

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000055

Facility Name: Franciscan Court

Address: 1996 Franciscan Ct West Chicago 60185

Number City Zip Code

County: Dupage

Telephone Number: (630) 562-4242 Fax # (630) 562-3593

Federal Employer ID Number:

Date Current Owners were Certified: 12/21/2005

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Amy Allen, C.P.A. Telephone Number: (217) 423-6000

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2013 to 12/31/2013 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)		
	(Title)		
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)	David W. White, C.P.A. Partner	
	(Firm Name & Address)	Sikich LLP 132 S. Water St, Suite 300	
	(Telephone)	(217) 423-6000 Fax (217) 423-6100	

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630

Facility Name **Franciscan Court**

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

1		2		3		4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period			
1	46	Single Unit Apartment	46	16,790	1		
2	24	Double Unit Apartment	24	8,760	2		
3		Other			3		
4	70	TOTALS	70	25,550	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit		3,552		3,552	5
6	Double Unit	1,005	2,707		3,712	6
7	Other	4,726	11,122		15,848	7
8	TOTALS	5,731	17,381		23,112	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	90.46%
--	---------------

D. Indicate the number of paid bed-hold days the SLF had during this year

42 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

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

H. ACCOUNTING BASIS

ACCUAL	☒	MODIFIED		
CASH*	☐	CASH*	☐	

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/13 **Fiscal Year:** 12/31/13

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____
If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____
If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? _____
If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: Franciscan Court

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	85,509	87,212	1,430	174,151		174,151	1
2	Housekeeping, Laundry and Maintenance	65,230	35,850	5,617	106,697		106,697	2
3	Heat and Other Utilities			75,965	75,965		75,965	3
4	Other (specify):			5,460	5,460		5,460	4
5	TOTAL General Services	150,739	123,062	88,472	362,273		362,273	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	397,823	3,375	234	401,432		401,432	6
7	Activities and Social Services	29,154	6,305		35,459		35,459	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	426,977	9,680	234	436,891		436,891	9
	C. General Administration							
10	Administrative and Clerical	292,369	10,751	226,617	529,737	(3,696)	526,041	10
11	Marketing Materials, Promotions and Advertising		2,494	38,790	41,284		41,284	11
12	Employee Benefits and Payroll Taxes			157,948	157,948		157,948	12
13	Insurance-Property, Liability and Malpractice			58,641	58,641	(13,768)	44,873	13
14	Other (specify): Illinois replacement taxes			8,782	8,782	(8,782)		14
15	TOTAL General Administration	292,369	13,245	490,778	796,392	(26,246)	770,146	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	870,085	145,987	579,484	1,595,556	(26,246)	1,569,310	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			187,322	187,322	86,675	273,997	17
18	Interest			396,145	396,145	(26,342)	369,803	18
19	Real Estate Taxes			201,784	201,784		201,784	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See attached			318,370	318,370	(306,150)	12,220	22
23	TOTAL Ownership			1,103,621	1,103,621	(245,817)	857,804	23
24	GRAND TOTAL (Sum of lines 16 and 23)	870,085	145,987	1,683,105	2,699,177	(272,063)	2,427,114	24

See independent accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning; 1/1/2013
Ending: 12/31/2013

Sch. IV Line
Reference

Detail of General Services - Other

1	Trash removal	4,765	4
2	Security expense	695	4
	Total	5,460	

Sch. IV Line
Reference

Detail of Capital Expenses - Other

1	Amortization expenses	12,220	22
	Total	12,220	

Sch. IV Line
Reference

Non-allowable expenses:

1	TV system - resident rooms	(3,696)	10
2	Officer life insurance	(13,768)	13
3	Illinois replacement taxes	(8,782)	14
4	Depreciation difference	86,675	17
5	Interest income	(26,342)	18
6	Unrealized loss on investments	(306,150)	22
	Total	(272,063)	

Facility Name: Franciscan Court

Report Period Beginning 1/1/2013 Ending: 12/31/2013

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.71	\$ 32.31	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.42	13.05	3
4	Activity Director & Assistants	0.98	14.07	4
5	Social Service Workers			5
6	Head Cook	0.19	17.50	6
7	Cook Helpers/Assistants	3.09	12.25	7
8	Dishwashers			8
9	Maintenance Workers	1.00	20.87	9
10	Housekeepers	0.98	10.67	10
11	Laundry			11
12	Managers	2.00	37.50	12
13	Other Administrative			13
14	Clerical	0.97	18.94	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	23.34	\$ 177.16	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES			
Name	1	City	2
N/A			

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Zachary Caulkins	75%	40	\$ 95,669	1
2	Rene Caulkins	none	40	97,193	2
3	Andrew Gill	none	40	60,320	3
4					4
5					5
Total				\$ 253,182	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 1
2		2
Total		\$ 3

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: If yes, what is the value of those services? \$ (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VIII. OWNERSHIP COSTS

