<table>
<thead>
<tr>
<th>I. IDPH License ID Number:</th>
<th>0045419</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name:</td>
<td>Franciscan Village</td>
</tr>
<tr>
<td>Address:</td>
<td>1270 Franciscan Drive</td>
</tr>
<tr>
<td>County:</td>
<td>Cook</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>(630) 257-5801</td>
</tr>
<tr>
<td>HFS ID Number:</td>
<td></td>
</tr>
<tr>
<td>Date of Initial License for Current Owners:</td>
<td>04/19/65</td>
</tr>
</tbody>
</table>

Type of Ownership:
- [X] VOLUNTARY, NON-PROFIT
- [ ] PROPRIETARY
- [ ] GOVERNMENTAL

IRS Exemption Code: 501(c)(3)

In the event there are further questions about this report, please contact:
Name: Christopher S. Joos  
Phone Number: (614) 222 - 9040  
Email Address:         

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/17 to 06/30/18 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Preparer (Print Name) Christopher S. Joos  
Preparer and Title: Partner, Health and Human Services

Firm Name & Address: Plante & Moran, PLLC  
250 South High Street, Suite 100 Columbus, OH 43215  
Telephone: (614) 222 - 9040  
Fax: (248) 233 - 8811

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

See Accountants’ Preparation Report
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

<table>
<thead>
<tr>
<th>Beds at Beginning of Report Period</th>
<th>Licensure Level of Care</th>
<th>Beds at End of Report Period</th>
<th>Licensed Bed Days During Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Skilled (SNF)</td>
<td>127</td>
<td>46,355</td>
</tr>
<tr>
<td>2</td>
<td>Skilled Pediatric (SNF/PED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Intermediate (ICF)</td>
<td>127</td>
<td>46,355</td>
</tr>
<tr>
<td>4</td>
<td>Intermediate/DD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sheltered Care (SC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ICF/DD 16 or Less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>TOTALS</td>
<td>127</td>
<td>46,355</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled (SNF)</td>
<td>6,793</td>
<td>21,666</td>
<td>11,634</td>
</tr>
<tr>
<td>Skilled Pediatric (SNF/PED)</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate (ICF)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate/DD</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheltered Care (SC)</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/DD 16 or Less</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J. Was the facility purchased or leased after January 1, 1978? Date started 01/20/90

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF</td>
<td>Medicaid Recipient</td>
<td>Private Pay</td>
<td>Other</td>
<td>Total</td>
</tr>
<tr>
<td>8</td>
<td>6,793</td>
<td>21,666</td>
<td>11,634</td>
<td>40,093</td>
</tr>
<tr>
<td>SNF/PED</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICF/DD</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DD 16 OR LESS</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.49%

SEE ACCOUNTANTS' PREPARATION REPORT

HFS 3745 (N-4-99) IL478-2471
### V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>Costs Per General Ledger</th>
<th>Reclassified Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary/Wage</td>
<td>Supplies</td>
<td>Other</td>
</tr>
<tr>
<td>A. General Services</td>
<td>1</td>
<td>Dietary</td>
<td>1,058,391</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Food Purchase</td>
<td>902,105</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Housekeeping</td>
<td>524,397</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Laundry</td>
<td>1,890</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Heat and Other Utilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Maintenance</td>
<td>374,100</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Other (specify)*</td>
<td>See Supplemental</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>TOTAL General Services</td>
<td>1,956,890</td>
</tr>
<tr>
<td>B. Health Care and Programs</td>
<td>9</td>
<td>Medical Director</td>
<td>30,000</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Nursing and Medical Records</td>
<td>4,240,139</td>
</tr>
<tr>
<td></td>
<td>10a</td>
<td>Therapy</td>
<td>125,665</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Activities</td>
<td>397,092</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>Social Services</td>
<td>230,141</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>Other (specify)*</td>
<td>See Supplemental</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>TOTAL Health Care and Programs</td>
<td>4,993,037</td>
</tr>
<tr>
<td>C. General Administration</td>
<td>15</td>
<td>Administrative</td>
<td>356,282</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>Directors Fees</td>
<td>132,098</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Professional Services</td>
<td>89,317</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Dues, Fees, Subscriptions &amp; Promotions</td>
<td>425,031</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Clerical &amp; General Office Expenses</td>
<td>2,328,994</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Employee Benefits &amp; Payroll Taxes</td>
<td>2,004</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Inservice Training &amp; Education</td>
<td>1,449</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Travel and Seminar</td>
<td>13,815</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>Other Admin. Staff Transportation</td>
<td>352,869</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>Insurance-Prop.Liab.Malpractice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>Other (specify)*</td>
<td>See Supplemental</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>TOTAL General Administration</td>
<td>781,313</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</td>
<td>7,731,240</td>
</tr>
</tbody>
</table>

*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.
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Salaries</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Other General Services</td>
<td></td>
<td></td>
<td>-</td>
<td>1,608</td>
</tr>
<tr>
<td></td>
<td>Franciscan Sisters of Chicago Serv Corp</td>
<td></td>
<td></td>
<td></td>
<td>(2,610)</td>
</tr>
<tr>
<td></td>
<td>Alloc. - Employee Benefits</td>
<td></td>
<td></td>
<td></td>
<td>(2,610)</td>
</tr>
<tr>
<td></td>
<td>Alloc. - Non-Allowable AL / IL</td>
<td>-</td>
<td>1,002</td>
<td></td>
<td>1,002</td>
</tr>
<tr>
<td></td>
<td>Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td>(1,608)</td>
</tr>
<tr>
<td>15</td>
<td>Other Health Care Services</td>
<td></td>
<td></td>
<td>-</td>
<td>4,819</td>
</tr>
<tr>
<td></td>
<td>Franciscan Sisters of Chicago Serv Corp</td>
<td></td>
<td></td>
<td></td>
<td>(7,822)</td>
</tr>
<tr>
<td></td>
<td>Alloc. - Employee Benefits</td>
<td></td>
<td></td>
<td></td>
<td>(7,822)</td>
</tr>
<tr>
<td></td>
<td>Alloc. - Non-Allowable AL / IL</td>
<td>-</td>
<td>3,003</td>
<td></td>
<td>3,003</td>
</tr>
<tr>
<td></td>
<td>Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td>(4,819)</td>
</tr>
<tr>
<td>27</td>
<td>Other General Administration</td>
<td></td>
<td></td>
<td>-</td>
<td>40,960</td>
</tr>
<tr>
<td></td>
<td>Franciscan Sisters of Chicago Serv Corp</td>
<td></td>
<td></td>
<td></td>
<td>(66,487)</td>
</tr>
<tr>
<td></td>
<td>Alloc. - Employee Benefits</td>
<td></td>
<td></td>
<td></td>
<td>(66,487)</td>
</tr>
<tr>
<td></td>
<td>Alloc. - Non-Allowable AL / IL</td>
<td>-</td>
<td>25,527</td>
<td></td>
<td>25,527</td>
</tr>
<tr>
<td></td>
<td>Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td>(40,960)</td>
</tr>
</tbody>
</table>
### V. COST CENTER EXPENSES (continued)

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>Cost Per General Ledger</th>
<th>Reclassified Total</th>
<th>Adjustment</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Ownership</td>
<td>Salary/Wage 1</td>
<td>Supplies 2</td>
<td>Other 3</td>
<td>Total 4</td>
<td>Reclassification 5</td>
</tr>
<tr>
<td>30 Depreciation</td>
<td>2,950,568</td>
<td>2,950,568</td>
<td>2,950,568</td>
<td>(2,307,963)</td>
<td>642,605</td>
</tr>
<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Interest</td>
<td>1,500,614</td>
<td>1,500,614</td>
<td>1,500,614</td>
<td>(1,178,656)</td>
<td>321,958</td>
</tr>
<tr>
<td>33 Real Estate Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Rent-Facility &amp; Grounds</td>
<td>218,851</td>
<td>218,851</td>
<td>218,851</td>
<td>(158,870)</td>
<td>59,981</td>
</tr>
<tr>
<td>35 Rent-Equipment &amp; Vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 TOTAL Ownership</td>
<td>4,670,033</td>
<td>4,670,033</td>
<td>4,670,033</td>
<td>(3,644,284)</td>
<td>1,025,749</td>
</tr>
</tbody>
</table>

### E. Special Cost Centers

<table>
<thead>
<tr>
<th>Cost Per General Ledger</th>
<th>Reclassified Total</th>
<th>Adjustment</th>
<th>Adjusted Total</th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Necessary Transportation</td>
<td>594,367</td>
<td>1,244,840</td>
<td>1,839,207</td>
<td>1,839,207</td>
</tr>
<tr>
<td>Ancillary Service Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barber and Beauty Shops</td>
<td>10,017</td>
<td>89,329</td>
<td>99,346</td>
<td>(99,346)</td>
</tr>
<tr>
<td>Coffee and Gift Shops</td>
<td>5,288</td>
<td>770</td>
<td>6,058</td>
<td>(6,058)</td>
</tr>
<tr>
<td>Provider Participation Fee</td>
<td>257,325</td>
<td>257,325</td>
<td>257,325</td>
<td>42</td>
</tr>
<tr>
<td>Other (specify):*</td>
<td>1,584,543</td>
<td>112,818</td>
<td>123,875</td>
<td>1,821,236</td>
</tr>
<tr>
<td>TOTAL Special Cost Centers</td>
<td>1,594,560</td>
<td>712,473</td>
<td>1,761,319</td>
<td>4,023,172</td>
</tr>
<tr>
<td>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</td>
<td>9,325,800</td>
<td>2,250,631</td>
<td>13,582,649</td>
<td>25,104,900</td>
</tr>
</tbody>
</table>

