



Facility Name & ID Number Franciscan Village

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

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	6,793	21,666	11,634	40,093	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,793	21,666	11,634	40,093	14

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

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

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

Meals and Beauty Shop Services

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

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

YES  NO

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

YES  NO

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

Date started 01/20/90

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

YES  Date 01/20/90 NO

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

YES  NO  If YES, enter number of beds certified 38 and days of care provided 8,477

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 06/30/18 Fiscal Year: 06/30/18

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	1,058,393	269,603	679,309	2,007,305		2,007,305	(1,079,570)	927,735		1
2	Food Purchase		902,105		902,105		902,105	(578,108)	323,997		2
3	Housekeeping	524,397	80,628	46,526	651,551		651,551	(287,846)	363,705		3
4	Laundry		1,890	130,784	132,674		132,674	(65,128)	67,546		4
5	Heat and Other Utilities			453,234	453,234		453,234	(355,942)	97,292		5
6	Maintenance	374,100	101,327	550,092	1,025,519		1,025,519	(786,946)	238,573		6
7	Other (specify):* <a href="#">See Supplemental</a>							(1,608)	(1,608)		7
8	<b>TOTAL General Services</b>	1,956,890	1,355,553	1,859,945	5,172,388		5,172,388	(3,155,148)	2,017,240		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000	(7,814)	22,186		9
10	Nursing and Medical Records	4,240,139	91,556	17,498	4,349,193		4,349,193	(175,795)	4,173,398		10
10a	Therapy	125,665	2,381	70,123	198,169		198,169	(18,885)	179,284		10a
11	Activities	397,092	40,716	15,264	453,072		453,072	(223,517)	229,555		11
12	Social Services	230,141	4,360	55,300	289,801		289,801	(129,192)	160,609		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <a href="#">See Supplemental</a>							(4,819)	(4,819)		15
16	<b>TOTAL Health Care and Programs</b>	4,993,037	139,013	188,185	5,320,235		5,320,235	(560,022)	4,760,213		16
	<b>C. General Administration</b>										
17	Administrative	356,282		1,659,723	2,016,005		2,016,005	(1,813,889)	202,116		17
18	Directors Fees										18
19	Professional Services			132,098	132,098		132,098	(40,005)	92,093		19
20	Dues, Fees, Subscriptions & Promotions			89,317	89,317		89,317	(30,341)	58,976		20
21	Clerical & General Office Expenses	425,031	43,592	513,898	982,521		982,521	(136,871)	845,650		21
22	Employee Benefits & Payroll Taxes			2,328,994	2,328,994		2,328,994		2,328,994		22
23	Inservice Training & Education			2,004	2,004		2,004	(1,886)	118		23
24	Travel and Seminar			1,449	1,449		1,449	2,613	4,062		24
25	Other Admin. Staff Transportation			13,815	13,815		13,815	(12,071)	1,744		25
26	Insurance-Prop.Liab.Malpractice			352,869	352,869		352,869	(146,533)	206,336		26
27	Other (specify):* <a href="#">See Supplemental</a>							(40,960)	(40,960)		27
28	<b>TOTAL General Administration</b>	781,313	43,592	5,094,167	5,919,072		5,919,072	(2,219,943)	3,699,129		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,731,240	1,538,158	7,142,297	16,411,695		16,411,695	(5,935,113)	10,476,582		29

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

Franciscan Village  
 Medicaid Cost Report  
 07/01/17 - 06/30/18

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
<b>Line 7 - Other General Services</b>				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(2,610)	(2,610)
				-
Alloc. - Non-Allowable AL / IL			1,002	1,002
				-
				-
				-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>(1,608)</u>	<u>(1,608)</u>
<b>Line 15 - Other Health Care Services</b>				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(7,822)	(7,822)
				-
Alloc. - Non-Allowable AL / IL			3,003	3,003
				-
				-
				-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>(4,819)</u>	<u>(4,819)</u>
<b>Line 27 - Other General Administration</b>				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(66,487)	(66,487)
				-
Alloc. - Non-Allowable AL / IL			25,527	25,527
				-
				-
				-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>(40,960)</u>	<u>(40,960)</u>

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			2,950,568	2,950,568		2,950,568	(2,307,963)	642,605			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,500,614	1,500,614		1,500,614	(1,178,656)	321,958			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			218,851	218,851		218,851	(158,870)	59,981			34
35	Rent-Equipment & Vehicles							1,205	1,205			35
36	Other (specify):* <a href="#">See Supplemental</a>											36
37	<b>TOTAL Ownership</b>			4,670,033	4,670,033		4,670,033	(3,644,284)	1,025,749			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		594,367	1,244,840	1,839,207		1,839,207		1,839,207			39
40	Barber and Beauty Shops	10,017		89,329	99,346		99,346	(99,346)				40
41	Coffee and Gift Shops		5,288	770	6,058		6,058	(6,058)				41
42	Provider Participation Fee			257,325	257,325		257,325		257,325			42
43	Other (specify):* <a href="#">See Supplemental</a>	1,584,543	112,818	123,875	1,821,236		1,821,236	(1,821,236)				43
44	<b>TOTAL Special Cost Centers</b>	1,594,560	712,473	1,716,139	4,023,172		4,023,172	(1,926,640)	2,096,532			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	9,325,800	2,250,631	13,528,469	25,104,900		25,104,900	(11,506,037)	13,598,863			45

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

SEE ACCOUNTANTS' PREPARATION REPORT

Franciscan Village  
 Medicaid Cost Report  
 07/01/17 - 06/30/18

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
<b>Line 36 - Other Capital Costs</b>				
				-
				-
				-
				-
				-
				-
				-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Line 43 - Other Special Cost Centers</b>				
Assisted Living	1,195,980	33,203	5,584	1,234,767
Independent Living	108,800	188	263	109,251
Marketing	239,008	72,351	116,384	427,743
Development	40,755	6,951	1,644	49,350
Mission Integration		125		125
				-
				-
<b>Sub-Total</b>	<u>1,584,543</u>	<u>112,818</u>	<u>123,875</u>	<u>1,821,236</u>

