

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

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 ID Number: 1000006

Facility Name: St Francis Woods

Address: 3507 North MolleckPeoria61604

County: Peoria

Telephone Number: (309) 688-0093 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 2004

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code 501 (C) 3

X PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/16 to 12/31/16 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)

(Type or Print Name) Lisa Clark

(Title) Administrator

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT

(Print Name and Title) Larry Templin Partner

(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525

(Telephone) (630) 361-2868 Fax # ()

In the event there are further questions about this report, please contact:

Name: Larry Templin

Telephone Number: (630) 361-2868

Email Address:

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

HFS 3745C (N-4-05)

IL478-2471

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	92	Single Unit Apartment	92	33,672	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,672	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	24,213	5,991		30,204	5
6	Double Unit					6
7	Other					7
8	TOTALS	24,213	5,991		30,204	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 89.70%

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

97 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. None (Do not include bed-hold days in Section B.)

SEE ACCOUNTANTS' COMPILATION REPORT

E. Does page 3 include expenses for services or investments
not directly related to SLF services?

YES ☐ NO ☒

All Non-SLF Expenses have been adjusted out in Column 5

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

See Attachment IV

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

* 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? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: St Francis Woods

Report Period Beginning:

1/1/16

Ending:

12/31/16

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

SEE ACCOUNTANTS' COMPILATION REPORT

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	127,307	169,944	15,462	312,713	(853)	311,860	1
2	Housekeeping, Laundry and Maintenance	97,610	25,765	101,803	225,178		225,178	2
3	Heat and Other Utilities			112,972	112,972	(190)	112,782	3
4	Other (specify): Trash Removal			13,969	13,969		13,969	4
5	TOTAL General Services	224,917	195,709	244,206	664,832	(1,043)	663,789	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	468,045	14,745		482,790		482,790	6
7	Activities and Social Services	19,085		6,283	25,368		25,368	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	487,130	14,745	6,283	508,158		508,158	9
	C. General Administration							
10	Administrative and Clerical	130,117	6,067	183,627	319,811	(1,116)	318,695	10
11	Marketing Materials, Promotions and Advertising	27,161		53,961	81,122		81,122	11
12	Employee Benefits and Payroll Taxes			191,731	191,731		191,731	12
13	Insurance-Property, Liability and Malpractice			56,898	56,898		56,898	13
14	Other (specify): Non-Allowable Costs			278,373	278,373	(278,373)		14
15	TOTAL General Administration	157,278	6,067	764,590	927,935	(279,489)	648,446	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	869,325	216,521	1,015,079	2,100,925	(280,532)	1,820,393	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			162,053	162,053	37,440	199,493	17
18	Interest			298,957	298,957	(576)	298,381	18
19	Real Estate Taxes			206,525	206,525		206,525	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,372	3,372		3,372	21
22	Other (specify):							22
23	TOTAL Ownership			670,907	670,907	36,864	707,771	23
24	GRAND TOTAL (Sum of lines 16 and 23)	869,325	216,521	1,685,986	2,771,832	(243,668)	2,528,164	24

Facility Name: St Francis Woods

Report Period Beginning 1/1/16 Ending: 12/31/16

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	3.6	\$ 23.74	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	14.3	10.49	3
4	Activity Director & Assistants	0.7	12.27	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	5.2	11.80	7
8	Dishwashers			8
9	Maintenance Workers	1.4	16.13	9
10	Housekeepers	1.9	12.60	10
11	Laundry			11
12	Managers	1.0	29.03	12
13	Other Administrative	1.0	28.84	13
14	Clerical	2.3	13.91	14
15	Marketing	0.9	14.95	15
16	Other			16
17	Total (lines 1 thru 16)	32.3	\$	17

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
Forest Ridge	Woodland Park, Colorado

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	Robert Schleicher	100%	30	\$ 3,297	1
2	Nancy Lee-McQuillan*	None	None	None	2
3	*See Attached Schedule I for more information				3
4					4
5					5
Total				\$ 3,297	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
St. Francis Woods Management LLC	Peoria, IL	Management Co
Midstates Senior Living LLC	Woodland Park, CO	Management Co

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: St Francis Woods Management LLC If yes, what is the value of those services? \$ 80,375 See Attached Schedule I
(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).

SEE ACCOUNTANTS' COMPILATION REPORT

VIII. OWNERSHIP COSTS

A. Purchase price of land 760,000 Year land was acquired 2003

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	68		2003	1979	\$ 2,827,265	\$	28	\$ 100,973	\$ 100,973	\$ 1,262,163	1
2	24		2005	2005	1,300,000		28	46,428	46,428	487,494	2
3											3
4											4
5											5
	Improvement Type										
6	Dining Room Chairs			2009	10,454		7	750	750	10,454	6
7	ADA Restrooms			2010	16,320		7	2,331	2,331	15,151	7
8	Emergency Call System			2011	42,500		7	6,071	6,071	36,426	8
9	Sprinkler System			2011	200,000		7	28,571	28,571	157,140	9
10	HVAC			2013	10,108		7	1,444	1,444	5,054	10
11	Hot Water Heater			2013	9,887		7	1,412	1,412	4,942	11
12	New Flooring Common Area			2014	10,300		7	1,471	1,471	3,677	12
13	Nurses Station			2014	8,380		7	698	698	1,745	13
14	HVAC			2015	13,640		7	974	974	1,948	14
15	See Attached Schedule 5A				182,906			4,572	4,572	4,572	15
16	Book Depreciation					162,053			(162,053)		16
17	TOTAL (lines 1 thru 16)				\$ 4,631,760	\$ 162,053		\$ 195,695	\$ 33,642	\$ 1,990,766	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	\$ 30,709	\$	\$ 3,098	3,098	7	\$ 13,850	18
19	Vehicles	3,500		700	700	5	700	19
20	TOTAL (lines 18 and 19)	\$ 34,209	\$	\$ 3,798	3,798		\$ 14,550	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

SEE ACCOUNTANTS' COMPILATION REPORT

St Francis Woods

Period Beginning 1/1/16
Period End 12/31/16
Schedule 5A

VIII. OWNERSHIP COSTS

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

	Year Constructed	4 Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation
Improvement Type							
Carpet	2016	97,037		20	2,426	2,426	2,426
Painting Interior and Exterior	2016	54,887		20	1,372	1,372	1,372
Parking Lot	2016	5,400		20	135	135	135
Security System	2016	5,924		20	148	148	148
Kitchen/Hall Remodel	2016	19,658		20	491	491	491
TOTAL (lines 1 thru 16)		182,906	0		4,572	4,572	4,572

Facility Name: St Francis Woods

Report Period Beginning: 1/1/16

Ending: 12/31/16

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	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Central Bank Illinois		X	Mortgage	1/25/16	\$ 5,600,000	\$ 5,492,235	1/19/21	0.0465	\$ 285,241	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Central Bank Illinois		X	Line of Credit	1/25/16	258,753	258,753	1/20/17	Prime + .5%	4,762	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,858,753	\$ 5,750,988			\$ 290,003	7
	B. Non-Facility Related										
8					/ /			/ /	Amort Exp	8,954	8
9					/ /			/ /	Offset Int Inc	(576)	9
10	TOTALS (lines 7, 8 and 9)					\$ 5,858,753	\$ 5,750,988			\$ 298,381	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name: St Francis Woods

Report Period Beginning: 1/1/16

Ending: 12/31/16

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 94,373	\$ 94,373	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 30,000)	385,409	385,409	3
4	Supply Inventory (priced Cost)	15,000	15,000	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,992	3,992	7
8	Accounts Receivable (owners or related parties)	1,078,757	1,078,757	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,577,531	\$ 1,577,531	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	760,000	760,000	13
14	Buildings, at Historical Cost	4,528,537	4,127,265	14
15	Leasehold Improvements, at Historical Cost	223,180	504,495	15
16	Equipment, at Historical Cost	625,195	34,209	16
17	Accumulated Depreciation (book methods)	(2,081,250)	(2,005,316)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify): Loan Fees	39,900	39,900	22
23	Other(specify): Deposits	43,000	43,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,138,562	\$ 3,503,553	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,716,093	\$ 5,081,084	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 60,348	\$ 60,348	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	258,753	258,753	29
30	Accrued Salaries Payable	18,002	18,002	30
31	Accrued Taxes Payable	112,438	112,438	31
32	Accrued Interest Payable	21,000	21,000	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 470,541	\$ 470,541	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,492,235	5,492,235	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)	\$ 5,492,235	\$ 5,492,235	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,962,776	\$ 5,962,776	45
46	TOTAL EQUITY	\$ (246,683)	\$ (881,692)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,716,093	\$ 5,081,084	47

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

Facility Name: St Francis Woods

Report Period Beginning: 1/1/16

Ending:

12/31/16

SEE ACCOUNTANTS' COMPILATION REPORT

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,740,036	1
2	Discounts and Allowances	(78,342)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,661,694	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	576	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 576	14
	D. Other Revenue (specify):		
15	See Attached Scheule I	30,979	15
16	Food Stamps	52,452	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 83,431	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,745,701	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	664,832	19
20	Health Care/ Personal Care	508,158	20
21	General Administration	927,935	21
	B. Capital Expense		
22	Ownership	670,907	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)	\$ 2,771,832	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (26,131)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (26,131)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,203,766	32
33	Private Pay - Net Inpatient Revenue	457,928	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,661,694	37

St Francis Woods

Period 1/1/16
Period 12/31/16

Schedule I

XII. Income Statement
Line 15 Other Revenue

	Amount	
Vending Income	853	Offset Against Food Expense
Cable TV	190	Offset Against Cable TV Exp
NSF Check Fee	18	Offset Against Bank Fees
Miscellaneous Income	1,098	Offset Against Office Supplies
Adjustment to Balance Petty Cash	3,690	
Adjustment to tie GL to AP and AR Detail	2,927	
Amortized Insurance Credit-Prior Year	22,203	
TOTAL	30,979	

Adjustment Detail

Line	Description	Amount
1	Offset Vending Income Against Food	(853)
3	Offset Cable TV Income Against Expense	(190)
10	Offset NSF Fee Income Against Bank Fees	(18)
10	Offset Miscellaneous Income Against Office Supplies	(1,098)
14	Disallow Bad Debt Expense	(264,872)
14	Disallow Late Fees and Finance Charges	(1,202)
14	Disallow Income Taxes	(12,299)
17	Adjust Depreciation to Medicaid Basis	37,440
18	Offset Interest Income Against Expense	(576)
	Total Adjustments	(243,668)

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

As of 1/1/16, Robert Schleicher owned 81.5406% of St Francis Woods and Nancy Lee-McQuillan owned 18.4594%. During January 2016, Robert Schleicher purchased Nancy Lee-McQuillan's ownership and is now 100% owner.

VII. RELATED ORGANIZATIONS

St Francis Woods Management LLC provides overall operational and financial management to St Francis Woods.