

		FOR BHF USE					

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**2020  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2020)**

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

<p><b>I. IDPH License ID Number:</b> <u>0045419</u></p> <p><b>Facility Name:</b> <u>Franciscan Village</u></p> <p><b>Address:</b> <u>1270 Franciscan Dr</u> <u>Lemont</u> <u>60439</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(630) 257 - 5801</u> Fax # <u>(630) 257 - 2245</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>04/19/65</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT  <input checked="" type="checkbox"/> Charitable Corp.  <input type="checkbox"/> Trust            IRS Exemption Code _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> PROPRIETARY  <input type="checkbox"/> Individual  <input type="checkbox"/> Partnership  <input type="checkbox"/> Corporation  <input type="checkbox"/> "Sub-S" Corp.  <input type="checkbox"/> Limited Liability Co.  <input type="checkbox"/> Trust  <input type="checkbox"/> Other _____         </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL  <input type="checkbox"/> State  <input type="checkbox"/> County  <input type="checkbox"/> Other _____         </td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Denise A. Leonard</u> <b>Telephone Number:</b> <u>(216) 274-6514</u>  <b>Email Address:</b> _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT <input checked="" type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/19</u> to <u>06/30/20</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">           (Signed) _____            (Type or Print Name) _____            (Title) _____         </td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">           (Signed) _____            (Date) _____            (Print Name and Title) <u>Denise A. Leonard, CPA</u>  <u>Partner, Health and Human Services</u>            (Firm Name &amp; Address) <u>Plante &amp; Moran, PLLC</u>  <u>1111 Superior Ave #1250, Cleveland, OH 44114</u>            (Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u> </td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE          ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES          201 S. Grand Avenue East          Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Denise A. Leonard, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante &amp; Moran, PLLC</u> <u>1111 Superior Ave #1250, Cleveland, OH 44114</u> (Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u>
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Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____							
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Denise A. Leonard, CPA</u> <u>Partner, Health and Human Services</u> (Firm Name & Address) <u>Plante &amp; Moran, PLLC</u> <u>1111 Superior Ave #1250, Cleveland, OH 44114</u> (Telephone) <u>(216) 274-6514</u> Fax # <u>(248) 233-7349</u>							

Facility Name & ID Number Franciscan Village

# 0045419 Report Period Beginning: 07/01/19 Ending: 06/30/20

**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	46,482	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	46,482	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	7,863	20,351	8,488	36,702	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,863	20,351	8,488	36,702	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.96%

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 127 and days of care provided 6,587

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: 06/30/20 Fiscal Year: 06/30/20

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

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/19 Ending: 06/30/20

**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	410,884	193,894	1,202,512	1,807,290	1,807,290	(1,036,759)	770,531			1
2	Food Purchase		747,166		747,166	747,166	(521,361)	225,805			2
3	Housekeeping	550,910	82,234	28,239	661,383	661,383	(292,190)	369,193			3
4	Laundry		31,872	226,724	258,596	258,596	(148,542)	110,054			4
5	Heat and Other Utilities			572,464	572,464	572,464	(466,677)	105,787			5
6	Maintenance	338,591	122,721	421,549	882,861	882,861	(681,936)	200,925			6
7	Other (specify):* <a href="#">See Supplemental</a>			148,754	148,754	148,754	(59,568)	89,186			7
8	<b>TOTAL General Services</b>	1,300,385	1,177,887	2,600,242	5,078,514	5,078,514	(3,207,033)	1,871,481			8
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,500	27,500	27,500	(8,179)	19,321			9
10	Nursing and Medical Records	3,269,589	287,135	251,244	3,807,968	3,807,968	(123,543)	3,684,425			10
10a	Therapy			950,134	950,134	950,134		950,134			10a
11	Activities	231,731		814	232,545	232,545	(132,624)	99,921			11
12	Social Services	235,209		58,321	293,530	293,530	(141,670)	151,860			12
13	CNA Training		270		270	270	(270)				13
14	Program Transportation	67,259			67,259	67,259	(56,140)	11,119			14
15	Other (specify):* <a href="#">See Supplemental</a>						13,039	13,039			15
16	<b>TOTAL Health Care and Programs</b>	3,803,788	287,405	1,288,013	5,379,206	5,379,206	(449,387)	4,929,819			16
	<b>C. General Administration</b>										
17	Administrative	275,531		1,766,244	2,041,775	2,041,775	(1,789,027)	252,748			17
18	Directors Fees										18
19	Professional Services			126,743	126,743	126,743	(39,359)	87,384			19
20	Dues, Fees, Subscriptions & Promotions			94,053	94,053	94,053	(39,480)	54,573			20
21	Clerical & General Office Expenses	1,387,093	80,868	353,536	1,821,497	1,821,497	(572,097)	1,249,400			21
22	Employee Benefits & Payroll Taxes			2,331,283	2,331,283	2,331,283		2,331,283			22
23	Inservice Training & Education										23
24	Travel and Seminar			11,305	11,305	11,305	(7,378)	3,927			24
25	Other Admin. Staff Transportation			29,878	29,878	29,878	(24,939)	4,939			25
26	Insurance-Prop.Liab.Malpractice			478,732	478,732	478,732	(216,836)	261,896			26
27	Other (specify):* <a href="#">See Supplemental</a>	269,767	212	192,356	462,335	462,335	(324,606)	137,729			27
28	<b>TOTAL General Administration</b>	1,932,391	81,080	5,384,130	7,397,601	7,397,601	(3,013,722)	4,383,879			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,036,564	1,546,372	9,272,385	17,855,321	17,855,321	(6,670,142)	11,185,179			29

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

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  
 07/01/19 - 06/30/20

Page 3 Supplemental Schedule

Description	Salaries	Supplies	Other	Adjustments	Total
<b>Line 7 - Other General Services</b>					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				8,321	8,321
					-
Alloc. - Non-Allowable AL / IL				(67,889)	(67,889)
					-
Trash and Refuse Removal			60,554		60,554
Security Services			88,200		88,200
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>148,754</u>	<u>(59,568)</u>	<u>89,186</u>
<b>Line 15 - Other Health Care Services</b>					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				22,965	22,965
					-
Alloc. - Non-Allowable AL / IL				(9,926)	(9,926)
					-
					-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>-</u>	<u>13,039</u>	<u>13,039</u>
<b>Line 27 - Other General Administration</b>					
Franciscan Sisters of Chicago Serv Corp					-
Alloc. - Employee Benefits				209,054	209,054
					-
Alloc. - Non-Allowable AL / IL				(104,841)	(104,841)
					-
Promotional Advertising/Marketing	269,767	212	158,840	(428,819)	-
Other Administrative			33,516		33,516
Contributions and Donations					-
<b>Sub-Total</b>	<u>269,767</u>	<u>212</u>	<u>192,356</u>	<u>(324,606)</u>	<u>137,729</u>

