

		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.

<p><b>I. Facility ID Number:</b> <u>1000006</u></p> <p><b>Facility Name:</b> <u>St Francis Woods</u></p> <hr/> <p><b>Address:</b> <u>3507 North Molleck</u> <u>Peoria</u> <u>61604</u></p> <p align="center">Number City Zip Code</p> <p><b>County:</b> <u>Peoria</u></p> <p><b>Telephone Number:</b> ( <u>309</u> ) <u>688-0093</u> Fax # ( )</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>2004</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td><input checked="" type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL 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><b>IRS Exemption Code</b> <u>501 (C) 3</u></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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Larry Templin</u> <b>Telephone Number:</b> ( <u>630</u> ) <u>361-2868</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> <u>501 (C) 3</u>	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/16</u> to <u>12/31/16</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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Lisa Clark</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Administrator</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u></td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Larry Templin Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( <u>630</u> ) <u>361-2868</u> Fax # ( )</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Lisa Clark</u>			(Title) <u>Administrator</u>		<b>Paid Preparer</b>	(Signed) <u>SEE ACCOUNTANTS' COMPILATION REPORT</u>	(Date) _____		(Print Name and Title) <u>Larry Templin Partner</u>			(Firm Name & Address) <u>Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525</u>			(Telephone) ( <u>630</u> ) <u>361-2868</u> Fax # ( )	
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Facility Name St Francis Woods

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

**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 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
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.)

**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**

ACCRUAL  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

SEE ACCOUNTANTS' COMPILATION REPORT

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			
<b>A. General Services</b>								
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	<b>TOTAL General Services</b>	<b>224,917</b>	<b>195,709</b>	<b>244,206</b>	<b>664,832</b>	<b>(1,043)</b>	<b>663,789</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
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	<b>TOTAL Health Care and Programs</b>	<b>487,130</b>	<b>14,745</b>	<b>6,283</b>	<b>508,158</b>		<b>508,158</b>	<b>9</b>
<b>C. General Administration</b>								
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	<b>TOTAL General Administration</b>	<b>157,278</b>	<b>6,067</b>	<b>764,590</b>	<b>927,935</b>	<b>(279,489)</b>	<b>648,446</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>869,325</b>	<b>216,521</b>	<b>1,015,079</b>	<b>2,100,925</b>	<b>(280,532)</b>	<b>1,820,393</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
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	<b>TOTAL Ownership</b>			<b>670,907</b>	<b>670,907</b>	<b>36,864</b>	<b>707,771</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>869,325</b>	<b>216,521</b>	<b>1,685,986</b>	<b>2,771,832</b>	<b>(243,668)</b>	<b>2,528,164</b>	<b>24</b>

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	<b>Total (lines 1 thru 16)</b>	<b>32.3</b>	<b>\$</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	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
				<b>Total</b>	<b>\$ 3,297 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
<b>Total</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
Forest Ridge		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	

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

Facility Name: St Francis Woods

Report Period Beginning:

1/1/16

Ending:

12/31/16

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
<b>Improvement Type</b>											
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.**

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



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	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
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	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,577,531	\$ 1,577,531	10
	<b>B. Long-Term Assets</b>			
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): <b>Loan Fees</b>	39,900	39,900	22
23	Other(specify): <b>Deposits</b>	43,000	43,000	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,138,562	\$ 3,503,553	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,716,093	\$ 5,081,084	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
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
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 470,541	\$ 470,541	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,492,235	5,492,235	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>	\$ 5,492,235	\$ 5,492,235	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,962,776	\$ 5,962,776	45
46	<b>TOTAL EQUITY</b>	\$ (246,683)	\$ (881,692)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 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	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,740,036	1
2	Discounts and Allowances	(78,342)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,661,694</b>	<b>3</b>
<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
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	576	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 576</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached Scheule I	30,979	15
16	Food Stamps	52,452	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 83,431</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,745,701</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	664,832	19
20	Health Care/ Personal Care	508,158	20
21	General Administration	927,935	21
<b>B. Capital Expense</b>			
22	Ownership	670,907	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,771,832</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (26,131)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (26,131)</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
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	<b>TOTAL (This total must agree to Line 3)</b>	<b>\$ 2,661,694</b>	<b>37</b>

St Francis Woods

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

Schedule I

XII. Income Statement  
Line 15 Other Revenue

	<u>Amount</u>	
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	
<b>TOTAL</b>	<b><u>30,979</u></b>	

Adjustment Detail

Line	Description	<u>Amount</u>
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)
	<b>Total Adjustments</b>	<b><u>(243,668)</u></b>

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.