

		FOR BHF USE			

LL2

Supportive Living Facility

**2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)**

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 Name: Franciscan Court

Address: 1996 Franciscan Court West Chicago 60185
Number City Zip Code

County: Dupage

Telephone Number: (630) 562-4242 Fax # (630) 562-3593

Federal Employer ID Number: 20-3968111

Date Current Owners were Certified: 12/21/2005

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" 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 type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:
Name: Amy Allen, C.P.A. Telephone Number: (217) 425-4800
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 01/01/2009 to 12/31/2009 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) _____	
	(Title) _____	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Thomas W. Hill, C.P.A., C.V.A.</u> <u>Member</u>	
	(Firm Name & Address) <u>Hill & White L.L.C.</u> <u>P.O. Box 1520, Decatur, IL 62525</u>	
	(Telephone) <u>(217) 425-4800</u> Fax <u>(217) 425-8866</u>	

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: 01/01/2009 Ending: 12/31/2009

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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		2,555	3
4	70	TOTALS	70	28,105	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	9,125	11,870		20,995	5
6	Double Unit	180	3,387		3,567	6
7	Other		803		803	7
8	TOTALS	9,305	16,060		25,365	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.25%

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

62 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A (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)

None

H. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

* 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. _____

Facility Name: Franciscan Court

Report Period Beginning:

01/01/2009

Ending: 12/31/2009

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	117,202	70,634	2,011	189,847		189,847	1
2	Housekeeping, Laundry and Maintenance	36,942	66,640	10,045	113,627		113,627	2
3	Heat and Other Utilities			63,293	63,293		63,293	3
4	Other (specify):			11,382	11,382		11,382	4
5	TOTAL General Services	154,144	137,274	86,731	378,149		378,149	5
B. Health Care and Programs								
6	Health Care/ Personal Care	331,957	3,839		335,796		335,796	6
7	Activities and Social Services	8,173	3,832		12,005		12,005	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	340,130	7,671		347,801		347,801	9
C. General Administration								
10	Administrative and Clerical	217,759	7,356	102,362	327,477	(4,023)	323,454	10
11	Marketing Materials, Promotions and Advertising		5,300	42,404	47,704		47,704	11
12	Employee Benefits and Payroll Taxes			110,987	110,987		110,987	12
13	Insurance-Property, Liability and Malpractice			62,447	62,447	(13,768)	48,679	13
14	Other (specify):							14
15	TOTAL General Administration	217,759	12,656	318,200	548,615	(17,791)	530,824	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	712,033	157,601	404,931	1,274,565	(17,791)	1,256,774	16
Capital Expenses								
D. Ownership								
17	Depreciation			313,699	313,699	(37,454)	276,245	17
18	Interest			460,774	460,774	(67,721)	393,053	18
19	Real Estate Taxes			200,864	200,864		200,864	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization			10,687	10,687		10,687	22
23	TOTAL Ownership			986,024	986,024	(105,175)	880,849	23
24	GRAND TOTAL (Sum of lines 16 and 23)	712,033	157,601	1,390,955	2,260,589	(122,966)	2,137,623	24

Report Period Beginning: 1/1/2009
Ending: 12/31/2009

Non-Allowable Expenses		Amount	Sch. V Line Reference
1	Contributions	(650)	10 1
2	TV system - resident rooms	(3,304)	10 2
3	Bad debt expense	(69)	10 3
4	Officer life insurance	(13,768)	13 4
5	Depreciation difference	(37,454)	17 5
6	Investment income	(67,721)	18 6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30		(122,966)	30

Report Period Beginning: 1/1/2009
 Ending: 12/31/2009

Detail of General Services - Other		Amount	Sch. IV Line Reference
1	Trash removal	4,501	4 1
2	Security expense	6,881	4 2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30		11,382	30

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.07	\$ 39.41	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9.63	12.49	3
4	Activity Director & Assistants	0.32	11.12	4
5	Social Service Workers			5
6	Head Cook	1.00	27.51	6
7	Cook Helpers/Assistants	2.99	9.54	7
8	Dishwashers			8
9	Maintenance Workers	1.10	14.00	9
10	Housekeepers	0.26	9.00	10
11	Laundry			11
12	Managers	1.00	41.15	12
13	Other Administrative			13
14	Clerical	1.46	14.37	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	19.83	\$ 178.59	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	\$ 85,592	1	
2	Rene Caulkins	0%	40	87,648	2	
3	Jennifer Gill	0%	40	78,504	3	
4	Sean Caulkins	0%	11	5,883	4	
5					5	
				Total	\$ 257,627	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$

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
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Franciscan Properties, LLC		West Chicago, IL		Building Company	

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).

