



Facility Name St. Francis Woods

Report Period Beginning: 1-1-10 Ending: 12-31-10

**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 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	27,360	2,660		30,020	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,360	2,660		30,020	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.40%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 111 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 301 **(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: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

\* 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. \_\_\_\_\_

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## 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	114,243	202,152	612	317,007		317,007	1	equipment maint
2	Housekeeping, Laundry and Maintenance	76,292	9,816	9,586	95,694		95,694	2	contract services
3	Heat and Other Utilities			103,685	103,685		103,685	3	
4	Other (specify): Trash Expense			6,488	6,488		6,488	4	
5	<b>TOTAL General Services</b>	<b>190,535</b>	<b>211,968</b>	<b>120,371</b>	<b>522,874</b>		<b>522,874</b>	<b>5</b>	
<b>B. Health Care and Programs</b>									
6	Health Care/ Personal Care	380,882	3,421		384,303		384,303	6	
7	Activities and Social Services	22,848	3,616		26,464		26,464	7	
8	Other (specify): Resident Transportation			2,528	2,528		2,528	8	
9	<b>TOTAL Health Care and Programs</b>	<b>403,730</b>	<b>7,037</b>	<b>2,528</b>	<b>413,295</b>		<b>413,295</b>	<b>9</b>	
<b>C. General Administration</b>									
10	Administrative and Clerical	94,197	20,972	14,539	129,708		129,708	10	Audit \$6880, 2 yr
11	Marketing Materials, Promotions and Advertising	60,000	9,363		69,363		69,363	11	
12	Employee Benefits and Payroll Taxes		151,470	26,496	177,966		177,966	12	Payroll Service F
13	Insurance-Property, Liability and Malpractice		51,975		51,975		51,975	13	
14	Other (specify): Management Fees			91,509	91,509		91,509	14	
15	<b>TOTAL General Administration</b>	<b>154,197</b>	<b>233,780</b>	<b>132,544</b>	<b>520,521</b>		<b>520,521</b>	<b>15</b>	
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>748,462</b>	<b>452,785</b>	<b>255,443</b>	<b>1,456,690</b>		<b>1,456,690</b>	<b>16</b>	
<b>Capital Expenses</b>									
<b>D. Ownership</b>									
17	Depreciation			162,317	162,317		162,317	17	
18	Interest			334,861	334,861		334,861	18	
19	Real Estate Taxes			100,670	100,670		100,670	19	
20	Rent -- Facility and Grounds							20	
21	Rent -- Equipment							21	
22	Other (specify):Emergency Call System			5,216	5,216		5,216	22	
23	<b>TOTAL Ownership</b>			<b>603,064</b>	<b>603,064</b>		<b>603,064</b>	<b>23</b>	
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>748,462</b>	<b>452,785</b>	<b>858,507</b>	<b>2,059,754</b>		<b>2,059,754</b>	<b>24</b>	

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 23.00	1
2	Licensed Practical Nurses	2	20.00	2
3	Certified Nurse Assistants	11	9.50	3
4	Activity Director & Assistants	1	11.00	4
5	Social Service Workers			5
6	Head Cook	1	13.75	6
7	Cook Helpers/Assistants	4	8.50	7
8	Dishwashers			8
9	Maintenance Workers	1	13.75	9
10	Housekeepers	2	9.50	10
11	Laundry			11
12	Managers	1	29.00	12
13	Other Administrative	1	12.50	13
14	Clerical			14
15	Marketing	1	25.00	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>26</b>	<b>\$ 175.50</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	Robert Schleicher Managing Member	53%	35	\$ 156,000	1
2	Steven Schleicher Member	34%			2
3	Nancy Lee Member / Agent	13%	20	36,000	3
4					4
5					5
<b>Total</b>				<b>\$ 192,000</b>	<b>6</b>

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

Amount of Fee

		Amount of Fee	
1	Bionic Real Estate Services, LLC	\$ 91,509	1
2			2
<b>Total</b>		<b>\$ 91,509</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
N/A			

**OTHER RELATED BUSINESS ENTITIES**

Name	3	City	4	Type of Business	5
N/A					

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).

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**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	\$ 120,114	28	\$	\$ (120,114)	\$ 846,032	1
2	24		2005	2005	1,300,000	42,203	28		(42,203)	297,717	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Emergency Call System		2006	42,500	6,071	7		(6,071)	30,355	6
7		HVAC		2007	6,631	947	7		(947)	3,788	7
8		HVAC		2008	12,577	1,796	7		(1,796)	5,388	8
9		Dining Room Chairs		2009	10,454	1,463	7		(1,463)	2,926	9
10		ADA Restrooms		2010	16,320	2,331	7		(2,331)	2,331	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,215,747	\$ 174,925		\$	\$ (174,925)	\$ 1,188,537	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	\$ 6,400	\$ 914	\$	(914)	7	\$ 3,656	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 6,400	\$ 914	\$	(914)		\$ 3,656	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

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**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	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	<b>TOTAL</b>				\$			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		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
<b>A. Directly Facility Related</b>												
<b>Long-Term</b>												
1		Bank of America		X	Mortgage	5/28/04	\$ 5,043,823	\$ 4,964,132	/ /	variable	\$ 316,208	1
2		Bank of America		X	Mortgage 2nd	11/10/10	700,000		/ /			2
3						/ /			/ /			3
<b>Working Capital</b>												
4		Bank of America		X	Line of Credit	5/28/04	150,000		/ /	variable	1,816	4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 5,893,823	\$ 4,964,132			\$ 318,024	7
<b>B. Non-Facility Related</b>												
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 5,893,823	\$ 4,964,132			\$ 318,024	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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-10

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 193,833	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	31,722		3
4	Supply Inventory (priced at )	17,500		4
5	Short-Term Investments			5
6	Prepaid Insurance	3,793		6
7	Other Prepaid Expenses	45,951		7
8	Accounts Receivable (owners or related parties)	237,896		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 530,695	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	760,000		13
14	Buildings, at Historical Cost	4,396,172		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	349,764		16
17	Accumulated Depreciation (book methods)	(1,143,287)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	27,896		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	544,090		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,934,635	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,465,330	\$	25

\*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 35,011	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	16,215		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 51,226	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	4,979,132		38
39	Mortgage Payable			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>	\$ 4,979,132	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,030,358	\$	45
46	<b>TOTAL EQUITY</b>	\$ 434,972	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 5,465,330	\$	47

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,847,508	1
2	Discounts and Allowances	(444,072)	2
<b>SUBTOTAL Resident Care</b>			
3	(line 1 minus line 2)	\$ 2,403,436	3
<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
<b>SUBTOTAL OTHER OPERATING REVENUE</b>			
11	(sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
<b>SUBTOTAL Non-Operating Revenue</b>			
14	(sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15	Food Stamps	64,960	15
16			16
<b>SUBTOTAL Other Revenue</b>			
17	(sum of lines 15 and 16)	\$ 64,960	17
<b>TOTAL REVENUE</b>			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,468,396	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	522,876	19
20	Health Care/ Personal Care	389,520	20
21	General Administration	346,076	21
<b>B. Capital Expense</b>			
22	Ownership		22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	<b>Taxes and Insurance</b>	304,117	26
27	<b>Interest and Closing Costs</b>	334,861	27
<b>TOTAL EXPENSES</b>			
28	(sum of lines 19 thru 27)	\$ 1,897,450	28
<b>Income Before Income Taxes</b>			
29	(line 18 minus line 28)	\$ 570,946	29
<b>Income Taxes</b>			
30		\$	30
<b>NET INCOME OR LOSS FOR THE YEAR</b>			
31	(line 29 minus line 30)	\$ 570,946	31