

		FOR BHF USE			

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2015)

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 Crt 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:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2015 to 12/31/2015 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)	Zachary Caulkins	
	(Title)	President	
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)	Andrew D. Thomas, CPA Partner	
	(Firm Name & Address)	May, Cocagne & King, P.C. 1353 E. Mound Rd., Suite 300	
	(Telephone)	(217)875-2655	Fax #(217) 875-1660
	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		

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

Name: Andrew D. Thomas, CPA Telephone Number: (217) 875-2655

Email Address:

Report Period Beginning: 1/1/2015 Ending: 12/31/2015

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

/ /

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

YES ☐ NO ☒

(E.g., day care, "meals on wheels", outpatient therapy)

MODIFIED

ACCRUAL	<input type="text" value="x"/>	CASH*	<input type="text" value=""/>	CASH*	<input type="text" value=""/>
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Tax Year: 12/31/15 **Fiscal Year:** 12/31/15

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 t

make all of the required payments of interest and principle?

If no, explain.

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

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

STATE OF ILLINOIS

Page 3

Facility Name: Franciscan Court

Report Period Beginning:

1/1/2015

Ending: 12/31/2015

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	116,437	77,145	1,820	195,402		195,402	1
2	Housekeeping, Laundry and Maintenance	67,306	44,521	1,354	113,181		113,181	2
3	Heat and Other Utilities			66,171	66,171		66,171	3
4	Other (specify): Trash removal			5,154	5,154		5,154	4
5	TOTAL General Services	183,743	121,666	74,499	379,908		379,908	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	434,470	4,635		439,105		439,105	6
7	Activities and Social Services	12,738	9,444		22,182		22,182	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	447,208	14,079		461,287		461,287	9
	C. General Administration							
10	Administrative and Clerical	335,297	8,151	101,606	445,054	(5,094)	439,960	10
11	Marketing Materials, Promotions and Advertising			64,145	64,145		64,145	11
12	Employee Benefits and Payroll Taxes			150,329	150,329		150,329	12
13	Insurance-Property, Liability and Malpractice			89,516	89,516	(13,768)	75,748	13
14	Other (specify): Illinois replacement taxes			11,524	11,524	(11,524)		14
15	TOTAL General Administration	335,297	8,151	417,120	760,568	(30,386)	730,182	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	966,248	143,896	491,619	1,601,763	(30,386)	1,571,377	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			194,212	194,212	78,410	272,622	17
18	Interest			331,384	331,384	(1)	331,383	18
19	Real Estate Taxes			207,650	207,650		207,650	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization			14,367	14,367		14,367	22
23	TOTAL Ownership			747,613	747,613	78,409	826,022	23
24	GRAND TOTAL (Sum of lines 16 and 23)	966,248	143,896	1,239,232	2,349,376	48,023	2,397,399	24

No assurance is provided on the financial statements.

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning; 1/1/2015
Ending: 12/31/2015

Sch. IV Line
Reference

Detail of Capital Expenses - Other			
1	Amortization expenses	14,367	22
	Total	14,367	

Sch. IV Line
Reference

Non-allowable expenses:			
1	TV system - resident rooms	(5,094)	10
2	Officer life insurance	(13,768)	13
3	Illinois replacement taxes	(11,524)	14
4	Depreciation difference	78,410	17
5	Interest income	(1)	18
	Total	48,023	

Facility Name: Franciscan Court

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.610	\$ 35.96	1
2	Licensed Practical Nurses	5.000	20.00	2
3	Certified Nurse Assistants	12.197	13.43	3
4	Activity Director & Assistants	0.836	13.13	4
5	Social Service Workers			5
6	Head Cook	1.000	17.74	6
7	Cook Helpers/Assistants	2.564	10.79	7
8	Dishwashers			8
9	Maintenance Workers	1.000	22.71	9
10	Housekeepers	0.955	11.22	10
11	Laundry			11
12	Managers	2.000	40.43	12
13	Other Administrative			13
14	Clerical	1.330	18.37	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	29.49	\$ 203.78	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

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	\$ 105,235	1
2	Rene Caulkins	none	40	110,019	2
3	Andrew Gill	none	40	60,610	3
4					4
5					5
Total				\$ 275,864	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? \$

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	\$ 130,018	39	\$ 130,136	\$ 118	\$ 1,306,779	1
2			2006	2006	9,000	231	39	231		2,299	2
3											3
4											4
5											5
	Improvement Type										
6	See Attachment - Page 5A				826,751	46,958		51,299	4,341	487,544	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)				\$ 5,911,039	\$ 177,207		\$ 181,666	\$ 4,459	\$ 1,796,622	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	\$ 923,044	\$ 6,523	\$ 82,586	76,063	7	\$ 912,041	18
19	Vehicles	90,305	10,482	8,370	(2,112)	5	65,197	19
20	TOTAL (lines 18 and 19)	\$ 1,013,349	\$ 17,005	\$ 90,956	73,951		\$ 977,238	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: 1/1/2015

