FOR BHF USE

LL1

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

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

I. IDPH License ID Number: 0046581

Facility Name: St. Joseph Village of Chicago

Address: 4021 West Belmont Avenue (Number) Chicago (City) 60641 (Zip Code)

County: Cook

Telephone Number: (773) 328 - 5500 **Fax #** (773) 328 - 5502

HFS ID Number:

Date of Initial License for Current Owners: 01/13/06

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code	501(c)(3)		Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Christopher S. Joos **Telephone 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.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title) Christopher S. Joos, Partner, Health and Human Services
(Firm Name & Address) Plante & Moran, PLLC, 250 South High Streen, 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

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	54	Skilled (SNF)	54	19,710	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	54	TOTALS	54	19,710	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,024	7,996	6,014	17,034	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,024	7,996	6,014	17,034	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.42%

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

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

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 01/13/06

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 01/13/06 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 54 and days of care provided 5,216

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL	MODIFIED CASH*	CASH*
[X]	[ ]	[ ]

Is your fiscal year identical to your tax year? YES [X] 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 St. Joseph Village of Chicago # 0046581 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	317,581	60,580	275,290	653,451		653,451	(269,498)	383,953			1
2	Food Purchase		254,591		254,591		254,591	(105,165)	149,426			2
3	Housekeeping	204,843	28,807		233,650		233,650	(117,649)	116,001			3
4	Laundry		8,969		8,969		8,969	(3,733)	5,236			4
5	Heat and Other Utilities			236,857	236,857		236,857	(119,263)	117,594			5
6	Maintenance	88,438	13,439	104,262	206,139		206,139	(96,489)	109,650			6
7	Other (specify):* See Supplemental							(387)	(387)			7
8	**TOTAL General Services**	610,862	366,386	616,409	1,593,657		1,593,657	(712,184)	881,473			8
	B. Health Care and Programs											
9	Medical Director			20,000	20,000		20,000	(5,879)	14,121			9
10	Nursing and Medical Records	2,142,182	73,445	10,457	2,226,084		2,226,084	(67,718)	2,158,366			10
10a	Therapy			350	350		350		350			10a
11	Activities	117,796	4,480	2,907	125,183		125,183	(52,109)	73,074			11
12	Social Services	137,431	4,550	22,063	164,044		164,044	(68,286)	95,758			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* See Supplemental							(1,162)	(1,162)			15
16	**TOTAL Health Care and Programs**	2,397,409	82,475	55,777	2,535,661		2,535,661	(195,154)	2,340,507			16
	C. General Administration											
17	Administrative	141,390		636,432	777,822		777,822	(673,800)	104,022			17
18	Directors Fees											18
19	Professional Services			78,043	78,043		78,043	(12,791)	65,252			19
20	Dues, Fees, Subscriptions & Promotions			47,380	47,380		47,380	(8,358)	39,022			20
21	Clerical & General Office Expenses	260,597	21,478	348,219	630,294		630,294	(117,685)	512,609			21
22	Employee Benefits & Payroll Taxes			834,419	834,419		834,419		834,419			22
23	Inservice Training & Education			3,009	3,009		3,009	(1,953)	1,056			23
24	Travel and Seminar			2,078	2,078		2,078	1,363	3,441			24
25	Other Admin. Staff Transportation			654	654		654	(258)	396			25
26	Insurance-Prop.Liab.Malpractice			166,324	166,324		166,324	(40,896)	125,428			26
27	Other (specify):* See Supplemental							(9,871)	(9,871)			27
28	**TOTAL General Administration**	401,987	21,478	2,116,558	2,540,023		2,540,023	(864,249)	1,675,774			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,410,258	470,339	2,788,744	6,669,341		6,669,341	(1,771,587)	4,897,754			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.

St. Joseph Village of Chicago
Medicaid Cost Report
07/01/17 - 06/30/18

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 7 - Other General Services				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(584)	(584)
				-
Alloc. - Non-Allowable AL / IL			197	197
				-
				-
				-
Sub-Total	-	-	(387)	(387)
Line 15 - Other Health Care Services				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(1,751)	(1,751)
				-
Alloc. - Non-Allowable AL / IL			589	589
				-
				-
				-
Sub-Total	-	-	(1,162)	(1,162)
Line 27 - Other General Administration				
Franciscan Sisters of Chicago Serv Corp				-
Alloc. - Employee Benefits			(14,881)	(14,881)
				-
Alloc. - Non-Allowable AL / IL			5,010	5,010
				-
				-
				-
Sub-Total	-	-	(9,871)	(9,871)