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(236,569)	02		4
5	Telephone, TV & Radio in Resident Rooms	(6,751)	21		5
6	Rented Facility Space	(8,963)	06		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(777)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,430)	21		18
19	Entertainment	(6,506)	21		19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(309,795)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Supplemental	(10,454,973)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	<b>\$ (11,025,764)</b>		<b>\$</b>	<b>30</b>

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(480,273)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	<b>\$ (480,273)</b>		<b>36</b>
37	<b>TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)</b>	<b>\$ (11,506,037)</b>		<b>37</b>

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

<b>BHF USE ONLY</b>							
48		49		50		51	52

Franciscan Village

ID# 0045419

Report Period Beginning: 07/01/17

Ending: 06/30/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Gift Shop Revenue	\$ (6,058)	41	1
2	Beauty Shop Revenue	(99,346)	40	2
3	Transportation Revenue	(46)	06	3
4	Activity Revenue	(2,181)	11	4
5	Miscellaneous Revenue	(4,190)	21	5
6	Collection Costs	(7,900)	19	6
7	Baml Fees	(3,833)	21	7
8	Credit Card Fees	(16)	21	8
9	Cable Expense	(92,351)	21	9
10	Assisted Living	(1,234,767)	43	10
11	Independent Living	(109,251)	43	11
12	Marketing	(427,743)	43	12
13	Development	(49,350)	43	13
14	Mission Integration	(125)	43	14
15	Page 5 SUPP - Assisted Living Allocations			15
16	Dietary	(1,079,570)	01	16
17	Food	(341,539)	02	17
18	Housekeeping	(287,846)	03	18
19	Laundry	(65,128)	04	19
20	Utilities	(355,942)	05	20
21	Maintenance	(817,494)	06	21
22	Other	1,002	07	22
23	Medical Director	(7,814)	09	23
24	Nursing and Medical Records	(282,194)	10	24
25	Therapy	(18,885)	10A	25
26	Activities	(221,336)	11	26
27	Social Services	(129,192)	12	27
28	CNA Training	0	13	28
29	Transportation	0	14	29
30	Other	3,003	15	30
31	Administrative	(154,166)	17	31
32	Director Fees	0	18	32
33	Professional Fees	(70,245)	19	33
34	Dues and Subscriptions	(42,799)	20	34
35	Clerical	(643,536)	21	35
36	Employee Benefits (Not ADJ - Rate Calculation)	0	22	36
37	Inservice Training	(1,886)	23	37
38	Seminar and Travel	(7,341)	24	38
39	Other Staff Admin. Transportation	(12,071)	25	39
40	Insurance	(157,386)	26	40
41	Other	25,527	27	41
42	Depreciation	(2,350,956)	30	42
43	Amortization	0	31	43
44	Interest	(1,177,879)	32	44
45	Real Estate Taxes	0	33	45
46	Rent - Building	(219,439)	34	46
47	Rent - Equipment	(2,704)	35	47
48				48
49	<b>Total</b>	(10,454,973)		49

