/30/17**

Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
Other Current Receivable	43,859		43,859
Franciscan Communities	82,404		82,404
Land - Contributed Lease Receivable	2,257,963		2,257,963
			-
			-
Sub-Total	<u>2,384,226</u>	<u>-</u>	<u>2,384,226</u>
Line 23 - Long Term Assets			
Construction in Progress	87,246		87,246
			-
			-
			-
			-
Sub-Total	<u>87,246</u>	<u>-</u>	<u>87,246</u>
Line 36 - Other Current Liability			
Refundable Deposits	6,645,212		6,645,212
Unrefundable Deposits (Net of Amort.)	603,059		603,059
Reservation Deposits	13,551		13,551
Unclaimed Funds	920		920
			-
Sub-Total	<u>7,262,742</u>	<u>-</u>	<u>7,262,742</u>
Line 43 - Long term Liabilities			
			-
			-
			-
			-
			-
Sub-Total	<u>-</u>	<u>-</u>	<u>-</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 18,207,015	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 18,207,015	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,887,107	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)	\$ 1,887,107	17
B. Transfers (Itemize):			
18	FC Holding - Intercompany Transfer	(987,249)	18
19	Temporarily Restricted Net Assets Released	(60,773)	19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ (1,048,022)	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 19,046,100	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION 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	\$ 24,641,616	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 24,641,616	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	214,363	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 214,363	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	7,442	12
13	Barber and Beauty Care	105,380	13
14	Non-Patient Meals	257,738	14
15	Telephone, Television and Radio	20,860	15
16	Rental of Facility Space	9,395	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	4,435	21
22	Laundry	20,790	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 426,040	23
D. Non-Operating Revenue			
24	Contributions	105,670	24
25	Interest and Other Investment Income***	21,675	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 127,345	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	6,254	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,254	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 25,415,618	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	5,009,458	31
32	Health Care	4,914,280	32
33	General Administration	5,423,197	33
B. Capital Expense			
34	Ownership	4,341,471	34
C. Ancillary Expense			
35	Special Cost Centers	3,592,391	35
36	Provider Participation Fee	247,714	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 23,528,511	40
41	Income before Income Taxes (line 30 minus line 40)**	1,887,107	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,887,107	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,243,224	44
45	Private Pay - Net Inpatient Revenue	6,677,990	45
46	Medicare - Net Inpatient Revenue	5,217,804	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	537,121	47
48	Other-(specify) <u>Private Pay - Assisted and Independent Living</u>	10,965,477	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 24,641,616	49

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

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

Franciscan Village
 Medicaid Cost Report
 07/01/16 - 06/30/17

Page 19 Supplemental Schedule

Description		Amount	Total
Transportation Revenue		357	357
Activity Revenue		989	989
Rebates and Refunds		286	286
Gain on Sale of Assets		1,225	1,225
Miscellaneous Revenue		3,397	3,397
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
Total		<u><u>6,254</u></u>	<u><u>6,254</u></u>

Facility Name & ID Number Franciscan Village

0045419

Report Period Beginning:

07/01/16

Ending:

06/30/17

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	1,872	2,072	\$ 100,006	\$ 48.27	1
2	Assistant Director of Nursing	1,928	2,080	86,487	41.58	2
3	Registered Nurses	31,350	34,118	1,044,220	30.61	3
4	Licensed Practical Nurses	22,823	25,201	647,151	25.68	4
5	CNAs & Orderlies	85,617	93,501	1,294,005	13.84	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,174	4,676	113,320	24.23	8
9	Activity Director	1,824	2,080	62,606	30.10	9
10	Activity Assistants	20,229	22,655	316,255	13.96	10
11	Social Service Workers	3,605	4,013	102,207	25.47	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	17,671	19,800	330,620	16.70	14
15	Cook Helpers/Assistants	65,371	70,126	687,822	9.81	15
16	Dishwashers					16
17	Maintenance Workers	15,896	17,366	377,827	21.76	17
18	Housekeepers	38,548	42,270	495,860	11.73	18
19	Laundry					19
20	Administrator	1,888	2,080	117,028	56.26	20
21	Assistant Administrator					21
22	Other Administrative	1,967	2,098	208,947	99.59	22
23	Office Manager					23
24	Clerical	19,316	22,421	455,009	20.29	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	1,769	2,066	27,801	13.46	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	109,881	118,461	2,274,926	19.20	33
34	TOTAL (lines 1 - 33)	445,729	487,084	\$ 8,742,097 *	\$ 17.95	34

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	32,500	09 - 03	36
37	Medical Records Consultant	738	10 - 03	37
38	Nurse Consultant	1,859	10 - 03	38
39	Pharmacist Consultant	2,149	10 - 03	39
40	Physical Therapy Consultant	945	10A - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	1,728	11 - 03	44
45	Social Service Consultant		12 - 03	45
46	Other(specify) <u>See Supplemental</u>	721,964		46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 761,883		49

C. CONTRACT NURSES

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

** See instructions.

**Franciscan Village
Medicaid Cost Report
07/01/16 - 06/30/17**

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Other Nursing Admin	10	25,749	26,369	678,613	25.74		
Pastoral Care	12	5,453	5,817	138,857	23.87		
Beautician	40	1,466	1,466	14,357	9.79		
Assisted Living	43	67,727	73,860	1,094,477	14.82		
Independent Living	43	2,234	2,745	74,740	27.23		
Marketing	43	5,591	6,261	227,858	36.39		
Development	43	1,317	1,573	39,909	25.37		
Other	43	344	370	6,115	16.53		
					-		
					-		
					-		
					-		
					-		
					-		
Total		109,881	118,461	2,274,926	19.20		

Contracted Services							
Dietary Management	01						109,559
Dietary Contracted Services	01						527,325
Senior Fit	10A						64,755
Priest	12						5,175
Organist	12						15,150
Total							721,964

Facility Name & ID Number **Franciscan Village**

0045419

Report Period Beginning: **07/01/16**

Ending: **06/30/17**

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount		
Daniel Bannon	Executive Dir	0	\$ 208,947	Workers' Compensation Insurance		\$ 414,091	IDPH License Fee		\$		
Sylvia Czerwinski	Administrator	0	117,028	Unemployment Compensation Insurance		(2,014)	Advertising: Employee Recruitment		2,267		
				FICA Taxes		643,226	Health Care Worker Background Check		22,675		
				Employee Health Insurance		842,600	(Indicate # of checks performed)				
				Employee Meals			Patient Background Checks				
				Illinois Municipal Retirement Fund (IMRF)*			Dues and Subscriptions		30,131		
				Dental Insurance		25,996	Licenses		17,632		
				Vision Insurance		4,072	Gifts		310		
				Disability Insurance		24,306	Alloc. - FSCSC (See Page 6 Allocations)		31,044		
				Life Insurance		14,192	Alloc. - Non-Allowable AL / IL		(45,701)		
				Retirement Benefits		157,829	Less: Public Relations Expense		()		
				Other Employee Benefits		181,245	Non-allowable advertising		()		
				Alloc. - FSCSC (See Page 6 Allocations)		(84,874)	Yellow page advertising		()		
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,		\$ 2,220,669	TOTAL (agree to Sch. V,		\$ 58,358		
(List each licensed administrator separately.)				line 22, col.8)			line 20, col. 8)				
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid		G. Schedule of Travel and Seminar**					
				to Owners or Employees							
Description			Amount	Description	Line #	Amount	Description			Amount	
Franciscan Sisters of Chicago Service Corp.			\$ 1,556,616				Out-of-State Travel			\$	
							In-State Travel				
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,556,616	TOTAL		\$	Seminar Expense			2,198	
(Attach a copy of any management service agreement)							Alloc. - FSCSC (See Page 6 Allocations)			2,498	
C. Professional Services							Alloc. - Non-Allowable AL / IL			(2,899)	
Vendor/Payee			Amount				Entertainment Expense			()	
Plante & Moran, PLLC			\$ 19,179				(agree to Sch. V,				
Probusiness / Ultipro			38,314				line 24, col. 8)			\$ 1,797	
Ability Network			5,747								
FMLA Source			2,230								
PointRight			5,150								
OnShift			3,719								
Joint Commission			8,084								
Achieve Accreditation			817								
CT Corporation			113								
Employeware LLC			138								
Other			509								
Non-Allowable			720								
TOTAL (agree to Schedule V, line 19, column 3)			\$ 84,720								
(For legal fee disclosure, see page 39 of instructions)											

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' PREPARATION REPORT

**See instructions.

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Leading Age - \$22,097
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 5 - 10 Yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 51,201 Line 10 - 02
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 247,714
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' PREPARATION 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. \$ 0 Has any meal income been offset against related costs? Yes Indicate the amount. \$ 257,738
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
 - c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14
 - d. Have vehicle usage logs been maintained? Yes
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Plante & Moran, PLLC - Consolidated Statement
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes - Alloc. Basis
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A
Attach invoices and a summary of services for all architect and appraisal fees