

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 1966 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

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: Catherine J. Mansur, 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 1/1/2021 to 12/31/2021 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) Catherine J. Mansur, CPA Partner

(Firm Name & Address) MCK CPAs and Advisors 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

HFS 3745C (N-4-05)

No assurance is provided on these financial statements.

IL478-2471

Facility Name Franciscan Court

Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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		Single Unit Apartment	46	16,790	1
2		Double Unit Apartment	24	8,760	2
3		Other			3
4		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	1,950	13,745		15,695	5
6	Double Unit	950	6,300		7,250	6
7	Other					7
8	TOTALS	2,900	20,045		22,945	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 89.80%

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

10 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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/21 Fiscal Year: 12/31/21

* 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

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Facility Name: Franciscan Court

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	132,500	104,251	918	237,669		237,669	1
2	Housekeeping, Laundry and Maintenance	31,242	128,074	1,325	160,641		160,641	2
3	Heat and Other Utilities			85,879	85,879		85,879	3
4	Other (specify):			28,108	28,108		28,108	4
5	TOTAL General Services	163,742	232,325	116,230	512,297		512,297	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	589,049	16,478		605,527		605,527	6
7	Activities and Social Services	10,428	5,160		15,588		15,588	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	599,477	21,638		621,115		621,115	9
	C. General Administration							
10	Administrative and Clerical	227,994	11,460	106,669	346,123	(9,847)	336,276	10
11	Marketing Materials, Promotions and Advertising			91,332	91,332		91,332	11
12	Employee Benefits and Payroll Taxes			174,485	174,485		174,485	12
13	Insurance-Property, Liability and Malpractice			91,736	91,736		91,736	13
14	Other (specify):			8,103	8,103	(5,818)	2,285	14
15	TOTAL General Administration	227,994	11,460	472,325	711,779	(15,665)	696,114	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	991,213	265,423	588,555	1,845,191	(15,665)	1,829,526	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			178,624	178,624	(4,622)	174,002	17
18	Interest			214,881	214,881		214,881	18
19	Real Estate Taxes			183,334	183,334		183,334	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			22,095	22,095	(22,095)		22
23	TOTAL Ownership			598,934	598,934	(26,717)	572,217	23
24	GRAND TOTAL (Sum of lines 16 and 23)	991,213	265,423	1,187,489	2,444,125	(42,382)	2,401,743	24

Report Period Beginning; 1/1/2021
Ending: 12/31/2021

Sch. IV Line

Detail of General Service - Other

Reference

1	Trash removal	25,710	4
2	Security expense	2,398	4
	Total	28,108	

Sch. IV Line

Detail of General Administration - Other

Reference

1	Illinois replacement tax	5,617	14
2	Meals & Entertainment	482	14
3	Penalties	201	14
4	Other	1,803	14
	Total	8,103	

Sch. IV Line

Non-allowable expenses:

Reference

1	TV system - resident rooms	(9,847)	10
2	Depreciation difference	(4,622)	17
3	Illinois replacement tax	(5,617)	14
4	Penalties	(201)	14
5	Political contributions	(22,000)	22
6	Charitable contributions	(95)	22
	Total	(42,382)	

Facility Name: Franciscan Court

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.98	\$ 38.22	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.45	17.95	3
4	Activity Director & Assistants	0.42	11.77	4
5	Social Service Workers			5
6	Head Cook	1.01	20.86	6
7	Cook Helpers/Assistants	2.89	14.66	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	0.86	15.33	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical	0.78	17.29	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	19.39	\$ 136.08	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	100%	40	\$ none	1
2	Rene Caulkins	none	40	130,000	2
3	Andrew Gill	none	40	71,864	3
4					4
5					5
Total				\$ 201,864	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

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

Report Period Beginning; 1/1/2021
Ending: 12/31/2021

Sch. VI No compensation was paid to Zachary Caulkins during 2021

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

VIII. OWNERSHIP COSTSA. 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	\$ 2,087,475	1
2			2006	2006	9,000	231	39	231		3,684	2
3											3
4											4
5											5
	Improvement Type										
6	See attachment - page 5A				1,242,535	32,812		28,190	(4,622)	898,020	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)				\$ 6,326,823	\$ 163,061		\$ 158,557	\$ (4,504)	\$ 2,989,179	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	\$ 996,939	\$ 1,885	\$ 1,885	\$		\$ 927,595	18
19	Vehicles	171,021	14,193	14,193			123,964	19
20	TOTAL (lines 18 and 19)	\$ 1,167,960	\$ 16,078	\$ 16,078	\$		\$ 1,051,559	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: 1/1/2021