*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
### Page 4 Supplemental Schedule

<table>
<thead>
<tr>
<th>Description</th>
<th>Salaries</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Line 36 - Other Capital Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Line 43 - Other Special Cost Centers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td>1,195,980</td>
<td>33,203</td>
<td>5,584</td>
<td>1,234,767</td>
</tr>
<tr>
<td>Independent Living</td>
<td>108,800</td>
<td>188</td>
<td>263</td>
<td>109,253</td>
</tr>
<tr>
<td>Marketing</td>
<td>239,008</td>
<td>72,351</td>
<td>116,384</td>
<td>427,743</td>
</tr>
<tr>
<td>Development</td>
<td>40,755</td>
<td>6,951</td>
<td>1,644</td>
<td>49,350</td>
</tr>
<tr>
<td>Mission Integration</td>
<td>125</td>
<td></td>
<td>125</td>
<td>125</td>
</tr>
<tr>
<td>Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td>1,821,236</td>
</tr>
</tbody>
</table>

**HFS 3745 (N-4-99) IL478-2471**
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.)

<table>
<thead>
<tr>
<th>Non-Allowable Expenses</th>
<th>1 Amount</th>
<th>2 Reference</th>
<th>3 BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day Care</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>2 Other Care for Outpatients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Governmental Sponsored Special Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Non-Patient Meals</td>
<td>($236,569)</td>
<td>02</td>
<td>4</td>
</tr>
<tr>
<td>5 Telephone, TV &amp; Radio in Resident Rooms</td>
<td>($6,751)</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>6 Rented Facility Space</td>
<td>($8,963)</td>
<td>06</td>
<td>6</td>
</tr>
<tr>
<td>7 Sale of Supplies to Non-Patients</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8 Laundry for Non-Patients</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 Non-Straightline Depreciation</td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10 Interest and Other Investment Income</td>
<td>($777)</td>
<td>32</td>
<td>10</td>
</tr>
<tr>
<td>11 Discounts, Allowances, Rebates &amp; Retunds</td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12 Non-Working Officer's or Owner's Salary</td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 Sales Tax</td>
<td></td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14 Non-Care Related Interest</td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15 Non-Care Related Owner's Transactions</td>
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<td>15</td>
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<tr>
<td>16 Personal Expenses (Including Transportation)</td>
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<td></td>
<td>16</td>
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<tr>
<td>17 Non-Care Related Fees</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18 Fines and Penalties</td>
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<td>18</td>
</tr>
<tr>
<td>19 Entertainment</td>
<td>($6,506)</td>
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</tr>
<tr>
<td>20 Contributions</td>
<td></td>
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</tr>
<tr>
<td>21 Owner or Key-Man Insurance</td>
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<td></td>
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<td>22 Special Legal Fees &amp; Legal Retainers</td>
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<td>23 Malpractice Insurance for Individuals</td>
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<td>24 Good Debt</td>
<td>($309,795)</td>
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<td>24</td>
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<tr>
<td>25 Fund Raising, Advertising and Promotional</td>
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<tr>
<td>26 Income Taxes and Illinois Personal Property Replacement Tax</td>
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<td>27 CNA Training for Non-Employees</td>
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</tr>
<tr>
<td>28 Yellow Page Advertising</td>
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</tr>
<tr>
<td>29 Other-Attach Schedule See Supplemental</td>
<td>($10,454,973)</td>
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<td>29</td>
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<tr>
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<td>$11,025,764</td>
<td>$</td>
<td>$30</td>
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</tbody>
</table>

BHF USE ONLY

|     | 48 | 49 | 50 | 51 | 52 |

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Reference</th>
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</thead>
<tbody>
<tr>
<td>$31 Non-Paid Workers-Attach Schedule</td>
<td>31</td>
</tr>
<tr>
<td>$32 Donated Goods-Attach Schedule</td>
<td>32</td>
</tr>
<tr>
<td>Amortization of Organization &amp; Pre-Operating Expense</td>
<td>33</td>
</tr>
<tr>
<td>Adjustments for Related Organization Costs</td>
<td>($480,273) 34</td>
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<tr>
<td>$35 Other-Attach Schedule</td>
<td>35</td>
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<td>$36 SUBTOTAL (B): (sum of lines 31-35)</td>
<td>($480,273) 36</td>
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<tr>
<td>$37 TOTAL ADJUSTMENTS</td>
<td>$11,506,037 37</td>
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</table>

*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.)

<table>
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<th>Reference</th>
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<td>Grift and Coffee Shops</td>
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<td>41</td>
</tr>
<tr>
<td>42</td>
<td></td>
<td>Laboratory and Radiology</td>
<td>42</td>
</tr>
<tr>
<td>43</td>
<td></td>
<td>Prescription Drugs</td>
<td>43</td>
</tr>
<tr>
<td>44</td>
<td></td>
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<td>45</td>
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<td>Other-Attach Schedule</td>
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</tr>
<tr>
<td>46</td>
<td></td>
<td>Other-Attach Schedule</td>
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</tr>
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<td>47</td>
<td></td>
<td>TOTAL (C): (sum of lines 38-46)</td>
<td>$47</td>
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SEE ACCOUNTANTS' PREPARATION REPORT
<table>
<thead>
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<th>NON-ALLOWABLE EXPENSES</th>
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<td>Beauty Shop Revenue</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>Activity Revenue</td>
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<td>5</td>
<td>Miscellaneous Revenue</td>
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<td>6</td>
<td>Collection Costs</td>
<td>$(1,906)</td>
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<td>Banquet Fees</td>
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<tr>
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<td>Credit Card Fees</td>
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<td>Cable Expense</td>
<td>$(92,251)</td>
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<td>11</td>
<td>Independent Living</td>
<td>$(109,251)</td>
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<tr>
<td>12</td>
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<td>$(427,743)</td>
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<td>13</td>
<td>Development</td>
<td>$(49,380)</td>
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<tr>
<td>14</td>
<td>Mission Integration</td>
<td>$(125)</td>
<td>43 14</td>
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<td>15</td>
<td>Page 5 SUPP - Assisted Living Allocations</td>
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<tr>
<td>16</td>
<td>Dietary</td>
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<td>Food</td>
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<tr>
<td>19</td>
<td>Laundry</td>
<td>$(65,128)</td>
<td>04 19</td>
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<td>20</td>
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<td>21</td>
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<td>22</td>
<td>Other</td>
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<td>07 22</td>
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<tr>
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<td>Medical Director</td>
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<tr>
<td>24</td>
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<td>26</td>
<td>Activities</td>
<td>$(211,336)</td>
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<td>27</td>
<td>Social Services</td>
<td>$(125,192)</td>
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<tr>
<td>28</td>
<td>CNA Training</td>
<td>0</td>
<td>13 28</td>
</tr>
<tr>
<td>29</td>
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<td>33</td>
<td>Professional Fees</td>
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<td>34</td>
<td>Dues and Subscriptions</td>
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<td>Employee Benefits (Not ADJ - Rate Calculation)</td>
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<td>37</td>
<td>Inservice Training</td>
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<tr>
<td>38</td>
<td>Seminar and Travel</td>
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<td>Other Staff Admin. Transportation</td>
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<td>Other</td>
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<td>43</td>
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<td>31 43</td>
</tr>
<tr>
<td>44</td>
<td>Interest</td>
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<td>46</td>
<td>Rent - Building</td>
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<td>47</td>
<td>Rent - Equipment</td>
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<td>Total</td>
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HFS 3745 (N-4-99)

IL478-2471
### Direct Nursing Home

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<th>Description</th>
<th>Cost Center</th>
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<td>665,656</td>
<td>33,886</td>
<td>633,660 Meals Served</td>
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<td>60,024</td>
<td>263,024 SQFT</td>
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<td>433,254</td>
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<td>Professional Fees</td>
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Total:
- Direct Nursing Home:
  - Expenses: 9,325,800
  - Allocations: 22,016,679
  - Non-Care Supplemental Allocation:
    - Expenses: 3,362,562
    - Other: 167,688
    - Total: 3,530,250

Other:
- HFS 3745 (N-4-99): 12,704,927
- IL478-2471: 6,316,002
## Summary of Operating Expenses

### A. General Services

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<th>6A</th>
<th>6B</th>
<th>6C</th>
<th>6D</th>
<th>6E</th>
<th>6F</th>
<th>6G</th>
<th>6H</th>
<th>6I</th>
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### B. Health Care and Programs

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<th>6</th>
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<th>6B</th>
<th>6C</th>
<th>6D</th>
<th>6E</th>
<th>6F</th>
<th>6G</th>
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### C. General Administration

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<th>6A</th>
<th>6B</th>
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<th>6D</th>
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<th>6G</th>
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<td>PAGE</td>
<td>PAGE</td>
<td>PAGE</td>
<td>PAGE</td>
<td>PAGE</td>
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<td>E. Special Cost Centers</td>
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HFS 3745 (N-4-99)  IL478-2471
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.