A. Purchase price of land 916,502 Year land was acquired 2005

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	70		2005	2005	\$ 5,075,288	\$ 130,017	39	\$ 130,136	\$ 119	\$ 1,046,507	1
2			2006	2006	9,000	231	39	231		1,837	2
3											3
4											4
5											5
	Improvement Type										
6	See attachment - Page 5A				822,043	47,327		51,199	3,872	385,419	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,906,331	\$ 177,575		\$ 181,566	\$ 3,991	\$ 1,433,763	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 914,278	\$ 4,423	\$ 88,537	84,114	7	\$ 736,669	18
19	Vehicles	48,457	5,320	3,890	(1,430)	5	39,474	19
20	TOTAL (lines 18 and 19)	\$ 962,735	\$ 9,743	\$ 92,427	82,684		\$ 776,143	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Franciscan Court Report Period Beginning: 1/1/2013 Ending: 12/31/2013

VIII. OWNERSHIP COSTS

Improvement Type		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life In Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Land improvements	2005	2005	622,852	41,524	15	41,523	(1)	335,648	1
2	Landscaping - sign	2006	2006	2,730	182	15	182	-	1,335	2
3	Landscaping	2006	2006	4,714	315	15	315	-	2,305	3
4	Carpeting	2006	2006	1,791	-	5	-	-	1,791	4
5	Sign	2006	2006	7,610	195	39	195	-	1,472	5
6	Electric for sign	2006	2006	700	18	39	18	-	133	6
7	Electric for sign	2006	2006	320	8	39	8	-	61	7
8	Flooring	2006	2006	1,642	164	10	164	-	1,314	8
9	Land improvements	2006	2006	4,675	312	15	311	(1)	2,493	9
10	Walls & flooring installation	2007	2007	2,856	73	39	73	-	454	10
11	Basement flooring	2007	2007	1,279	33	39	33	-	204	11
12	Basement flooring	2007	2007	5,000	128	39	128	-	796	12
13	Lay flooring & marble	2007	2007	3,761	97	39	97	-	599	13
14	Basement flooring	2007	2007	954	25	39	25	-	148	14
15	Basement flooring	2007	2007	343	9	39	9	-	53	15
16	Parking lot repavement	2007	2007	2,838	-	10	284	284	1,845	16
17	New compressor	2008	2008	3,190	372	5	372	-	3,190	17
18	Fire monitoring system	2008	2008	1,668	42	39	42	-	228	18
19	D. Olqui-Building wall & door	2008	2008	3,800	95	39	95	-	520	19
20	Albright Rest-Basement	2008	2008	4,000	100	39	103	3	577	20
21	Albright Rest-Basement	2008	2008	1,800	47	39	46	(1)	260	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	28,793	22
23	Generator	2010	2010	6,000	150	20	300	150	1,200	23
24										24
25										25
26										26
27										27
28										28
29										29
30	Total (lines 1 through 30)			\$ 822,043	\$ 47,327		\$ 51,199	\$ 3,872	\$ 385,419	30

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2013

Ending: 2/31/2013

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	U.S. Bank		X	Mortgage	9/17/13	\$ 5,451,317	\$ 5,370,102	9/17/18	Variable	\$ 346,568	1
2	U.S. Bank		X	Loan Payable	/ /		0	9/17/13	Variable	48,852	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,451,317	\$ 5,370,102			\$ 395,420	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,451,317	\$ 5,370,102			\$ 395,420	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 470,854	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	86,045		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	10,147		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 567,046	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	916,502		13
14	Buildings, at Historical Cost	5,721,636		14
15	Leasehold Improvements, at Historical Cost	172,416		15
16	Equipment, at Historical Cost	967,569		16
17	Accumulated Depreciation (book methods)	(2,349,129)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	178,709		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(127,675)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Security deposit</u>	538		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,480,566	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,047,612	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 10,988	\$	26
27	Officer's Accounts Payable	1,264		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	224,647		29
30	Accrued Salaries Payable	19,563		30
31	Accrued Taxes Payable	203,984		31
32	Accrued Interest Payable	32,424		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	9,116		34
	Other Current Liabilities(specify):			
35	<u>Deferred income</u>	4,500		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 506,486	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,145,455		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,145,455	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,651,941	\$	45
46	TOTAL EQUITY	\$ 395,671	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,047,612	\$	47

*(See instructions.)

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,115,000	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,115,000	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	26,342	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 26,342	14
	D. Other Revenue (specify):		
15	Other Income		15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,141,342	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	362,273	19
20	Health Care/ Personal Care	436,891	20
21	General Administration	796,392	21
	B. Capital Expense		
22	Ownership	1,094,839	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,690,395	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 450,947	29
30	Income Taxes	\$ 8,782	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 442,165	31

Report Period Beginning:		1/1/2013	
Ending:		12/31/2013	
Reconciliation of IV., Cost Center Expenses to Schedule XII., Income Statement			
		Sch. IV Line Reference	Sch XII Line Reference
Total Expenses, Schedule XII	2,690,395		28
Illinois replacement taxes (Included in Schedule IV, appears after Total Expenses on Schedule XII)	8,782	14	30
Total	2,699,177	24	