Facility Name: Franciscan Court

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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	\$ 525,965	1
2			2006	2006	9,000	231	39	231		914	2
3											3
4											4
5											5
Improvement Type											
6	See attachment 2 - Page 5A				816,043	44,647		45,220	573	178,485	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)				\$ 5,900,331	\$ 174,896		\$ 175,587	\$ 691	\$ 705,364	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	\$ 897,896	\$ 129,247	\$ 93,167	(36,080)	7	\$ 377,324	18
19	Vehicles	37,457	9,551	7,491	(2,060)	5	13,110	19
20	TOTAL (lines 18 and 19)	\$ 935,353	\$ 138,798	\$ 100,658	(38,140)		\$ 390,434	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:

01/01/2009

Ending:

12/31/2009

VIII. OWNERSHIP COSTS

	Improvement Type	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Land improvements	2005	622,852	41,524	15	41,524	0	169,555	1
2	Landscaping-sign	2006	2,730	182	15	182	0	607	2
3	Landscaping	2006	4,714	315	15	315	0	1,048	3
4	Carpeting	2006	1,791	358	5	358	0	1,164	4
5	Sign	2006	7,610	195	39	195	0	691	5
6	Electric for sign	2006	700	18	39	18	0	61	6
7	Electric for sign	2006	320	8	39	8	0	28	7
8	Flooring	2006	1,642	164	10	164	0	657	8
9	Land improvements	2006	4,675	311	15	311	0	1,246	9
10	Walls & flooring installation	2007	2,856	73	39	73	0	161	10
11	Basement flooring	2007	1,279	33	39	33	0	73	11
12	Basement flooring	2007	5,000	128	39	128	0	283	12
13	Lay flooring & marble	2007	3,761	97	39	97	0	213	13
14	Basement flooring	2007	954	25	39	25	0	50	14
15	Basement flooring	2007	343	9	39	9	0	18	15
16	Parking lot repavement	2007	2,838	-	10	284	284	710	16
17	New Compressor	2008	3,190	638	5	638	0	904	17
18	Fire monitoring system	2008	1,668	41	39	41	0	61	18
19	D. Olqui-Building wall & door	2008	3,800	95	39	95	0	140	19
20	Albright Rest-Basement	2008	4,000	100	39	103	3	167	20
21	Albright Rest-Basement	2008	1,800	46	39	46	0	75	21
22	Generator	2009	137,520	287	20	573	286	573	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Total		\$ 816,043	\$ 44,647		\$ 45,220	\$ 573	\$ 178,485	30

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 626,022	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	212,897		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	741,506		5
6	Prepaid Insurance	1,607		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)	\$ 1,587,332	\$	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	166,416		15
16	Equipment, at Historical Cost	940,185		16
17	Accumulated Depreciation (book methods)	(1,233,191)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	160,308		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(83,394)		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)	\$ 6,589,001	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,176,333	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 7,199	\$	26
27	Officer's Accounts Payable	3,889		27
28	Accounts Payable-Patient Deposits	108,000		28
29	Short-Term Notes Payable	207,000		29
30	Accrued Salaries Payable	8,388		30
31	Accrued Taxes Payable	178,115		31
32	Accrued Interest Payable	40,679		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Deferred income</u>	21,372		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 574,642	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,043,664		38
39	Mortgage Payable	5,002,734		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)	\$ 6,046,398	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,621,040	\$	45
46	TOTAL EQUITY	\$ 1,555,293	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,176,333	\$	47

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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	\$ 2,854,631	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,854,631	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	67,721	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 67,721	14
D. Other Revenue (specify):			
15	Food stamp income	2,738	15
16	Pendant income	1,114	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,852	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,926,204	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	378,149	19
20	Health Care/ Personal Care	347,801	20
21	General Administration	548,615	21
B. Capital Expense			
22	Ownership	986,024	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses	80	24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,260,669	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 665,535	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 665,535	31