Ending: 12/31/2015

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)	418,695	1
2	Landscaping - sign	2006	2006	2,730	182	15	182	-	1,699	2
3	Landscaping	2006	2006	4,714	314	15	314	-	2,933	3
4	Carpeting	2006	2006	1,791	-	5	-	-	1,791	4
5	Sign	2006	2006	7,610	195	39	195	-	1,862	5
6	Electric for sign	2006	2006	700	18	39	18	-	169	6
7	Electric for sign	2006	2006	320	8	39	8	-	77	7
8	Flooring	2006	2006	1,642	165	10	164	(1)	1,642	8
9	Land improvements	2006	2006	4,675	312	15	312	-	3,117	9
10	Walls & flooring installation	2007	2007	2,856	73	39	73	-	601	10
11	Basement flooring	2007	2007	1,279	33	39	33	-	270	11
12	Basement flooring	2007	2007	5,000	128	39	128	-	1,052	12
13	Lay flooring & marble	2007	2007	3,761	96	39	96	-	791	13
14	Basement flooring	2007	2007	954	24	39	24	-	196	14
15	Basement flooring	2007	2007	343	9	39	9	-	71	15
16	Parking lot repavement	2007	2007	2,838	-	10	284	284	2,413	16
17	New compressor	2008	2008	3,190	-	5	-	-	3,190	17
18	Fire monitoring system	2008	2008	1,668	43	39	43	-	313	18
19	D. Olqui-Building wall & door	2008	2008	3,800	97	39	97	-	712	19
20	Albright Rest-Basement	2008	2008	4,000	103	39	103	-	782	20
21	Albright Rest-Basement	2008	2008	1,800	46	39	46	-	352	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	42,545	22
23	Generator	2010	2010	6,000	150	20	300	150	1,800	23
24	Improvements - equipment	2015	2015	4,708		5	471	471	471	24
25										25
26										26
27										27
28										28
29										29
30	Total (lines 1 through 30)			\$ 826,751	\$ 46,958		\$ 51,299	\$ 4,341	\$ 487,544	30

No assurance is provided on the financial statements.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

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			x	Mortgage	9/17/13	\$ 5,451,317	\$ 4,847,504	9/17/18	Variable	\$ 331,093	1
2			x	Loan Payable	9/6/14	41,848	23,381	10/6/17	Variable	291	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,493,165	\$ 4,870,885			\$ 331,384	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,493,165	\$ 4,870,885			\$ 331,384	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.

STATE OF ILLINOIS

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Facility Name: Franciscan Court

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 622,518	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	98,996		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,718		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 732,232	\$	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	5,721,637		14
15	Leasehold Improvements, at Historical Cost	177,124		15
16	Equipment, at Historical Cost	1,018,184		16
17	Accumulated Depreciation (book methods)	(2,732,438)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	178,709		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(156,411)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Security deposits</u>	538		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,123,845	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,856,077	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 716	\$	26
27	Officer's Accounts Payable	1,364		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	272,456		29
30	Accrued Salaries Payable	29,443		30
31	Accrued Taxes Payable	208,616		31
32	Accrued Interest Payable	28,263		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	11,524		34
	Other Current Liabilities(specify):			
35	<u>Deferred Income</u>	106,322		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 658,704	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	9,392		38
39	Mortgage Payable	4,589,037		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)	\$ 4,598,429	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,257,133	\$	45
46	TOTAL EQUITY	\$ 598,944	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,856,077	\$	47

*(See instructions.)

No assurance is provided on the financial statements.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 3,243,685	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,243,685	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
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 1	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,243,686	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	379,908	19
20	Health Care/ Personal Care	461,287	20
21	General Administration	749,044	21
	B. Capital Expense		
22	Ownership	747,617	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 2,337,856	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 905,830	29
	Income Taxes		
30		\$ 11,524	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 894,306	31

No assurance is provided on the financial statements.

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning;
Ending:

1/1/2015
12/31/2015

Reconciliation of IV., Cost Center Expenses to			
Schedule XII., Income Statement			
		Sch IV	Sch XII
		Line	Line
		Reference	Reference
Total Expenses, Schedule XII	2,337,856		28
Illinois replacement taxes (Included in Schedule IV, appears after Total Expenses on Schedule X	11,524	14	30
Rounding	(4)		
Total	2,349,376	24	