

# Corporate Accountability for Tax Expenditures Act 93-552

## Annual Project Progress Reports for 2015

St. Joseph's Hospital

Highland

### I. Development Assistance Agreements Awarded in 2013

	Assistance Amount	Agreement Number
IDOT Economic Development Program	2,000,000.00	13 DTA006

### II. Organization/Project Site Information

Chief Officer or authorized designee	Elizabeth Govero
Title	Interim CEO
Address	12866 Troxler Ave
	Highland, MO 63010
	US
Phone	618-651-2530
E-mail	Elizabeth.Govero@hshs.org
Standard Industrial Classification Number (SIC#)	8062
North American Industry Classification System (NAICS)	622110

III. Did the recipient's use of the State Funding reduce employment at any other site in Illinois? No

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### IV. Job Creation and Retention Data

**Program Type** IDOT Economic Development Program

**Agreement Number** 13 DTA006

**Assistance Amount** 2,000,000.00

Report Header Definitions	
Wages	Average Annual Salary by Classifications
Full-Time	Permanent Full-Time
+/-	Gain or (Loss)

### Number of Employees At the Time of Application

Job Classification	Avg Annual Salary	Positions	Full-Time	Part-Time	Temporary
Pat. Accts/ Acct/ Adm & Reg	14.77	16	14	2	0
Rehab Services	32.03	16	8	8	0
Dietary	10.77	15	7	8	0
Nursing	24.54	66	44	22	0
Maintenance & Plant Ops	18.65	9	9	0	0
Ancillary Services	22.26	34	26	8	0
Hospital Administration	28.62	7	6	1	0
Patient Support Services	20.05	16	11	5	0
Support Services	12.73	21	11	10	0
<b>Totals:</b>		<b>200</b>	<b>136</b>	<b>64</b>	<b>0</b>

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### Number of Employees As of the Date of the Report (12/31/2015)

Job Classification	Avg Annual Salary	Positions	Full-Time	+/-	Part-Time	+/-	Temporary	+/-
Pat. Accts/ Acct/ Adm & Reg	13.33	17	9	-5	8	6	0	0
Rehab Services	28.93	18	7	-1	11	3	0	0
Dietary	12.99	20	8	1	12	4	0	0
Nursing	28.86	85	55	11	30	8	0	0
Maintenance & Plant Ops	20.80	9	8	-1	1	1	0	0
Ancillary Services	23.29	49	31	5	18	10	0	0
Hospital Administration	33.24	6	5	-1	1	0	0	0
Patient Support Services	11.29	29	13	2	16	11	0	0
Support Services	15.05	38	24	13	14	4	0	0
<b>Totals:</b>		<b>271</b>	<b>160</b>	<b>24</b>	<b>111</b>	<b>47</b>	<b>0</b>	<b>0</b>

### Number of Jobs Stated in the Agreement that would be Created at the Site as a Result of Assistance

Job Classification	Avg Annual Salary	Positions	Full-Time	Part-Time	Temporary
Rehab Services	32.03	5	2	3	0
Nursing	24.54	20	13	7	0
Ancillary Services	22.26	11	8	3	0
<b>Totals:</b>		<b>36</b>	<b>23</b>	<b>13</b>	<b>0</b>

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### Number of Jobs Stated in the Agreement that would be Retained at the Site as a Result of Assistance

Job Classification	Avg Annual Salary	Positions	Full-Time	Part-Time	Temporary
Pat Accts/ Acct/ Adm & Reg	14.77	16	14	2	0
Rehab Services	32.03	16	8	8	0
Dietary	10.77	15	7	8	0
Nursing	24.54	66	44	22	0
Maintenance & Plant Ops	18.65	9	9	0	0
Ancillary	22.26	34	26	8	0
Hospital Administration	28.62	7	6	1	0
Patient Support Services	20.05	16	11	5	0
Support Services	12.73	21	11	10	0
<b>Totals:</b>		<b>200</b>	<b>136</b>	<b>64</b>	<b>0</b>

### Number of Full-Time Permanent Employees Anticipated To Be Hired at this Site on 12/31/2015

Job Classification	Anticipated Starting Dates	Number of Positions to be Hired in this Category	Average Annual Wage per New Employee	Total New Payroll to be Created
NONE		0	\$0.00	\$0.00
<b>Totals:</b>		<b>0</b>		<b>\$0.00</b>

### Job Creation Data Explanatory Notes

If the change (gain/loss) in the number of full-time permanent employees as of the date of the report plus the number of full-time permanent employees anticipated to be hired after date of the report does not equal the number of full-time permanent employees stated in the Agreement that would be created at the site as a result of the assistance, then please explain why not:

Our workforce has increased the projected amount. Will continue to increase as the hospital continues to grow.

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**Highland**

I, Elizabeth Govero, as the chief officer or authorized designee of the recipient, verify that the information in the progress report contains no knowing misrepresentation of material facts upon which eligibility for development assistance is based. I further certify that, to the best of my knowledge, the recipient is in compliance with the development assistance agreement(s) between, or on behalf of, the recipient and the Illinois Department of Commerce and Economic Opportunity and/or the Illinois Department of Transportation and/or the office of the Illinois State Treasurer

**Signature on File**

**5/18/2016**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Chief Executive Officer**

\_\_\_\_\_  
Title