

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

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

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
Charitable Corp.
Trust
IRS Exemption Code

PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Andrew D. Thomas, CPA Telephone Number: (217) 875-2655
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 1/1/2016 to 12/31/2016 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 Road, 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

Facility Name **Franciscan Court**

Report Period Beginning: 1/1/2016 Ending: 12/31/2016

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	16,836	1		
2	24	Double Unit Apartment	24	8,784	2		
3		Other			3		
4	70	TOTALS	70	25,620	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	3,902	11,893		15,795	5
6	Double Unit	2,021	5,593		7,614	6
7	Other					7
8	TOTALS	5,923	17,486		23,409	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.37%

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

24 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: 12/31/16 **Fiscal Year:** 12/31/16

* 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:

1/1/2016

Ending:

12/31/2016

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					5	6	
1	Dietary and Food Purchase	104,968	94,318	1,664	200,950		200,950	1
2	Housekeeping, Laundry and Maintenance	82,346	42,969	986	126,301		126,301	2
3	Heat and Other Utilities			93,147	93,147		93,147	3
4	Other (specify):			6,702	6,702		6,702	4
5	TOTAL General Services	187,314	137,287	102,499	427,100		427,100	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	455,097	7,023		462,120		462,120	6
7	Activities and Social Services	4,200	8,270		12,470		12,470	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	459,297	15,293		474,590		474,590	9
	C. General Administration							
10	Administrative and Clerical	243,076	7,945	97,749	348,770	(5,314)	343,456	10
11	Marketing Materials, Promotions and Advertising			101,352	101,352		101,352	11
12	Employee Benefits and Payroll Taxes			144,155	144,155		144,155	12
13	Insurance-Property, Liability and Malpractice			55,904	55,904	(4,589)	51,315	13
14	Other (specify): : state replacement tax							14
15	TOTAL General Administration	243,076	7,945	399,160	650,181	(9,903)	640,278	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	889,687	160,525	501,659	1,551,871	(9,903)	1,541,968	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			195,485	195,485	17,558	213,043	17
18	Interest			151,264	151,264		151,264	18
19	Real Estate Taxes			191,605	191,605		191,605	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			552,721	552,721	17,558	570,279	23
24	GRAND TOTAL (Sum of lines 16 and 23)	889,687	160,525	1,054,380	2,104,592	7,655	2,112,247	24

Report Period Beginning; 1/1/2016
Ending: 12/31/2016

Detail of Capital Expenses - Other			Sch. IV Line Reference
1	Amortization expenses	14,367	22
	Total	14,367	

Non-allowable expenses:			Sch. IV Line Reference
1	TV system - resident rooms	(5,314)	10
2	Officer life insurance	(4,589)	13
3	Depreciation difference	17,558	17
	Total	7,655	

Facility Name: Franciscan Court

Report Period Beginning 1/1/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.88	\$ 26.19	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.64	14.40	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.00	19.24	6
7	Cook Helpers/Assistants	2.64	11.14	7
8	Dishwashers			8
9	Maintenance Workers	1.00	23.55	9
10	Housekeepers	1.52	10.95	10
11	Laundry			11
12	Managers	1.00	19.14	12
13	Other Administrative			13
14	Clerical	2.30	16.70	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	23	\$ 141.31	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	\$ none	1
2	Rene Caulkins	none	40	110,019	2
3	Andrew Gill	none	40	64,655	3
4					4
5					5
Total				\$ 174,674	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).

OTHER RELATED BUSINESS ENTITIES					
<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u>	<u>5</u>

Report Period Beginning; 1/1/2016
Ending: 12/31/2016

Sch. VI No compensation was paid to Zachary Caulkins during 2016

Facility Name: Franciscan Court

Report Period Beginning:

1/1/2016

Ending:

12/31/2016

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	\$ 1,436,915	1
2			2006	2006	9,000	231	39	231		2,530	2
3											3
4											4
5											5
	Improvement Type										
6	See attachment - Page 5A				1,028,829	51,089		69,248	18,159	556,792	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)				\$ 6,113,117	\$ 181,337		\$ 199,615	\$ 18,278	\$ 1,996,237	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	\$ 933,513	\$ 4,511	\$ 5,058	547	7	\$ 917,099	18
19	Vehicles	90,305	9,637	8,370	(1,267)	5	73,567	19
20	TOTAL (lines 18 and 19)	\$ 1,023,818	\$ 14,148	\$ 13,428	(720)		\$ 990,666	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: 1/1/2016