Franciscan Village  
 Medicaid Cost Report  
 07/01/17 - 06/30/18

Page 5 - Non-Care Supplemental Allocation Schedule

Description	Cost Center	Total		Direct Nursing Home		Expenses For Alloc.	Alloc. Method	Statistics		Expenses	
		Salary	Allow. Exp.	Salary	Other			Nursing Home	Total	Nursing Home	Other
Dietary	1	1,058,393	2,007,305		10,724	1,996,581	Meals Served	120,279	261,880	927,735	1,079,570
Food	2	-	665,536		33,886	631,650	Meals Served	120,279	261,880	323,997	341,539
Housekeeping	3	524,397	651,551			651,551	SQFT	880,208	1,576,830	363,705	287,846
Laundry	4	-	132,674			132,674	Pat. Days	40,093	78,750	67,546	65,128
Heat and Other Utilities	5	-	453,234			453,234	SQFT	62,872	292,888	97,292	355,942
Maintenance	6	374,100	1,056,067		15,121	1,040,946	SQFT	62,872	292,888	238,573	817,494
Other	7	-	(2,610)			(2,610)	Alloc. Salary	5,745,205	9,325,800	(1,608)	(1,002)
Medical Director	9	-	30,000			30,000	Dir. Staffing	3,395,692	4,591,672	22,186	7,814
Nursing and Medical Records	10	4,240,139	4,455,592	3,270,027	102,152	1,083,413	Dir. Staffing	3,395,692	4,591,672	4,173,398	282,194
Therapy	10a	125,665	198,169	125,665		72,504	Dir. Staffing	3,395,692	4,591,672	179,284	18,885
Activities	11	397,092	450,891			450,891	Pat. Days	40,093	78,750	229,555	221,336
Social Services	12	230,141	289,801			289,801	Pat. Days	40,093	72,343	160,609	129,192
CNA Training	13	-	-			-	N/A	-	-	-	-
Transportation	14	-	-			-	N/A	-	-	-	-
Other	15	-	(7,822)			(7,822)	Alloc. Salary	5,745,205	9,325,800	(4,819)	(3,003)
Administrative	17	356,282	356,282			356,282	Net. Pat. Rev.	14,682,870	25,882,399	202,116	154,166
Directors Fees	18	-	-			-	N/A	-	-	-	-
Professional Fees	19	-	162,338			162,338	Net. Pat. Rev.	14,682,870	25,882,399	92,093	70,245
Dues and Subscriptions	20	-	101,775		2,865	98,910	Net. Pat. Rev.	14,682,870	25,882,399	58,976	42,799
Office and Clerical	21	425,031	1,489,186		1,958	1,487,228	Net. Pat. Rev.	14,682,870	25,882,399	845,650	643,536
Employee Benefits	22	-	2,328,994			2,328,994	Alloc. Salary	5,745,205	9,325,800	1,434,788	894,206
Inservice Training and Expense	23	-	2,004			2,004	Pat. Days	40,093	130,008	118	1,886
Travel and Seminar	24	-	11,403		789	10,614	Pat. Days	40,093	130,008	4,062	7,341
Other Staff Transportation	25	-	13,815		193	13,622	Pat. Days	40,093	130,008	1,744	12,071
Insurance	26	-	363,722			363,722	Net. Pat. Rev.	14,682,870	25,882,399	206,336	157,386
Other	27	-	(66,487)			(66,487)	Alloc. Salary	5,745,205	9,325,800	(40,960)	(25,527)
Depreciation	30	-	2,993,561			2,993,561	SQFT	62,872	292,888	642,605	2,350,956
Amortization	31	-	-			-	N/A	14,682,870	25,882,399	-	-
Interest	32	-	1,499,837			1,499,837	SQFT	62,872	292,888	321,958	1,177,879
Real Estate Taxes	33	-	-			-	N/A	62,872	292,888	-	-
Rent - Facilities and Grounds	34	-	279,420			279,420	SQFT	62,872	292,888	59,981	219,439
Rent - Equipment and Vehicles	35	-	3,909			3,909	Pat. Days	40,093	130,008	1,205	2,704
Other	36	-	-			-	N/A	-	-	-	-
Medically Necessary Transportation	38	-	-			-	N/A	-	-	-	-
Ancillary Service Centers	39	-	1,839,207			1,839,207	Direct	-	-	1,839,207	-
Barber and Beauty Shop	40	10,017	-			-	Direct	-	-	-	-
Coffee and Gift Shops	41	-	-			-	Direct	-	-	-	-
Provider Participation Fee	42	-	257,325			257,325	Direct	-	-	257,325	-
Other	43	1,584,543	-			-	Direct	-	-	-	-
		<u>9,325,800</u>	<u>22,016,679</u>	<u>3,395,692</u>	<u>167,688</u>	<u>18,453,299</u>				<u>12,704,657</u>	<u>9,312,022</u>

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
		(to Sch V, col.7)												
1	Dietary	(1,079,570)	0	0	0	0	0	0	0	0	0	0	(1,079,570)	1
2	Food Purchase	(578,108)	0	0	0	0	0	0	0	0	0	0	(578,108)	2
3	Housekeeping	(287,846)	0	0	0	0	0	0	0	0	0	0	(287,846)	3
4	Laundry	(65,128)	0	0	0	0	0	0	0	0	0	0	(65,128)	4
5	Heat and Other Utilities	(355,942)	0	0	0	0	0	0	0	0	0	0	(355,942)	5
6	Maintenance	(826,503)	0	39,557	0	0	0	0	0	0	0	0	(786,946)	6
7	Other (specify):*	1,002	0	(2,610)	0	0	0	0	0	0	0	0	(1,608)	7
8	<b>TOTAL General Services</b>	<b>(3,192,095)</b>	<b>0</b>	<b>36,947</b>	<b>0</b>	<b>(3,155,148)</b>	<b>8</b>							
	<b>B. Health Care and Programs</b>													
9	Medical Director	(7,814)	0	0	0	0	0	0	0	0	0	0	(7,814)	9
10	Nursing and Medical Records	(282,194)	0	106,399	0	0	0	0	0	0	0	0	(175,795)	10
10a	Therapy	(18,885)	0	0	0	0	0	0	0	0	0	0	(18,885)	10a
11	Activities	(223,517)	0	0	0	0	0	0	0	0	0	0	(223,517)	11
12	Social Services	(129,192)	0	0	0	0	0	0	0	0	0	0	(129,192)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	3,003	0	(7,822)	0	0	0	0	0	0	0	0	(4,819)	15
16	<b>TOTAL Health Care and Programs</b>	<b>(658,599)</b>	<b>0</b>	<b>98,577</b>	<b>0</b>	<b>(560,022)</b>	<b>16</b>							
	<b>C. General Administration</b>													
17	Administrative	(154,166)	0	(1,659,723)	0	0	0	0	0	0	0	0	(1,813,889)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(78,145)	0	38,140	0	0	0	0	0	0	0	0	(40,005)	19
20	Fees, Subscriptions & Promotions	(42,799)	0	12,458	0	0	0	0	0	0	0	0	(30,341)	20
21	Clerical & General Office Expenses	(1,068,408)	0	931,537	0	0	0	0	0	0	0	0	(136,871)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,886)	0	0	0	0	0	0	0	0	0	0	(1,886)	23
24	Travel and Seminar	(7,341)	0	9,954	0	0	0	0	0	0	0	0	2,613	24
25	Other Admin. Staff Transportation	(12,071)	0	0	0	0	0	0	0	0	0	0	(12,071)	25
26	Insurance-Prop.Liab.Malpractice	(157,386)	0	10,853	0	0	0	0	0	0	0	0	(146,533)	26
27	Other (specify):*	25,527	0	(66,487)	0	0	0	0	0	0	0	0	(40,960)	27
28	<b>TOTAL General Administration</b>	<b>(1,496,675)</b>	<b>0</b>	<b>(723,268)</b>	<b>0</b>	<b>(2,219,943)</b>	<b>28</b>							
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(5,347,369)</b>	<b>0</b>	<b>(587,744)</b>	<b>0</b>	<b>(5,935,113)</b>	<b>29</b>							

