

Facility Name Franciscan Court

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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	3,324	11,753		15,077	5
6	Double Unit	2,169	5,866		8,035	6
7	Other					7
8	TOTALS	5,493	17,619		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
41 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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

* 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. _____

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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	95,315	78,887	1,794	175,996		175,996	1
2	Housekeeping, Laundry and Maintenance	69,581	31,117	3,214	103,912		103,912	2
3	Heat and Other Utilities			69,703	69,703		69,703	3
4	Other (specify):			5,821	5,821		5,821	4
5	TOTAL General Services	164,896	110,004	80,532	355,432		355,432	5
B. Health Care and Programs								
6	Health Care/ Personal Care	429,082	4,187		433,269		433,269	6
7	Activities and Social Services	22,390	7,275		29,665		29,665	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	451,472	11,462		462,934		462,934	9
C. General Administration								
10	Administrative and Clerical	329,910	7,370	89,789	427,069	(4,301)	422,768	10
11	Marketing Materials, Promotions and Advertising		506	39,279	39,785		39,785	11
12	Employee Benefits and Payroll Taxes			156,611	156,611		156,611	12
13	Insurance-Property, Liability and Malpractice			69,311	69,311	(13,768)	55,543	13
14	Other (specify): Illinois Replacement Taxes			16,194	16,194	(16,194)		14
15	TOTAL General Administration	329,910	7,876	371,184	708,970	(34,263)	674,707	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	946,278	129,342	451,716	1,527,336	(34,263)	1,493,073	16
Capital Expenses								
D. Ownership								
17	Depreciation			189,434	189,434	91,281	280,715	17
18	Interest			368,721	368,721	(1)	368,720	18
19	Real Estate Taxes			220,485	220,485		220,485	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			14,369	14,369		14,369	22
23	TOTAL Ownership			793,009	793,009	91,280	884,289	23
24	GRAND TOTAL (Sum of lines 16 and 23)	946,278	129,342	1,244,725	2,320,345	57,017	2,377,362	24

See independent accountant's compilation report.

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Sch. IV Line
Reference

Detail of General Services - Other

1	Trash removal	4,927	4
2	Security expense	894	4
	Total	5,821	

Sch. IV Line
Reference

Detail of Capital Expenses - Other

1	Amortization expenses	14,369	22
	Total	14,369	

Sch. IV Line
Reference

Non-allowable expenses:

1	TV system - resident rooms	(4,301)	10
2	Officer life insurance	(13,768)	13
3	Illinois replacement taxes	(16,194)	14
4	Depreciation difference	91,281	17
5	Interest income	(1)	18
	Total	57,017	

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.61	\$ 35.96	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.20	13.43	3
4	Activity Director & Assistants	0.84	13.13	4
5	Social Service Workers			5
6	Head Cook	1.00	17.74	6
7	Cook Helpers/Assistants	2.56	10.79	7
8	Dishwashers			8
9	Maintenance Workers	1.00	22.71	9
10	Housekeepers	0.96	11.22	10
11	Laundry			11
12	Managers	2.00	40.43	12
13	Other Administrative			13
14	Clerical	1.33	18.37	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24.49	\$ 183.78	17

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	\$ 104,867	1	
2	Rene Caulkins	none	40	109,467	2	
3	Andrew Gill	none	40	63,320	3	
4					4	
5					5	
				Total	\$ 277,654	6

VI. (B) Management fees paid to unrelated parties

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

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).

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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	\$ 1,176,643	1
2			2006	2006	9,000	230	39	231	1	2,068	2
3											3
4											4
5											5
Improvement Type											
6	See Attachment - Page 5A				822,043	46,951		50,826	3,875	436,245	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	\$ 177,199		\$ 181,193	\$ 3,994	\$ 1,614,956	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	\$ 922,027	\$ 5,584	\$ 89,416	83,832	7	\$ 829,453	18
19	Vehicles	90,305	6,310	8,370	2,060	5	56,827	19
20	TOTAL (lines 18 and 19)	\$ 1,012,332	\$ 11,894	\$ 97,786	85,892		\$ 886,280	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