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			783,529	783,529		783,529	(386,342)	397,187			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			811,454	811,454		811,454	(411,480)	399,974			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds							11,531	11,531			34
35	Rent-Equipment & Vehicles			2,657	2,657		2,657	(231)	2,426			35
36	Other (specify):* See Supplemental											36
37	**TOTAL Ownership**			1,597,640	1,597,640		1,597,640	(786,522)	811,118			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		361,098	752,690	1,113,788		1,113,788		1,113,788			39
40	Barber and Beauty Shops			17,335	17,335		17,335	(17,335)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			101,789	101,789		101,789		101,789			42
43	Other (specify):* See Supplemental	847,294	45,564	200,934	1,093,792		1,093,792	(1,093,792)				43
44	**TOTAL Special Cost Centers**	847,294	406,662	1,072,748	2,326,704		2,326,704	(1,111,127)	1,215,577			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,257,552	877,001	5,459,132	10,593,685		10,593,685	(3,669,236)	6,924,449			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

St. Joseph Village of Chicago
Medicaid Cost Report
07/01/17 - 06/30/18

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Line 36 - Other Capital Costs				
				-
				-
				-
				-
				-
				-
				-
Sub-Total	-	-	-	-
Line 43 - Other Special Cost Centers				
Assisted Living	759,206	31,436	111,078	901,720
Marketing	88,088	14,128	81,287	183,503
Development			8,569	8,569
				-
				-
				-
				-
Sub-Total	847,294	45,564	200,934	1,093,792

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(9,300)	02		4
5	Telephone, TV & Radio in Resident Rooms	(4,096)	21		5
6	Rented Facility Space	(450)	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	(5,826)	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		21		18
19	Entertainment	(3,238)	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	(269,227)	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	(3,205,214)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (3,497,351)		$	30

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.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(171,885)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (171,885)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,669,236)		37

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

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

St. Joseph Village of Chicago

ID# 0046581

Report Period Beginning: 07/01/17

Ending: 06/30/18

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Beauy Shop Revenue	$ (17,335)	40	1
2	Miscellaneous Revenue	(375)	21	2
3	Collection Costs	(3,976)	19	3
4	Bank Fees	(29)	21	4
5	Credit Card Fees	(6,777)	21	5
6	Cable Expense	(7,484)	21	6
7	Assisted Living	(901,720)	43	7
8	Marketing	(183,503)	43	8
9	Development	(8,569)	43	9
10				10
11				11
12				12
13				13
14				14
15	Page 5 SUPP - Assisted Living Allocations			15
16	Dietary	(269,498)	01	16
17	Food	(95,865)	02	17
18	Housekeeping	(117,649)	03	18
19	Laundry	(3,733)	04	19
20	Utilities	(119,263)	05	20
21	Maintenance	(111,207)	06	21
22	Other	197	07	22
23	Medical Director	(5,879)	09	23
24	Nursing and Medical Records	(108,517)	10	24
25	Therapy	0	10A	25
26	Activities	(52,109)	11	26
27	Social Services	(68,286)	12	27
28	CNA Training	0	13	28
29	Transportation	0	14	29
30	Other	589	15	30
31	Administrative	(37,368)	17	31
32	Director Fees	0	18	32
33	Professional Fees	(23,440)	19	33
34	Dues and Subscriptions	(13,135)	20	34
35	Clerical	(183,663)	21	35
36	Employee Benefits (Not ADJ - Rate Calculation)	0	22	36
37	Inservice Training	(1,953)	23	37
38	Seminar and Travel	(2,454)	24	38
39	Other Staff Admin. Transportation	(258)	25	39
40	Insurance	(45,058)	26	40
41	Other	5,010	27	41
42	Depreciation	(402,828)	30	42
43	Amortization	0	31	43
44	Interest	(405,654)	32	44
45	Real Estate Taxes	0	33	45
46	Rent - Building	(11,695)	34	46
47	Rent - Equipment	(1,730)	35	47
48				48
49	**Total**	(3,205,214)		49