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(2,350,956)	0	42,993	0	0	0	0	0	0	0	0	(2,307,963)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,178,656)	0	0	0	0	0	0	0	0	0	0	(1,178,656)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(219,439)	0	60,569	0	0	0	0	0	0	0	0	(158,870)	34
35	Rent-Equipment & Vehicles	(2,704)	0	3,909	0	0	0	0	0	0	0	0	1,205	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(3,751,755)</b>	<b>0</b>	<b>107,471</b>	<b>0</b>	<b>(3,644,284)</b>	<b>37</b>							
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(99,346)	0	0	0	0	0	0	0	0	0	0	(99,346)	40
41	Coffee and Gift Shops	(6,058)	0	0	0	0	0	0	0	0	0	0	(6,058)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,821,236)	0	0	0	0	0	0	0	0	0	0	(1,821,236)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(1,926,640)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,926,640)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(11,025,764)</b>	<b>0</b>	<b>(480,273)</b>	<b>0</b>	<b>(11,506,037)</b>	<b>45</b>							

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

VII. RELATED PARTIES

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6	Maintenance - Salary	\$	Franciscan Sisters of Chicago Service Corporation	100.00%	\$ 27,618	\$ 27,618	15
16	V	6	Maintenance - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	11,939	11,939	16
17	V	7	Emp. Ben. - General Services		Franciscan Sisters of Chicago Service Corporation	100.00%	(2,610)	(2,610)	17
18	V	10	Nursing - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	82,771	82,771	18
19	V	10	Nursing - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	23,628	23,628	19
20	V	15	Emp. Ben. - HC and Programs		Franciscan Sisters of Chicago Service Corporation	100.00%	(7,822)	(7,822)	20
21	V	19	Professional Fees		Franciscan Sisters of Chicago Service Corporation	100.00%	38,140	38,140	21
22	V	20	Dues and Subscriptions		Franciscan Sisters of Chicago Service Corporation	100.00%	12,458	12,458	22
23	V	21	Clerical - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	703,577	703,577	23
24	V	21	Clerical - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	227,960	227,960	24
25	V	24	Seminar and Travel		Franciscan Sisters of Chicago Service Corporation	100.00%	9,954	9,954	25
26	V	26	Insurance		Franciscan Sisters of Chicago Service Corporation	100.00%	10,853	10,853	26
27	V	27	Emp. Ben. - General Admin.		Franciscan Sisters of Chicago Service Corporation	100.00%	(66,487)	(66,487)	27
28	V	30	Depreciation		Franciscan Sisters of Chicago Service Corporation	100.00%	42,993	42,993	28
29	V	34	Rent - Building		Franciscan Sisters of Chicago Service Corporation	100.00%	60,569	60,569	29
30	V	35	Rent - Equipment		Franciscan Sisters of Chicago Service Corporation	100.00%	3,909	3,909	30
31	V	17	Management Fees	1,659,723	Franciscan Sisters of Chicago Service Corporation	100.00%		(1,659,723)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,659,723				\$ 1,179,450	\$ * (480,273)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2	N/A										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	6	Maintenance - Salary	9,151,107	10	\$ 152,273	\$ 152,273	1,659,723	\$ 27,618	1
2	6	Maintenance - Other	9,151,107	10	65,826		1,659,723	11,939	2
3	7	Emp. Ben. - Gen. Services	481,948	10	(16,352)		76,919	(2,610)	3
4	10	Nursing - Salary	9,151,107	10	456,367	456,367	1,659,723	82,771	4
5	10	Nursing - Other	9,151,107	10	130,275		1,659,723	23,628	5
6	15	Emp. Ben. - HC and Programs	481,948	10	(49,008)		76,919	(7,822)	6
7	19	Professional Fees	9,151,107	10	210,292		1,659,723	38,140	7
8	20	Dues and Subscriptions	9,151,107	10	68,687		1,659,723	12,458	8
9	21	Clerical - Salary	9,151,107	10	3,879,266	3,879,266	1,659,723	703,577	9
10	21	Clerical - Other	9,151,107	10	1,256,887		1,659,723	227,960	10
11	24	Seminar and Travel	9,151,107	10	54,882		1,659,723	9,954	11
12	26	Insurance	9,151,107	10	59,840		1,659,723	10,853	12
13	27	Emp. Ben. - Gen. Admin.	481,948	10	(416,587)		76,919	(66,487)	13
14	30	Depreciaton	9,151,107	10	237,050		1,659,723	42,993	14
15	34	Rent - Building	9,151,107	10	333,958		1,659,723	60,569	15
16	35	Rent - Equipment	9,151,107	10	21,555		1,659,723	3,909	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 6,445,210	\$ 4,487,906		\$ 1,179,450	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number

Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Amalgamated Bank		X	Acquisition	Varies	03/17/13	\$ 23,627,363	\$ 17,490,311	05/01/47	4.860%	\$ 875,202	1								
2	Amalgamated Bank		X	Acquisition / Refinance	Varies	06/28/17	7,257,907	7,249,360	05/01/47	4.860%	268,846	2								
3	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	817,731	817,726	05/01/47	Variable	30,290	3								
4	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	1,973,365	1,927,525	05/01/47	Variable	73,097	4								
5	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	3,956,519	3,875,101	05/01/47	2.830%	146,557	5								
<b>Working Capital</b>																				
6	Long Term Debt Continued											6								
7	Windtrust Bank		X	Acquisition / Refinance	Varies	06/28/17	2,878,406	2,808,163	05/01/47	Variable	106,622	7								
8												8								
9	TOTAL Facility Related						\$ 40,511,291	\$ 34,168,186			\$ 1,500,614	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X								(777)	10								
11												11								
12	Alloc. - Non-Allowable AL/IL										(1,177,879)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (1,178,656)	14								
15	TOTALS (line 9+line14)						\$ 40,511,291	\$ 34,168,186			\$ 321,958	15								