Ending: 12/31/2021

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	-	15	-	-	626,310	1
2	Landscaping - sign	2006	2006	2,730	121	15	121	-	2,730	2
3	Landscaping	2006	2006	4,714	209	15	209	-	4,714	3
4	Carpeting	2006	2006	1,791	-	5	-	-	1,791	4
5	Sign	2006	2006	7,610	195	39	195	0	3,033	5
6	Electric for sign	2006	2006	700	18	39	18	(0)	277	6
7	Electric for sign	2006	2006	320	8	39	8	0	125	7
8	Flooring	2006	2006	1,642	-	10	-	-	1,642	8
9	Land improvements	2006	2006	4,675	-	15	-	-	4,675	9
10	Walls & flooring installation	2007	2007	2,856	73	39	73	0	1,040	10
11	Basement flooring	2007	2007	1,279	33	39	33	(0)	467	11
12	Basement flooring	2007	2007	5,000	128	39	128	0	1,821	12
13	Lay flooring & marble	2007	2007	3,761	96	39	96	0	1,370	13
14	Basement flooring	2007	2007	954	24	39	24	0	343	14
15	Basement flooring	2007	2007	343	9	39	9	(0)	124	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)	570	18
19	D. Olqui-Building wall & door	2008	2008	3,800	97	39	97	0	1,299	19
20	Albright Rest-Basement	2008	2008	4,000	103	39	103	(0)	1,385	20
21	Albright Rest-Basement	2008	2008	1,800	46	39	46	0	629	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	83,801	22
23	Generator	2010	2010	6,000	150	20	300	150	3,600	23
24	Improvements - equipment	2015	2015	4,708	-	5	-	-	4,708	24
25	Building improvements	2016	2016	130,615	3,349	39	3,349	0	20,094	25
26	Carpeting	2016	2016	45,128	8,274	5	-	(8,274)	45,128	26
27	Bathroom flooring	2016	2016	12,975	2,379	5	-	(2,379)	12,975	27
28	Carpeting 301,323,109	2016	2016	4,195	70	5	-	(70)	4,195	28
29	Carpeting 208,104,113,207	2016	2016	5,390	180	5	-	(180)	5,390	29
30	Carpeting 303,112	2016	2016	3,775	315	5	-	(315)	3,775	30
31	Carpeting	2017	2017	3,345	669	5	669	-	3,345	31
32	Carpeting	2017	2017	15,600	3,120	5	3,120	-	15,600	32
33	Carpeting	2017	2017	5,623	1,125	5	1,123	(2)	5,623	33
34	Tile	2018	2018	19,648	3,930	5	3,930	(0)	13,419	34
35	Carpeting	2018	2018	19,325	3,865	5	3,865	-	12,239	35
36	Exterior Resurfacing	2021	2021	57,465	359	40	1,437	1,078	1,437	36
37	Exterior Painting	2021	2021	92,700	386	40	2,318	1,932	2,318	37
	Total (lines 1 through 31)			\$ 1,242,535	\$ 32,812		\$ 28,190	\$ (4,622)	\$ 898,020	

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2021

Ending: 2/31/2021

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	12/13/21	\$ 7,952,408	\$ 6,542,306	12/13/26	3.5000	\$ 207,877	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,952,408	\$ 6,542,306			\$ 207,877	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,952,408	\$ 6,542,306			\$ 207,877	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: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 891,986	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	79,173		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)	\$ 976,459	\$	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	1,214,860		15
16	Equipment, at Historical Cost	1,172,792		16
17	Accumulated Depreciation (book methods)	(3,977,283)		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): Buyout	2,302,408		22
23	Other(specify): Security Deposit	538		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,709,496	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,685,955	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 107,619	\$	26
27	Officer's Accounts Payable	110,281		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	205,000		29
30	Accrued Salaries Payable	22,404		30
31	Accrued Taxes Payable	199,014		31
32	Accrued Interest Payable	26,328		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	5,500		34
	Other Current Liabilities(specify):			
35	Deferred Income	128,025		35
36	Cash drawn in excess of funds avail	11,150		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 815,321	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	6,337,306		38
39	Mortgage Payable			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)	\$ 6,337,306	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,152,627	\$	45
46	TOTAL EQUITY	\$ 533,328	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,685,955	\$	47

*(See instructions.)

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 3,508,854	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,508,854	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	PPP Loan Forgiveness	201,067	15
16	Misc. Reimbursement	78	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 201,145	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,709,999	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	512,297	19
20	Health Care/ Personal Care	621,115	20
21	General Administration	696,114	21
	B. Capital Expense		
22	Ownership	572,217	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)	\$ 2,401,743	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,308,256	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,308,256	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 404,112	32
33	Private Pay - Net Inpatient Revenue	3,103,202	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Fee Income</u>	1,540	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,508,854	37