<table>
<thead>
<tr>
<th>OWNERS</th>
<th>RELATED NURSING HOMES</th>
<th>OTHER RELATED BUSINESS ENTITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Ownership %</td>
<td>Name</td>
</tr>
<tr>
<td>See Page 6 - Supp</td>
<td>See Page 6 - Supp</td>
<td>See Page 6 - Supp</td>
</tr>
</tbody>
</table>

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.

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</table>

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

SEE ACCOUNTANTS' PREPARATION REPORT
### VII. RELATED PARTIES

#### A. (Continued)

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

<table>
<thead>
<tr>
<th>OWNERS</th>
<th>RELATED NURSING HOMES</th>
<th>OTHER RELATED BUSINESS ENTITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Ownership %</td>
<td>Name</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
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<tr>
<td>1</td>
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<td>Franciscan Communities, Inc.</td>
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<tr>
<td>2</td>
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<td>St. Joseph Village of Chicago</td>
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<tr>
<td>3</td>
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<td>Board of Directors</td>
</tr>
<tr>
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<td>The Village at Victory Lakes</td>
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<tr>
<td>5</td>
<td></td>
<td>James Stark</td>
</tr>
<tr>
<td>6</td>
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<td>Judy Amiano</td>
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<td>Andrew Duren</td>
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<td>8</td>
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<td>Raymond Catania</td>
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<tr>
<td>9</td>
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<td>Joseph Benson</td>
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<tr>
<td>10</td>
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<td>Andrea Ramirez-Justin</td>
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<td>11</td>
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<td>Guy Alton</td>
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<tr>
<td>12</td>
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<td>Bobbie Parkhill</td>
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<td>Tracy Shearer</td>
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<td>14</td>
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<td>Daniel Noonan</td>
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<td>15</td>
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<td>Denise Bourdreaux</td>
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</tr>
</tbody>
</table>

SEE ACCOUNTANTS' PREPARATION REPORT
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.  

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>15</td>
<td>V</td>
<td>Maintenance - Salary</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
<td>100.00%</td>
<td>$27,618</td>
<td>$27,618</td>
</tr>
<tr>
<td>16</td>
<td>V</td>
<td>Maintenance - Other</td>
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<td>$11,939</td>
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<tr>
<td>17</td>
<td>V</td>
<td>Emp. Ben. - General Services</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
<td>100.00%</td>
<td>(2,610)</td>
<td>(2,610)</td>
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<td>18</td>
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<td>Nursing - Salary</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
<td>100.00%</td>
<td>$82,771</td>
<td>$82,771</td>
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<td>19</td>
<td>V</td>
<td>Nursing - Other</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<td>$23,628</td>
<td>$23,628</td>
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<tr>
<td>20</td>
<td>V</td>
<td>Emp. Ben. - HC and Programs</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
<td>100.00%</td>
<td>(7,822)</td>
<td>(7,822)</td>
</tr>
<tr>
<td>21</td>
<td>V</td>
<td>Professional Fees</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<td>$38,140</td>
<td>$38,140</td>
</tr>
<tr>
<td>22</td>
<td>V</td>
<td>Dues and Subscriptions</td>
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<td>100.00%</td>
<td>$12,458</td>
<td>$12,458</td>
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<td>23</td>
<td>V</td>
<td>Clerical - Salary</td>
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<td>$703,577</td>
<td>$703,577</td>
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<td>24</td>
<td>V</td>
<td>Clerical - Other</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
<td>100.00%</td>
<td>$227,960</td>
<td>$227,960</td>
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<tr>
<td>25</td>
<td>V</td>
<td>Seminar and Travel</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<td>$9,954</td>
<td>$9,954</td>
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<tr>
<td>26</td>
<td>V</td>
<td>Insurance</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<td>$10,853</td>
<td>$10,853</td>
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<td>27</td>
<td>V</td>
<td>Emp. Ben. - General Admin.</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<td>(66,487)</td>
<td>(66,487)</td>
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<td>28</td>
<td>V</td>
<td>Depreciation</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<td>$42,993</td>
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<td>29</td>
<td>V</td>
<td>Rent - Building</td>
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<td>30</td>
<td>V</td>
<td>Rent - Equipment</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<td>31</td>
<td>V</td>
<td>Management Fees</td>
<td>1,659,723</td>
<td>Franciscan Sisters of Chicago Service Corporation</td>
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<tr>
<td>32</td>
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<td>39</td>
<td>V</td>
<td>Total</td>
<td>$1,659,723</td>
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<td>$1,179,450</td>
<td>$480,273</td>
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</tbody>
</table>

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

SEE ACCOUNTANTS’ PREPARATION REPORT
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.

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Title</th>
<th>Function</th>
<th>Ownership</th>
<th>Compensation Received From Other Nursing Homes*</th>
<th>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week</th>
<th>Compensation Included in Costs for this Reporting Period**</th>
<th>Schedule V, Line &amp; Column</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

* 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 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.
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.)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>X</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
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<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule V Line Reference</td>
<td>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</td>
<td>Total Units</td>
<td>Number of Subunits Being Allocated Among</td>
<td>Total Indirect Cost Being Allocated</td>
<td>Amount of Salary Cost Contained in Column 6</td>
<td>Facility Units Allocation (col.8/col.4)x col.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>23</td>
<td>24</td>
<td>25</td>
<td>TOTALS</td>
<td></td>
</tr>
</tbody>
</table>

SEE ACCOUNTANTS' PREPARATION REPORT
### 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** X
- **NO**

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

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<thead>
<tr>
<th>1</th>
<th>Schedule V Line Reference</th>
<th>2</th>
<th>Item</th>
<th>3</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>4</th>
<th>Total Units</th>
<th>5</th>
<th>Number of Subunits Being Allocated Among</th>
<th>6</th>
<th>Total Indirect Cost Being Allocated</th>
<th>7</th>
<th>Amount of Salary Cost Contained in Column 6</th>
<th>8</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>Maintenance - Salary</td>
<td><strong>Management Fees</strong></td>
<td>9,151,107</td>
<td>10</td>
<td>$152,273</td>
<td>$152,273</td>
<td>1,659,723</td>
<td>27,618</td>
<td>2</td>
<td><strong>$6,445,210</strong></td>
<td><strong>$4,487,906</strong></td>
<td><strong>$1,179,450</strong></td>
<td>25</td>
<td></td>
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</tbody>
</table>

SEE ACCOUNTANTS' PREPARATION REPORT
<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period</th>
<th>Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgamated Bank</td>
<td>X</td>
<td>Acquisition</td>
<td>Varies</td>
<td>03/17/13</td>
<td>23,627,363</td>
<td>17,490,311</td>
<td>05/01/47</td>
<td>4.860%</td>
<td>$875,202</td>
</tr>
<tr>
<td>Amalgamated Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>7,257,907</td>
<td>7,249,360</td>
<td>05/01/47</td>
<td>4.860%</td>
<td>268,846</td>
</tr>
<tr>
<td>Huntington Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>817,731</td>
<td>817,726</td>
<td>05/01/47</td>
<td>Variable</td>
<td>30,290</td>
</tr>
<tr>
<td>Huntington Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>1,973,365</td>
<td>1,927,525</td>
<td>05/01/47</td>
<td>Variable</td>
<td>73,097</td>
</tr>
<tr>
<td>Huntington Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>3,956,519</td>
<td>3,875,101</td>
<td>05/01/47</td>
<td>2.830%</td>
<td>146,557</td>
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</table>

Working Capital

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<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period</th>
<th>Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windtrust Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>2,878,406</td>
<td>2,808,163</td>
<td>05/01/47</td>
<td>Variable</td>
<td>106,622</td>
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</table>

A. Directly Facility Related

<table>
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<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period</th>
<th>Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amalgamated Bank</td>
<td>X</td>
<td>Acquisition</td>
<td>Varies</td>
<td>03/17/13</td>
<td>23,627,363</td>
<td>17,490,311</td>
<td>05/01/47</td>
<td>4.860%</td>
<td>$875,202</td>
</tr>
<tr>
<td>Amalgamated Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>7,257,907</td>
<td>7,249,360</td>
<td>05/01/47</td>
<td>4.860%</td>
<td>268,846</td>
</tr>
<tr>
<td>Huntington Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>817,731</td>
<td>817,726</td>
<td>05/01/47</td>
<td>Variable</td>
<td>30,290</td>
</tr>
<tr>
<td>Huntington Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>1,973,365</td>
<td>1,927,525</td>
<td>05/01/47</td>
<td>Variable</td>
<td>73,097</td>
</tr>
<tr>
<td>Huntington Bank</td>
<td>X</td>
<td>Acquisition / Refinance</td>
<td>Varies</td>
<td>06/28/17</td>
<td>3,956,519</td>
<td>3,875,101</td>
<td>05/01/47</td>
<td>2.830%</td>
<td>146,557</td>
</tr>
</tbody>
</table>