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

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

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

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

**B. Real Estate Taxes**

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

1. Real Estate Tax accrual used on 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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	2013	_____	8
	2014	_____	9
	2015	_____	10
	2016	_____	11
	2017	_____	12
<b>N/A - Franciscan Village is exempt from real estate taxes.</b>			
	<b>FOR BHF USE ONLY</b>		
	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

**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



Facility Name & ID Number Franciscan Village

# 0045419 Report Period Beginning:

07/01/17 Ending:

06/30/18

**X. BUILDING AND GENERAL INFORMATION:**

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

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

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

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

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

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

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

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

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

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

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

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

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Bed*s	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	127		1990	1989	\$ 5,724,856	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	Various		1990		255,348						9
10	Various		1992		5,470						10
11	Various		1993		787,171						11
12	Various		1994		14,713						12
13	Various		1995		159,949						13
14	Various		1996		29,149						14
15	Various		1997		19,633						15
16	Various		1998		12,498						16
17	Various		1999		9,158						17
18	Various		2000		22,497						18
19	Various		2001		38,345						19
20	Various		2002		84,703						20
21	Various		2003		25,280						21
22	Various		2004		112,667						22
23	Various		2005		48,458						23
24	Various		2006		39,041						24
25	Various		2007		37,147						25
26	Various		2008		46,659						26
27	Various		2009		287,260						27
28	Various		2010		13,908						28
29	Various		2011		58,164						29
30	Various		2012		39,152						30
31	Various		2013		23,233						31
32	Water Main Plumbinig - Exterior Street (TC = \$23,810)		2014		23,810						32
33	Cameras and Door Release Systems - Hallways (TC = \$48,921)		2014		11,233						33
34	Elevator Repairs (TC = \$25,825)		2014		5,544						34
35	Interior Room Signs (TC = \$59,235)		2014		12,716						35
36	Lighting, Sidewalks and Streets (TC = \$41,350)		2014		8,876						36

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

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

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name &amp; ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Transfer Switches (TC = \$6,346)	2014	\$ 1,362	\$		\$	\$	\$	37
38	RPZ Backflow Valve and Installation (TC = \$4,680)	2014	1,005						38
39	Fire Extinguishers (TC = \$4,679)	2014	1,004						39
40	Sidewalks - Exterior (TC = \$14,725)	2014	14,725						40
41	Fence - Exterior (TC = \$6,380)	2014	6,380						41
42	Beauty Salon - Flooring, Painting, and Drywall (TC = \$7,880)	2014	1,692						42
43	Water Heater - NU (TC = \$13,545)	2014	13,545						43
44	Fireproofing - 24 Resident Rooms in NU (TC = \$70,560)	2014	70,560						44
45	Roof Replacement (TC = \$332,084)	2014	71,286						45
46	WIFI Installation - Entire Campus (TC = \$50,260)	2014	10,789						46
47	Asphalt Repaving - Parking Lot (TC = \$11,850)	2014	2,544						47
48	Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2014	23,590						48
49	Security Cameras - 2nd & 3rd Fl of IL and NU (TC = \$130,750)	2015	4,477						49
50	Nurse Call System (Expensed Pg. 5 - Under \$2,500)	2015							50
51	Concrete and Tile - Kitchen Floor (TC = \$49,259)	2016	49,259						51
52	Chapel - Carpeting (TC = \$22,026)	2016	4,728						52
53	Facility - Cable System and Installation (TC = \$30,600)	2016	6,569						53
54	Facility - WIFI System and Installation (TC = \$178,654)	2016	38,350						54
55	Exterior - Landscaping (Soild and Seed) (TC = \$5,733)	2016	1,231						55
56	HVAC (TC = \$9,437)	2016	2,026						56
57	HVAC (TC = \$11,618)	2017	2,494						57
58	Bathrooms - Toilets and Plumbing (TC = \$15,765)	2017	3,384						58
59	Nursing Home Renovations (Detailed)								59