Ending: 12/31/2016

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)	460,218	1
2	Landscaping - sign	2006	2006	2,730	182	15	182	-	1,881	2
3	Landscaping	2006	2006	4,714	314	15	314	-	3,247	3
4	Carpeting	2006	2006	1,791	-	5	-	-	1,791	4
5	Sign	2006	2006	7,610	195	39	195	-	2,057	5
6	Electric for sign	2006	2006	700	18	39	18	-	187	6
7	Electric for sign	2006	2006	320	8	39	8	-	85	7
8	Flooring	2006	2006	1,642	-	10	-	-	1,642	8
9	Land improvements	2006	2006	4,675	312	15	312	-	3,429	9
10	Walls & flooring installation	2007	2007	2,856	73	39	73	-	674	10
11	Basement flooring	2007	2007	1,279	33	39	33	-	303	11
12	Basement flooring	2007	2007	5,000	128	39	128	-	1,180	12
13	Lay flooring & marble	2007	2007	3,761	96	39	96	-	887	13
14	Basement flooring	2007	2007	954	24	39	24	-	220	14
15	Basement flooring	2007	2007	343	9	39	9	-	80	15
16	Parking lot repavement	2007	2007	2,838	-	10	284	284	2,697	16
17	New compressor	2008	2008	3,190	-	5	-	-	3,190	17
18	Fire monitoring system	2008	2008	1,668	43	39	43	-	356	18
19	D. Olqui-Building wall & doo	2008	2008	3,800	97	39	97	-	809	19
20	Albright Rest-Basement	2008	2008	4,000	103	39	103	-	885	20
21	Albright Rest-Basement	2008	2008	1,800	46	39	46	-	398	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	49,421	22
23	Generator	2010	2010	6,000	150	20	300	150	2,100	23
24	Improvements - equipment	2015	2015	4,708	942	5	942	-	1,413	24
25	Building improvements	2016	2016	130,615	279	39	3,349	3,070	3,349	25
26	Carpeting	2016	2016	45,128	752	5	9,026	8,274	9,026	26
27	Bathroom flooring	2016	2016	12,975	216	5	2,595	2,379	2,595	27
28	Carpeting 301,323,109	2016	2016	4,195	769	5	839	70	839	28
29	Carpeting 208,104,113,207	2016	2016	5,390	898	5	1,078	180	1,078	29
30	Carpeting 303,112	2016	2016	3,775	440	5	755	315	755	30
31										31
	Total (lines 1 through 31)			\$ 1,028,829	\$ 51,089		\$ 69,248	\$ 18,159	\$ 556,792	

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2016

Ending: 2/31/2016

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	\$	9/17/18	Variable	\$ 58,115	1
2			X	Mortgage	4/1/16	5,200,000		4/1/21	Variable	93,000	2
3			X	Loan Payable	9/6/14	41,848		10/6/17	Variable	149	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 10,693,165	\$ 5,021,603			\$ 151,264	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 10,693,165	\$ 5,021,603			\$ 151,264	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: 1/1/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 364,819	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	91,763		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,750		6
7	Other Prepaid Expenses	5,300		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 483,632	\$	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	5,910,355		14
15	Leasehold Improvements, at Historical Cost	190,484		15
16	Equipment, at Historical Cost	1,028,653		16
17	Accumulated Depreciation (book methods)	(2,927,923)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	178,709		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(170,777)		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)	\$ 5,126,541	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,610,173	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 22,627	\$	26
27	Officer's Accounts Payable	1,364		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	306,468		29
30	Accrued Salaries Payable	39,702		30
31	Accrued Taxes Payable	200,696		31
32	Accrued Interest Payable	10,848		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	8,084		34
	Other Current Liabilities(specify):			
35	<u>Deferred income</u>	11,349		35
36	<u>Cash drawn in excess of funds available</u>	46,185		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 647,323	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,715,135		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)	\$ 4,715,135	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,362,458	\$	45
46	TOTAL EQUITY	\$ 247,715	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,610,173	\$	47

*(See instructions.)

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2016

Ending:

12/31/2016

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,417,321	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,417,321	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15			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)	\$ 3,417,321	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	427,100	19
20	Health Care/ Personal Care	474,590	20
21	General Administration	650,181	21
	B. Capital Expense		
22	Ownership	552,721	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)	\$ 2,104,592	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,312,729	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,312,729	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 420,389	32
33	Private Pay - Net Inpatient Revenue	2,994,176	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>pendant income</u>	400	35
36	Other-(specify) <u>fee income</u>	2,356	36
37	TOTAL (This total must agree to Line 3)	\$ 3,417,321	37