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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	41,523	15	41,524	1	377,172	1
2	Landscaping - sign	2006	2006	2,730	182	15	182	-	1,517	2
3	Landscaping	2006	2006	4,714	314	15	314	-	2,619	3
4	Carpeting	2006	2006	1,791	-	5	-	-	1,791	4
5	Sign	2006	2006	7,610	195	39	195	-	1,667	5
6	Electric for sign	2006	2006	700	18	39	18	-	151	6
7	Electric for sign	2006	2006	320	8	39	8	-	69	7
8	Flooring	2006	2006	1,642	164	10	164	-	1,478	8
9	Land improvements	2006	2006	4,675	312	15	312	-	2,805	9
10	Walls & flooring installation	2007	2007	2,856	74	39	74	-	528	10
11	Basement flooring	2007	2007	1,279	33	39	33	-	237	11
12	Basement flooring	2007	2007	5,000	128	39	128	-	924	12
13	Lay flooring & marble	2007	2007	3,761	96	39	96	-	695	13
14	Basement flooring	2007	2007	954	24	39	24	-	172	14
15	Basement flooring	2007	2007	343	9	39	9	-	62	15
16	Parking lot repavement	2007	2007	2,838	-	10	284	284	2,129	16
17	New compressor	2008	2008	3,190	-	5	-	-	3,190	17
18	Fire monitoring system	2008	2008	1,668	42	39	42	-	270	18
19	D. Olqui-Building wall & door	2008	2008	3,800	95	39	95	-	615	19
20	Albright Rest-Basement	2008	2008	4,000	100	39	102	2	679	20
21	Albright Rest-Basement	2008	2008	1,800	46	39	46	-	306	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	35,669	22
23	Generator	2010	2010	6,000	150	20	300	150	1,500	23
24										24
25										25
26										26
27										27
28										28
29										29
30	Total (lines 1 through 30)			\$ 822,043	\$ 46,951		\$ 50,826	\$ 3,875	\$ 436,245	30

See independent accountant's compilation report.

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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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1				X	Mortgage	9/17/13	\$ 5,451,317	\$ 5,116,636	9/17/18	Variable	\$ 368,634	1
2				X	Loan Payable	9/6/14	\$ 41,848	\$ 38,401	10/6/17	Variable	\$ 87	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,493,165	\$ 5,116,636			\$ 368,721	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,493,165	\$ 5,116,636			\$ 368,721	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.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 484,208	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	123,714		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	17,871		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)	\$ 625,794	\$	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	172,416		15
16	Equipment, at Historical Cost	1,017,166		16
17	Accumulated Depreciation (book methods)	(2,538,222)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	178,709		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(142,044)		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)	\$ 5,326,702	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,952,495	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 7,550	\$	26
27	Officer's Accounts Payable	1,264		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	272,327		29
30	Accrued Salaries Payable	23,772		30
31	Accrued Taxes Payable	208,901		31
32	Accrued Interest Payable	28,902		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	13,645		34
	Other Current Liabilities(specify):			
35	Deferred Income	32,537		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 588,898	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	24,541		38
39	Mortgage Payable	4,858,169		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)	\$ 4,882,710	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,471,608	\$	45
46	TOTAL EQUITY	\$ 480,888	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,952,495	\$	47

*(See instructions.)

See independent accountant's compilation report.

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,350,925	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,350,925	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	1	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1	14
D. Other Revenue (specify):			
15	Miscellaneous Income	3,701	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,701	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,354,627	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	355,432	19
20	Health Care/ Personal Care	462,934	20
21	General Administration	692,776	21
B. Capital Expense			
22	Ownership	793,009	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)	\$ 2,304,151	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,050,476	29
30	Income Taxes	\$ 16,194	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,034,282	31

See independent accountant's compilation report.

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Reconciliation of IV., Cost Center Expenses to
Schedule XII., Income Statement

		Sch. IV Line Reference	Sch XII Line Reference
Total Expenses, Schedule XII	2,304,151		28
Illinois replacement taxes (Included in Schedule IV, appears after Total Expenses on Schedule XII)	16,194	14	30
Total	2,320,345	24	