FOR BHF USE

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)

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: 1000037

Facility Name: Knollwood Retirement Center

Address: 20 Jacksonville Place (Number) Jacksonville (City) 62650 (Zip Code)

County: Morgan

Telephone Number: (217) 245-5101 **Fax #** (217) 245-2000

Federal Employer ID Number:

Date Current Owners were Certified: 11/03/05

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Charles W. Fawcett, Jr. **Telephone Number:** (636) 537-5900
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 01/01/2010 to 12/31/2010 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) Charles W. Fawcett, Jr.
(Title) President of General Partner

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 Jacksonville Assisted Living, LP Report Period Beginning: 01/01/2010 Ending: 12/31/2010

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units 121/31/10

	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	82	Single Unit Apartment	82	29,930	1
2	4	Double Unit Apartment	4	2,920	2
3		Other			3
4	86	TOTALS	86	32,850	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	18,260	11,832		30,092	5
6	Double Unit	243	181		424	6
7	Other					7
8	TOTALS	18,503	12,013		30,516	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.89%

D. Indicate the number of paid bed-hold days the SLF had during this year 616 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 114 **(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: 12/10 Fiscal Year: 12/10
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes **If yes, did the facility make all of the required payments of interest and principle?** Yes
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: Knollwood Retirement Center **Report Period Beginning: 01/01/2010 Ending: 12/31/2010**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	228,669	15,450	190,289	434,408		434,408	1
2	Housekeeping, Laundry and Maintenance	126,752	20,029	66,987	213,768		213,768	2
3	Heat and Other Utilities			73,272	73,272		73,272	3
4	Other (specify):			40,237	40,237		40,237	4
5	**TOTAL General Services**	355,421	35,479	370,785	761,685		761,685	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	355,575	5,320	6,219	367,114		367,114	6
7	Activities and Social Services	48,133	15,135	9,993	73,261		73,261	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	403,708	20,455	16,212	440,375		440,375	9
	C. General Administration							
10	Administrative and Clerical	192,207	10,130	265,393	467,730		467,730	10
11	Marketing Materials, Promotions and Advertising		2,890	10,570	13,460		13,460	11
12	Employee Benefits and Payroll Taxes			144,473	144,473		144,473	12
13	Insurance-Property, Liability and Malpractice			33,626	33,626		33,626	13
14	Other (specify):Mortgage Insurance			33,622	33,622		33,622	14
15	**TOTAL General Administration**	192,207	13,020	487,684	692,911		692,911	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	951,336	68,954	874,681	1,894,971		1,894,971	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			233,274	233,274		233,274	17
18	Interest			444,147	444,147		444,147	18
19	Real Estate Taxes			68,102	68,102		68,102	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):Amortization			3,136	3,136		3,136	22
23	**TOTAL Ownership**			748,659	748,659		748,659	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	951,336	68,954	1,623,340	2,643,630		2,643,630	24

Facility Name: Knollwood Retirement Center Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 21.56	1
2	Licensed Practical Nurses	6	19.20	2
3	Certified Nurse Assistants	15	9.70	3
4	Activity Director & Assistants	1	14.50	4
5	Social Service Workers			5
6	Head Cook	4	8.68	6
7	Cook Helpers/Assistants	14	8.23	7
8	Dishwashers	2	8.25	8
9	Maintenance Workers	2	13.77	9
10	Housekeepers	5	8.72	10
11	Laundry			11
12	Managers	1	28.24	12
13	Other Administrative	1	17.30	13
14	Clerical	5	8.82	14
15	Marketing	1	16.75	15
16	Other	1	16.82	16
17	Total (lines 1 thru 16)	60	$ 11.32	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				$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1		$	1
2			2
	Total	$	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
N/A		Knollwood Management Services	St. Louis	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 [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 [X] 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).

Facility Name: Knollwood Retirement Center Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 500,000 Year land was acquired 2004

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			2004	2004	$ 8,121,402	$ 203,035	40	$ 203,035	$	$ 1,353,586	1
2			2004	2004	485,883	(1,031)	5	(1,031)		484,853	2
3			2004	2004	66,860	6,686	10	6,686		44,573	3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 8,674,145	$ 208,690		$ 208,690	$	$ 1,883,012	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	$	$	$	$		$	18
19	Vehicles	65,224	882	882		5	62,285	19
20	TOTAL (lines 18 and 19)	$ 65,224	$ 882	$ 882	$		$ 62,285	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	Off Equip	$ 62,463	$ $ 2,152	$ $ 57,818	21
22	Bld Equip	65,050	946	61,060	22
23	Furnishings	144,685	20,603	136,464	23
24	TOTALS (lines 21, 22 and 23)	$ 272,198	$ 23,701	$ 255,342	24

Facility Name: Knollwood Retirement Center **Report Period Beginning:** 01/01/2010 **Ending:** 2/31/2010

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** YES	Related** NO	Purpose of Loan	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1	CAPMARK		X	Building	12/31/04	$ 7,002,000	$ 6,694,988	03/01/44	0.0655	$ 440,176	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	IHDA		X	Operations	06/01/05	525,000	359,422	8/1/20	0.0100	3,971	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 7,527,000	$ 7,054,410			$ 444,147	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,527,000	$ 7,054,410			$ 444,147	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: Knollwood Retirement Center **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 550,038	$ 550,038	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	150,829	150,829	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,899	18,899	6
7	Other Prepaid Expenses	10,784	10,784	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 730,550	$ 730,550	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	500,000	500,000	13
14	Buildings, at Historical Cost	8,674,145	8,674,145	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	337,423	337,423	16
17	Accumulated Depreciation (book methods)	(2,200,639)	(2,200,639)	17
18	Deferred Charges	104,272	104,272	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	642,887	642,887	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,058,088	$ 8,058,088	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,788,638	$ 8,788,638	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 137,906	$ 137,906	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	500	500	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	36,543	36,543	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)**	$ 174,949	$ 174,949	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	359,422	359,422	38
39	Mortgage Payable	6,694,988	6,694,988	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	**Developer Fee Payable**	425,272	425,272	42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 7,479,682	$ 7,479,682	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 7,654,631	$ 7,654,631	45
46	**TOTAL EQUITY**	$ 1,134,007	$ 1,134,007	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 8,788,638	$ 8,788,638	47

***(See instructions.)**

Facility Name: Knollwood Retirement Center **Report Period Beginning: 01/01/2010 Ending: 12/31/2010**

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	$ 2,632,165	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,632,165	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	2,120	8
9	Non-Resident Meals	15,210	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 17,330	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,289	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 4,289	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)**	$ 2,653,784	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	761,685	19
20	Health Care/ Personal Care	440,375	20
21	General Administration	692,911	21
	B. Capital Expense		
22	Ownership	748,659	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)**	$ 2,643,630	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 10,154	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 10,154	31