

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Larry Templin Telephone Number: (630) 361-2868
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 1/1/21 to 12/31/21 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) SEE ACCOUNTANT'S COMPILATION REPORT
(Date)
(Print Name and Title) Larry Templin Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326
(Telephone) (630) 361-2868 Fax # ()

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 St Francis Woods Report Period Beginning: 1/1/21 Ending: 12/31/21

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	33,580	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,580	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	25,964	2,752		28,716	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,964	2,752		28,716	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.52%

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

79 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.)

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: 12/31/21 Fiscal Year: 12/31/21

* 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 principal? 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 principal? 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 principal? N/A

If no, explain. N/A

STATE OF ILLINOIS

Facility Name: St Francis Woods

Report Period Beginning:

1/1/21

Ending:

Page 3

12/31/21

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	150,926	196,493	4,164	351,583	(359)	351,224	1
2	Housekeeping, Laundry and Maintenance	135,933	45,633	83,451	265,017		265,017	2
3	Heat and Other Utilities			121,203	121,203		121,203	3
4	Other (specify): Trash Expense			27,727	27,727		27,727	4
5	TOTAL General Services	286,859	242,126	236,545	765,530	(359)	765,171	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	643,128	15,623	127,206	785,957		785,957	6
7	Activities and Social Services	29,772		5,750	35,522		35,522	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	672,900	15,623	132,956	821,479		821,479	9
	C. General Administration							
10	Administrative and Clerical	258,166	7,620	281,342	547,128	(166,337)	380,791	10
11	Marketing Materials, Promotions and Advertising	23,055		32,306	55,361		55,361	11
12	Employee Benefits and Payroll Taxes			229,181	229,181		229,181	12
13	Insurance-Property, Liability and Malpractice			62,928	62,928		62,928	13
14	Other (specify):							14
15	TOTAL General Administration	281,221	7,620	605,757	894,598	(166,337)	728,261	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,240,980	265,369	975,258	2,481,607	(166,696)	2,314,911	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			7,880	7,880	188,379	196,259	17
18	Interest			7,274	7,274	243,976	251,250	18
19	Real Estate Taxes			109,177	109,177		109,177	19
20	Rent -- Facility and Grounds			596,008	596,008	(596,008)		20
21	Rent -- Equipment			6,422	6,422		6,422	21
22	Other (specify): See Attached Sch I					56,974	56,974	22
23	TOTAL Ownership			726,761	726,761	(106,679)	620,082	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,240,980	265,369	1,702,019	3,208,368	(273,375)	2,934,993	24

Facility Name: St Francis Woods

Report Period Beginning 1/1/21 Ending: 12/31/21

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.75	\$ 30.46	1
2	Licensed Practical Nurses	2.50	27.67	2
3	Certified Nurse Assistants	10.75	16.40	3
4	Activity Director & Assistants	1.00	15.69	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	5.00	15.80	7
8	Dishwashers			8
9	Maintenance Workers	2.00	20.18	9
10	Housekeepers	2.00	16.00	10
11	Laundry			11
12	Managers	1.00	33.01	12
13	Other Administrative	0.50	30.81	13
14	Clerical	3.25	19.73	14
15	Marketing	0.50	21.71	15
16	Other	1.00	28.85	16
17	Total (lines 1 thru 16)	32.25	\$ 20.11	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 Senior Living, LLC	Woodland Park, Colorado

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
Forest Ridge Property LLC	Woodland Park, CO	Lessor
RCS St Francis Woods Property LLC	Peoria, IL	Lessor

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? \$ Undetermined

(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).

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	Lorie Schleicher	None	20	\$ 60,008	1
2					2
3					3
4					4
5					5
Total				\$ 60008	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	None	\$	1
2			2
Total		\$	3

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	\$ 100,974	\$ 100,974	\$ 1,767,030	1
2	24		2005	2005	1,300,000		28	46,429	46,429	719,636	2
3											3
4											4
5											5
	Improvement Type										
6	Dining Room Chairs			2009	10,454		7			10,454	6
7	ADA Restrooms			2010	16,320		7			16,320	7
8	Emergency Call System			2011	42,500		7			42,500	8
9	Sprinkler System			2011	200,000		7			200,000	9
10	HVAC			2013	10,108		7			10,108	10
11	Hot Water Heater			2013	9,887		7			9,887	11
12	New Flooring Common Area			2014	10,300		7	739	739	10,300	12
13	Nurses Station			2014	8,380		7	1,197	1,197	7,231	13
14	HVAC			2015	13,640		7	1,949	1,949	10,718	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,448,854	\$		\$ 151,288	\$ 151,288	\$ 2,804,184	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	\$ 141,845	\$ 1,549	\$ 20,264	18,715	7	\$ 105,578	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 141,845	\$ 1,549	\$ 20,264	18,715		\$ 105,578	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

Facility Name & ID Number St Francis Woods

#

Report Period Beginning:

1/1/21

Ending:

12/31/21

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	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	Totals from Page 5, Carried Forward		\$ 4,448,854	\$		\$ 151,288	\$ 151,288	\$ 2,804,184	1
2									2
3	<u>Carpet</u>	2016	97,037		20	4,852	4,852	26,686	3
4	<u>Painting Interior and Exterior</u>	2016	54,887		20	2,744	2,744	15,092	4
5	<u>Parking Lot</u>	2016	5,400		20	270	270	1,485	5
6	<u>Security System</u>	2016	5,924		20	296	296	1,628	6
7	<u>Kitchen/Hall Remodel</u>	2016	19,658		20	983	983	5,406	7
8	<u>Carpeting Throughout Facility</u>	2017	34,702		20	1,735	1,735	8,675	8
9	<u>Electrical-Kitchen/Hallways</u>	2017	18,815		20	941	941	4,705	9
10	<u>Landscaping</u>	2017	15,326		20	766	766	3,830	10
11	<u>Hot Water Heater</u>	2017	10,636		20	532	532	2,660	11
12	<u>PTAC Units</u>	2017	3,191		20	160	160	800	12
13	<u>Kitchen Plumbing/Coffee Bar</u>	2017	9,520		20	476	476	2,380	13
14	<u>Carpeting</u>	2018	15,971		20	799	799	2,796	14
15	<u>Water Heater</u>	2018	11,912		20	596	596	2,086	15
16	<u>Nurse Call System</u>	2018	54,250		20	2,713	2,713	9,495	16
17	<u>Carpet/Flooring</u>	2020	15,872	1,422	20	794	(628)	1,191	17
18	<u>Parking Lot Lights</u>	2020	12,500		20	625	625	938	18
19	<u>Sidewalks</u>	2020	31,600		20	1,580	1,580	2,370	19
20	<u>Shower Remodel</u>	2020	16,837	1,826	20	842	(984)	1,263	20
21	<u>Beauty Salon Flooring</u>	2020	4,480	283	20	224	(59)	336	21
22	<u>Replace Gutters</u>	2020	17,217	1,557	20	861	(696)	1,291	22
23	<u>Replace Sealcoating/Striping Parking Lot</u>	2020	3,500		20	175	175	175	23
24	<u>Replace Carpeting/Baseboards</u>	2021	22,705	674	20	568	(106)	568	24
25	<u>Trash and Dietary Fence</u>	2021	9,575	237	20	239	2	239	25
26	<u>Exterior Doors-All Halls</u>	2021	8,000	184	20	200	16	200	26
27	<u>Concrete-Sidewalk</u>	2021	6,900	148	20	173	25	173	27
28	<u>Install 2 Water Heaters</u>	2021	15,600		20	390	390	390	28
29	<u>Epoxy Flooring for Food Storage Area/Remodel</u>	2021	6,923		20	173	173	173	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,977,792	\$ 6,331		\$ 175,995	\$ 169,664	\$ 2,901,215	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: St Francis Woods

Report Period Beginning: 1/1/21

Ending: 12/31/21

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	Land Lease			/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

☐ YES ☐ NO

9. Rental amount for movable equipment \$ N/A

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	PGIM		X	Mortgage	7/19/19	8,103,600	7,829,570	8/1/54	0.0375	253,818	1
2	Capital Partners Group		X	Capital Lease	1/30/18	54,250		1/30/21	0.0845	5,333	2
3					/ /			/ /			3
	Working Capital										
4	Central Bank Illinois		X	Line of Credit	1/25/16	500,000	191,941	/ /	Prime + .5%	1,941	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,657,850	\$ 8,021,511			\$ 261,092	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /		Offset Int Inc	/ /		(9,842)	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,657,850	\$ 8,021,511			\$ 251,250	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.

STATE OF ILLINOIS

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Facility Name: St Francis Woods

Report Period Beginning: 1/1/21

Ending:

12/31/21

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 77,015	\$ 251,449	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 45,000)	241,157	241,157	3
4	Supply Inventory (priced Cost)	15,000	15,000	4
5	Short-Term Investments			5
6	Prepaid Insurance	6,377	40,192	6
7	Other Prepaid Expenses	10,108	10,108	7
8	Accounts Receivable (owners or related parties)	185,690	6,293	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 535,347	\$ 564,199	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		760,000	13
14	Buildings, at Historical Cost	94,762	4,127,265	14
15	Leasehold Improvements, at Historical Cost		850,527	15
16	Equipment, at Historical Cost	13,708	141,845	16
17	Accumulated Depreciation (book methods)	(7,880)	(3,006,793)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		285,337	21
22	Other Long-Term Assets Loan Costs, net		186,579	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 100,590	\$ 3,344,760	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 635,937	\$ 3,908,959	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 110,166	\$ 110,166	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	191,941	191,941	29
30	Accrued Salaries Payable	47,317	47,317	30
31	Accrued Taxes Payable	116,528	116,528	31
32	Accrued Interest Payable		20,291	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Rent	71,540		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 537,492	\$ 486,243	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,829,570	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)	\$	\$ 7,829,570	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 537,492	\$ 8,315,813	45
46	TOTAL EQUITY	\$ 98,445	\$ (4,406,854)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 635,937	\$ 3,908,959	47

*(See instructions.)

Facility Name: St Francis Woods

Report Period Beginning: 1/1/21

Ending:

12/31/21

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	\$ 3,567,991	1
2	Discounts and Allowances	(7,073)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,560,918	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	32,863	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	105	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 32,968	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	9,802	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,802	14
	D. Other Revenue (specify):		
15	See Attached Schedule I	2,857	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,857	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,606,545	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	765,530	19
20	Health Care/ Personal Care	821,479	20
21	General Administration	894,598	21
	B. Capital Expense		
22	Ownership	726,761	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)	\$ 3,208,368	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 398,177	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 398,177	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,057,306	32
33	Private Pay - Net Inpatient Revenue	325,719	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	177,893	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,560,918	37

Period Beginning 1/1/2021
Period End 12/31/2021

Schedule I

IV. Cost Center Expenses
Line 22 Other

	Amount
Amortization Expense	5,722
Mortgage Preimum Insurance	51,252
TOTAL	56,974

XII. Income Statement
Line 15 Other Revenue

	Amount	
Vending Income	254	Offset Against Food Expense
NSF Check Fee	14	Offset Against Bank Fees
Miscellaneous Income	227	Offset Against Office Supplies
Tax Credits	2,362	
TOTAL	2,857	

Adjustment Detail

Line	Description	Amount
	1 Offset Vending Income Against Food	(254)
	1 Offset Meal Income Against Food	(105)
	10 Offset NSF Fee Income Against Bank Fees	(14)
	10 Offset Miscellaneous Income Against Office Supplies	(227)
	10 Disallow Management Fees	(164,553)
	10 Disallow Bad Debt Expense	(5,996)
	10 Disallow Late Fees and Finance Charges	(2,227)
	17 Adjust Depreciation to Medicaid Basis	27,542
	18 Offset Interest/Investment Income Against Expense	(9,802)
	See Att Sch II Related Party Lessor net	(117,739)
	Total Adjustments	(273,375)

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.

Period Beginning 1/1/21
Period End 12/31/21

ATTACHED SCHEDULE II

		Related Party Cost Adjustment	
		Facility Rent	
		RCS St Francis Woods Property LLC	
Line	Cost to Related Party Lessor:		
	10 Repairs and Maintenance		
	10 Accounting Fees		6,600
	10 Bank Charges		80
	17 Depreciation		160,837
	18 Interest on Mortgage (net of Interest Income)		253,778
	22 Mortgage Insurance		51,252
	22 Amortization of Loan Costs		5,722
			478,269
	20 Cost Per General Ledger - Facility Rent		(596,008)
			(117,739)