St. Joseph Village of Chicago
Medicaid Cost Report
07/01/17 - 06/30/18

Page 5 - Non-Care Supplemental Allocation Schedule

Desciption	Cost Center	Salary	Total Allow. Exp.	Direct Nursing Home Salary	Direct Nursing Home Other	Expenses For Alloc.	Alloc. Method	Statistics Nursing Home	Statistics Total	Expenses Nursing Home	Expenses Other
Dietary	1	317,581	653,451		6,029	647,422	Meals Served	51,102	87,543	383,953	269,498
Food	2	-	245,291		14,993	230,298	Meals Served	51,102	87,543	149,426	95,865
Housekeeping	3	204,843	233,650			233,650	SQFT	46,408	93,475	116,001	117,649
Laundry	4	-	8,969			8,969	Pat. Days	17,034	29,181	5,236	3,733
Heat and Other Utilities	5	-	236,857			236,857	SQFT	46,408	93,475	117,594	119,263
Maintenance	6	88,438	220,857			220,857	SQFT	46,408	93,475	109,650	111,207
Other	7	-	(584)			(584)	Alloc. Salary	2,824,200	4,257,552	(387)	(197)
Medical Director	9	-	20,000			20,000	Dir. Staffing	1,823,427	2,582,633	14,121	5,879
Nursing and Medical Records	10	2,142,182	2,266,883	1,823,427	74,308	369,148	Dir. Staffing	1,823,427	2,582,633	2,158,366	108,517
Therapy	10a	-	350		350	-	Dir. Staffing	1,823,427	2,582,633	350	-
Activities	11	117,796	125,183			125,183	Pat. Days	17,034	29,181	73,074	52,109
Social Services	12	137,431	164,044			164,044	Pat. Days	17,034	29,181	95,758	68,286
CNA Training	13	-	-			-	N/A	-	-	-	-
Transportation	14	-	-			-	N/A	-	-	-	-
Other	15	-	(1,751)			(1,751)	Alloc. Salary	2,824,200	4,257,552	(1,162)	(589)
Administrative	17	141,390	141,390			141,390	Net. Pat. Rev.	6,890,660	9,365,998	104,022	37,368
Directors Fees	18	-	-			-	N/A	-	-	-	-
Professional Fees	19	-	88,692			88,692	Net. Pat. Rev.	6,890,660	9,365,998	65,252	23,440
Dues and Subscriptions	20	-	52,157		2,457	49,700	Net. Pat. Rev.	6,890,660	9,365,998	39,022	13,135
Office and Clerical	21	260,597	696,272		1,341	694,931	Net. Pat. Rev.	6,890,660	9,365,998	512,609	183,663
Employee Benefits	22	-	834,419			834,419	Alloc. Salary	2,824,200	4,257,552	553,503	280,916
Inservice Training and Expense	23	-	3,009			3,009	Pat. Days	17,034	29,181	1,056	1,953
Travel and Seminar	24	-	5,895			5,895	Pat. Days	17,034	29,181	3,441	2,454
Other Staff Transportation	25	-	654		35	619	Pat. Days	17,034	29,181	396	258
Insurance	26	-	170,486			170,486	Net. Pat. Rev.	6,890,660	9,365,998	125,428	45,058
Other	27	-	(14,881)			(14,881)	Alloc. Salary	2,824,200	4,257,552	(9,871)	(5,010)
Depreciation	30	-	800,015			800,015	SQFT	46,408	93,475	397,187	402,828
Amortization	31	-	-			-	N/A	-	-	-	-
Interest	32	-	805,628			805,628	SQFT	46,408	93,475	399,974	405,654
Real Estate Taxes	33	-	-			-	N/A	-	-	-	-
Rent - Facilities and Grounds	34	-	23,226			23,226	SQFT	46,408	93,475	11,531	11,695
Rent - Equipment and Vehicles	35	-	4,156			4,156	Pat. Days	17,034	29,181	2,426	1,730
Other	36	-	-			-	N/A	-	-	-	-
Medically Necessary Transportation	38	-	-			-	N/A	-	-	-	-
Ancillary Service Centers	39	-	1,113,788			1,113,788	Direct	-	-	1,113,788	-
Barber and Beauty Shop	40	-	-			-	Direct	-	-	-	-
Coffee and Gift Shops	41	-	-			-	Direct	-	-	-	-
Provider Participation Fee	42	-	101,789			101,789	Direct	-	-	101,789	-
Other	43	847,294	-			-	Direct	-	-	-	-
		4,257,552	8,999,895	1,823,427	99,513	7,076,955				6,643,533	2,356,362