Facility Name & ID Number Franciscan Village

#0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

## 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			2,993,289	2,993,289		2,993,289	(2,341,473)	651,816			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,869,929	1,869,929		1,869,929	(1,468,542)	401,387			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			68,423	68,423		68,423	(68,362)	61			34
35	Rent-Equipment & Vehicles			19,016	19,016		19,016	(15,231)	3,785			35
36	Other (specify):* <a href="#">See Supplemental</a>											36
37	<b>TOTAL Ownership</b>			4,950,657	4,950,657		4,950,657	(3,893,608)	1,057,049			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	73,515	2,205	503,740	579,460		579,460		579,460			39
40	Barber and Beauty Shops	7,251		59,849	67,100		67,100	(67,100)				40
41	Coffee and Gift Shops		2,027		2,027		2,027	(2,027)				41
42	Provider Participation Fee			253,728	253,728		253,728		253,728			42
43	Other (specify):* <a href="#">See Supplemental</a>	1,480,931	42,950	642,149	2,166,030		2,166,030	(2,166,030)				43
44	<b>TOTAL Special Cost Centers</b>	1,561,697	47,182	1,459,466	3,068,345		3,068,345	(2,235,157)	833,188			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	8,598,261	1,593,554	15,682,508	25,874,323		25,874,323	(12,798,907)	13,075,416			45

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

Franciscan Village  
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 07/01/19 - 06/30/20

Page 4 Supplemental Schedule

Description	Salaries	Supplies	Other	Adjustments	Total
<b>Line 36 - Other Capital Costs</b>					
					-
					-
					-
					-
					-
					-
<b>Sub-Total</b>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Line 43 - Other Special Cost Centers</b>					
Other Long Term Care (AL)	1,319,334	7,263	19,259	(1,345,856)	-
Other Long Term Care (IL)	161,597	64	351	(162,012)	-
Other Non Reimbursable		35,623	622,539	(658,162)	-
					-
					-
					-
<b>Sub-Total</b>	<u>1,480,931</u>	<u>42,950</u>	<u>642,149</u>	<u>(2,166,030)</u>	<u>-</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	(215,399)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(68,423)	34		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	(75)	32		10
11	Discounts, Allowances, Rebates & Refunds	(727)	21		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	(87,001)	21		18
19	Entertainment				19
20	Contributions		27		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(226,500)	21		24
25	Fund Raising, Advertising and Promotional	(428,819)	27		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	(11,627,423)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (12,654,367)		\$	30

<b>BHF USE ONLY</b>							
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	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)	(144,540)	VII-B	34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (144,540)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (12,798,907)		37

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

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

		1	2	3	4	
		<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>			\$		47

Franciscan Village

ID# 0045419

Report Period Beginning: 07/01/19

Ending: 06/30/20

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Independent Living	\$ (162,012)	43	1
2	Additional R&M	10,563	6	2
3	Cable	(79,659)	5	3
4	Assisted Living	(1,345,856)	43	4
5	Beauty Shop	(67,100)	40	5
6	Other Non Reimbursable- Other	(658,162)	43	6
7	Other Income- Activities	(21,739)	11	7
8	Other Income- Administrative	(1,600)	21	8
9	Communications	(388)	21	9
10	Other Income-Maintenance	(50)	6	10
11	Other Income-Laundry	(26,412)	4	11
12	Misc. Revenue	(11,011)	21	12
13	Gift Shop	(2,027)	41	13
14	Alcohol Expense	(2,138)	2	14
15	Collections Expense	(5,307)	19	15
16	Page 5 SUPP - Assisted Living Allocations	0		16
17	Dietary	(1,036,759)	01	17
18	Food	(303,824)	02	18
19	Housekeeping	(292,190)	03	19
20	Laundry	(122,130)	04	20
21	Utilities	(387,018)	05	21
22	Maintenance	(735,080)	06	22
23	Other	(67,889)	07	23
24	Medical Director	(8,179)	09	24
25	Nursing and Medical Records	(228,269)	10	25
26	Therapy	0	10A	26
27	Activities	(110,885)	11	27
28	Social Services	(141,670)	12	28
29	CNA Training	(270)	13	29
30	Transportation	(56,140)	14	30
31	Other	(9,926)	15	31
32	Administrative	(229,705)	17	32
33	Director Fees	0	18	33
34	Professional Fees	(79,418)	19	34
35	Dues and Subscriptions	(49,597)	20	35
36	Clerical	(1,135,495)	21	36
37	Employee Benefits (Not ADJ - Rate Calculation)	0	22	37
38	Inservice Training	0	23	38
39	Seminar Travel	(19,828)	24	39
40	Other Staff Admin Transportation	(24,939)	25	40
41	Insurance	(238,020)	26	41
42	Other	(104,841)	27	42
43	Depreciation	(2,384,655)	30	43
44	Amortization	0	31	44
45	Interest	(1,468,467)	32	45
46	Real Estate Taxes	0	33	46
47	Rent - Building	(224)	34	47
48	Rent - Equipment	(19,107)	35	48
49	<b>Total</b>	(11,627,423)		49