B. Non-Facility Related*

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period</th>
<th>Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Windtrust Bank</td>
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<td>2,808,163</td>
<td>05/01/47</td>
<td>Variable</td>
<td>106,622</td>
</tr>
</tbody>
</table>

10) Interest Income

11) Alloc. - Non-Allowable AL/IL

14) TOTAL Non-Facility Related

15) TOTALS (line 9+line14)

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

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

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)
IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 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 2018 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 $ 6 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:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8</td>
</tr>
<tr>
<td>2014</td>
<td>9</td>
</tr>
<tr>
<td>2015</td>
<td>10</td>
</tr>
<tr>
<td>2016</td>
<td>11</td>
</tr>
<tr>
<td>2017</td>
<td>12</td>
</tr>
</tbody>
</table>

FOR BHF USE ONLY

13 FROM R. E. TAX STATEMENT FOR 2017 $ 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 - Franciscan Village 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' PREPARATION REPORT
A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

<table>
<thead>
<tr>
<th>(A) Tax Index Number</th>
<th>(B) Property Description</th>
<th>(C) Total Tax</th>
<th>(D) Tax Applicable to Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. N/A</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
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<td>$</td>
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</tr>
<tr>
<td>5.</td>
<td></td>
<td>$</td>
<td>$</td>
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<tr>
<td>6.</td>
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<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTALS**

$ $

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?  **YES**  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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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.
X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 62,872

B. General Construction Type: Exterior, Brick, Frame, Steel

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?
   (a) Yes
   (b) 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:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Land.</td>
<td>Use</td>
<td>Square Feet</td>
<td>Year Acquired</td>
<td>Cost</td>
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<td>3</td>
<td>TOTALS</td>
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<td>$293,706</td>
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</table>

SEE ACCOUNTANTS' PREPARATION REPORT
### B. Building and Improvement Costs-Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Beds</th>
<th>FOR BHF USE ONLY</th>
<th>Year Acquired</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
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<tbody>
<tr>
<td>4</td>
<td>127</td>
<td>1990</td>
<td>1989</td>
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</table>

**Improvement Type**

<table>
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<tr>
<th>Improvement Type</th>
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<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Depreciation in Years</th>
<th>Depreciation Adj.</th>
<th>Accumulated Depreciation</th>
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<td>Various</td>
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<td>23,233</td>
<td>$</td>
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<tr>
<td>Water Main Plumbine - Exterior Street (TC = $23,810)</td>
<td>2014</td>
<td>23,810</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Cameras and Door Release Systems - Hallways (TC = $48,921)</td>
<td>2014</td>
<td>11,233</td>
<td>$</td>
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<tr>
<td>Elevator Repairs (TC = $25,825)</td>
<td>2014</td>
<td>5,544</td>
<td>$</td>
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<td></td>
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<tr>
<td>Interior Room Signs (TC = $59,235)</td>
<td>2014</td>
<td>12,716</td>
<td>$</td>
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<td></td>
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<tr>
<td>Lighting, Sidewalks and Streets (TC = $41,350)</td>
<td>2014</td>
<td>8,876</td>
<td>$</td>
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</tr>
</tbody>
</table>

*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
<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Transfer Switches (TC = $6,346)</td>
<td>2014</td>
<td>$1,362</td>
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<td>38 RPZ Backflow Value and Installation (TC = $4,680)</td>
<td>2014</td>
<td>1,085</td>
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<tr>
<td>39 Fire Extinguishers (TC = $4,679)</td>
<td>2014</td>
<td>1,084</td>
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<td>40 Sidewalks - Exterior (TC = $14,725)</td>
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<td>14,725</td>
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<tr>
<td>41 Fence - Exterior (TC = $6,380)</td>
<td>2014</td>
<td>6,380</td>
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<tr>
<td>42 Beauty Salon - Flooring, Painting, and Drywall (TC = $7,880)</td>
<td>2014</td>
<td>1,692</td>
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<tr>
<td>43 Water Heater - NU (TC = $13,545)</td>
<td>2014</td>
<td>13,545</td>
<td></td>
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<tr>
<td>44 Fireproofing - 24 Resident Rooms in NU (TC = $70,560)</td>
<td>2014</td>
<td>70,560</td>
<td></td>
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<tr>
<td>45 Roof Replacement (TC = $332,084)</td>
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<td>71,286</td>
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<tr>
<td>46 WiFi Installation - Entire Campus (TC = $50,260)</td>
<td>2014</td>
<td>10,789</td>
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<tr>
<td>47 Asphalt Repaving - Parking Lot (TC = $11,850)</td>
<td>2014</td>
<td>2,544</td>
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<tr>
<td>48 Security Cameras - 2nd &amp; 3rd Fl of IL and NU (TC = $130,750)</td>
<td>2014</td>
<td>23,590</td>
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<tr>
<td>49 Security Cameras - 2nd &amp; 3rd Fl of IL and NU (TC = $130,750)</td>
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<td>4,477</td>
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<tr>
<td>50 Nurse Call System (Expensed Pgs. 5 - Under $2,500)</td>
<td>2015</td>
<td></td>
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<tr>
<td>51 Concrete and Tile - Kitchen Floor (TC = $49,259)</td>
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<td>49,259</td>
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<tr>
<td>52 Chapel - Carpeting (TC = $22,026)</td>
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<td>4,728</td>
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<tr>
<td>53 Facility - Cable System and Installation (TC = $30,600)</td>
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<td>6,569</td>
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<td>54 Facility - WiFi System and Installation (TC = $178,654)</td>
<td>2016</td>
<td>38,350</td>
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<tr>
<td>55 Exterior - Landscaping (Soil and Seed) (TC = $5,733)</td>
<td>2016</td>
<td>1,231</td>
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<td>56 HVAC (TC = $9,437)</td>
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<td>57 HVAC (TC = $11,618)</td>
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<td>58 Bathrooms - Toilets and Plumbing (TC = $15,765)</td>
<td>2017</td>
<td>3,584</td>
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<tr>
<td>59 Nursing Home Renovations (Detailed)</td>
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<td></td>
</tr>
<tr>
<td>60 Henry Brothers - General Contractor</td>
<td>2016</td>
<td>1,357,536</td>
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<tr>
<td>61 Henry Brothers - Masonry</td>
<td>2016</td>
<td>75,392</td>
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<tr>
<td>62 Henry Brothers - Steel</td>
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<td>38,200</td>
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<tr>
<td>63 Henry Brothers - Woodwork</td>
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<td>58,969</td>
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<td>66 Henry Brothers - Fireproofing</td>
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<td>67 Henry Brothers - Roofing</td>
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<td>68 Henry Brothers - Doors</td>
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<td>69 Henry Brothers - Mirrors</td>
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<td>14,964</td>
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**Improvement type must be detailed in order for the cost report to be considered complete.**
### B. Building and Improvement Costs-Including Fixed Equipment

<table>
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<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
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<td>Nursing Home Renovations (Detailed) - Continued</td>
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**Improvement type must be detailed in order for the cost report to be considered complete.**
### BUILDING AND IMPROVEMENT COSTS (continued)

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

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<th>Improvement Type**</th>
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<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
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<td>4,632</td>
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<td>Stanton Mechanical - Hot Water System</td>
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<td>5,108</td>
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<td>Fransiscan Staff - Capitalized Labor</td>
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<td>Ram Fire Protection - Fire and Security Systems</td>
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<td>Red Hawk - Fire and Security Systems</td>
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<td>Ridge Landscaping</td>
<td>2016</td>
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<td>Current Fiscal Year Additions: 2017 - 2018 ***</td>
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<td>Electrical Box - (TC - $15301.92)</td>
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<td>Elevator Update - Code Requirements - (TC - $20075)</td>
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<td>Flooring - (TC - $27227.92)</td>
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<td>Flooring - (TC - $88580.85)</td>
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<td>TOTAL (lines 1 thru 33)</td>
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</table>

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

SEE ACCOUNTANTS' PREPARATION REPORT

---

**Note:**
- The facility name is Franciscan Village.
- The page is part of a financial report detailing various improvements and their associated costs for the facility. Each entry includes the type of improvement, the year it was constructed, its associated cost, and additional details as necessary.
- The report includes totals for accumulated depreciation and related calculations.
- The document is part of a larger financial management system, with instructions to see the accountants' preparation report for more details.