STATE OF ILLINOIS

Summary A

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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 TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	(269,498)	0	0	0	0	0	0	0	0	0	0	(269,498)	1
2	Food Purchase	(105,165)	0	0	0	0	0	0	0	0	0	0	(105,165)	2
3	Housekeeping	(117,649)	0	0	0	0	0	0	0	0	0	0	(117,649)	3
4	Laundry	(3,733)	0	0	0	0	0	0	0	0	0	0	(3,733)	4
5	Heat and Other Utilities	(119,263)	0	0	0	0	0	0	0	0	0	0	(119,263)	5
6	Maintenance	(111,657)	0	15,168	0	0	0	0	0	0	0	0	(96,489)	6
7	Other (specify):*	197	0	(584)	0	0	0	0	0	0	0	0	(387)	7
8	TOTAL General Services	(726,768)	0	14,584	0	0	0	0	0	0	0	0	(712,184)	8
	B. Health Care and Programs													
9	Medical Director	(5,879)	0	0	0	0	0	0	0	0	0	0	(5,879)	9
10	Nursing and Medical Records	(108,517)	0	40,799	0	0	0	0	0	0	0	0	(67,718)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(52,109)	0	0	0	0	0	0	0	0	0	0	(52,109)	11
12	Social Services	(68,286)	0	0	0	0	0	0	0	0	0	0	(68,286)	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):*	589	0	(1,751)	0	0	0	0	0	0	0	0	(1,162)	15
16	TOTAL Health Care and Programs	(234,202)	0	39,048	0	0	0	0	0	0	0	0	(195,154)	16
	C. General Administration													
17	Administrative	(37,368)	0	(636,432)	0	0	0	0	0	0	0	0	(673,800)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(27,416)	0	14,625	0	0	0	0	0	0	0	0	(12,791)	19
20	Fees, Subscriptions & Promotions	(13,135)	0	4,777	0	0	0	0	0	0	0	0	(8,358)	20
21	Clerical & General Office Expenses	(474,889)	0	357,204	0	0	0	0	0	0	0	0	(117,685)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	(1,953)	0	0	0	0	0	0	0	0	0	0	(1,953)	23
24	Travel and Seminar	(2,454)	0	3,817	0	0	0	0	0	0	0	0	1,363	24
25	Other Admin. Staff Transportation	(258)	0	0	0	0	0	0	0	0	0	0	(258)	25
26	Insurance-Prop.Liab.Malpractice	(45,058)	0	4,162	0	0	0	0	0	0	0	0	(40,896)	26
27	Other (specify):*	5,010	0	(14,881)	0	0	0	0	0	0	0	0	(9,871)	27
28	TOTAL General Administration	(597,521)	0	(266,728)	0	0	0	0	0	0	0	0	(864,249)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,558,491)	0	(213,096)	0	0	0	0	0	0	0	0	(1,771,587)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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)	
	D. Ownership													
30	Depreciation	(402,828)	0	16,486	0	0	0	0	0	0	0	0	(386,342)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(411,480)	0	0	0	0	0	0	0	0	0	0	(411,480)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(11,695)	0	23,226	0	0	0	0	0	0	0	0	11,531	34
35	Rent-Equipment & Vehicles	(1,730)	0	1,499	0	0	0	0	0	0	0	0	(231)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(827,733)	0	41,211	0	0	0	0	0	0	0	0	(786,522)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(17,335)	0	0	0	0	0	0	0	0	0	0	(17,335)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(1,093,792)	0	0	0	0	0	0	0	0	0	0	(1,093,792)	43
44	**TOTAL Special Cost Centers**	(1,111,127)	0	0	0	0	0	0	0	0	0	0	(1,111,127)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(3,497,351)	0	(171,885)	0	0	0	0	0	0	0	0	(3,669,236)	45