Franciscan Village  
 Medicaid Cost Report  
 07/01/19 - 06/30/20

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	410,884	1,807,290			1,807,290	Meals Served	110,106	258,255	770,531	1,036,759
Food	2	-	529,629			529,629	Meals Served	110,106	258,255	225,805	303,824
Housekeeping	3	550,910	661,383			661,383	SQFT (1)	880,208	1,576,830	369,193	292,190
Laundry	4	-	232,184			232,184	Pat. Days (2)	36,702	77,431	110,054	122,130
Heat and Other Utilities	5	-	492,805			492,805	SQFT	62,872	292,888	105,787	387,018
Maintenance	6	338,591	936,005			936,005	SQFT	62,872	292,888	200,925	735,080
Other	7	-	157,075			157,075	Alloc. Salary	4,882,014	8,598,261	89,186	67,889
Medical Director	9	-	27,500			27,500	Dir. Staffing	3,116,592	4,435,926	19,321	8,179
Nursing and Medical Records	10	3,269,589	3,912,694	3,116,592	28,605	767,497	Dir. Staffing	3,116,592	4,435,926	3,684,425	228,269
Therapy	10a	-	950,134			950,134	Direct	-	-	950,134	-
Activities	11	231,731	210,806			210,806	Pat. Days (2)	36,702	77,431	99,921	110,885
Social Services	12	235,209	293,530			293,530	Pat. Days (3)	36,702	70,941	151,860	141,670
CNA Training	13	-	270			270	Dir. Staffing	-	64	-	270
Transportation	14	67,259	67,259			67,259	Pat. Days	36,702	222,004	11,119	56,140
Other	15	-	22,965			22,965	Alloc. Salary	4,882,014	8,598,261	13,039	9,926
Administrative	17	275,531	482,453			482,453	Net. Pat. Rev.	13,156,249	25,113,071	252,748	229,705
Directors Fees	18	-	-			-	N/A	-	-	-	-
Professional Fees	19	-	166,802			166,802	Net. Pat. Rev.	13,156,249	25,113,071	87,384	79,418
Dues and Subscriptions	20	-	104,170			104,170	Net. Pat. Rev.	13,156,249	25,113,071	54,573	49,597
Office and Clerical	21	1,387,093	2,384,895			2,384,895	Net. Pat. Rev.	13,156,249	25,113,071	1,249,400	1,135,495
Employee Benefits	22	-	2,331,283			2,331,283	Not Adj - Rate Calc	-	-	2,331,283	-
Inservice Training and Expense	23	-	-			-	Pat. Days	36,702	222,004	-	-
Travel and Seminar	24	-	23,755			23,755	Pat. Days	36,702	222,004	3,927	19,828
Other Staff Transportation	25	-	29,878			29,878	Pat. Days	36,702	222,004	4,939	24,939
Insurance	26	-	499,916			499,916	Net. Pat. Rev.	13,156,249	25,113,071	261,896	238,020
Other	27	269,767	242,570			242,570	Alloc. Salary	4,882,014	8,598,261	137,729	104,841
Depreciation	30	-	3,036,471			3,036,471	SQFT	62,872	292,888	651,816	2,384,655
Amortization	31	-	-			-	Net. Pat. Rev.	13,156,249	25,113,071	-	-
Interest	32	-	1,869,854			1,869,854	SQFT	62,872	292,888	401,387	1,468,467
Real Estate Taxes	33	-	-			-	N/A	-	-	-	-
Rent - Facilities and Grounds	34	-	285			285	SQFT	62,872	292,888	61	224
Rent - Equipment and Vehicles	35	-	22,892			22,892	Pat. Days	36,702	222,004	3,785	19,107
Other	36	-	-			-	N/A	-	-	-	-
Medically Necessary Transportation	38	-	-			-	N/A	-	-	-	-
Ancillary Service Centers	39	73,515	579,460			579,460	Direct	-	-	579,460	-
Barber and Beauty Shop	40	7,251	-			-	Direct	-	-	-	-
Coffee and Gift Shops	41	-	-			-	Direct	-	-	-	-
Provider Participation Fee	42	-	253,728			253,728	Direct	-	-	253,728	-
Other	43	1,480,931	-			-	Direct	-	-	-	-
		8,598,261	22,329,941	3,116,592	28,605	19,184,744				13,075,416	9,254,525

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Franciscan Village# 0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

## 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	(1,036,759)	0	0	0	0	0	0	0	0	0	0	(1,036,759)	1
2	Food Purchase	(521,361)	0	0	0	0	0	0	0	0	0	0	(521,361)	2
3	Housekeeping	(292,190)	0	0	0	0	0	0	0	0	0	0	(292,190)	3
4	Laundry	(148,542)	0	0	0	0	0	0	0	0	0	0	(148,542)	4
5	Heat and Other Utilities	(466,677)	0	0	0	0	0	0	0	0	0	0	(466,677)	5
6	Maintenance	(724,567)	0	42,631	0	0	0	0	0	0	0	0	(681,936)	6
7	Other (specify):*	(67,889)	0	8,321	0	0	0	0	0	0	0	0	(59,568)	7
8	<b>TOTAL General Services</b>	<b>(3,257,985)</b>	<b>0</b>	<b>50,952</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>(3,207,033)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	(8,179)	0	0	0	0	0	0	0	0	0	0	(8,179)	9
10	Nursing and Medical Records	(228,269)	0	104,726	0	0	0	0	0	0	0	0	(123,543)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(132,624)	0	0	0	0	0	0	0	0	0	0	(132,624)	11
12	Social Services	(141,670)	0	0	0	0	0	0	0	0	0	0	(141,670)	12
13	CNA Training	(270)	0	0	0	0	0	0	0	0	0	0	(270)	13
14	Program Transportation	(56,140)	0	0	0	0	0	0	0	0	0	0	(56,140)	14
15	Other (specify):*	(9,926)	0	22,965	0	0	0	0	0	0	0	0	13,039	15
16	<b>TOTAL Health Care and Programs</b>	<b>(577,078)</b>	<b>0</b>	<b>127,691</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>(449,387)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(229,705)	0	(1,559,322)	0	0	0	0	0	0	0	0	(1,789,027)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(84,725)	0	45,366	0	0	0	0	0	0	0	0	(39,359)	19
20	Fees, Subscriptions & Promotions	(49,597)	0	10,117	0	0	0	0	0	0	0	0	(39,480)	20
21	Clerical & General Office Expenses	(1,462,722)	0	890,625	0	0	0	0	0	0	0	0	(572,097)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(19,828)	0	12,450	0	0	0	0	0	0	0	0	(7,378)	24
25	Other Admin. Staff Transportation	(24,939)	0	0	0	0	0	0	0	0	0	0	(24,939)	25
26	Insurance-Prop.Liab.Malpractice	(238,020)	0	21,184	0	0	0	0	0	0	0	0	(216,836)	26
27	Other (specify):*	(533,660)	0	209,054	0	0	0	0	0	0	0	0	(324,606)	27
28	<b>TOTAL General Administration</b>	<b>(2,643,196)</b>	<b>0</b>	<b>(370,526)</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>(3,013,722)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(6,478,259)</b>	<b>0</b>	<b>(191,883)</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>(6,670,142)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(2,384,655)	0	43,182	0	0	0	0	0	0	0	0	(2,341,473)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,468,542)	0	0	0	0	0	0	0	0	0	0	(1,468,542)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(68,647)	0	285	0	0	0	0	0	0	0	0	(68,362)	34
35	Rent-Equipment & Vehicles	(19,107)	0	3,876	0	0	0	0	0	0	0	0	(15,231)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(3,940,951)</b>	<b>0</b>	<b>47,343</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>(3,893,608)</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	(67,100)	0	0	0	0	0	0	0	0	0	0	(67,100)	40
41	Coffee and Gift Shops	(2,027)	0	0	0	0	0	0	0	0	0	0	(2,027)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(2,166,030)	0	0	0	0	0	0	0	0	0	0	(2,166,030)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(2,235,157)</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>(2,235,157)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(12,654,367)</b>	<b>0</b>	<b>(144,540)</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>(12,798,907)</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	<b>Total</b>		\$			\$	\$ *	14

