

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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.

<p>I. Facility ID Number: <u>1000055</u></p> <p>Facility Name: <u>Franciscan Court</u></p> <hr/> <p>Address: <u>1996 Franciscan Way</u> <u>West Chicago</u> <u>60185</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Dupage</u></p> <p>Telephone Number: (<u>630</u>) <u>562-4242</u> Fax # (<u>630</u>) <u>562-3593</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>12/21/2005</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Amy Allen, C.P.A.</u> Telephone Number: <u>217- 425-4800</u></p> <p>Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/01/2011</u> to <u>12/31/2011</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>David W. White, C.P.A.</u> <u>Member</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Hill & White L.L.C.</u> <u>P.O. Box 1520, Decatur, Illinois 62525</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(217) 425-4800</u> Fax <u>(217) 425-8866</u></td> <td></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>David W. White, C.P.A.</u> <u>Member</u>			(Firm Name & Address) <u>Hill & White L.L.C.</u> <u>P.O. Box 1520, Decatur, Illinois 62525</u>			(Telephone) <u>(217) 425-4800</u> Fax <u>(217) 425-8866</u>	
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Facility Name: Franciscan Court

Report Period Beginning:

1/01/2011

Ending: 12/31/2011

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	115,818	81,186	1,404	198,408		198,408	1
2	Housekeeping, Laundry and Maintenance	47,638	43,136	12,578	103,352	627	103,979	2
3	Heat and Other Utilities			76,363	76,363		76,363	3
4	Other (specify): See attached schedule			7,025	7,025		7,025	4
5	TOTAL General Services	163,456	124,322	97,370	385,148	627	385,775	5
B. Health Care and Programs								
6	Health Care/ Personal Care	386,294	1,463		387,757		387,757	6
7	Activities and Social Services	40,596	5,621		46,217		46,217	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	426,890	7,084		433,974		433,974	9
C. General Administration								
10	Administrative and Clerical	218,170	8,866	94,390	321,426	(5,768)	315,658	10
11	Marketing Materials, Promotions and Advertising		2,452	43,404	45,856		45,856	11
12	Employee Benefits and Payroll Taxes			118,784	118,784		118,784	12
13	Insurance-Property, Liability and Malpractice			55,963	55,963	(13,768)	42,195	13
14	Other (specify): See attached schedule			51,773	51,773	(51,773)		14
15	TOTAL General Administration	218,170	11,318	364,314	593,802	(71,309)	522,493	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	808,516	142,724	461,684	1,412,924	(70,682)	1,342,242	16
Capital Expenses								
D. Ownership								
17	Depreciation			308,801	308,801	(30,797)	278,004	17
18	Interest			427,321	427,321	(1,745)	425,576	18
19	Real Estate Taxes			175,681	175,681		175,681	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			922,490	922,490	(32,542)	889,948	23
24	GRAND TOTAL (Sum of lines 16 and 23)	808,516	142,724	1,384,174	2,335,414	(103,224)	2,232,190	24

See accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

Sch. IV Line

Equipment purchases under \$2,500

Reference

1	2 computers			627	2
	Total			627	

Non-allowable expenses:

2	TV system - resident rooms		(5,768)	10
3	Officer life insurance		(13,768)	13
4	Settlement expense		(40,000)	14
5	Penalties		(99)	14
6	Illinois replacement taxes		(11,674)	14
7	Depreciation difference		(30,797)	17
8	Investment income		(1,745)	18
9				
	Total		(103,851)	

Total adjustments, Sch. IV, Col. 5, Line 24 (103,224)

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

Sch. IV Line

Detail of General Services - Other				Amount	Reference
1	Trash removal			4,362	4
2	Security expense			2,663	4
3					
4	Total			7,025	

Facility Name: Franciscan Court

Report Period Beginning: 1/01/2011

Ending:

12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.62	\$ 30.63	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.29	13.31	3
4	Activity Director & Assistants	0.98	19.69	4
5	Social Service Workers			5
6	Head Cook	1.00	28.76	6
7	Cook Helpers/Assistants	2.65	10.17	7
8	Dishwashers			8
9	Maintenance Workers	1.00	16.37	9
10	Housekeepers	0.53	10.61	10
11	Laundry	0.05	10.50	11
12	Managers	1.00	44.65	12
13	Other Administrative			13
14	Clerical	1.00	15.11	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	22.12	\$ 199.80	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	\$ 92,882	1
2	Rene Caulkins	0%	40	95,238	2
3	Andrew Gill	0%	40	39,926	3
4	Jennifer Gill	0%	40	26,268	4
5					5
Total				\$ 254,314	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
N/A			

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).

Facility Name: Franciscan Court

Report Period Beginning:

1/01/2011

Ending:

12/31/2011

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	\$ 786,236	1
2			2006	2006	9,000	231	39	230	(1)	1,375	2
3											3
4											4
5											5
Improvement Type											
6	See attachment - Page 5A				822,043	47,860		51,734	3,874	282,756	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	\$ 178,109		\$ 182,100	\$ 3,991	\$ 1,070,367	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	\$ 124,326	\$ 88,287	(36,039)	7	\$ 559,505	18
19	Vehicles	37,457	6,241	7,492	1,251	5	28,093	19
20	TOTAL (lines 18 and 19)	\$ 939,687	\$ 130,567	\$ 95,779	(34,788)		\$ 587,598	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:

1/01/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

	Improvement Type	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	Land improvements	2005	2005	\$ 622,852	\$ 41,524	15	\$ 41,523	\$ (1)	\$ 252,601	1
2	Landscaping - sign	2006	2006	2,730	182	15	182	0	971	2
3	Landscaping	2006	2006	4,714	314	15	314	0	1,676	3
4	Carpeting	2006	2006	1,791	268	5	268	0	1,791	4
5	Sign	2006	2006	7,610	196	39	195	(1)	1,081	5
6	Electric for sign	2006	2006	700	18	39	18	0	97	6
7	Electric for sign	2006	2006	320	8	39	9	1	45	7
8	Flooring	2006	2006	1,642	164	10	165	1	986	8
9	Land improvements	2007	2007	4,675	312	15	312	0	1,870	9
10	Walls & flooring installation	2007	2007	2,856	73	39	73	0	308	10
11	Basement flooring	2007	2007	1,279	33	39	33	0	138	11
12	Basement flooring	2007	2007	5,000	128	39	128	0	540	12
13	Lay flooring & marble	2007	2007	3,761	97	39	97	0	406	13
14	Basement flooring	2007	2007	954	25	39	25	0	99	14
15	Basement flooring	2007	2007	343	9	39	9	0	35	15
16	Parking lot repavement	2008	2008	2,838	0	10	283	283	1,277	16
17	New compressor	2008	2008	3,190	638	5	638	0	2,180	17
18	Fire monitoring system	2008	2008	1,668	42	39	42	0	145	18
19	D. Olqui-Building wall & door	2008	2008	3,800	95	39	95	0	330	19
20	Albright Rest-Basement	2008	2008	4,000	100	39	103	3	372	20
21	Albright Rest-Basement	2008	2008	1,800	46	39	46	0	167	21
22	Generator	2009	2009	137,520	3,438	20	6,876	3,438	15,041	22
23	Generator	2010	2010	6,000	150	20	300	150	600	23
24										24
25										25
26										26
27										27
28										28
29										29
30	TOTAL			\$ 822,043	\$ 47,860		\$ 51,734	\$ 3,874	\$ 282,756	30

Facility Name: Franciscan Court

Report Period Beginning: 1/01/2011

Ending:

12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 257,067	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	226,475		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	1,916,778		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	41,300		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Accounts rec - employee	50		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,441,670	\$	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	945,147		16
17	Accumulated Depreciation (book methods)	(1,856,532)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	160,308		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(104,768)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): security deposit	538		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,955,248	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,396,918	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 21,993	\$	26
27	Officer's Accounts Payable	3,439		27
28	Accounts Payable-Patient Deposits	53,500		28
29	Short-Term Notes Payable	211,000		29
30	Accrued Salaries Payable	13,837		30
31	Accrued Taxes Payable	192,065		31
32	Accrued Interest Payable	37,247		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Deferred income	25,365		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 558,446	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	920,157		38
39	Mortgage Payable	4,705,361		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)	\$ 5,625,518	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,183,964	\$	45
46	TOTAL EQUITY	\$ 2,212,954	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,396,918	\$	47

*(See instructions.)

See accountant's compilation report.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Franciscan Court

Report Period Beginning: 1/01/2011

Ending:

12/31/2011

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	\$ 3,201,546	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,201,546	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	1,745	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,745	14
D. Other Revenue (specify):			
15	Food stamp income	787	15
16	Other income		16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 787	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,204,078	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	385,148	19
20	Health Care/ Personal Care	433,974	20
21	General Administration	582,128	21
B. Capital Expense			
22	Ownership	922,490	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)	\$ 2,323,740	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 880,338	29
30	Income Taxes	\$ 11,674	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 868,664	31

Report Period Beginning: 1/1/2011
 Ending: 12/31/2011

Sch. XII
 Line Reference

1	General Administration expenses			582,128	21
2	Income taxes			11,674	30
3					
4	Total - agrees to Sch. IV, Col. 4, Line 15			593,802	
5					
6					
7					
8					
9					