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

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

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Maintenance - Salary	$	Franciscan Sisters of Chicago Service Corporation	100.00%	$ 10,590	$ 10,590	15
16	V	6	Maintenance - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	4,578	4,578	16
17	V	7	Emp. Ben. - General Services		Franciscan Sisters of Chicago Service Corporation	100.00%	(584)	(584)	17
18	V	10	Nursing - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	31,739	31,739	18
19	V	10	Nursing - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	9,060	9,060	19
20	V	15	Emp. Ben. - HC and Programs		Franciscan Sisters of Chicago Service Corporation	100.00%	(1,751)	(1,751)	20
21	V	19	Professional Fees		Franciscan Sisters of Chicago Service Corporation	100.00%	14,625	14,625	21
22	V	20	Dues and Subscriptions		Franciscan Sisters of Chicago Service Corporation	100.00%	4,777	4,777	22
23	V	21	Clerical - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	269,791	269,791	23
24	V	21	Clerical - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	87,413	87,413	24
25	V	24	Seminar and Travel		Franciscan Sisters of Chicago Service Corporation	100.00%	3,817	3,817	25
26	V	26	Insurance		Franciscan Sisters of Chicago Service Corporation	100.00%	4,162	4,162	26
27	V	27	Emp. Ben. - General Admin.		Franciscan Sisters of Chicago Service Corporation	100.00%	(14,881)	(14,881)	27
28	V	30	Depreciation		Franciscan Sisters of Chicago Service Corporation	100.00%	16,486	16,486	28
29	V	34	Rent - Building		Franciscan Sisters of Chicago Service Corporation	100.00%	23,226	23,226	29
30	V	35	Rent - Equipment		Franciscan Sisters of Chicago Service Corporation	100.00%	1,499	1,499	30
31	V	17	Management Fees	636,432	Franciscan Sisters of Chicago Service Corporation	100.00%		(636,432)	31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 636,432			$ 464,547	$ * (171,885)	39

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

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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 St. Joseph Village of Chicago # 0046581 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 [X]

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 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 St. Joseph Village of Chicago # 0046581 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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance - Salary	Management Fees	9,151,107	10	$ 152,273	$ 152,273	636,432	$ 10,590	1
2	6	Maintenance - Other	Management Fees	9,151,107	10	65,826		636,432	4,578	2
3	7	Emp. Ben. - Gen. Services	% of Salary	481,948	10	(16,352)		17,216	(584)	3
4	10	Nursing - Salary	Management Fees	9,151,107	10	456,367	456,367	636,432	31,739	4
5	10	Nursing - Other	Management Fees	9,151,107	10	130,275		636,432	9,060	5
6	15	Emp. Ben. - HC and Programs	% of Salary	481,948	10	(49,008)		17,216	(1,751)	6
7	19	Professional Fees	Management Fees	9,151,107	10	210,292		636,432	14,625	7
8	20	Dues and Subscriptions	Management Fees	9,151,107	10	68,687		636,432	4,777	8
9	21	Clerical - Salary	Management Fees	9,151,107	10	3,879,266	3,879,266	636,432	269,791	9
10	21	Clerical - Other	Management Fees	9,151,107	10	1,256,887		636,432	87,413	10
11	24	Seminar and Travel	Management Fees	9,151,107	10	54,882		636,432	3,817	11
12	26	Insurance	Management Fees	9,151,107	10	59,840		636,432	4,162	12
13	27	Emp. Ben. - Gen. Admin.	% of Salary	481,948	10	(416,587)		17,216	(14,881)	13
14	30	Depreciaton	Management Fees	9,151,107	10	237,050		636,432	16,486	14
15	34	Rent - Building	Management Fees	9,151,107	10	333,958		636,432	23,226	15
16	35	Rent - Equipment	Management Fees	9,151,107	10	21,555		636,432	1,499	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		$ 464,547	25

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Amalgamated Bank		X	Acquisition	Varies	03/17/13	$ 9,664,936	$ 9,255,000	05/01/47	4.860%	$ 417,276	1
2	Amalgamated Bank		X	Acquisition / Refinance	Varies	06/28/17	3,924,698	3,836,000	05/01/47	4.860%	169,446	2
3	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	442,186	432,700	05/01/47	Variable	19,091	3
4	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	1,067,093	1,019,950	05/01/47	Variable	46,071	4
5	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	2,139,479	2,050,510	05/01/47	2.830%	92,370	5
	Working Capital											
6	Long Term Debt Continued											6
7	Windtrust Bank		X	Acquisition / Refinance	Varies	06/28/17	1,556,492	1,485,940	05/01/47	Variable	67,200	7
8												8
9	TOTAL Facility Related						$ 18,794,883	$ 18,080,100			$ 811,454	9
	B. Non-Facility Related*											
10	Interest Income		X								(5,826)	10
11												11
12	Alloc. - Non-Allowable AL/IL										(405,654)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (411,480)	14
15	TOTALS (line 9+line14)						$ 18,794,883	$ 18,080,100			$ 399,974	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.)