---

**Footnotes:**
- Total from Page 12B, Carried Forward: $15,239,918
- Nursing Home Renovations (Detailed) - Continued: $9,200
- Schindler Elevator Company - Elevator Installation: $4,632
- Stanton Mechanical - Hot Water System: $5,108
- Fransiscan Staff - Capitalized Labor: $93,934
- Ram Fire Protection - Fire and Security Systems: $2,135
- Red Hawk - Fire and Security Systems: $16,135
- Ridge Landscaping: $5,492
- Current Fiscal Year Additions: 2017 - 2018 (Total): $15,425,004
- **Improvement type must be detailed in order for the cost report to be considered complete.**
### B. Building and Improvement Costs-Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
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<td>15</td>
<td>*** - Improvements made to resident rooms, chapel, dining room, and common areas.</td>
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</tr>
<tr>
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<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Depreciation</td>
<td></td>
<td>642,605</td>
<td></td>
<td>642,605</td>
<td></td>
<td>8,140,238</td>
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<tr>
<td>33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>TOTAL (lines 1 thru 33)</td>
<td></td>
<td>$15,480,450</td>
<td></td>
<td>$642,605</td>
<td></td>
<td>$642,605</td>
</tr>
</tbody>
</table>

SEE ACCOUNTANTS' PREPARATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.
<table>
<thead>
<tr>
<th>Description</th>
<th>Acquistion Date</th>
<th>Cost</th>
<th>Class</th>
<th>Method</th>
<th>Capitalized</th>
<th>Expensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC Unit - 3rd Floor</td>
<td>2018</td>
<td>3,601</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>773</td>
<td>2,828</td>
</tr>
<tr>
<td>Antenna - Television</td>
<td>2017</td>
<td>39,399</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>8,425</td>
<td>30,974</td>
</tr>
<tr>
<td>Architecture</td>
<td>2017</td>
<td>2,900</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>2,900</td>
<td>-</td>
</tr>
<tr>
<td>Blinds</td>
<td>2017</td>
<td>1,809</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>1,809</td>
</tr>
<tr>
<td>Blinds</td>
<td>2018</td>
<td>977</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>977</td>
</tr>
<tr>
<td>Chairrails</td>
<td>2018</td>
<td>6,200</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>6,200</td>
</tr>
<tr>
<td>Communication System</td>
<td>2018</td>
<td>27,663</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>10,754</td>
<td>16,909</td>
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<tr>
<td>Countertops</td>
<td>2017</td>
<td>4,419</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>4,419</td>
</tr>
<tr>
<td>Countertops</td>
<td>2018</td>
<td>4,419</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>4,419</td>
</tr>
<tr>
<td>Electrical Box</td>
<td>2018</td>
<td>15,302</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>3,104</td>
<td>12,197</td>
</tr>
<tr>
<td>Elevator Update - Code Requirements</td>
<td>2017</td>
<td>20,075</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>1,197</td>
<td>18,878</td>
</tr>
<tr>
<td>Exhaust Fan - Kitchen</td>
<td>2018</td>
<td>19,155</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>3,468</td>
<td>15,687</td>
</tr>
<tr>
<td>Flooring</td>
<td>2017</td>
<td>72,728</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>72,728</td>
</tr>
<tr>
<td>Flooring</td>
<td>2018</td>
<td>88,805</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>88,805</td>
</tr>
<tr>
<td>Furnace</td>
<td>2018</td>
<td>1,250</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>1,250</td>
</tr>
<tr>
<td>Generator</td>
<td>2017</td>
<td>7,456</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>7,456</td>
<td>-</td>
</tr>
<tr>
<td>HVAC</td>
<td>2017</td>
<td>37,877</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>37,877</td>
</tr>
<tr>
<td>HVAC</td>
<td>2018</td>
<td>64,346</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>5,943</td>
<td>57,403</td>
</tr>
<tr>
<td>Landscaping</td>
<td>2018</td>
<td>20,635</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>4,430</td>
<td>16,205</td>
</tr>
<tr>
<td>Lighting</td>
<td>2017</td>
<td>470</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>470</td>
</tr>
<tr>
<td>Lighting</td>
<td>2018</td>
<td>325</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>325</td>
</tr>
<tr>
<td>Locks</td>
<td>2018</td>
<td>885</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>885</td>
</tr>
<tr>
<td>Painting</td>
<td>2017</td>
<td>4,950</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>4,950</td>
</tr>
<tr>
<td>Parking Log Base and Survey</td>
<td>2017</td>
<td>5,411</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>1,152</td>
<td>4,259</td>
</tr>
<tr>
<td>Parking Log Base and Survey</td>
<td>2018</td>
<td>11,751</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>2,523</td>
<td>9,228</td>
</tr>
<tr>
<td>Phone System</td>
<td>2017</td>
<td>105,994</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>22,968</td>
<td>84,027</td>
</tr>
<tr>
<td>Sidewalk</td>
<td>2017</td>
<td>22,045</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>4,925</td>
<td>18,020</td>
</tr>
<tr>
<td>Signs</td>
<td>2017</td>
<td>55,445</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>12,117</td>
<td>44,328</td>
</tr>
<tr>
<td>Sprinkler System</td>
<td>2017</td>
<td>3793.44</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>2,526</td>
<td>3,541</td>
</tr>
<tr>
<td>Wall Panels - Stainless Stell</td>
<td>2017</td>
<td>11,500</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>11,500</td>
<td>-</td>
</tr>
<tr>
<td>Window Replacement</td>
<td>2017</td>
<td>34,355</td>
<td>LIMP</td>
<td>SubSchedule</td>
<td>-</td>
<td>34,355</td>
</tr>
</tbody>
</table>

| Total | 701,850 | 103,896 | 597,955 | - | - |
XI. OWNERSHIP COSTS (continued)

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

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1 Accrual Cost</th>
<th>2 Equipment Cost</th>
<th>3 Straight Line Depreciation</th>
<th>4 Adjustments</th>
<th>5 Component Life</th>
<th>6 Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in Prior Years</td>
<td>$3,052,446</td>
<td>$71</td>
<td>$71</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Year Purchases</td>
<td>$55,354</td>
<td>72</td>
<td>72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fully Depreciated Assets</td>
<td>$23</td>
<td>73</td>
<td>73</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>$3,107,800</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$75</td>
</tr>
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</table>

D. Vehicle Costs. (See instructions.)*

<table>
<thead>
<tr>
<th>Use</th>
<th>Model, Make and Year</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>Bus</td>
<td>2010</td>
<td>$54,645</td>
<td>$76</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Dodge Ram Pickup Truck</td>
<td>2010</td>
<td>2,857</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Bus (TC = $120,107)</td>
<td>2014</td>
<td>25,804</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
<td>$83,306</td>
<td></td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Summary of Care-Related Assets

<table>
<thead>
<tr>
<th>Reference</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Historical Cost</td>
<td>$18,965,262</td>
</tr>
<tr>
<td>Current Book Depreciation</td>
<td>$642,605</td>
</tr>
<tr>
<td>Straight Line Depreciation</td>
<td>$642,605</td>
</tr>
<tr>
<td>Adjustments</td>
<td>$84</td>
</tr>
<tr>
<td>Accumulated Depreciation</td>
<td>$8,140,238</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description &amp; Year Acquired</th>
<th>1 Cost</th>
<th>2 Current Book Depreciation</th>
<th>3 Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Care Assets - PY Total</td>
<td>$41,729,049</td>
<td>$86</td>
<td>86</td>
</tr>
<tr>
<td>Non-Care Assets - CY LIMP Add.</td>
<td>597,955</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>Non-Care Assets - CY EQIP Add.</td>
<td>63,177</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Non-Care Assets - CY AUTO Add.</td>
<td>89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>$2,307,963</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td>$42,390,181</td>
<td>$29,236,261</td>
<td>91</td>
</tr>
</tbody>
</table>

G. Construction-in-Progress

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Care Assets - PY Total</td>
<td>$41,729,049</td>
</tr>
<tr>
<td>Non-Care Assets - CY LIMP Add.</td>
<td>597,955</td>
</tr>
<tr>
<td>Non-Care Assets - CY EQIP Add.</td>
<td>63,177</td>
</tr>
<tr>
<td>Non-Care Assets - CY AUTO Add.</td>
<td>89</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$2,307,963</td>
</tr>
<tr>
<td>TOTALS</td>
<td>$42,390,181</td>
</tr>
</tbody>
</table>

* 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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Acquisiton Date</th>
<th>Cost</th>
<th>Class</th>
<th>Method</th>
<th>Capitalized Nursing Home</th>
<th>Capitalized Other</th>
<th>Expensed Nursing Home</th>
<th>Expensed Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment</td>
<td>2017</td>
<td>46,513</td>
<td>EQIP</td>
<td>SubSchedule</td>
<td>28,135</td>
<td>18,378</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Equipment</td>
<td>2018</td>
<td>72,018</td>
<td>EQIP</td>
<td>SubSchedule</td>
<td>27,219</td>
<td>44,799</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Total:

|            |                |        |       |             | 118,531                   | 55,354            | 63,177                | -             |
### 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 ?, column 4?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