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

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%	\$ 36,037	\$ 36,037
16	V	6 Maintenance - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	6,594	6,594
17	V	7 Emp. Ben. - Gen. Services		Franciscan Sisters of Chicago Service Corporation	100.00%	8,321	8,321
18	V	10 Nursing - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	99,460	99,460
19	V	10 Nursing - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	5,266	5,266
20	V	15 Emp. Ben. - HC and Programs		Franciscan Sisters of Chicago Service Corporation	100.00%	22,965	22,965
21	V	17 Administrative - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	206,922	206,922
22	V	19 Professional Fees		Franciscan Sisters of Chicago Service Corporation	100.00%	45,366	45,366
23	V	20 Dues and Subscriptions		Franciscan Sisters of Chicago Service Corporation	100.00%	10,117	10,117
24	V	21 Clerical - Salary		Franciscan Sisters of Chicago Service Corporation	100.00%	698,487	698,487
25	V	21 Clerical - Other		Franciscan Sisters of Chicago Service Corporation	100.00%	192,138	192,138
26	V	24 Seminar and Travel		Franciscan Sisters of Chicago Service Corporation	100.00%	12,450	12,450
27	V	26 Insurance		Franciscan Sisters of Chicago Service Corporation	100.00%	21,184	21,184
28	V	27 Emp. Ben. - Gen. Admin.		Franciscan Sisters of Chicago Service Corporation	100.00%	209,054	209,054
29	V	30 Depreciaton		Franciscan Sisters of Chicago Service Corporation	100.00%	43,182	43,182
30	V	34 Rent - Building		Franciscan Sisters of Chicago Service Corporation	100.00%	285	285
31	V	35 Rent - Equipment		Franciscan Sisters of Chicago Service Corporation	100.00%	3,876	3,876
32	V	17 Management Fees	1,766,244				(1,766,244)
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,766,244			\$ 1,621,704	\$ * (144,540)

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

Facility Name & ID Number

Franciscan Village

# 0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

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							3
4	James Stark, Committee Chairman		Franciscan Village	Lemont, IL	Franciscan Sisters of	Lemont, IL	Religious Cong.	4
5	Judy Amiano, President		Mt. Alverna Village	Parma, OH	Franciscan Sisters Ch	Lemont, IL	Corp. Management	5
6	Raymond Catania, Director		Addolorata Villa	Wheeling, IL	St. James Senior Estab	Crete, IL	Ind. Living	6
7	Guy R. Alton, Director		The Village of Victory Lakes	Lindenhurst, IL	Marian Village	Homer Glen, IL	Ind. & Asst. Living	7
8	Raymond Ingham		University Place	West Lafayette, IN	Franciscan Senior Est	Louisville, KY	Ind. Living	8
9	Marianne D. Araujo		St. Joseph Village	Chicago IL	Franciscan Advisory S	Lemont, IL	Consulting Serv.	9
10	Daniel Noonan, Treasurer				St. Joseph Senior Hou	Lemont, IL	Affordable Housing	10
11	Denise Boudreau, Assistant Secretary				St. Jude House	Crown Point, IN	Dom. Viol. Shelter	11
12					Madonna Foundation	Lemont, IL	HS Foundation	12
13					Village at Mercy Creel	Normal, IL	Ind. & Asst. Living	13
14					Ancora at Mt. Alverna	Parma, OH	Memory Support	14
15								15
16								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

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/19 Ending: 06/30/20

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	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	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.

Facility Name & ID Number Franciscan Village # 0045419 Report Period Beginning: 07/01/19 Ending: 06/30/20

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



Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/19

Ending: 06/30/20

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

Name of Related Organization Franciscan Sisters of Chicago Service Corp.  
 Street Address 11500 Theresa Drive  
 City / State / Zip Code Lemont, IL 60439  
 Phone Number ( )  
 Fax Number ( )

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

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	Expense	131,924,954	10	\$ 183,742	\$ 183,742	25,874,322	\$ 36,037	1
2	6	Maintenance - Other	Expense	131,924,954	10	33,622		25,874,322	6,594	2
3	7	Emp. Ben. - Gen. Services	% of Salary	1,225,414	10	42,425		240,340	8,321	3
4	10	Nursing - Salary	Expense	131,924,954	10	507,116	507,116	25,874,322	99,460	4
5	10	Nursing - Other	Expense	131,924,954	10	26,851		25,874,322	5,266	5
6	15	Emp. Ben. - HC and Programs	% of Salary	1,225,414	10	117,090		240,340	22,965	6
7	17	Administrative - Salary	Expense	131,924,954	10	1,055,028	1,055,028	25,874,322	206,922	7
8	19	Professional Fees	Expense	131,924,954	10	231,305		25,874,322	45,366	8
9	20	Dues and Subscriptions	Expense	131,924,954	10	51,582		25,874,322	10,117	9
10	21	Clerical - Salary	Expense	131,924,954	10	3,561,362	3,561,362	25,874,322	698,487	10
11	21	Clerical - Other	Expense	131,924,954	10	979,651		25,874,322	192,138	11
12	24	Seminar and Travel	Expense	131,924,954	10	63,479		25,874,322	12,450	12
13	26	Insurance	Expense	131,924,954	10	108,010		25,874,322	21,184	13
14	27	Emp. Ben. - Gen. Admin.	% of Salary	1,225,414	10	1,065,899		240,340	209,054	14
15	30	Depreciaton	Expense	131,924,954	10	220,169		25,874,322	43,182	15
16	34	Rent - Building	Expense	131,924,954	10	1,452		25,874,322	285	16
17	35	Rent - Equipment	Expense	131,924,954	10	19,760		25,874,322	3,876	17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 8,268,543	\$ 5,307,248		\$ 1,621,704	25

Facility Name & ID Number

Franciscan Village

# 0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

**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	\$ 20,471,010	05/01/47	4.860%	\$ 921,102	1								
2	Amalgamated Bank		X	Acquisition / Refinance	Varies	06/28/17	7,257,907	9,173,190	05/01/47	4.860%	412,752	2								
3	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	817,731	1,064,766	05/01/47	Variable	47,910	3								
4	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	1,973,365	2,173,361	05/01/47	Variable	97,791	4								
5	Huntington Bank		X	Acquisition / Refinance	Varies	06/28/17	3,956,519	3,626,009	05/01/47	2.830%	163,154	5								
<b>Working Capital</b>																				
6	Long Term Debt Continued											6								
7	Windtrust Bank		X	Acquisition / Refinance	Varies	06/28/17	2,878,406	5,049,860	05/01/47	Variable	227,221	7								
8												8								
9	<b>TOTAL Facility Related</b>						\$ 40,511,291	\$ 41,558,196			\$ 1,869,929	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income		X								(75)	10								
11												11								
12	Alloc. - Non-Allowable AL/IL										(1,468,467)	12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (1,468,542)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 40,511,291	\$ 41,558,196			\$ 401,387	15								

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

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

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

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

**B. Real Estate Taxes**

**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 2019 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 2020 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:	2015	_____	8
	2016	_____	9
	2017	_____	10
	2018	_____	11
	2019	_____	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 2019 \$	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.**

**2019 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Franciscan Village COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0045419

CONTACT PERSON REGARDING THIS REPORT Denise A. Leonard

TELEPHONE (216) 274-6514 FAX #: ( )

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

Enter the tax index number and real estate tax assessed for 2019 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 2019.

