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.

I. Facility ID Number: 1000037

Facility Name: Knollwood Retirement Center

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

County: Morgan

Telephone Number: (217) 245-5101 **Fax #** 214-2)

Federal Employer ID Number:

Date Current Owners were Certified: 11/03/2005

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 01/01/2016 to 12/31/2016 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 Knollwood Retirement Center   Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

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

Date of change in certified units 12/31/2016

	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	82	Single Unit Apartment	82	30,012	1
2	4	Double Unit Apartment	4	1,464	2
3		Other			3
4	86	TOTALS	86	31,476	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	19,129	9,387		28,516	5
6	Double Unit		1,158		1,158	6
7	Other					7
8	TOTALS	19,129	10,545		29,674	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.28%

D. Indicate the number of paid bed-hold days the SLF had during this year 495 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 87 (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: 12/2016 Fiscal Year: 12/2016
* 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: 01/01/2016 Ending: 12/31/2016**

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

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	262,964	20,907	207,121	490,992		490,992	1
2	Housekeeping, Laundry and Maintenance	138,087	117,844	36,357	292,288		292,288	2
3	Heat and Other Utilities			93,049	93,049		93,049	3
4	Other (specify):							4
5	**TOTAL General Services**	401,051	138,751	336,527	876,329		876,329	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	385,377	5,783	6,766	397,926		397,926	6
7	Activities and Social Services	49,005	19,502	2,286	70,793		70,793	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	434,382	25,285	9,052	468,719		468,719	9
	C. General Administration							
10	Administrative and Clerical	270,515	22,461	263,238	556,214		556,214	10
11	Marketing Materials, Promotions and Advertising			30,070	30,070		30,070	11
12	Employee Benefits and Payroll Taxes			174,174	174,174		174,174	12
13	Insurance-Property, Liability and Malpractice			55,383	55,383		55,383	13
14	Other (specify): Mortgage Premium			33,569	33,569		33,569	14
15	**TOTAL General Administration**	270,515	22,461	556,434	849,410		849,410	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,105,948	186,497	902,013	2,194,458		2,194,458	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			213,212	213,212		213,212	17
18	Interest			275,319	275,319		275,319	18
19	Real Estate Taxes			55,280	55,280		55,280	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			543,811	543,811		543,811	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,105,948	186,497	1,445,824	2,738,269		2,738,269	24

Facility Name: Knollwood Retirement Center
Report Period Beginning 01/01/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		$	1
2	Licensed Practical Nurses	2	17.25	2
3	Certified Nurse Assistants	10	10.07	3
4	Activity Director & Assistants	2	12.00	4
5	Social Service Workers	1	25.00	5
6	Head Cook	4	8.70	6
7	Cook Helpers/Assistants	8	8.25	7
8	Dishwashers	1	8.25	8
9	Maintenance Workers	2	13.85	9
10	Housekeepers	4	8.83	10
11	Laundry Hsk Mgr	1	11.00	11
12	Managers Administrator	1	36.06	12
13	Other Administrative	1	17.91	13
14	Clerical	5	15.23	14
15	Marketing	1	19.23	15
16	Other Dietary Mgr.	1	17.31	16
17	Total (lines 1 thru 16)	44	$ 12.32	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	N/A			$	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

Name 1	City 2
N/A	

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
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 ☒
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).

Facility Name: Knollwood Retirement Center   Report Period Beginning: 01/01/2016   Ending: 12/31/2016

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	$ 206,661	40	$ 206,661	$	$ 3,128,249	1
2			2004	2004	485,883		5				2
3			2004	2004	66,860		10				3
4			2016	2016	62,685		10				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)				$ 8,736,830	$ 206,661		$ 206,661	$	$ 3,128,249	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	84,429	1,121	1,121				19
20	TOTAL (lines 18 and 19)	$ 84,429	$ 1,121	$ 1,121	$		$ 84,429	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	Office Equipment	$ 76,957	$ $ 2,639	$ $ 69,752	21
22	Bld Equipment	76,669	2,791	69,917	22
23	Furnishings	167,366	-	144,686	23
24	TOTALS (lines 21, 22 and 23)	$ 320,992	$ 5,430	$ 284,355	24

Facility Name: Knollwood Retirement Center | Report Period Beginning: 01/01/2016 | Ending: 2/31/2016

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**		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	GERSHMAN		X	Building	9/21/11	$ 7,002,000	$ 6,330,374	03801/44	0.0425	$ 278,679	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	IHDA		X	Operations	6/4/05	525,000	69,846	8/1/20	0.0100	1,117	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 7,527,000	$ 6,400,220			$ 279,796	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 7,527,000	$ 6,400,220			$ 279,796	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: 01/01/2016   Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 15,929	$ 15,929	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	423,872	423,872	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,855	51,855	6
7	Other Prepaid Expenses	53,944	53,911	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 545,600	$ 545,567	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	62,685	62,685	15
16	Equipment, at Historical Cost	405,421	405,421	16
17	Accumulated Depreciation (book methods)	(3,497,033)	(3,497,033)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	444,431	444,431	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,589,649	$ 6,589,649	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,135,249	$ 7,135,216	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 244,358	$ 244,358 #	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	55,280	55,280	31
32	Accrued Interest Payable	24,646	24,646	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)**	$ 324,284	$ 324,284	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	69,846	69,846	38
39	Mortgage Payable	6,330,374	6,330,374	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)**	$ 6,400,220	$ 6,400,220	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 6,724,504	$ 6,724,504	45
46	**TOTAL EQUITY**	$ 410,745	$ 410,745	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 7,135,249	$ 7,135,249	47

*(See instructions.)

Facility Name: Knollwood Retirement Center Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 2,665,990	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,665,990	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	898	8
9	Non-Resident Meals	7,633	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 8,531	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,224	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 1,224	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)**	$ 2,675,745	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	876,329	19
20	Health Care/ Personal Care	468,719	20
21	General Administration	849,410	21
	B. Capital Expense		
22	Ownership	543,811	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)**	$ 2,738,269	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (62,524)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (62,524)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 1,578,471	32
33	Private Pay - Net Inpatient Revenue	1,087,519	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 2,665,990	37