

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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: (603) 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

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

☐ GOVERNMENTAL State County Other

IRS Exemption Code

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 1/1/2018 to 12/31/2018 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)

(Type or Print Name) Zachary Caulkins

(Title) President

Paid Preparer

(Signed)

(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) 875-2655

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
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Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	3,021	12,003		15,024	5
6	Double Unit		3,921		3,921	6
7	Other	1,817	1,870		3,687	7
8	TOTALS	4,838	17,794	-	22,632	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **88.58%**

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

15 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **(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	X	MODIFIED		
		CASH*		CASH*

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

Tax Year: 12/31/18 **Fiscal Year:** 12/31/18

* 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 principal? _____
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 principal?** _____
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 principal? _____
If no, explain.

STATE OF ILLINOIS

Page 3

Facility Name: Franciscan Court

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	110,056	83,518	1,458	195,032		195,032	1
2	Housekeeping, Laundry and Maintenance	97,038	56,507	20,937	174,482		174,482	2
3	Heat and Other Utilities			87,942	87,942		87,942	3
4	Other (specify): trash, security			7,265	7,265		7,265	4
5	TOTAL General Services	207,094	140,025	117,602	464,721		464,721	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	494,616	7,007		501,623		501,623	6
7	Activities and Social Services	15,294	10,053		25,347		25,347	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	509,910	17,060		526,970		526,970	9
	C. General Administration							
10	Administrative and Clerical	246,288	8,949	67,650	322,887	(6,859)	316,028	10
11	Marketing Materials, Promotions and Advertising			79,470	79,470		79,470	11
12	Employee Benefits and Payroll Taxes			158,056	158,056		158,056	12
13	Insurance-Property, Liability and Malpractice			59,081	59,081		59,081	13
14	Other (specify): Illinois replacement tax			4,057	4,057	(4,057)		14
15	TOTAL General Administration	246,288	8,949	368,314	623,551	(10,916)	612,635	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	963,292	166,034	485,916	1,615,242	(10,916)	1,604,326	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			217,435	217,435	4,220	221,655	17
18	Interest			209,720	209,720		209,720	18
19	Real Estate Taxes			174,987	174,987		174,987	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization			2,147	2,147		2,147	22
23	TOTAL Ownership			604,289	604,289	4,220	608,509	23
24	GRAND TOTAL (Sum of lines 16 and 23)	963,292	166,034	1,090,205	2,219,531	(6,696)	2,212,835	24

Report Period Beginning: 1/1/2018
Ending: 12/31/2018

Sch. IV Line
Reference

Detail of General Service - Other

1	Trash removal	5,529	4
2	Security expense	1,736	4
	Total	7,265	

Sch. IV Line
Reference

Detail of General Administration - Other

1	Penalties	508	14
2	Illinois replacement tax	3,549	14
	Total	4,057	

Sch. IV Line
Reference

Detail of Capital Expenses - Other

1	Amortization expenses	2,147	22
	Total	2,147	

Sch. IV Line
Reference

Non-allowable expenses:

1	TV system - resident rooms	(6,859)	10
2	Depreciation difference	4,220	17
3	Illinois replacement tax	(3,549)	14
4	Penalties	(508)	14
	Total	(6,696)	

Facility Name: Franciscan Court

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.49	\$ 36.87	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.70	15.53	3
4	Activity Director & Assistants	0.64	11.11	4
5	Social Service Workers			5
6	Head Cook	1.00	19.76	6
7	Cook Helpers/Assistants	2.63	12.51	7
8	Dishwashers			8
9	Maintenance Workers	1.00	28.47	9
10	Housekeepers	1.47	12.25	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical	1.65	17.25	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	21.58	\$ 153.75	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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).

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	62,920	3
4					4
5					5
Total				\$ 172,939	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Report Period Beginning; 1/1/2018
Ending: 12/31/2018

Sch. VI No compensation was paid to Zachary Caulkins during 2018

Facility Name: Franciscan Court

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 1,697,068	1
2			2006	2006	9,000	231	39	231		2,992	2
3											3
4											4
5											5
	Improvement Type										
6	See attachment - page 5A				1,092,270	72,050		76,151	4,101	712,458	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)				\$ 6,176,558	\$ 202,298		\$ 206,518	\$ 4,220	\$ 2,412,518	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	\$ 924,484	\$ 3,353	\$ 3,353	\$		\$ 920,682	18
19	Vehicles	132,017	11,784	11,784		5	87,506	19
20	TOTAL (lines 18 and 19)	\$ 1,056,501	\$ 15,137	\$ 15,137	\$		\$ 1,008,188	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: 1/1/2018

Ending: 12/31/2018

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

	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	41,523	15	41,523	0	543,264	1
2	Landscaping - sign	2006	2006	2,730	182	15	182	-	2,245	2
3	Landscaping	2006	2006	4,714	314	15	314	0	3,876	3
4	Carpeting	2006	2006	1,791	-	5	-	-	1,791	4
5	Sign	2006	2006	7,610	195	39	195	0	2,448	5
6	Electric for sign	2006	2006	700	18	39	18	(0)	223	6
7	Electric for sign	2006	2006	320	8	39	8	0	101	7
8	Flooring	2006	2006	1,642	-	10	-	-	1,642	8
9	Land improvements	2006	2006	4,675	312	15	312	(0)	4,052	9
10	Walls & flooring installation	2007	2007	2,856	73	39	73	0	820	10
11	Basement flooring	2007	2007	1,279	33	39	33	(0)	368	11
12	Basement flooring	2007	2007	5,000	128	39	128	0	1,437	12
13	Lay flooring & marble	2007	2007	3,761	96	39	96	0	1,081	13
14	Basement flooring	2007	2007	954	24	39	24	0	270	14
15	Basement flooring	2007	2007	343	9	39	9	(0)	97	15
16	Parking lot repavement	2007	2007	2,838	-	10	-	-	2,838	16
17	New compressor	2008	2008	3,190	-	5	-	-	3,190	17
18	Fire monitoring system	2008	2008	1,668	43	39	43	(0)	442	18
19	D. Olqui-Building wall & door	2008	2008	3,800	97	39	97	0	1,007	19
20	Albright Rest-Basement	2008	2008	4,000	103	39	103	(0)	1,077	20
21	Albright Rest-Basement	2008	2008	1,800	46	39	46	0	491	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	63,173	22
23	Generator	2010	2010	6,000	150	20	300	150	2,700	23
24	Improvements - equipment	2015	2015	4,708	942	5	942	(0)	3,296	24
25	Building improvements	2016	2016	130,615	2836	39	3,349	513	10,047	25
26	Carpeting	2016	2016	45,128	9026	5	9,026	(0)	27,078	26
27	Bathroom flooring	2016	2016	12,975	2595	5	2,595	-	7,785	27
28	Carpeting 301,323,109	2016	2016	4,195	839	5	839	-	2,517	28
29	Carpeting 208,104,113,207	2016	2016	5,390	1078	5	1,078	-	3,234	29
30	Carpeting 303,112	2016	2016	3,775	755	5	755	-	2,265	30
31	Carpeting	2017	2017	3,345	669	5	669	-	1,338	31
32	Carpeting	2017	2017	15,600	3120	5	3,120	-	6,240	32
33	Carpeting	2017	2017	5,623	1125	5	1,125	(0)	2,250	33
34	Tile	2018	2018	19,548	1629	5	1,629	-	1,629	34
35	Carpeting	2018	2018	19,325	644	5	644	-	644	35
	Total (lines 1 through 31)			\$ 1,092,270	\$ 72,050		\$ 76,151	\$ 4,101	\$ 706,956	

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1			X	Mortgage	4/1/16	\$ 5,200,000	\$ 4,697,187	4/1/21	Variable	\$ 209,639	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,200,000	\$ 4,697,187			\$ 209,639	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,200,000	\$ 4,697,187			\$ 209,639	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: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 472,160	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	52,369		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,538		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)	\$ 542,367	\$	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	5,079,679		14
15	Leasehold Improvements, at Historical Cost	1,064,695		15
16	Equipment, at Historical Cost	1,061,336		16
17	Accumulated Depreciation (book methods)	(3,357,438)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	178,709		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(178,709)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): security deposit	538		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,765,312	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,307,679	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 43,058	\$	26
27	Officer's Accounts Payable	1,364		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	297,072		29
30	Accrued Salaries Payable	40,348		30
31	Accrued Taxes Payable	189,223		31
32	Accrued Interest Payable	19,454		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	3,500		34
	Other Current Liabilities(specify):			
35	Deferred income	96,751		35
36	Cash drawn in excess of funds available	3,172		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 693,942	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,400,115		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)	\$ 4,400,115	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,094,057	\$	45
46	TOTAL EQUITY	\$ 213,622	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,307,679	\$	47

*(See instructions.)

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 3,306,010	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,306,010	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)	\$ 3,306,010	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	464,721	19
20	Health Care/ Personal Care	526,970	20
21	General Administration	613,143	21
	B. Capital Expense		
22	Ownership	614,011	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)	\$ 2,218,845	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,087,165	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,087,165	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 247,672	32
33	Private Pay - Net Inpatient Revenue	3,055,686	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Fee income</u>	2,652	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,306,010	37