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

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?        YES        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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

Facility Name & ID Number Franciscan Village

# 0045419 Report Period Beginning:

07/01/19 Ending:

06/30/20

**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:**

A. Land.

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

Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	127	1990	1989	\$ 5,724,856	\$		\$	\$	4
5									5
6									6
7									7
8									8
<b>Improvement Type**</b>									
9	Various	1990		198,675					9
10	Various	1992		5,470					10
11	Various	1993		773,862					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		82,803					20
21	Various	2003		24,644					21
22	Various	2004		111,978					22
23	Various	2005		48,458					23
24	Various	2006		39,041					24
25	Various	2007		28,520					25
26	Various	2008		43,063					26
27	Various	2009		279,629					27
28	Various	2010		2,763					28
29	Various	2011		48,599					29
30	Various	2012		16,049					30
31	Various	2013		7,742					31
32	Water Main Plumbing - 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		2014		381					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

Facility Name &amp; ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

**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									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	1,351,792						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									67
68	Henry Brothers - Doors	2016	103,079						68
69	Henry Brothers - Mirrors	2016	14,064						69
70	TOTAL (lines 4 thru 69)		\$ 10,028,222	\$		\$	\$	\$	70

\*\*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:

07/01/19

Ending:

06/30/20

**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>		\$ 10,028,222	\$		\$	\$	\$	1
2	<b>Nursing Home Renovations (Detailed) - Continued</b>	2016	450,232						2
3	Henry Brothers - Drywall	2016	122,749						3
4	Henry Brothers - Tile	2016	212,434						4
5	Henry Brothers - Ceiling	2016	403,912						5
6	Henry Brothers - Carpeting	2016	176,241						6
7	Henry Brothers - Paint	2016	35,063						7
8	Henry Brothers - Wall corner guards	2016	2,047						8
9	Henry Brothers - Fireplaces	2016	29,805						9
10	Henry Brothers - Toilets	2016	2,790						10
11	Henry Brothers - Appliances	2016	41,402						11
12	Henry Brothers - Cabinets	2016	77,825						12
13	Henry Brothers - Elevator	2016	63,570						13
14	Henry Brothers - Fire protection	2016	417,777						14
15	Henry Brothers - Plumbing	2016	661,840						15
16	Henry Brothers - HVAC	2016	1,192,402						16
17	Henry Brothers - Electrical	2016	730,395						17
18	AG Architecture - Architectural Services	2016	16,744						18
19	Meany Electric - Electrical Outlets to Emergency Generator	2016	8,301						19
20	Meany Electric - Move and Install Nurse Call System	2016	10,961						20
21	Meany Electric - Electrical Outlets, Conduits, Breakers	2016	19,408						21
22	Accurate Security and Lock - Commercial Steel Fire Doors	2016	9,172						22
23	Accurate Security and Lock - Commercial Steel Fire Doors	2016	1,450						23
24	Intertek - Steel Door Inspection	2016	140,246						24
25	Direct Supply - Nurse Call System	2016	45,239						25
26	Health Dimensions - Feasibility Study	2016	14,080						26
27	Universal Insulation - Insulation	2016	6,451						27
28	O'Hare Mechanical - Air Conditioner and Installation	2016	8,600						28
29	O'Hare Mechanical - Exhaust Fan and Installation	2016	9,370						29
30	O'Hare Mechanical - Extension to Generator	2016	4,050						30
31	Palos Home Services - Grout 30 Bathroom Floor Tiles	2016	8,340						31
32	Tom Callahan Plumbing - Relocate Hot and Cold Water Lines	2016	7,710						32
33	River Road Tops - Countertops								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,958,828	\$		\$	\$	\$	34

\*\*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:

07/01/19

Ending:

06/30/20

**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>		\$ 14,958,828	\$		\$	\$	\$	1
2	<b>Nursing Home Renovations (Detailed) - Continued</b>								2
3	<b>Schindler Elevator Company - Elevator Installation</b>	2016	9,200						3
4	<b>SimplexGrinnell LP - Elevator Installation</b>	2016	4,632						4
5	<b>Stanton Mechanical - Hot Water System</b>	2016	5,108						5
6	<b>Franciscan Staff - Capitalized Labor</b>	2016	93,934						6
7	<b>Ram Fire Protection - Fire and Security Systems</b>	2016	2,135						7
8	<b>Red Hawk - Fire and Security Systems</b>	2016	16,135						8
9	<b>Ridge Landscaping</b>	2016	5,492						9
10									10
11									11
12	<b>AC Unit - 3rd Floor - (TC - \$3600.82)</b>	2018	773						12
13	<b>Antenna - Television - (TC - \$39399)</b>	2017	8,425						13
14	<b>Architecture - (TC - \$2900)</b>	2017	2,900						14
15	<b>Blinds - (TC - \$1809.25)</b>	2017							15
16	<b>Blinds - (TC - \$976.91)</b>	2018							16
17	<b>Chairrails - (TC - \$6200)</b>	2018							17
18	<b>Communication System - (TC - \$27662.89)</b>	2018	10,754						18
19	<b>Countertops - (TC - \$4419)</b>	2017							19
20	<b>Countertops - (TC - \$4419)</b>	2018							20
21	<b>Electrical Box - (TC - \$15301.92)</b>	2018	3,104						21
22	<b>Elevator Update - Code Requirements - (TC - \$20075)</b>	2017	1,197						22
23	<b>Exhaust Fan - Kitchen - (TC - \$16155)</b>	2018	3,468						23
24	<b>Flooring - (TC - \$72727.92)</b>	2017							24
25	<b>Flooring - (TC - \$88805)</b>	2018							25
26	<b>Furnace - (TC - \$1350)</b>	2018							26
27	<b>Generator - (TC - \$7456)</b>	2017	7,456						27
28	<b>HVAC - (TC - \$37877.22)</b>	2017							28
29	<b>HVAC - (TC - \$63345.84)</b>	2018	5,943						29
30	<b>Landscaping - (TC - \$20635)</b>	2018	4,430						30
31	<b>Lighting - (TC - \$469.53)</b>	2017							31
32	<b>Lighting - (TC - \$584.82)</b>	2018							32
33	<b>Locks - (TC - \$885.44)</b>	2018							33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,143,914	\$		\$	\$	\$	34

