



Facility Name Franciscan Court

Report Period Beginning: 1/1/2017 Ending: 12/31/17

**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	3,775	11,801		15,576	5
6	Double Unit		4,439		4,439	6
7	Other	1,681	1,561		3,242	7
8	TOTALS	5,456	17,801		23,257	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.00%

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

25 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)

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H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

\* 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:

1/1/2017

Ending:

12/31/17

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	105,086	96,693	1,404	203,183		203,183	1
2	Housekeeping, Laundry and Maintenance	95,897	34,123	18,230	148,250		148,250	2
3	Heat and Other Utilities			83,769	83,769		83,769	3
4	Other (specify):			6,820	6,820		6,820	4
5	<b>TOTAL General Services</b>	<b>200,983</b>	<b>130,816</b>	<b>110,223</b>	<b>442,022</b>		<b>442,022</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	459,439	7,347		466,786		466,786	6
7	Activities and Social Services	20,905	8,948		29,853		29,853	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>480,344</b>	<b>16,295</b>		<b>496,639</b>		<b>496,639</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	229,981	10,027	66,268	306,276	(7,064)	299,212	10
11	Marketing Materials, Promotions and Advertising			46,125	46,125		46,125	11
12	Employee Benefits and Payroll Taxes			157,626	157,626		157,626	12
13	Insurance-Property, Liability and Malpractice			49,865	49,865		49,865	13
14	Other (specify): Illinois replacement tax; penalties			620	620	(620)		14
15	<b>TOTAL General Administration</b>	<b>229,981</b>	<b>10,027</b>	<b>320,504</b>	<b>560,512</b>	<b>(7,684)</b>	<b>552,828</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>911,308</b>	<b>157,138</b>	<b>430,727</b>	<b>1,499,173</b>	<b>(7,684)</b>	<b>1,491,489</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			210,548	210,548	5,665	216,213	17
18	Interest			160,977	160,977		160,977	18
19	Real Estate Taxes			187,310	187,310		187,310	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): : Amortization			5,785	5,785		5,785	22
23	<b>TOTAL Ownership</b>			<b>564,620</b>	<b>564,620</b>	<b>5,665</b>	<b>570,285</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>911,308</b>	<b>157,138</b>	<b>995,347</b>	<b>2,063,793</b>	<b>(2,019)</b>	<b>2,061,774</b>	<b>24</b>

Report Period Beginning; 1/1/2017  
Ending: 12/31/2017

Sch. IV Line  
Reference

## Detail of Capital Expenses - Other

			Sch. IV Line Reference
1	Amortization expenses	5,785	22
	Total	5,785	

Sch. IV Line  
Reference

## Non-allowable expenses:

			Sch. IV Line Reference
1	TV system - resident rooms	(7,064)	10
2	Depreciation difference	5,665	17
3	Penalties	(620)	14
	Total	(2,019)	

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2017 Ending: 12/31/17

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.53	\$ 29.92	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.80	14.87	3
4	Activity Director & Assistants	0.64	11.64	4
5	Social Service Workers			5
6	Head Cook	1.00	19.36	6
7	Cook Helpers/Assistants	2.69	11.89	7
8	Dishwashers			8
9	Maintenance Workers	1.00	23.19	9
10	Housekeepers	1.91	11.63	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical	1.44	19.18	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>22.01</b>	<b>\$ 141.68</b>	<b>17</b>

**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	62,494	3	
4					4	
5					5	
				<b>Total</b>	<b>\$ 172,513</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

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

**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).

Report Period Beginning; 1/1/2017  
Ending: 12/31/2017

Sch. VI No compensation was paid to Zachary Caulkins during 2017

Facility Name: Franciscan Court

Report Period Beginning:

1/1/2017

Ending:

12/31/17

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	\$ 1,566,932	1
2			2006	2006	9,000	231	39	231	(0)	2,761	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	See attachment - page 5A				1,053,397	68,473		74,019	5,546	630,805	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)				\$ 6,137,685	\$ 198,721		\$ 204,386	\$ 5,665	\$ 2,200,498	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	\$ 3,457	\$ 3,457		7	\$ 919,267	18
19	Vehicles	90,305	8,370	8,370		5	81,936	19
20	TOTAL (lines 18 and 19)	\$ 1,014,789	\$ 11,827	\$ 11,827			\$ 1,001,203	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: 1/1/2016