60	Henry Brothers - General Contractor	2016	1,357,536						60
61	Henry Brothers - Masonry	2016	73,392						61
62	Henry Brothers - Steel	2016	38,200						62
63	Henry Brothers - Woodwork	2016	297,696						63
64	Henry Brothers - Elevator	2016	58,309						64
65	Henry Brothers - Waterproofing	2016	26,740						65
66	Henry Brothers - Fireproofing	2016	9,458						66
67	Henry Brothers - Roofing	2016	43,200						67
68	Henry Brothers - Doors	2016	103,079						68
69	Henry Brothers - Mirrors	2016	14,064						69
70	TOTAL (lines 4 thru 69)		\$ 10,309,312	\$		\$	\$	\$	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name &amp; ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 10,309,312	\$		\$	\$	\$	1
2	<b>Nursing Home Renovations (Detailed) - Continued</b>								2
3	Henry Brothers - Drywall	2016	450,232						3
4	Henry Brothers - Tile	2016	122,749						4
5	Henry Brothers - Ceiling	2016	212,434						5
6	Henry Brothers - Carpeting	2016	403,912						6
7	Henry Brothers - Paint	2016	176,241						7
8	Henry Brothers - Wall corner guards	2016	35,063						8
9	Henry Brothers - Fireplaces	2016	2,047						9
10	Henry Brothers - Toilets	2016	29,805						10
11	Henry Brothers - Appliances	2016	2,790						11
12	Henry Brothers - Cabinets	2016	41,402						12
13	Henry Brothers - Elevator	2016	77,825						13
14	Henry Brothers - Fire protection	2016	63,570						14
15	Henry Brothers - Plumbing	2016	417,777						15
16	Henry Brothers - HVAC	2016	661,840						16
17	Henry Brothers - Electrical	2016	1,192,402						17
18	AG Architecture - Architectural Services	2016	730,395						18
19	Meany Electric - Electrical Outlets to Emergency Generator	2016	16,744						19
20	Meany Electric - Move and Install Nurse Call System	2016	8,301						20
21	Meany Electric - Electrical Outlets, Conduits, Breakers	2016	10,961						21
22	Accurate Security and Lock - Commercial Steel Fire Doors	2016	19,408						22
23	Accurate Security and Lock - Commercial Steel Fire Doors	2016	9,172						23
24	Intertek - Steel Door Inspection	2016	1,450						24
25	Direct Supply - Nurse Call System	2016	140,246						25
26	Health Dimensions - Feasibility Study	2016	45,239						26
27	Universal Insulation - Insulation	2016	14,080						27
28	O'Hare Mechanical - Air Conditioner and Installation	2016	6,451						28
29	O'Hare Mechanical - Exhaust Fan and Installation	2016	8,600						29
30	O'Hare Mechanical - Extension to Generator	2016	9,370						30
31	Palos Home Services - Grout 30 Bathroom Floor Tiles	2016	4,050						31
32	Tom Callahan Plumbing - Relocate Hot and Cold Water Lines	2016	8,340						32
33	River Road Tops - Countertops	2016	7,710						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,239,918	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name &amp; ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 15,239,918	\$		\$	\$	\$	1
2	<b>Nursing Home Renovations (Detailed) - Continued</b>								2
3	Schindler Elevator Company - Elevator Installation	2016	9,200						3
4	SimplexGrinnell LP - Elevator Installation	2016	4,632						4
5	Stanton Mechanical - Hot Water System	2016	5,108						5
6	Franciscan Staff - Capitalized Labor	2016	93,934						6
7	Ram Fire Protection - Fire and Security Systems	2016	2,135						7
8	Red Hawk - Fire and Security Systems	2016	16,135						8
9	Ridge Landscaping	2016	5,492						9
10									10
11	<b>Current Fiscal Year Additions: 2017 - 2018 ***</b>								11
12	AC Unit - 3rd Floor - (TC - \$3600.82)	2018	773						12
13	Antenna - Television - (TC - \$39399)	2017	8,425						13
14	Architecture - (TC - \$2900)	2017	2,900						14
15	Blinds - (TC - \$1809.25)	2017							15
16	Blinds - (TC - \$976.91)	2018							16
17	Chairrails - (TC - \$6200)	2018							17
18	Communication System - (TC - \$27662.89)	2018	10,754						18
19	Countertops - (TC - \$4419)	2017							19
20	Countertops - (TC - \$4419)	2018							20
21	Electrical Box - (TC - \$15301.92)	2018	3,104						21
22	Elevator Update - Code Requirements - (TC - \$20075)	2017	1,197						22
23	Exhaust Fan - Kitchen - (TC - \$16155)	2018	3,468						23
24	Flooring - (TC - \$72727.92)	2017							24
25	Flooring - (TC - \$88805)	2018							25
26	Furnace - (TC - \$1350)	2018							26
27	Generator - (TC - \$7456)	2017	7,456						27
28	HVAC - (TC - \$37877.22)	2017							28
29	HVAC - (TC - \$63345.84)	2018	5,943						29
30	Landscaping - (TC - \$20635)	2018	4,430						30
31	Lighting - (TC - \$469.53)	2017							31
32	Lighting - (TC - \$584.82)	2018							32
33	Locks - (TC - \$885.44)	2018							33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,425,004	\$		\$	\$	\$	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