\*\*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:

07/01/19

Ending:

06/30/20

**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 12C, Carried Forward</b>		\$ 15,143,914	\$		\$	\$	\$	1
2	Painting - (TC - \$4950)	2017							2
3	Painting - (TC - \$6650)	2018							3
4	Parking Log Base and Survey - (TC - \$5411.25)	2017	1,162						4
5	Parking Log Base and Survey - (TC - \$11751.04)	2018	2,523						5
6	Phone System - (TC - \$106994.16)	2017	22,968						6
7	Sidewalk - (TC - \$22945)	2017	4,925						7
8	Signs - (TC - \$56445)	2017	12,117						8
9	Sprinkler System - (TC - \$3793.44)	2017	252						9
10	Wall Panels - Stainless Stell - (TC - \$11500)	2017	11,500						10
11	Window Replacement - (TC - \$34355)	2017							11
12	Electrical (TC = \$72,525)	2018	15,568						12
13	Elevator (TC = \$47,752)	2018	25,190						13
14	Landscaping (TC = \$20,250)	2018	4,347						14
15	Outside Signage (TC = \$62,794)	2018	13,480						15
16	Parking Lot (TC = \$106,155)	2018	22,787						16
17	Plumbing (TC = \$1,750)	2018	376						17
18	Water Heater (TC = \$36,711)	2018	644						18
19	HVAC (TC = \$15,430)	2019	15,430						19
20	Room Remodels (TC = \$34,982)	2019	594						20
21									21
22	Current Year Additions: 2019 - 2020								22
23									23
24	Glenn Brandt - HVAC (TC 1400 )	2019							24
25	G.W. Berkheimer - HVAC (TC 9787.76 )	2019	2,101						25
26	The Flooring Guys - Carpet Install (TC 5995 )	2019	1,287						26
27	Triton Plumbing Project (TC 24271 )	2019	5,210						27
28	Dustin Douglas Trizzino - Sidewalk (TC 2990 )	2019	642						28
29	Trizzino Concrete - Concrete Patio/Parkn (TC 17772 )	2019	3,815						29
30	Lion Heart Critical Power-Generator (TC 10238.16 )	2019	2,198						30
31	Maul Paving, Inc - Asphalt Paving (TC 38859 )	2019	8,342						31
32	Glenn Brandt HVAC (TC 1650 )	2019							32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,321,370	\$		\$	\$	\$	34

\*\*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:

07/01/19

Ending:

06/30/20

**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 12D, Carried Forward</b>		\$ 15,321,370	\$		\$	\$	\$	1
2									2
3	<u>The Fields on Cotton Farm Inc (TC 3780 )</u>	2019	811						3
4	<u>Ridge Landscape Services - Sidewalk (TC 2450 )</u>	2019							4
5	<u>River Road Tops - Cabinets (TC 4680 )</u>	2020	4,680						5
6	<u>Zentel Tech - Pump (TC 16325 )</u>	2020	16,325						6
7	<u>Zentel Tech LLC - Fan (TC 3587 )</u>	2020	770						7
8	<u>Zentel Tech -10 Ton Common Area RTU (TC 6500 )</u>	2020	1,395						8
9	<u>Zentel Tech - 25 Ton RTU (TC 8500 )</u>	2020	1,825						9
10	<u>Zentel Tech- Chiller (TC 60000 )</u>	2020	12,880						10
11	<u>Tom Callahan Plumping Company (TC 6100 )</u>	2020	1,309						11
12	<u>WALK-IN COOLER (TC 31548 )</u>	2020	6,772						12
13	<u>HVAC Condenser (TC 4000 )</u>	2020	4,000						13
14	<u>Light poles (TC 8776 )</u>	2020	1,884						14
15	<u>Roof Canopy (TC 111991.78 )</u>	2020	24,040						15
16	<u>Roof Project (TC 1204764.86 )</u>	2020	258,618						16
17	<u>AC Condenser (TC 3510 )</u>	2020	753						17
18	<u>AC MTH (TC 10000 )</u>	2020	2,147						18
19	<u>Chiller (TC 32580 )</u>	2020	6,994						19
20	<u>HVAC - Air conditioner (TC 2300 )</u>	2020							20
21	<u>Zentel - Heat Exchanger (TC 11650 )</u>	2020	2,501						21
22	<u>The Fields on Coton Farm - Landscaping (TC 5820 )</u>	2020	1,249						22
23	<u>Zentel - 15 Ton Aaon (TC 5000 )</u>	2020	1,073						23
24	<u>Zentel HVAC Repairs (TC 4000 )</u>	2020	859						24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32	<u>Depreciation</u>			651,816		651,816		9,211,007	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 15,672,255	\$ 651,816		\$ 651,816	\$	\$ 9,211,007	34

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



XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,164,969	\$	\$	\$		\$	71
72	Current Year Purchases	46,038						72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 3,211,007	\$	\$	\$		\$	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)	\$ 19,260,274	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 651,816	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 651,816	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)	\$ 9,211,007	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	\$ 42,493,380	\$	\$	86
87	Non-Care Assets - CY LIMP Add.	1,862,813			87
88	Non-Care Assets - CY EQIP Add.	113,450			88
89	Non-Care Assets - CY AUTO Add.				89
90	Depreciation		2,341,473	33,088,056	90
91	TOTALS	\$ 44,469,643	\$ 2,341,473	\$ 33,088,056	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.



**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: N/A

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6		See Supplemental			61			6
7	TOTAL				\$ 61			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.	_____ /2021	\$ _____
13.	_____ /2022	\$ _____
14.	_____ /2023	\$ _____

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: \$ 3,785 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.

Description	Amount	Total
<b>Building Rental</b>		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Building Rent	285	285
		-
Alloc. - Non-Allowable AL / IL	(224)	(224)
		-
		-
		-
		-
		-
		-
		-
		-
<b>Total</b>	<u>61</u>	<u>61</u>
<b>Equipment Rental</b>		
Franciscan Sisters of Chicago Serv Corp		-
Alloc. - Equipment Rent	3,876	3,876
		-
Equipment Rental- Dish/Rugs	12,552	12,552
Equipment Lease	6,464	6,464
		-
Alloc. - Non-Allowable AL / IL	(19,107)	(19,107)
		-
		-
		-
		-
		-
		-
<b>Total</b>	<u>3,785</u>	<u>3,785</u>



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

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

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

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	V10A	0.00 hrs	\$ 0	6,248	\$ 360,252	\$ 0	6,248	\$ 360,252	1
2	Licensed Speech and Language Development Therapist	V10A	0.00 hrs	0	3,098	111,199	0	3,098	111,199	2
3	Licensed Recreational Therapist	V10A	0.00 hrs	0	0	0	0			3
4	Licensed Physical Therapist	V10A	0.00 hrs	0	9,545	478,683	0	9,545	478,683	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation	V39	##### hrs	73,515	0	0	0	3,269	73,515	8
9	Pharmacy	V39	0.00 # of prescrpts	0	0	0	419,874		419,874	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>LAB/RADIOLOGY</u>	V39	0.00	0	0	0	83,866		83,866	12
13	Other (specify): <u>BILLABLE SUPPLIES</u>	V39	0.00	0	0	0	2,205		2,205	13
14	<b>TOTAL</b>			\$ 73,515	18,891	\$ 950,134	\$ 505,945	22,160	\$ 1,529,594	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.