3. Name of Party Holding Lease: N/A

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Building

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year Number</td>
<td>Original</td>
<td>Total</td>
<td>Years</td>
<td>Total</td>
<td>Years</td>
</tr>
<tr>
<td>Constructed</td>
<td>Lease Date</td>
<td>of Lease</td>
<td>of</td>
<td>Renewal</td>
<td>Option*</td>
</tr>
<tr>
<td>3</td>
<td>Building:</td>
<td>$</td>
<td>3</td>
<td>59,981</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Additions</td>
<td>$</td>
<td>4</td>
<td>59,981</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>See</td>
<td>$</td>
<td>5</td>
<td>59,981</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Supplement</td>
<td>$</td>
<td>6</td>
<td>59,981</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>TOTAL</td>
<td>$</td>
<td>7</td>
<td>59,981</td>
<td>7 **</td>
</tr>
</tbody>
</table>

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: *

#### Rental Costs

10. Effective dates of current rental agreement:

<table>
<thead>
<tr>
<th>Fiscal Year Ending</th>
<th>Annual Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning</td>
<td>$</td>
</tr>
<tr>
<td>Ending</td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Rent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$</td>
</tr>
<tr>
<td>2020</td>
<td>$</td>
</tr>
<tr>
<td>2021</td>
<td>$</td>
</tr>
</tbody>
</table>

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

15. Is Movable equipment rental included in building rental?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

16. Rental Amount for movable equipment: $ 1,205 Description: See Supplemental Schedule

C. Vehicle Rental (See instructions.)

17. Rental Expense for this Period

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Year and Make</td>
<td>Monthly Lease Payment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>$</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 TOTAL</td>
<td>$</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

* 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.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Rental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Franciscan Sisters of Chicago Serv Corp</td>
<td>60,569</td>
<td>60,569</td>
</tr>
<tr>
<td>Alloc. - Building Rent</td>
<td>60,569</td>
<td>60,569</td>
</tr>
<tr>
<td>Land Lease</td>
<td>218,851</td>
<td>218,851</td>
</tr>
<tr>
<td>Alloc. - Non-Allowable AL / IL</td>
<td>(219,439)</td>
<td>(219,439)</td>
</tr>
<tr>
<td>Total</td>
<td>59,981</td>
<td>59,981</td>
</tr>
<tr>
<td>Equipment Rental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Franciscan Sisters of Chicago Serv Corp</td>
<td>3,909</td>
<td>3,909</td>
</tr>
<tr>
<td>Alloc. - Equipment Rent</td>
<td>3,909</td>
<td>3,909</td>
</tr>
<tr>
<td>Alloc. - Non-Allowable AL / IL</td>
<td>(2,704)</td>
<td>(2,704)</td>
</tr>
<tr>
<td>Total</td>
<td>1,205</td>
<td>1,205</td>
</tr>
</tbody>
</table>
Facility Name & ID Number: Franciscan Villa # 0045419
Report Period Beginning: 07/01/17 Ending: 06/30/18

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - YES
   - NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM
   - COMMUNITY COLLEGE
   - HOURS PER CNA

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM
   - IN OTHER FACILITY
   - HOURS PER CNA

B. EXPENSES

<table>
<thead>
<tr>
<th>ALLOCATION OF COSTS</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Facility</td>
<td></td>
</tr>
<tr>
<td>Drop-outs</td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Contract</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

- 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)

(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.

C. CONTRACTUAL INCOME

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

\[ \text{Total} \] $ 

D. NUMBER OF CNAs TRAINED

<table>
<thead>
<tr>
<th>COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
</tr>
<tr>
<td>DROP-OUTS</td>
</tr>
</tbody>
</table>

TOTAL TRAINED

1. From this facility
2. From other facilities (f)
### XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Schedule V Line &amp; Column Reference</th>
<th>Staff Units of Service (hrs)</th>
<th>Cost (Actual or Allocated)</th>
<th>Outside Practitioner Units of Service (other than consultant)</th>
<th>Supplies Total Units (Column 2 + 4)</th>
<th>Total Cost (Col. 3 + 5 + 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Licensed Occupational Therapist</td>
<td>39 - 03</td>
<td>hrs</td>
<td>$407,153</td>
<td>$407,153</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2 Licensed Speech and Language Development Therapist</td>
<td>39 - 03</td>
<td>hrs</td>
<td>153,983</td>
<td>153,983</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3 Licensed Recreational Therapist</td>
<td>39 - 03</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4 Licensed Physical Therapist</td>
<td>39 - 03</td>
<td>hrs</td>
<td>533,656</td>
<td>533,656</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5 Physician Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6 Dental Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7 Work Related Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8 Habilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 Pharmacy</td>
<td>39 - 02</td>
<td># of prescripts</td>
<td>445,516</td>
<td>445,516</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10 Psychological Services (Evaluation and Diagnosis/Behavior Modification)</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>11 Academic Education</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>12 Other (specify): See Supplemental</td>
<td>39 - 02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 Other (specify): See Supplemental</td>
<td>39 - 03</td>
<td></td>
<td>150,048</td>
<td>150,048</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14 TOTAL</td>
<td></td>
<td></td>
<td>$1,244,840</td>
<td>$594,367</td>
<td>$1,839,207</td>
<td>14</td>
</tr>
</tbody>
</table>

**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
<table>
<thead>
<tr>
<th>Description</th>
<th>Salaries</th>
<th>Supplies</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Supplies</td>
<td></td>
<td>102,040</td>
<td></td>
<td>102,040</td>
</tr>
<tr>
<td>Oxygen</td>
<td></td>
<td>21,416</td>
<td></td>
<td>21,416</td>
</tr>
<tr>
<td>Enteral / PEN Supplies</td>
<td></td>
<td>25,395</td>
<td></td>
<td>25,395</td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td></td>
<td>49,346</td>
<td>49,346</td>
</tr>
<tr>
<td>Radiology</td>
<td></td>
<td></td>
<td>44,814</td>
<td>44,814</td>
</tr>
<tr>
<td>Medical Equipment Rental</td>
<td></td>
<td></td>
<td>43,773</td>
<td>43,773</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>12,115</td>
<td>12,115</td>
</tr>
<tr>
<td>Total</td>
<td>102,040</td>
<td>148,851</td>
<td>150,048</td>
<td>298,899</td>
</tr>
</tbody>
</table>
### XV. BALANCE SHEET - Unrestricted Operating Fund

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

**As of 06/30/18 (last day of reporting year)**

<table>
<thead>
<tr>
<th>A. Current Assets</th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash on Hand and in Banks</td>
<td>$26,222</td>
<td>$1</td>
</tr>
<tr>
<td>2 Cash-Patient Deposits</td>
<td>3,414</td>
<td>2</td>
</tr>
<tr>
<td>3 Accounts &amp; Short-Term Notes Receivable-Patients (less allowance 346,000 )</td>
<td>1,078,888</td>
<td>3</td>
</tr>
<tr>
<td>4 Supply Inventory (priced at )</td>
<td>39,204</td>
<td>4</td>
</tr>
<tr>
<td>5 Short-Term Investments</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Prepaid Insurance</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Other Prepaid Expenses</td>
<td>124,994</td>
<td>7</td>
</tr>
<tr>
<td>8 Accounts Receivable (owners or related parties)</td>
<td>346,000</td>
<td>9</td>
</tr>
<tr>
<td>9 Other(specify):</td>
<td>See Supplemental Schedule</td>
<td>9</td>
</tr>
</tbody>
</table>

**TOTAL Current Assets (sum of lines 1 thru 9)** | $3,518,757 | $10 |

<table>
<thead>
<tr>
<th>B. Long-Term Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Long-Term Notes Receivable</td>
<td></td>
</tr>
<tr>
<td>12 Long-Term Investments</td>
<td></td>
</tr>
<tr>
<td>13 Land</td>
<td>3,022,396</td>
</tr>
<tr>
<td>14 Buildings, at Historical Cost</td>
<td>34,214,974</td>
</tr>
<tr>
<td>15 Leasehold Improvements, at Historical Cost</td>
<td>21,665,625</td>
</tr>
<tr>
<td>16 Equipment, at Historical Cost</td>
<td>(37,376,499)</td>
</tr>
<tr>
<td>17 Accumulated Depreciation (book methods)</td>
<td>17</td>
</tr>
<tr>
<td>18 Deferred Charges</td>
<td>18</td>
</tr>
<tr>
<td>19 Organization &amp; Pre-Operating Costs</td>
<td>19</td>
</tr>
<tr>
<td>20 Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
<td>20</td>
</tr>
<tr>
<td>21 Restricted Funds</td>
<td>21</td>
</tr>
<tr>
<td>22 Other Long-Term Assets (specify):</td>
<td>22</td>
</tr>
<tr>
<td>23 OTHER(specify):</td>
<td>See Supplemental Schedule</td>
</tr>
</tbody>
</table>