**XI. OWNERSHIP COSTS (continued)**

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 15,425,004	\$		\$	\$	\$	1
2									2
3	<b>Current Fiscal Year Additions: 2017 - 2018 (Continued) ***</b>								3
4	Painting - (TC - \$4950)	2017							4
5	Painting - (TC - \$6650)	2018							5
6	Parking Log Base and Survey - (TC - \$5411.25)	2017	1,162						6
7	Parking Log Base and Survey - (TC - \$11751.04)	2018	2,523						7
8	Phone System - (TC - \$106994.16)	2017	22,968						8
9	Sidewalk - (TC - \$22945)	2017	4,925						9
10	Signs - (TC - \$56445)	2017	12,117						10
11	Sprinkler System - (TC - \$3793.44)	2017	252						11
12	Wall Panels - Stainless Steel - (TC - \$11500)	2017	11,500						12
13	Window Replacement - (TC - \$34355)	2017							13
14									14
15	*** - Improvements made to resident rooms, chapel, dining								15
16	room, and common areas.								16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	Depreciation			642,605		642,605		8,140,238	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,480,450	\$ 642,605		\$ 642,605	\$	\$ 8,140,238	34

SEE ACCOUNTANTS' PREPARATION REPORT

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

**Franciscan Village  
Medicaid Cost Report  
07/01/17 - 06/30/18**

**Page 12 Supp 1 - CY Leasehold Improvement Additions**

Description	Acquisition Date	Cost	Class	Method	Capitalized		Expensed	
					Nursing Home	Other	Nursing Home	Other
AC Unit - 3rd Floor	2018	3,601	LIMP	SubSchedule	773	2,828	-	-
Antenna - Television	2017	39,399	LIMP	SubSchedule	8,425	30,974	-	-
Architecture	2017	2,900	LIMP	SubSchedule	2,900	-	-	-
Blinds	2017	1,809	LIMP	SubSchedule	-	1,809	-	-
Blinds	2018	977	LIMP	SubSchedule	-	977	-	-
Chairrails	2018	6,200	LIMP	SubSchedule	-	6,200	-	-
Communication System	2018	27,663	LIMP	SubSchedule	10,754	16,909	-	-
Countertops	2017	4,419	LIMP	SubSchedule	-	4,419	-	-
Countertops	2018	4,419	LIMP	SubSchedule	-	4,419	-	-
Electrical Box	2018	15,302	LIMP	SubSchedule	3,104	12,197	-	-
Elevator Update - Code Requirements	2017	20,075	LIMP	SubSchedule	1,197	18,878	-	-
Exhaust Fan - Kitchen	2018	16,155	LIMP	SubSchedule	3,468	12,687	-	-
Flooring	2017	72,728	LIMP	SubSchedule	-	72,728	-	-
Flooring	2018	88,805	LIMP	SubSchedule	-	88,805	-	-
Furnace	2018	1,350	LIMP	SubSchedule	-	1,350	-	-
Generator	2017	7,456	LIMP	SubSchedule	7,456	-	-	-
HVAC	2017	37,877	LIMP	SubSchedule	-	37,877	-	-
HVAC	2018	63,346	LIMP	SubSchedule	5,943	57,403	-	-
Landscaping	2018	20,635	LIMP	SubSchedule	4,430	16,205	-	-
Lighting	2017	470	LIMP	SubSchedule	-	470	-	-
Lighting	2018	585	LIMP	SubSchedule	-	585	-	-
Locks	2018	885	LIMP	SubSchedule	-	885	-	-
Painting	2017	4,950	LIMP	SubSchedule	-	4,950	-	-
Painting	2018	6,650	LIMP	SubSchedule	-	6,650	-	-
Parking Log Base and Survey	2017	5,411	LIMP	SubSchedule	1,162	4,250	-	-
Parking Log Base and Survey	2018	11,751	LIMP	SubSchedule	2,523	9,229	-	-
Phone System	2017	106,994	LIMP	SubSchedule	22,968	84,027	-	-
Sidewalk	2017	22,945	LIMP	SubSchedule	4,925	18,020	-	-
Signs	2017	56,445	LIMP	SubSchedule	12,117	44,328	-	-
Sprinkler System	2017	3793.44	LIMP	SubSchedule	252	3,541	-	-
Wall Panels - Stainless Steel	2017	11,500	LIMP	SubSchedule	11,500	-	-	-
Window Replacement	2017	34,355	LIMP	SubSchedule	-	34,355	-	-
		<u>701,850</u>			<u>103,896</u>	<u>597,955</u>	-	-

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,052,446	\$	\$	\$		\$	71
72	Current Year Purchases	55,354						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 3,107,800	\$	\$	\$		\$	75

D. Vehicle Costs. (See instructions.)\*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 18,965,262	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 642,605	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 642,605	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,140,238	85

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

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-Care Assets - PY Total	\$ 41,729,049	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	597,955			87
88	Non-Care Assets - CY EQIP Add.	63,177			88
89	Non-Care Assets - CY AUTO Add.				89
90	Depreciation		2,307,963	29,236,261	90
91	TOTALS	\$ 42,390,181	\$ 2,307,963	\$ 29,236,261	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT



Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning: 07/01/17

Ending: 06/30/18

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5	See							5
6	Supplement				59,981			6
7	TOTAL				\$ 59,981			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	<u>/2019</u>	\$ _____
13.	<u>/2020</u>	\$ _____
14.	<u>/2021</u>	\$ _____

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

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

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

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

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT



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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	\$		\$ 407,153	\$		\$ 407,153	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			153,983			153,983	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			533,656			533,656	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescripts				445,516		445,516	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <a href="#">See Supplemental</a>	39 - 02					148,851		148,851	12
13	Other (specify): <a href="#">See Supplemental</a>	39 - 03				150,048			150,048	13
14	TOTAL			\$		\$ 1,244,840	\$ 594,367		\$ 1,839,207	14

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

SEE ACCOUNTANTS' PREPARATION REPORT

Franciscan Village  
 Medicaid Cost Report  
 07/01/17 - 06/30/18

Page 16 Supplemental Schedule

Description		Salaries		Supplies		Other		Total
Medical Supplies				102,040				102,040
Oxygen				21,416				21,416
Enteral / PEN Supplies				25,395				25,395
Laboratory						49,346		49,346
Radiology						44,814		44,814
Medical Equipment Rental						43,773		43,773
Other						12,115		12,115
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
<b>Total</b>				<u>148,851</u>		<u>150,048</u>		<u>298,899</u>

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

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/18

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 26,222	\$	1
2	Cash-Patient Deposits	3,414		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>346,000</u> )	1,078,888		3
4	Supply Inventory (priced at )	39,204		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	124,994		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Supplemental Schedule</u>	2,246,035		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,518,757	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	3,022,396		13
14	Buildings, at Historical Cost	34,214,974		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	21,665,625		16
17	Accumulated Depreciation (book methods)	(37,376,499)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>See Supplemental Schedule</u>	26,432		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 21,552,928	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 25,071,685	\$	25

		1	2	
		Operating	After	
			Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 474,353	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,222		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	663,210		30
31	Accrued Taxes Payable (excluding real estate taxes)	13,620		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	5,519		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Supplemental Schedule</u>	7,223,957		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 8,384,881	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Supplemental Schedule</u>			43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 8,384,881	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 16,686,804	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 25,071,685	\$	48

SEE ACCOUNTANTS' PREPARATION REPORT

\*(See instructions.)

