

Facility Name Franciscan Court

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days N/A
 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		2,555	3
4	70	TOTALS	70	28,105	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	6,304	15,295		21,599	5
6	Double Unit	1,104	2,464		3,568	6
7	Other		1,183		1,183	7
8	TOTALS	7,408	18,942		26,350	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.76%

D. Indicate the number of paid bed-hold days the SLF had during this year 57 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

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO
 Tax Year: 12/31/10 Fiscal Year: 12/31/10

* 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:

01/01/2010

Ending: 12/31/2010

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	118,938	69,434	1,716	190,088		190,088	1
2	Housekeeping, Laundry and Maintenance	32,598	30,113	8,090	70,801		70,801	2
3	Heat and Other Utilities			63,389	63,389		63,389	3
4	Other (specify): See attached schedule			6,491	6,491		6,491	4
5	TOTAL General Services	151,536	99,547	79,686	330,769		330,769	5
B. Health Care and Programs								
6	Health Care/ Personal Care	351,907	2,440		354,347		354,347	6
7	Activities and Social Services	23,325	6,768		30,093		30,093	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	375,232	9,208		384,440		384,440	9
C. General Administration								
10	Administrative and Clerical	222,483	9,365	90,501	322,349	(10,989)	311,360	10
11	Marketing Materials, Promotions and Advertising		1,775	39,264	41,039		41,039	11
12	Employee Benefits and Payroll Taxes			107,173	107,173		107,173	12
13	Insurance-Property, Liability and Malpractice			52,863	52,863	(13,768)	39,095	13
14	Other (specify):							14
15	TOTAL General Administration	222,483	11,140	289,801	523,424	(24,757)	498,667	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	749,251	119,895	369,487	1,238,633	(24,757)	1,213,876	16
Capital Expenses								
D. Ownership								
17	Depreciation			314,540	314,540	(20,556)	293,984	17
18	Interest			444,178	444,178	(95,116)	349,062	18
19	Real Estate Taxes			173,097	173,097		173,097	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			942,502	942,502	(115,672)	826,830	23
24	GRAND TOTAL (Sum of lines 16 and 23)	749,251	119,895	1,311,989	2,181,135	(140,429)	2,040,706	24

See accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 1/1/2010
 Ending: 12/31/2010

Non-Allowable Expenses		Amount	Sch. V Line Reference
1	TV system - resident rooms	(5,228.00)	10 1
2	Bad debt expense	(5,761.00)	10 2
3	Officer life insurance	(13,768.00)	13 3
4	Depreciation difference	(20,556.00)	17 4
5	Investment income	(93,614.00)	18 5
6	Interest on late payments	(1,502.00)	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		(140,429)	30

Report Period Beginning: 1/1/2010
 Ending: 12/31/2010

Detail of General Services - Other Amount Sch. IV Line Reference

1	Trash removal			4,367	4	1
2	Security expense			2,124	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				6,491		30

See accountant's compilation report.

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.22	\$ 37.94	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.20	12.61	3
4	Activity Director & Assistants	0.91	12.17	4
5	Social Service Workers			5
6	Head Cook	1.00	27.52	6
7	Cook Helpers/Assistants	2.99	9.87	7
8	Dishwashers			8
9	Maintenance Workers	1.03	15.21	9
10	Housekeepers	0.002	9.00	10
11	Laundry			11
12	Managers	1.00	43.35	12
13	Other Administrative			13
14	Clerical	1.47	13.30	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20.82	\$ 180.97	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	\$ 90,177	1
2	Rene Caulkins	0%	40	91,372	2
3	Jennifer Gill	0%	40	75,504	3
4	Andrew Gill	0%	40	22,844	4
5	Sean Caulkins	0%	0	1,232	5
Total				\$ 281,129	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Franciscan Properties, LLC		West Chicago, Illinois		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:

01/01/2010

Ending:

12/31/2010

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	\$ 130,017	39	\$ 130,135	\$ 118	\$ 656,100	1
2			2006	2006	9,000	230	39	231	1	1,145	2
3											3
4											4
5											5
Improvement Type											
6	See attachment - Page 5A				822,043	47,949		51,821	3,872	231,022	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	\$ 178,196		\$ 182,187	\$ 3,991	\$ 888,267	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	\$ 902,230	\$ 129,662	\$ 93,619	(36,043)	7	\$ 471,218	18
19	Vehicles	37,457	6,686	7,491	805	5	20,601	19
20	TOTAL (lines 18 and 19)	\$ 939,687	\$ 136,348	\$ 101,110	(35,238)		\$ 491,819	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:

1/1/2010

Ending:

12/31/2010

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		41,523		15		41,523		0		211,078	1
2	Landscaping-sign		2006		2,730		182		15		182		0		789	2
3	Landscaping		2006		4,714		314		15		314		0		1,362	3
4	Carpeting		2006		1,791		359		5		359		0		1,523	4
5	Sign		2006		7,610		195		39		195		0		886	5
6	Electric for sign		2006		700		18		39		18		0		79	6
7	Electric for sign		2006		320		9		39		8		-1		36	7
8	Flooring		2006		1,642		165		10		164		-1		821	8
9	Land improvements		2006		4,675		312		15		312		0		1,558	9
10	Walls & flooring installation		2007		2,856		74		39		74		0		235	10
11	Basement flooring		2007		1,279		32		39		32		0		105	11
12	Basement flooring		2007		5,000		129		39		129		0		412	12
13	Lay flooring & marble		2007		3,761		96		39		96		0		309	13
14	Basement flooring		2007		954		24		39		24		0		74	14
15	Basement flooring		2007		343		8		39		8		0		26	15
16	Parking lot repavement		2007		2,838				10		284		284		994	16
17	New Compressor		2008		3,190		638		5		638		0		1542	17
18	Fire monitoring system		2008		1,668		42		39		42		0		103	18
19	D. Olqui-Building wall & door		2008		3,800		95		39		95		0		235	19
20	Albright Rest-Basement		2008		4,000		100		39		102		2		269	20
21	Albright Rest-Basement		2008		1,800		46		39		46		0		121	21
22	Generator		2009		137,520		3438		20		6876		3438		8165	22
23	Generator		2010		6,000		150		20		300		150		300	23
24																24
25																25
26																26
27																27
28																28
29																29
30	Total				\$822,043		\$47,949				\$51,821		\$3,872		\$231,022	30

See accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2010

Ending: 12/31/2010

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		U.S. Bank		X	Mortgage	12/30/05	\$ 5,945,000	\$ 5,004,310	6/30/12	Prime	\$ 373,637	1
2		U.S. Bank		X	Loan payable	12/30/05		1,046,411	/ /	Prime	69,039	2
3						/ /			/ /			3
		Working Capital										
4		Interest paid on payroll taxes				/ /			/ /		214	4
5		Interest paid on real estate taxes				/ /			/ /		1,288	5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 5,945,000	\$ 6,050,721			\$ 444,178	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 5,945,000	\$ 6,050,721			\$ 444,178	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: 01/01/2010

Ending:

12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 327,056	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	52,235		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	1,654,181		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	21,333		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Accounts rec-employee</u>	1,350		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,056,155	\$	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	944,520		16
17	Accumulated Depreciation (book methods)	(1,547,731)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	160,308		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(94,081)		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)	\$ 6,274,109	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,330,264	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 13,446	\$	26
27	Officer's Accounts Payable	3,239		27
28	Accounts Payable-Patient Deposits	87,000		28
29	Short-Term Notes Payable	211,000		29
30	Accrued Salaries Payable	9,836		30
31	Accrued Taxes Payable	180,090		31
32	Accrued Interest Payable	39,259		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Deferred income</u>	9,050		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 552,920	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	981,411		38
39	Mortgage Payable	4,858,310		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)	\$ 5,839,721	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,392,641	\$	45
46	TOTAL EQUITY	\$ 1,937,623	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,330,264	\$	47

Facility Name: Franciscan Court

Report Period Beginning: 01/01/2010

Ending:

12/31/2010

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	\$ 2,963,254	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,963,254	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	93,614	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 93,614	14
D. Other Revenue (specify):			
15	Food stamp income	1,535	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 1,535	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,058,403	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	330,769	19
20	Health Care/ Personal Care	384,440	20
21	General Administration	523,424	21
B. Capital Expense			
22	Ownership	942,502	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses	939	24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 2,182,074	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 876,329	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 876,329	31

See accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471