Franciscan Village  
 Medicaid Cost Report  
 07/01/19 - 06/30/20

Page 16 Supplemental Schedule

Description	Salaries		Supplies		Other		Total					
Medical Supplies				2,205				2,205				
Oxygen						-						
Laboratory						56,526						
Radiology						27,340						
Medical Equipment Rental						-						
Other						-						
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
<b>Total</b>				<u>-</u>				<u>2,205</u>		<u>83,866</u>		<u>86,071</u>

Facility Name & ID Number **Franciscan Village**

# **0045419**

Report Period Beginning: **07/01/19**

Ending:

**06/30/20**

**XV. BALANCE SHEET - Unrestricted Operating Fund.**

As of **06/30/20**

(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	\$ 7,508	\$	1
2	Cash-Patient Deposits	3,078		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>382,000</u> )	1,347,980		3
4	Supply Inventory (priced at )	7,720		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	127,517		7
8	Accounts Receivable (owners or related parties)	94,138		8
9	Other(specify): <u>See Attached</u>	30,740		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,618,681	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,052,694		13
14	Buildings, at Historical Cost	54,481,365		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,853,631		16
17	Accumulated Depreciation (book methods)	(42,299,063)		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): <u>See Attached</u>	132,803		22
23	Other(specify): <u>See Attached</u>	4,905		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 21,226,335	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 22,845,016	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,056,108	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	7,690,094		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	703,740		30
31	Accrued Taxes Payable (excluding real estate taxes)	65,558		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	5,519		33
34	Deferred Compensation	3,533		34
35	Federal and State Income Taxes	9,988		35
	<b>Other Current Liabilities(specify):</b>			
36	<u>See Attached</u>			36
37	<u>P/R Withholding / Accrued Audit</u>	521,607		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 10,056,147	\$	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 Attached</u>	59,971		43
44	<u>See Attached</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 59,971	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 10,116,118	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 12,728,898	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 22,845,016	\$	48

\*(See instructions.)

Franciscan Village  
 Medicaid Cost Report  
 07/01/19 - 06/30/20

Page 17 Supplemental Schedule

Description		Operating		Building		Total
<b>Line 9 - Other Current Assets</b>						
Inventories - Dietary		12,621				12,621
Inventories - Gift Shop		5,846				5,846
Inventories - Housekeeping		5,636				5,636
Inventories - Laundry and Linen		-				-
Inventories - Maintenance		6,637				6,637
<b>Sub-Total</b>		<u>30,740</u>		<u>-</u>		<u>30,740</u>
<b>Line 23 - Long Term Assets</b>						
Cost Settlements- Medicare		4,905				4,905
						-
						-
						-
						-
<b>Sub-Total</b>		<u>4,905</u>		<u>-</u>		<u>4,905</u>
<b>Line 37 - Other Current Liability</b>						
P/R Withholding - W/C		519,810				519,810
Accrued audit		1,797				1,797
						-
						-
						-
<b>Sub-Total</b>		<u>521,607</u>		<u>-</u>		<u>521,607</u>
<b>Line 43 - Long term Liabilities</b>						
Deferred Liabilities		59,971				59,971
						-
						-
						-
<b>Sub-Total</b>		<u>59,971</u>		<u>-</u>		<u>59,971</u>

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>14,733,578</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>14,733,578</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>2,446,977</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>2,446,977</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>	<b>ILU net asset activity for the year</b>	<b>(4,451,657)</b>	<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ <b>(4,451,657)</b>	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>12,728,898</b>	<b>24</b> *

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

Facility Name &amp; ID Number Franciscan Village

# 0045419

Report Period Beginning: 07/01/19

Ending: 06/30/20

**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	\$ 13,523,571	1
2	Discounts and Allowances for all Levels	(2,334,223)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,189,348	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,965,685	6
7	Oxygen	1,216	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 1,966,901	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	4,242	12
13	Barber and Beauty Care	20,319	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	388	15
16	Rental of Facility Space	72,023	16
17	Sale of Drugs	406,816	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	59,167	19
20	Radiology and X-Ray	23,774	20
21	Other Medical Services	713,354	21
22	Laundry	26,412	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,326,495	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	40,577	24
25	Interest and Other Investment Income***	75	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 40,652	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>AL/IL</u>	11,956,822	28
28a	<u>Misc Revenue</u>	1,841,082	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 13,797,904	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 28,321,300	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	5,078,514	31
32	Health Care	5,379,206	32
33	General Administration	7,397,601	33
<b>B. Capital Expense</b>			
34	Ownership	4,950,657	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,814,617	35
36	Provider Participation Fee	253,728	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 25,874,323	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,446,977	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,446,977	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 1,438,053	44
45	Private Pay - Net Inpatient Revenue	7,518,933	45
46	Medicare - Net Inpatient Revenue	3,785,106	46
47	Other-(specify) <u>ALL OTHER SNF/SCF IP REVENUE</u>	992,063	47
48	Other-(specify) <u>C/A ANCILLARY ACCOUNTS</u>	(2,544,807)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 11,189,348	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ 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.

Franciscan Village

0045419

06/30/20

Page 19 Support

PG 19 Line 28 Detail

MCD ACT	DESC	BALANCE
5017.00	Room & Board - Assisted Living	5,440,210.00
5018.00	Room & Board - Independent Living	6,297,877.00
5401.00	Other Resident Ancillaries- Assisted Living	67,594.00
5402.00	Other Resident Ancillaries- I L	12,133.00
5403.00	Amortization of Entrance Fees	139,008.00
<b>Total</b>		<b>11,956,822.00</b>

PG 19 Line 28A Detail

MCD ACT	DESC	BALANCE
5400	Other Specify:	11,011.00
5530	Rebates and Refunds	727.00
5640	Gain/Loss on Disposal of Assets	1,043,041.00
5750	Other Specify: Provider Relief Funds	547,515.00
5750.1	Other Income- Administrative	1,600.00
5750.2	Other Income-Dietary	215,399.00
5750.5	Other Income-Maintenance	50.00
5750.9	Other Income-Activities	21,739.00
<b>Total</b>		<b>1,841,082.00</b>