**TOTAL Long-Term Assets (sum of lines 11 thru 23)** | $21,552,928 | $24 |

**TOTAL ASSETS (sum of lines 10 and 24)** | $25,071,685 | $25 |

<table>
<thead>
<tr>
<th>C. Current Liabilities</th>
<th>1 Operating</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Accounts Payable</td>
<td>$474,353</td>
<td>$26</td>
</tr>
<tr>
<td>27 Officer's Accounts Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Accounts Payable-Patient Deposits</td>
<td>4,222</td>
<td>28</td>
</tr>
<tr>
<td>29 Short-Term Notes Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Accrued Salaries Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accrued Taxes Payable (excluding real estate taxes)</td>
<td>13,620</td>
<td>31</td>
</tr>
<tr>
<td>32 Accrued Real Estate Taxes(Sch.IX-B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Accrued Interest Payable</td>
<td>5,519</td>
<td>33</td>
</tr>
<tr>
<td>34 Deferred Compensation</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>35 Federal and State Income Taxes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Other Current Liabilities(specify):</td>
<td>See Supplemental Schedule</td>
<td>36</td>
</tr>
</tbody>
</table>

**TOTAL Current Liabilities (sum of lines 26 thru 37)** | $8,384,881 | $38 |

<table>
<thead>
<tr>
<th>D. Long-Term Liabilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>39 Long-Term Notes Payable</td>
<td></td>
</tr>
<tr>
<td>40 Mortgage Payable</td>
<td></td>
</tr>
<tr>
<td>41 Bonds Payable</td>
<td></td>
</tr>
<tr>
<td>42 Deferred Compensation</td>
<td></td>
</tr>
<tr>
<td>43 Other Long-Term Liabilities(specify):</td>
<td>See Supplemental Schedule</td>
</tr>
</tbody>
</table>

**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)** | $ | 45 |

**TOTAL LIABILITIES (sum of lines 38 and 45)** | $8,384,881 | $46 |

**TOTAL EQUITY(page 18, line 24)** | $16,686,804 | $47 |

**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)** | $25,071,685 | $48 |

SEE ACCOUNTANTS' PREPARATION REPORT *(See instructions.)*

HFS 3745 (N-4-99) IL478-2471
<table>
<thead>
<tr>
<th>Description</th>
<th>Operating</th>
<th>Building</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Line 9 - Other Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribution Receivable</td>
<td>2,189,540</td>
<td></td>
<td>2,189,540</td>
</tr>
<tr>
<td>Due from Affiliated Entity</td>
<td>56,495</td>
<td></td>
<td>56,495</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>2,246,035</td>
<td></td>
<td>2,246,035</td>
</tr>
<tr>
<td><strong>Line 23 - Long Term Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction in Progress</td>
<td>26,432</td>
<td></td>
<td>26,432</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>26,432</td>
<td></td>
<td>26,432</td>
</tr>
<tr>
<td><strong>Line 36 - Other Current Liability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reservation Deposits</td>
<td>112,051</td>
<td></td>
<td>112,051</td>
</tr>
<tr>
<td>Refundable Deposits</td>
<td>6,532,944</td>
<td></td>
<td>6,532,944</td>
</tr>
<tr>
<td>NonRefundable Deposits</td>
<td>578,042</td>
<td></td>
<td>578,042</td>
</tr>
<tr>
<td>Unclaimed Funds</td>
<td>920</td>
<td></td>
<td>920</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>7,223,957</td>
<td></td>
<td>7,223,957</td>
</tr>
<tr>
<td><strong>Line 43 - Long term Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>-</td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>
## XVI. STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at Beginning of Year, as Previously Reported</td>
<td>$19,046,100</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td><strong>Rounding</strong></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Balance at Beginning of Year, as Restated (sum of lines 1-5)</strong></td>
<td><strong>$19,046,104</strong></td>
</tr>
</tbody>
</table>

**A. Additions (deductions):**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td><strong>NET Income (Loss) (from page 19, line 43)</strong></td>
<td><strong>$1,500,443</strong></td>
</tr>
<tr>
<td>8</td>
<td>Acquisitions of Pooled Companies</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Proceeds from Sale of Stock</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Stock Options Exercised</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Contributions and Grants</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Expenditures for Specific Purposes</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Dividends Paid or Other Distributions to Owners</td>
<td>(            )</td>
</tr>
<tr>
<td>14</td>
<td>Donated Property, Plant, and Equipment</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other (describe)</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other (describe)</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td><strong>TOTAL Additions (deductions) (sum of lines 7-16)</strong></td>
<td><strong>$1,500,443</strong></td>
</tr>
</tbody>
</table>

**B. Transfers (Itemize):**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td><strong>FC Holding - Intercompany Transfer</strong></td>
<td><strong>(3,794,205)</strong></td>
</tr>
<tr>
<td>19</td>
<td><strong>Temporarily Restricted Net Assets Released</strong></td>
<td><strong>(65,538)</strong></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td><strong>TOTAL Transfers (sum of lines 18-22)</strong></td>
<td><strong>$3,859,743</strong></td>
</tr>
<tr>
<td>24</td>
<td><strong>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</strong></td>
<td><strong>$16,686,804</strong></td>
</tr>
</tbody>
</table>

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT
### State of Illinois

**Facility Name & ID Number:** Franciscan Village #0045419  
**Report Period Beginning:** 07/01/17  
**Ending:** 06/30/18

#### XVII. Income Statement

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

**Note:** All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

<table>
<thead>
<tr>
<th>I. Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross Revenue -- All Levels of Care</td>
<td>$25,882,399</td>
</tr>
<tr>
<td>2. Discounts and Allowances for all Levels</td>
<td>( )</td>
</tr>
<tr>
<td><strong>3. SUBTOTAL Inpatient Care (line 1 minus line 2)</strong></td>
<td>$25,882,399</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Ancillary Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Day Care</td>
<td>4</td>
</tr>
<tr>
<td>5. Other Care for Outpatients</td>
<td>5</td>
</tr>
<tr>
<td>6. Therapy</td>
<td>$200,477</td>
</tr>
<tr>
<td>7. Oxygen</td>
<td>7</td>
</tr>
<tr>
<td><strong>8. SUBTOTAL Ancillary Revenue (lines 4 thru 7)</strong></td>
<td>$200,477</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Other Operating Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Payments for Education</td>
<td>9</td>
</tr>
<tr>
<td>10. Other Government Grants</td>
<td>10</td>
</tr>
<tr>
<td>11. CNA Training Reimbursements</td>
<td>11</td>
</tr>
<tr>
<td>12. Grill and Coffee Shop</td>
<td>$10,784</td>
</tr>
<tr>
<td>13. Barber and Beauty Care</td>
<td>$100,134</td>
</tr>
<tr>
<td>14. Non-Patient Meals</td>
<td>$236,569</td>
</tr>
<tr>
<td>15. Telephone, Television and Radio</td>
<td>$6,751</td>
</tr>
<tr>
<td>16. Rental of Facility Space</td>
<td>$8,963</td>
</tr>
<tr>
<td>17. Sale of Drugs</td>
<td>17</td>
</tr>
<tr>
<td>18. Sale of Supplies to Non-Patients</td>
<td>18</td>
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<tr>
<td>19. Laboratory</td>
<td>19</td>
</tr>
<tr>
<td>20. Radiology and X-Ray</td>
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<tr>
<td>21. Other Medical Services</td>
<td>$3,595</td>
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<tr>
<td>22. Laundry</td>
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<tr>
<td><strong>23. SUBTOTAL Other Operating Revenue (lines 9 thru 22)</strong></td>
<td>$389,596</td>
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<table>
<thead>
<tr>
<th>D. Non-Operating Revenue</th>
<th>Amount</th>
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<tbody>
<tr>
<td>24. Contributions</td>
<td>$125,677</td>
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<td>25. Interest and Other Investment Income***</td>
<td>$777</td>
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<td><strong>26. SUBTOTAL Non-Operating Revenue (lines 24 and 25)</strong></td>
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<thead>
<tr>
<th>E. Other Revenue (specify):****</th>
<th>Amount</th>
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<tbody>
<tr>
<td>27. Settlement Income (Insurance, Legal, Etc.)</td>
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<tr>
<td>28. See Supplemental Schedule</td>
<td>$6,417</td>
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<tr>
<td>28a.</td>
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<td><strong>29. SUBTOTAL Other Revenue (lines 27, 28 and 28a)</strong></td>
<td>$6,417</td>
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<td><strong>30. TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</strong></td>
<td>$26,605,343</td>
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#### II. Expenses

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

<table>
<thead>
<tr>
<th>A. Operating Expenses</th>
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<tbody>
<tr>
<td>31. General Services</td>
<td>$5,172,388</td>
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<tr>
<td>32. Health Care</td>
<td>$5,320,235</td>
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<td>33. General Administration</td>
<td>$5,919,072</td>
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<table>
<thead>
<tr>
<th>B. Capital Expense</th>
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<tr>
<td>34. Ownership</td>
<td>$4,670,033</td>
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<table>
<thead>
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<th>C. Ancillary Expense</th>
<th>Amount</th>
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<tbody>
<tr>
<td>35. Provider Participation Fee</td>
<td>$357,325</td>
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<th>D. Other Expenses (specify):</th>
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<tr>
<td><strong>40. TOTAL EXPENSES (sum of lines 31 thru 39)</strong></td>
<td>$25,104,900</td>
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<thead>
<tr>
<th>E. Other Revenue (specify):****</th>
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<tbody>
<tr>
<td>41. Income before Income Taxes (line 30 minus line 40)**</td>
<td>$1,500,443</td>
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<tr>
<td>42. Income Taxes</td>
<td>42</td>
</tr>
<tr>
<td><strong>43. NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</strong></td>
<td>$1,500,443</td>
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<table>
<thead>
<tr>
<th>III. Net Inpatient Revenue detailed by Payer Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>44. Medicaid - Net Inpatient Revenue</td>
<td>$1,269,867</td>
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<tr>
<td>45. Private Pay - Net Inpatient Revenue</td>
<td>$7,719,763</td>
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<tr>
<td>46. Medicare - Net Inpatient Revenue</td>
<td>$4,763,902</td>
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<tr>
<td>47. Other(specify) Insurance - Net Inpatient Revenue</td>
<td>$929,338</td>
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<tr>
<td>48. Other(specify) Private Pay - Assisted and Independent Living</td>
<td>$11,199,529</td>
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<tr>
<td><strong>49. TOTAL Inpatient Care Revenue (This total must agree to Line 3)</strong></td>
<td>$25,882,399</td>
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**Note:**  
* 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.
## Supplemental Schedule

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<th>Description</th>
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<td>Activity Revenue</td>
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<td>Miscellaneous Revenue</td>
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<tr>
<td>Total</td>
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### XVIII. A. STAFFING AND SALARY COSTS

(Please report each line separately.)