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2017 report. **Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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 $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$		7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2013		8
	2014		9
	2015		10
	2016		11
	2017		12

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

	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

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

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME St. Joseph Village of Chicago COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0046581

CONTACT PERSON REGARDING THIS REPORT Christopher S. Joos

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

A. **Summary of Real Estate Tax Cost**

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

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

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 46,408 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Assisted Living - 42,457 Square Feet
Dr. Offices - 180 Square Feet
Therapy Room - 1,840 Square Feet
Retail Food - 2.590 Square Feet
Chapel - 4,110 Square Feet

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

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		2003	$ 141,036	1
2					2
3	TOTALS			$ 141,036	3

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	54		2006	2006	$ 10,146,462	$		$	$	$	4
5			2007	2007	(315,077)						5
6											6
7											7
8											8
	Improvement Type**										
9	Various			2007	24,402						9
10	Various			2008	29,726						10
11	Various			2009	6,967						11
12	Various			2010	4,092						12
13	Various			2012	14,038						13
14	Various			2013	10,229						14
15	Nurse Workstations - 3rd Floor (TC = $5,875)			2014	5,875						15
16	Entrance Sign and Lighting - Main Entrance (TC = $14,555)			2014	7,226						16
17	Gazebo (TC = $8,430)			2015	4,185						17
18	Boiler - Boiler Tubes and Head Gaskets (TC = $3,290)			2015	1,589						18
19	Sidewalk and Landscapting (TC = $8,100)			2015	4,021						19
20	Landscaping - Gazebo (TC = $6,770)			2016	3,361						20
21	Boiler Room - Boiler (TC = $48,877)			2017	24,266						21
22	Boiler Room - Ejector Pump (TC = $3,782)			2017	1,878						22
23	Security System (TC = $5,045)			2017	2,505						23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											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 & ID Number St. Joseph Village of Chicago # 0046581 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	
37			$	$		$	$	$	37
38	Current Fiscal Year Additions: 2017 - 2018								38
39									39
40	Flooring - Carpet (TC = $3,195)	2017	1,586						40
41	Windows - Resident Rooms (TC = $2,700)	2017	1,340						41
42	Door - Front Entry (TC = $5,722)	2018	2,841						42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68	Depreciation			397,187		397,187		6,002,729	68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,981,512	$ 397,187		$ 397,187	$	$ 6,002,729	70

SEE ACCOUNTANTS' PREPARATION REPORT

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

St. Joseph Village of Chicago
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Page 12 Supp 1 - CY Leasehold Improvement Additions

					Capitalized		Expensed	
Desciption	**Acquisiton Date**	**Cost**	**Class**	**Method**	**Nursing Home**	**Other**	**Nursing Home**	**Other**
Flooring - Carpet	2017	3,195	LIMP	Indirect	1,586	1,609		
Windows - Resident Rooms	2017	2,700	LIMP	Indirect	1,340	1,360		
Door - Front Entry	2018	5,722	LIMP	Indirect	2,841	2,881		
		11,617			5,768	5,849	-	-

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

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	$ 725,900	$	$	$		$	71
72	Current Year Purchases	15,730						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 741,630	$	$	$		$	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	Faciliy	Bus	2007	$ 2,289	$	$	$		$	76
77	Faciliy	Bus	2016	34,151						77
78	Facility (TC = $66,703)	Bus	2018	33,116						78
79										79
80	TOTALS			$ 69,556	$	$	$		$	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$	10,933,735	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	397,187	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	397,187	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$		84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	6,002,729	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	$ 11,144,515	$	$	86
87	Non-Care Assets - CY LIMP Add.	5,849			87
88	Non-Care Assets - CY EQIP Add.	15,954			88
89	Non-Care Assets - CY AUTO Add.	33,587			89
90	Depreciation		386,342	5,838,828	90
91	TOTALS	$ 11,199,905	$ 386,342	$ 5,838,828	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.

SEE ACCOUNTANTS' PREPARATION REPORT

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

St. Joseph Village of Chicago
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Page 13 - CY Equipment, Funiture and Vehicle Additions

					Capitalized		Expensed	
Desciption	**Acquisiton Date**	**Cost**	**Class**	**Method**	**Nursing Home**	**Other**	**Nursing Home**	**Other**
Equipment	2017	30,366	EQIP	Indirect	15,076	15,290		
Equipment	2018	1,318	EQIP	Indirect	654	664		
Bus	2018	66,703	AUTO	Indirect	33,116	33,587		
		98,387			48,847	49,540	-	-

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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 [X] 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				11,531			6
7	TOTAL				$ 11,531 **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

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.	/2019	$
13.	/2020	$
14.	/2021	$

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

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

16. Rental Amount for movable equipment: $ 2,426 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

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Page 14 Supplemental Schedule

Desciption	Amount	Total
Building Rental		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Building Rent	23,226	23,226
		-
Alloc. - Non-Allowable AL / IL	(11,695)	(11,695)
		-
		-
		-
		-
		-
		-
		-
		-
		-
Total	11,531	11,531
Equipment Rental		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Equipment Rent	1,499	1,499
		-
Postage Machine	2,657	2,657
		-
		-
Alloc. - Non-Allowable AL / IL	(1,730)	(1,730)
		-
		-
		-
		-
		-
		-
Total	2,426	2,426

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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
   - [X] 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 [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' PREPARATION REPORT

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

	1	2		3	4	5	6	7	8	
	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	$		$ 214,412	$		$ 214,412	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			91,012			91,012	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			304,401			304,401	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 prescrpts				257,958		257,958	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See Supplemental	39 - 02					103,140		103,140	12
13	Other (specify): See Supplemental	39 - 03				142,865			142,865	13
14	TOTAL			$		$ 752,690	$ 361,098		$ 1,113,788	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

St. Joseph Village of Chicago
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Page 16 Supplemental Schedule

Description	Salaries	Supplies	Other	Total
Medical Supplies		92,414		92,414
Oxygen		10,726		10,726
Laboratory			11,087	11,087
Radiology			10,705	10,705
Medical Equipment Rental			82,914	82,914
Other			38,159	38,159
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
Total	-	103,140	142,865	246,005

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 761	$	1
2	Cash-Patient Deposits	3,849		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 149,851)	823,467		3
4	Supply Inventory (priced at)	41,186		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	44,823		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental Schedule			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 914,086	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,355,189		13
14	Buildings, at Historical Cost	15,183,540		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	5,440,750		16
17	Accumulated Depreciation (book methods)	(11,841,557)		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): See Supplemental Schedule			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 10,137,922	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,052,008	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 309,615	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,849		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	361,892		30
31	Accrued Taxes Payable (excluding real estate taxes)	6,065		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	111,631		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 793,052	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 793,052	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 10,258,956	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 11,052,008	$	48

SEE ACCOUNTANTS' PREPARATION REPORT

***(See instructions.)**

St. Joseph Village of Chicago
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Page 17 Supplemental Schedule

Description	Operating	Building	Total
Line 9 - Other Current Assets			
			-
			-
			-
			-
			-
Sub-Total	-	-	-
Line 23 - Long Term Assets			
			-
			-
			-
			-
			-
Sub-Total	-	-	-
Line 36 - Other Current Liability			
Reservation Deposits	7,000		7,000
Refundable Deposits	92,398		92,398
NonRefundable Deposits	12,233		12,233
			-
			-
Sub-Total	111,631	-	111,631
Line 43 - Long term Liabilities			
			-
			-
			-
			-
			-
Sub-Total	-	-	-

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 10,926,750	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 10,926,750	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,060,786)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,060,786)	17
	B. Transfers (Itemize):		
18	**FC Holding - Intercompany Transfer**	397,314	18
19	**Temporarily Restricted Net Assets Released**	(4,322)	19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ 392,992	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 10,258,956	24 *

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

SEE ACCOUNTANTS' PREPARATION REPORT

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

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,365,998	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,365,998	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	105,188	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 105,188	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	20,520	13
14	Non-Patient Meals	9,300	14
15	Telephone, Television and Radio	4,096	15
16	Rental of Facility Space	450	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 34,366	23
	D. Non-Operating Revenue		
24	Contributions	19,000	24
25	Interest and Other Investment Income***	5,826	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 24,826	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	2,521	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,521	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,532,899	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,593,657	31
32	Health Care	2,535,661	32
33	General Administration	2,540,023	33
	B. Capital Expense		
34	Ownership	1,597,640	34
	C. Ancillary Expense		
35	Special Cost Centers	2,224,915	35
36	Provider Participation Fee	101,789	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,593,685	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,060,786)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,060,786)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 498,407	44
45	Private Pay - Net Inpatient Revenue	3,036,907	45
46	Medicare - Net Inpatient Revenue	2,929,226	46
47	Other-(specify) Insurance - Net Inpatient Revenue	426,120	47
48	Other-(specify) Private Pay - Assisted and Independent Living	2,475,338	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 9,365,998	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