Franciscan Village  
 Medicaid Cost Report  
 07/01/17 - 06/30/18

Page 17 Supplemental Schedule

Description	Operating	Building	Total
<b>Line 9 - Other Current Assets</b>			
Contribution Receivable	2,189,540		2,189,540
Due from Affiliated Entity	56,495		56,495
			-
			-
<b>Sub-Total</b>	<u>2,246,035</u>	<u>-</u>	<u>2,246,035</u>
<b>Line 23 - Long Term Assets</b>			
Construction in Progress	26,432		26,432
			-
			-
			-
<b>Sub-Total</b>	<u>26,432</u>	<u>-</u>	<u>26,432</u>
<b>Line 36 - Other Current Liability</b>			
Reservation Deposits	112,051		112,051
Refundable Deposits	6,532,944		6,532,944
NonRefundable Deposits	578,042		578,042
Unclaimed Funds	920		920
			-
<b>Sub-Total</b>	<u>7,223,957</u>	<u>-</u>	<u>7,223,957</u>
<b>Line 43 - Long term Liabilities</b>			
			-
			-
			-
			-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>-</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>19,046,100</b>	<b>1</b>
2	Restatements (describe):		2
3	<b>Rounding</b>	<b>4</b>	3
4			4
5			5
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>19,046,104</b>	<b>6</b>
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	<b>1,500,443</b>	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>1,500,443</b>	<b>17</b>
<b>B. Transfers (Itemize):</b>			
18	<b>FC Holding - Intercompany Transfer</b>	<b>(3,794,205)</b>	18
19	<b>Temporarily Restricted Net Assets Released</b>	<b>(65,538)</b>	19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ <b>(3,859,743)</b>	<b>23</b>
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>16,686,804</b>	<b>24</b> *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning: 07/01/17

Ending: 06/30/18

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 25,882,399	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 25,882,399	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	200,477	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 200,477	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	10,784	12
13	Barber and Beauty Care	100,134	13
14	Non-Patient Meals	236,569	14
15	Telephone, Television and Radio	6,751	15
16	Rental of Facility Space	8,963	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,595	21
22	Laundry	22,800	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 389,596	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	125,677	24
25	Interest and Other Investment Income***	777	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 126,454	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	6,417	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 6,417	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 26,605,343	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	5,172,388	31
32	Health Care	5,320,235	32
33	General Administration	5,919,072	33
<b>B. Capital Expense</b>			
34	Ownership	4,670,033	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,765,847	35
36	Provider Participation Fee	257,325	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 25,104,900	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,500,443	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,500,443	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,269,867	44
45	Private Pay - Net Inpatient Revenue	7,719,763	45
46	Medicare - Net Inpatient Revenue	4,763,902	46
47	Other-(specify) <u>Insurance - Net Inpatient Revenue</u>	929,338	47
48	Other-(specify) <u>Private Pay - Assisted and Independent Living</u>	11,199,529	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 25,882,399	49

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

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT



Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/17

Ending:

06/30/18

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,869	2,131	\$ 112,000	\$ 52.56	1
2	Assistant Director of Nursing	1,877	2,131	92,141	43.24	2
3	Registered Nurses	32,419	36,002	1,142,873	31.74	3
4	Licensed Practical Nurses	22,673	25,063	673,045	26.85	4
5	CNAs & Orderlies	96,966	106,592	1,566,672	14.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,527	6,059	125,665	20.74	8
9	Activity Director	1,815	2,062	64,005	31.04	9
10	Activity Assistants	20,520	23,266	333,087	14.32	10
11	Social Service Workers	3,463	4,017	107,542	26.77	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	13,036	14,284	246,775	17.28	14
15	Cook Helpers/Assistants	69,402	76,443	811,618	10.62	15
16	Dishwashers					16
17	Maintenance Workers	15,211	17,557	374,100	21.31	17
18	Housekeepers	38,614	43,586	524,397	12.03	18
19	Laundry					19
20	Administrator	1,840	2,120	118,752	56.02	20
21	Assistant Administrator					21
22	Other Administrative	2,080	2,080	237,530	114.20	22
23	Office Manager	1,904	2,104	71,849	34.15	23
24	Clerical	18,339	19,600	353,182	18.02	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,902	2,143	29,735	13.88	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	109,187	118,433	2,340,832	19.77	33
34	TOTAL (lines 1 - 33)	458,644	505,673	\$ 9,325,800 *	\$ 18.44	34

**B. CONSULTANT SERVICES**

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	\$		35
36	Medical Director	30,000	09 - 03	36
37	Medical Records Consultant	189	10 - 03	37
38	Nurse Consultant	8,914	10 - 03	38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant	735	10A - 03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	1,432	11 - 03	44
45	Social Service Consultant			45
46	Other(specify)			46
47	<u>See Supplemental Schedule</u>	784,164		47
48				48
49	TOTAL (lines 35 - 48)	\$ 825,434		49

**C. CONTRACT NURSES**

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

\*\* See instructions.

Franciscan Village  
 Medicaid Cost Report  
 07/01/17 - 06/30/18

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
<b>Nursing Home Employees</b>							
Other Nursing Administration	10	22,643	24,163	623,673	25.81		
Pastoral Care	12	3,604	4,665	122,599	26.28		
Barber and Beauty	41	978	978	10,017	10.24		
Assisted Living	43	71,509	76,742	1,195,980	15.58		
Independent Living	43	3,539	3,997	108,800	27.22		
Marketing	43	5,529	6,250	239,008	38.24		
Development	43	1,385	1,638	40,755	24.88		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
<b>Total</b>		<u>109,187</u>	<u>118,433</u>	<u>2,340,832</u>	<u>19.77</u>		

<b>Contracted Services</b>							
Dietary Management	01						159,107
Dietary Labor	01						495,005
Senior Fit	10A						74,752
Priest	12						40,000
Organists	12						15,300
<b>Total</b>						<u>-</u>	<u>784,164</u>





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 NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 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

- (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  
If YES, attach a complete explanation.
  - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
  - c. What percent of all travel expense relates to transportation of nurses and patients? Ln 14
  - d. Have vehicle usage logs been maintained? Yes
  - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
  - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
  - g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Plante & Moran, PLLC (Consolidated 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? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees