FOR BHF USE

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)

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 Molleck (Number) Peoria (City) 61604 (Zip Code)

County: Peoria

Telephone Number: (309) 688-0093 **Fax #** 309 687-3550

Federal Employer ID Number:

Date Current Owners were Certified: 2004

Type of Ownership:

- [ ] VOLUNTARY, NON-PROFIT
  - [ ] Charitable Corp.
  - [ ] Trust
  - IRS Exemption Code
- [ ] 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: Nancy Lee-McQuillan **Telephone Number:** (785 989-2300
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 1-1-2015 to 12-31-2015 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) Nancy R Lee-McQuillan
(Title) Agent

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) 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: 1-1-2015 Ending: 12-31-2015

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 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 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	20,714	6,905		27,619	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,714	6,905		27,619	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 82.25%

D. Indicate the number of paid bed-hold days the SLF had during this year 204 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 367 **(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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: Jan-Dec Fiscal Year: Jan-Dec
* 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: St Francis Woods **Report Period Beginning: 1-1-2015 Ending: 12-31-2015**

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

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclassifications and Adjustments	Adjusted Total		
	A. General Services	1	2	3	4	5	6		
1	Dietary and Food Purchase	**122,903**	**188,005**		**310,908**		**310,908**	1	
2	Housekeeping, Laundry and Maintenance	**48,658**	**71,545**	**24,580**	**144,783**		**144,783**	2	Contract Mai
3	Heat and Other Utilities			**105,473**	**105,473**	**(18,667)**	**86,806**	3	Resident Cab
4	Other (specify):			**15,232**	**15,232**		**15,232**	4	1740 - Dietar
5	**TOTAL General Services**	**171,561**	**259,550**	**145,285**	**576,396**	**(18,667)**	**557,729**	5	
	B. Health Care and Programs								
6	Health Care/ Personal Care	**394,398**	**10,655**		**405,053**		**405,053**	6	
7	Activities and Social Services	**22,338**	**11,163**	**4,733**	**38,234**		**38,234**	7	Resident Tra
8	Other (specify):							8	
9	**TOTAL Health Care and Programs**	**416,736**	**21,818**	**4,733**	**443,287**		**443,287**	9	
	C. General Administration								
10	Administrative and Clerical	**96,281**	**18,724**	**105,115**	**220,120**		**220,120**	10	92,296 - Mgt
11	Marketing Materials, Promotions and Advertising	**34,063**	**21,095**	**20,479**	**75,637**		**75,637**	11	2192 - Refer
12	Employee Benefits and Payroll Taxes			**188,623**	**188,623**		**188,623**	12	4466 - Traini
13	Insurance-Property, Liability and Malpractice			**52,668**	**52,668**		**52,668**	13	
14	Other (specify):			**25,887**	**25,887**		**25,887**	14	Payroll Servi
15	**TOTAL General Administration**	**130,344**	**39,819**	**392,772**	**562,935**		**562,935**	15	
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	**718,641**	**321,187**	**542,790**	**1,582,618**	**(18,667)**	**1,563,951**	16	
	Capital Expenses								
	D. Ownership								
17	Depreciation			**162,317**	**162,317**		**162,317**	17	
18	Interest			**189,619**	**189,619**		**189,619**	18	
19	Real Estate Taxes			**144,897**	**144,897**	**(36,083)**	**108,814**	19	Income Tax
20	Rent -- Facility and Grounds							20	
21	Rent -- Equipment							21	
22	Other (specify):							22	
23	**TOTAL Ownership**			**496,833**	**496,833**	**(36,083)**	**460,750**	23	
24	**GRAND TOTAL (Sum of lines 16 and 23)**	**718,641**	**321,187**	**1,039,623**	**2,079,451**	**(54,750)**	**2,024,701**	24	

Facility Name: St Francis Woods Report Period Beginning 1-1-2015 Ending: 12-31-2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 25.00	1
2	Licensed Practical Nurses	1	21.75	2
3	Certified Nurse Assistants	12	10.25	3
4	Activity Director & Assistants	1	11.00	4
5	Social Service Workers			5
6	Head Cook	1	15.00	6
7	Cook Helpers/Assistants	4	10.00	7
8	Dishwashers			8
9	Maintenance Workers	1	15.00	9
10	Housekeepers	2	12.51	10
11	Laundry			11
12	Managers	1	28.84	12
13	Other Administrative	2	13.50	13
14	Clerical			14
15	Marketing	1	17.00	15
16	Other			16
17	Total (lines 1 thru 16)	27	$	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	Robert Schleicher	82%	5	$	1
2	Nancy Lee-McQuillan	18%	5		2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	nLee Management and Consulting, LL	$ 92,295	1
2			2
		Total $ 92,295	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				OTHER RELATED BUSINESS ENTITIES				
Name	1	City	2	Name	3	City	4	Type of Business 5
none								

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 [X]
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 [X]
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: St Francis Woods Report Period Beginning: 1-1-2015 Ending: 12-31-2015

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	$ 1,161,190	1
2	24		2005	2005	1,300,000		28	46,428	46,428	441,066	2
3											3
4											4
5											5
	Improvement Type										
6	Dining Room Chairs			2009	10,454		7	1,493	1,493	9,704	6
7	ADA Restrooms			2010	16,320		7	2,331	2,331	12,820	7
8	Emergency Call System			2011	42,500		7	6,071	6,071	30,355	8
9	Sprinkler System			2011	200,000		7	28,571	28,571	128,569	9
10	HVAC			2013	10,108		7	1,444	1,444	3,610	10
11	Hot Water Heater			2013	9,887		7	1,412	1,412	3,530	11
12	New Flooring Common Area			2014	10,300		7	1,471	1,471	2,206	12
13	Nurses Station			2014	8,380		7	698	698	1,047	13
14	HVAC			2015	13,640		7	974	974	974	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 4,448,854	$		$ 191,866	$ 191,866	$ 1,795,071	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	$ 16,151	$	$ 2,058	2,058	7	$ 10,752	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 16,151	$	$ 2,058	2,058		$ 10,752	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	none	$	$	$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

Facility Name: St Francis Woods **Report Period Beginning:** 1-1-2015 **Ending:** 2-31-2015

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Not Applicable

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☐ NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	Midland States Bank		X	Mortgage	3/31/13	$ 5,000,000	$ 4,471,331	3/31/18	0.0470	$ 176,458	1
2	Nancy Lee-McQuillan	X		Member Buy Out	12/31/11	100,000	57,822	12/31/15	0.0600	2,754	2
3					/ /			/ /			3
	Working Capital										
4	Midland States Bank		X	Line of Credit	/ /		231,041	3/31/16	0.0500	10,407	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,100,000	$ 4,760,194			$ 189,619	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 5,100,000	$ 4,760,194			$ 189,619	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: St Francis Woods **Report Period Beginning:** 1-1-2015 **Ending:** 12-31-2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-2015 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 4,267	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	348,002		3
4	Supply Inventory (priced at)	15,000		4
5	Short-Term Investments			5
6	Prepaid Insurance	20,398		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 387,667	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	632,047		11
12	Long-Term Investments			12
13	Land	760,000		13
14	Buildings, at Historical Cost	4,442,667		14
15	Leasehold Improvements, at Historical Cost	115,145		15
16	Equipment, at Historical Cost	566,442		16
17	Accumulated Depreciation (book methods)	(1,860,732)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	51,692		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,707,261	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,094,928	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 280,283	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	336,404		29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	6,910		31
32	Accrued Interest Payable			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)**	$ 623,597	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,471,331		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)**	$ 4,471,331	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,094,928	$	45
46	**TOTAL EQUITY**	$	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,094,928	$	47

***(See instructions.)**

Facility Name: St Francis Woods **Report Period Beginning: 1-1-2015 Ending: 12-31-2015**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 2,928,062	1
2	Discounts and Allowances	(556,274)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,371,788	3
	B. Other Operating Revenue		
4	Special Services	58,101	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	4,572	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)**	$ 62,673	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$	14
	D. Other Revenue (specify):		
15			15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,434,461	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	557,729	19
20	Health Care/ Personal Care	443,287	20
21	General Administration	562,935	21
	B. Capital Expense		
22	Ownership	460,750	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)**	$ 2,024,701	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 409,760	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 409,760	31

Cost Center Expenses

A.2	Other	Contract Maintenance
A.3	Adjustment	Resident Cable
A.4	Other	$1750=Dietary Consultant, $13,492=Trash Removal
B.7	Other	Resident Transportation
C.10	Other	$92,296=Management Fee, $5449=Telephone, $4324=Memberships, $3046=Software Lease
C.11	Other	$2192=Referral Fees, $18,287=Newspaper and radio advertising
C.12	Other	$4466=Training, $8604=Mileage, $175,553=Payroll Taxes and Benefits
C.14	Other	Payroll Service Fees
D.19	Adjustment	Income Tax