St. Joseph Village of Chicago
Medicaid Cost Report
07/01/17 - 06/30/18

Page 19 Supplemental Schedule

Description	Amount	Total
Transportation Revenue	2,146	2,146
Miscellaneous Revenue	375	375
		-
		-
		-
		-
		-
		-
		-
		-
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		-
		-
		-
		-
Total	2,521	2,521

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 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 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,583	1,742	$ 88,176	$ 50.62	1
2	Assistant Director of Nursing	301	301	10,983	36.49	2
3	Registered Nurses	28,440	31,360	1,110,112	35.40	3
4	Licensed Practical Nurses	1,677	1,871	52,759	28.20	4
5	CNAs & Orderlies	41,951	46,538	697,299	14.98	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,742	2,086	52,836	25.33	9
10	Activity Assistants	4,536	4,973	64,960	13.06	10
11	Social Service Workers	1,824	1,959	60,616	30.94	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	6,705	7,260	119,595	16.47	14
15	Cook Helpers/Assistants	14,932	16,150	197,986	12.26	15
16	Dishwashers					16
17	Maintenance Workers	3,443	3,968	88,438	22.29	17
18	Housekeepers	12,466	14,476	204,843	14.15	18
19	Laundry					19
20	Administrator	1,886	2,127	141,390	66.47	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,912	2,148	58,349	27.16	23
24	Clerical	16,052	17,959	202,249	11.26	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					31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	59,203	65,365	1,106,961	16.94	33
34	TOTAL (lines 1 - 33)	198,653	220,283	$ 4,257,552 *	$ 19.33	34

SEE ACCOUNTANTS' PREPARATION REPORT

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director		20,000	09 - 03	36
37	Medical Records Consultant				37
38	Nurse Consultant		9,512	10 - 03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant		350	10A - 03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant		1,423	11 - 03	44
45	Social Service Consultant			12 - 03	45
46	Other(specify)				46
47	See Supplemental Schedule		287,750		47
48					48
49	TOTAL (lines 35 - 48)		$ 319,035		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides		945	10 - 03	52
53	TOTAL (lines 50 - 52)		$ 945		53

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

** See instructions.

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Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
Nursing Home Employees							
Other Nursing Administration	10	14,961	16,863	182,852	10.84		
Pastoral Care	12	1,737	1,951	76,815	39.37		
Assisted Living	43	39,884	43,537	759,206	17.44		
Marketing	43	2,621	3,014	88,088	29.23		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
					-		
Total		59,203	65,365	1,106,961	16.94		
Contracted Services							
Dietary Management	01						61,146
Dietary Labor	01						205,829
Priest	12						18,800
Organists	12						1,975
Total						-	287,750

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Brian Celerio	Exec. Dir.	0	$ 141,390
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 141,390

B. Administrative - Other

Description	Amount
Franciscan Sisters of Chicago Service Corp.	$ 636,432
TOTAL (agree to Schedule V, line 17, col. 3)	$ 636,432
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Plante & Moran, PLLC	Audit and Accounting	$ 18,300
Probusiness / Ultipro	Payroll Processing	19,269
Ability Network	Data Processing	6,121
FMLA Source	Data Processing	1,424
Joint Commission	Accredidation	23,218
Other	Other	5,735
Non-Allowable	Collections	3,976
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 78,043

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ (49,441)
Unemployment Compensation Insurance	1,859
FICA Taxes	318,039
Employee Health Insurance	372,713
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Disability Insurance	13,681
Life Insurance	6,622
Retirement Benefits	86,589
Other Benefits	84,357
TOTAL (agree to Schedule V, line 22, col.8)	$ 834,419

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	20,820
Health Care Worker Background Check	8,067
(Indicate # of checks performed)	
Patient Background Checks	
Dues and Subscriptions	17,736
Licenses	757
Alloc. - FSCSC (See Page 6A Alloc.)	4,777
Alloc. - Non Allowable AL / IL	(13,135)
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 39,022

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	2,078
Alloc. - FSCSC (See Page 6A Alloc.)	3,817
Alloc. - Non Allowable AL / IL	(2,454)
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,441

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' PREPARATION REPORT

Facility Name & ID Number St. Joseph Village of Chicago # 0046581 Report Period Beginning: 07/01/17 Ending: 06/30/18

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. $ **22,542** 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. $ **101,789**
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. $ **9,300**

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