(This schedule must cover the entire reporting period.)

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<th>#</th>
<th>Position</th>
<th># of Hrs. Actually Worked</th>
<th># of Hrs. Paid and Accrued</th>
<th>Reporting Period Total Salaries, Wages</th>
<th>Average Hourly Wage</th>
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<td>1</td>
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<td>2,131</td>
<td>$112,000</td>
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<td>2</td>
<td>Assistant Director of Nursing</td>
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<td>92,141</td>
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<tr>
<td>3</td>
<td>Registered Nurses</td>
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<td>36,002</td>
<td>1,142,873</td>
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<tr>
<td>4</td>
<td>Licensed Practical Nurses</td>
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<td>693,045</td>
<td>26.85</td>
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<tr>
<td>5</td>
<td>CNAs &amp; Orderlies</td>
<td>96,966</td>
<td>106,592</td>
<td>1,566,672</td>
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<td>6</td>
<td>CNA Trainees</td>
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<td>7</td>
<td>Licensed Therapist</td>
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</tr>
<tr>
<td>8</td>
<td>Rehab/Therapy Aides</td>
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<td>6,059</td>
<td>125,665</td>
<td>20.74</td>
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<td>9</td>
<td>Activity Director</td>
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<td>Dietician</td>
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<td>13</td>
<td>Food Service Supervisor</td>
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<td>14</td>
<td>Head Cook</td>
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<td>14,284</td>
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<td>Maintenance Workers</td>
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<td>17,557</td>
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<tr>
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<td>Administrator</td>
<td>1,840</td>
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<td>21</td>
<td>Assistant Administrator</td>
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<tr>
<td>22</td>
<td>Other Administrative</td>
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<td>2,080</td>
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<td>25</td>
<td>Vocational Instruction</td>
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<td>26</td>
<td>Academic Instruction</td>
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<tr>
<td>27</td>
<td>Medical Director</td>
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<tr>
<td>28</td>
<td>Qualified MR Prof. (QMRP)</td>
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<tr>
<td>29</td>
<td>Resident Services Coordinator</td>
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<tr>
<td>30</td>
<td>Habilitation Aides (DD Homes)</td>
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<tr>
<td>33</td>
<td>Other(specify)</td>
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<tr>
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<td>TOTAL (lines 1 - 33)</td>
<td>458,644</td>
<td>505,673</td>
<td>$9,325,800</td>
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</table>

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

### B. CONSULTANT SERVICES

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<th>Number of Hrs. Actually Worked</th>
<th>Number of Hrs. Paid and Accrued</th>
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<th>Cost for Reporting Period</th>
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### C. CONTRACT NURSES

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<th>#</th>
<th>Number of Hrs. Actually Worked</th>
<th>Number of Hrs. Paid and Accrued</th>
<th>Total Contract Wages</th>
<th>Schedule V Line &amp; Column Reference</th>
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* See Accountants' Preparation Report

HFS 3745 (N-4-99)
<table>
<thead>
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<th>Description</th>
<th>CC Reference</th>
<th>Hours Worked</th>
<th>Hours Paid</th>
<th>Salary</th>
<th>Average Rate</th>
<th>Hours Paid</th>
<th>Contracted Cost</th>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>118,433</strong></td>
<td><strong>2,340,832</strong></td>
<td><strong>19.77</strong></td>
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**Contracted Services**

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XIX. SUPPORT SCHEDULES

### A. Administrative Salaries

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<tr>
<th>Name</th>
<th>Function</th>
<th>Ownership %</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel Bannon</td>
<td>Exec. Dir.</td>
<td>0</td>
<td>$237,530</td>
</tr>
<tr>
<td>Sylvia Czerwinski</td>
<td>Administrator</td>
<td>0</td>
<td>$118,752</td>
</tr>
</tbody>
</table>

#### Description
- Workers' Compensation Insurance: $147,122
- Unemployment Compensation Insurance: $29,623
- FICA Taxes: 677,066
- Employee Health Insurance: 1,134,249
- Disability Insurance: 30,253
- Life Insurance: 13,771
- Retirement Benefits: 168,888
- Other Benefits: 128,022
- Illinois Municipal Retirement Fund (IMRF)*: 1,659,723

#### Description (continued)
- Health Care Worker Background Check: 24,066
- Patient Background Checks: 24,066
- DPSC License: 1,990
- IDPH License Fee: 1,990
- Advertising: Employee Recruitment: 23,916
- FMLA Source: 1,368
- Accruals: FSCSC: $12,458
- Alloc - Non Allowable AL / IL: (42,799)

#### Less:
- Public Relations Expense: ( )
- Non-Allowable advertising: ( )
- Yellow page advertising: ( )

#### TOTAL
- Agree to Schedule V, line 17, col. 1: $356,282
- Agree to Schedule V, line 22, col. 8: $2,328,994
- Agree to Schedule V, line 20, col. 8: $58,976

### B. Administrative - Other

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franciscan Sisters of Chicago Service Corp.</td>
<td>$1,659,723</td>
</tr>
</tbody>
</table>

#### TOTAL
- Agree to Schedule V, line 22, col. 8: $2,328,994
- Agree to Schedule V, line 20, col. 8: $58,976

### C. Professional Services

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plante &amp; Moran, PLLC</td>
<td>Audit and Accounting</td>
<td>$21,242</td>
</tr>
<tr>
<td>Probusiness / Ultipro</td>
<td>Payroll Processing</td>
<td>$50,995</td>
</tr>
<tr>
<td>Ability Network</td>
<td>Data Processing</td>
<td>$1,121</td>
</tr>
<tr>
<td>FMLA Source</td>
<td>Data Processing</td>
<td>$1,368</td>
</tr>
<tr>
<td>OnShift</td>
<td>Data Processing</td>
<td>$4,232</td>
</tr>
<tr>
<td>Joint Commission</td>
<td>Accreditation</td>
<td>$20,955</td>
</tr>
<tr>
<td>Kopon Airdo, LLC</td>
<td>Legal</td>
<td>$13,070</td>
</tr>
<tr>
<td>Polsinelli Shughart</td>
<td>Legal</td>
<td>$843</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>$5,372</td>
</tr>
<tr>
<td>Non-Allowable</td>
<td>Collections</td>
<td>$7,900</td>
</tr>
</tbody>
</table>

#### TOTAL
- Agree to Schedule V, line 19, column 3: $132,098

See Accountants' Preparation Report

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*Attach copy of IMRF notifications

See instructions.
<table>
<thead>
<tr>
<th>Vendor</th>
<th>Service Description</th>
<th>Invoice Date</th>
<th>Amount</th>
<th>Non-Allowable</th>
<th>Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kopon Airdo, LLC</td>
<td>Business Matters / Survey Issues</td>
<td>Various</td>
<td>13,070</td>
<td>13,070</td>
<td></td>
</tr>
<tr>
<td>Polsinelli Shughart</td>
<td>Business Matters / Survey Issues</td>
<td>Various</td>
<td>843</td>
<td>843</td>
<td></td>
</tr>
</tbody>
</table>

Total: 13,913
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

(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. $ 58,623 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 X NO
    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. $ 257,325
    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

STATE OF ILLINOIS
# 0045419 Report Period Beginning: 07/01/17 Ending: 06/30/18

(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. $ 236,569

(16) Travel and Transportation
    a. Are there costs included for out-of-state travel? No
    b. Do you have a separate contract with the Department to provide medical transportation for residents? No
    c. Have vehicle usage logs been maintained? Yes
    d. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
    e. 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. $ 0

(17) Has an audit been performed by an independent certified public accounting firm? Yes
    Firm Name: Plante & Moran, PLLC (Consolidated Basis)

(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? Yes
    See page 39 of the instructions for details.
    Attach invoices and a summary of services for all architect and appraisal fees