Ending: 12/31/2016

## 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	41,524	15	41,523	(1)	501,741	1
2	Landscaping - sign	2006	2006	2,730	182	15	182	-	2,063	2
3	Landscaping	2006	2006	4,714	314	15	314	0	3,562	3
4	Carpeting	2006	2006	1,791	-	5	-	-	1,791	4
5	Sign	2006	2006	7,610	195	39	195	0	2,253	5
6	Electric for sign	2006	2006	700	18	39	18	(0)	205	6
7	Electric for sign	2006	2006	320	8	39	8	0	93	7
8	Flooring	2006	2006	1,642	-	10	-	-	1,642	8
9	Land improvements	2006	2006	4,675	312	15	312	(0)	3,740	9
10	Walls & flooring installation	2007	2007	2,856	73	39	73	0	747	10
11	Basement flooring	2007	2007	1,279	33	39	33	(0)	335	11
12	Basement flooring	2007	2007	5,000	128	39	128	0	1,309	12
13	Lay flooring & marble	2007	2007	3,761	96	39	96	0	985	13
14	Basement flooring	2007	2007	954	24	39	24	0	246	14
15	Basement flooring	2007	2007	343	9	39	9	(0)	88	15
16	Parking lot repavement	2007	2007	2,838	-	10	141	141	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)	399	18
19	D. Olqui-Building wall & door	2008	2008	3,800	97	39	97	0	910	19
20	Albright Rest-Basement	2008	2008	4,000	103	39	103	(0)	974	20
21	Albright Rest-Basement	2008	2008	1,800	46	39	46	0	445	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	56,297	22
23	Generator	2010	2010	6,000	150	20	300	150	2,400	23
24	Improvements - equipment	2015	2015	4,708	942	5	942	(0)	2,354	24
25	Building improvements	2016	2016	130,615	2836	39	3,349	513	6,698	25
26	Carpeting	2016	2016	45,128	9026	5	9,026	(0)	18,052	26
27	Bathroom flooring	2016	2016	12,975	2595	5	2,595	-	5,190	27
28	Carpeting 301,323,109	2016	2016	4,195	839	5	839	-	1,678	28
29	Carpeting 208,104,113,207	2016	2016	5,390	1078	5	1,078	-	2,156	29
30	Carpeting 303,112	2016	2016	3,775	755	5	755	-	1,510	30
31	Carpeting	2017	2017	3,345	613	5	669	56	669	31
32	Carpeting	2017	2017	15,600	2340	5	3,120	780	3,120	32
33	Carpeting	2017	2017	5,623	656	5	1,125	469	1,125	33
	Total (lines 1 through 31)			\$ 1,053,397	\$ 68,473		\$ 74,019	\$ 5,546	\$ 630,805	



Facility Name: Franciscan Court

Report Period Beginning: 1/1/2017

Ending:

12/31/17

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 157,490	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	73,431		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	60,550		6
7	Other Prepaid Expenses	5,300		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 296,771	\$	10
	<b>B. Long-Term Assets</b>			
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	1,033,390		15
16	Equipment, at Historical Cost	1,014,789		16
17	Accumulated Depreciation (book methods)	(3,150,991)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	178,709		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(176,562)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Security deposit</u>	538		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,896,054	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,192,825	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 24,885	\$	26
27	Officer's Accounts Payable	14,614		27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	297,072		29
30	Accrued Salaries Payable	37,517		30
31	Accrued Taxes Payable	201,049		31
32	Accrued Interest Payable	14,506		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	3,800		34
	<b>Other Current Liabilities(specify):</b>			
35	<u>Deferred Income</u>	4,500		35
36	<u>Cash drawn in excess of funds available</u>	13,061		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 611,004	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,451,180		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 4,451,180	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,062,184	\$	45
46	<b>TOTAL EQUITY</b>	\$ 130,641	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,192,825	\$	47

\*(See instructions.)

Facility Name: Franciscan Court

Report Period Beginning: 1/1/2017

Ending:

12/31/17

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

		1	
I. Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 3,252,882	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,252,882</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,252,882</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	442,022	19
20	Health Care/ Personal Care	496,639	20
21	General Administration	560,512	21
<b>B. Capital Expense</b>			
22	Ownership	564,620	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,063,793</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 1,189,089</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 1,189,089</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 371,481	32
33	Private Pay - Net Inpatient Revenue	2,877,422	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Fee income</u>	3,979	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 3,252,882</b>	<b>37</b>