Facility Name & ID Number Franciscan Village

# 0045419

Report Period Beginning:

07/01/19

Ending:

06/30/20

**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	1,880	2,080	\$ 118,361	\$ 56.90	1
2	Assistant Director of Nursing	0	0	0		2
3	Registered Nurses	36,085	39,712	1,286,133	32.39	3
4	Licensed Practical Nurses	9,328	10,626	307,899	28.98	4
5	CNAs & Orderlies	86,319	94,096	1,522,560	16.18	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	0	0	0		7
8	Rehab/Therapy Aides	2,903	3,269	73,515	22.49	8
9	Activity Director	0	0	0		9
10	Activity Assistants	12,816	14,173	231,731	16.35	10
11	Social Service Workers	7,149	8,083	235,209	29.10	11
12	Dietician	0	0	0		12
13	Food Service Supervisor	0	0	0		13
14	Head Cook	4,942	5,528	100,847	18.24	14
15	Cook Helpers/Assistants	24,314	26,727	310,037	11.60	15
16	Dishwashers	0	0	0		16
17	Maintenance Workers	14,414	16,478	338,591	20.55	17
18	Housekeepers	37,787	42,148	550,910	13.07	18
19	Laundry	0	0	0		19
20	Administrator	3,808	4,160	275,531	66.23	20
21	Assistant Administrator	0	0	0		21
22	Other Administrative	39,195	42,830	1,216,754	28.41	22
23	Office Manager	0	0	0		23
24	Clerical	11,333	12,544	170,339	13.58	24
25	Vocational Instruction	0	0	0		25
26	Academic Instruction	0	0	0		26
27	Medical Director	0	0	0		27
28	Qualified MR Prof. (QMRP)	0	0	0		28
29	Resident Services Coordinator	0	0	0		29
30	Habilitation Aides (DD Homes)	0	0	0		30
31	Medical Records	1,852	2,024	34,636	17.11	31
32	Other Health Care:Transportation	3,083	3,637	67,259	18.49	32
33	Other(specify) <u>See Supplemental</u>	83,419	90,797	1,757,949	19.36	33
34	TOTAL (lines 1 - 33)	380,627	418,912	\$ 8,598,261 *	\$ 20.53	34

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

\*\* See instructions.

**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	0	\$ 0	35	
36	Medical Director	0	27,500	09 - 03	36
37	Medical Records Consultant	0	0		37
38	Nurse Consultant	0	24,718	10 - 03	38
39	Pharmacist Consultant	0	0	10 - 03	39
40	Physical Therapy Consultant	0	0	10a - 03	40
41	Occupational Therapy Consultant	0	0	10a - 03	41
42	Respiratory Therapy Consultant	0	0	10a - 03	42
43	Speech Therapy Consultant	0	0	10a - 03	43
44	Activity Consultant	0	790	11 - 03	44
45	Social Service Consultant	0	179	12 - 03	45
46	Other(specify) <u>See Supplemental</u>	0	507,499	Various	46
47		0	0		47
48		0	0		48
49	TOTAL (lines 35 - 48)		\$ 560,686		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	4,160	\$ 198,413	V10-3	50
51	Licensed Practical Nurses	148	4,725	V10-3	51
52	Certified Nurse Assistants/Aides	73	1,105	V10-3	52
53	TOTAL (lines 50 - 52)	4,381	\$ 204,243		53

Franciscan Village  
 Medicaid Cost Report  
 07/01/19 - 06/30/20

Page 20 Supplemental Schedule

Description	CC Reference	Hours Worked	Hours Paid	Salary	Average Rate	Hours Paid	Contracted Cost
<b>Other Staffing</b>							
Marketing and Advertising	43	5,185	6,757	269,767	39.92		
Barber and Beauty	43	674	674	7,251	10.76		
Gift Shop Salary	43				-		
Development	43				-		
Assisted Living	43	71,161	77,031	1,319,334	17.13		
Independent Living	43	5,691	6,335	161,597	25.51		
<b>Total</b>		<b>82,711</b>	<b>90,797</b>	<b>1,757,949</b>	<b>19.36</b>		

<b>Other Contract Services</b>							
Dietary Management	01						123,864
Dietary Labor	01						325,450
Priest	12						47,685
Organists	12						10,500
<b>Total</b>						<b>-</b>	<b>507,499</b>

Facility Name & ID Number **Franciscan Village**

# **0045419**

Report Period Beginning: **07/01/19**

Ending: **06/30/20**

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Daniel Bannon	Exec. Dir.	0	\$ 151,112	Workers' Compensation Insurance	\$ 227,465	IDPH License Fee	\$ 11,720		
Sylvia Cyzerwinski	Administrator	0	124,419	Unemployment Compensation Insurance		Advertising: Employee Recruitment	40,015		
				FICA Taxes	632,497	Health Care Worker Background Check	8,251		
				Employee Health Insurance	1,064,378	(Indicate # of checks performed _____)			
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Dues and Subscriptions	34,067		
				Disability Insurance	28,774				
				Life Insurance	13,941				
				Retirement Benefits	163,534	Alloc. - FSCSC (See Page 6A Alloc.)	10,117		
				Other Benefits	200,694	Alloc. - Non Allowable AL / IL (See Page 5A)	(49,597)		
				Nonallowable Benefits		Less: Public Relations Expense	( )		
						Non-allowable advertising	( )		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 275,531	TOTAL (agree to Schedule V, line 22, col.8)		\$ 2,331,283	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 54,573
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
Franciscan Sisters of Chicago Service Corp.			\$ 1,766,244			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 1,766,244	TOTAL		\$	Seminar Expense	11,305	
C. Professional Services									
Vendor/Payee	Type		Amount						
Ultipro	Payroll Processing		\$ 46,917				Alloc. - FSCSC (See Page 6A Alloc.)	12,450	
Plante Moran	Cost Report & Audit		18,782				Alloc. - Non Allowable AL / IL (See Page 5A)	(19,828)	
Markoff Law LLC	Collection Attorney		5,307						
Kopon Airdo, LLC	Legal		16,644				Entertainment Expense	( )	
Sosin, Arnold & Schoenbeck, LTD	Legal		644				(agree to Sch. V, line 24, col. 8)		
Polsinelli Shughart, PC	Legal		16,675						
Rolf Goffman Martin Lang LLP	Legal		232						
Consultant	Financial		5,269						
Consultant	Indirect		8,784						
Software Maintenance	Financial		7,490						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 126,743						

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Franciscan Village# 0045419Report Period Beginning: 07/01/19Ending: 06/30/20**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. Life Services Network, \$26,520
- (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 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 49,527 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. \$ 253,728  
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.
- (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. \$ 215,399
- (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.