



Facility Name Knollwood Retirement Center

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**III. STATISTICAL DATA**

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

Date of change in certified units 12/31/17

	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	29,930	1
2	4	Double Unit Apartment	4	1,460	2
3		Other			3
4	86	TOTALS	86	31,390	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	20,330	9,821		30,151	5
6	Double Unit		730		730	6
7	Other					7
8	TOTALS	20,330	10,551		30,881	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.38%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

269 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 75 (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)

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/2017 Fiscal Year: 12/2017

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

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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	264,470	18,774	206,028	489,272		489,272	1
2	Housekeeping, Laundry and Maintenance	159,866	17,090	141,395	318,351		318,351	2
3	Heat and Other Utilities			104,728	104,728		104,728	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	424,336	35,864	452,151	912,351		912,351	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	401,372	3,351	3,987	408,710		408,710	6
7	Activities and Social Services	48,921	17,742	3,851	70,514		70,514	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	450,293	21,093	7,838	479,224		479,224	9
<b>C. General Administration</b>								
10	Administrative and Clerical	251,097	8,274	283,935	543,306		543,306	10
11	Marketing Materials, Promotions and Advertising	55,241		13,505	68,746		68,746	11
12	Employee Benefits and Payroll Taxes			157,001	157,001		157,001	12
13	Insurance-Property, Liability and Malpractice			81,803	81,803		81,803	13
14	Other (specify):			31,221	31,221		31,221	14
15	<b>TOTAL General Administration</b>	306,338	8,274	567,465	882,077		882,077	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,180,967	65,231	1,027,454	2,273,652		2,273,652	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			220,582	220,582		220,582	17
18	Interest			270,373	270,373		270,373	18
19	Real Estate Taxes			56,506	56,506		56,506	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			547,461	547,461		547,461	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,180,967	65,231	1,574,915	2,821,113		2,821,113	24

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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	\$ 21.00	1
2	Licensed Practical Nurses	3	17.70	2
3	Certified Nurse Assistants	10	10.00	3
4	Activity Director & Assistants	2	12.96	4
5	Social Service Workers	1	26.44	5
6	Head Cook	4	9.15	6
7	Cook Helpers/Assistants	7	8.50	7
8	Dishwashers	2	8.25	8
9	Maintenance Workers	2	13.85	9
10	Housekeepers	4	8.90	10
11	Laundry	1	11.60	11
12	Managers	1	36.06	12
13	Other Administrative	1	21.29	13
14	Clerical	5	11.49	14
15	Marketing	1	19.23	15
16	Other	1	17.35	16
17	<b>Total (lines 1 thru 16)</b>	<b>46</b>	<b>\$ 15.86</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				\$	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>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
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).

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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	\$ 206,172	40	\$ 206,172	\$	\$ 3,334,422	1
2			2004	2004	485,883		5				2
3			2004	2004	66,860		10				3
4			2006	2006	62,685		10				4
5											5
<b>Improvement Type</b>											
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	\$ 206,172		\$ 206,172	\$	\$ 3,334,422	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					84,429	19
20	TOTAL (lines 18 and 19)	\$ 84,429	\$	\$	\$		\$ 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 Equip.	\$ 76,957	\$ 2,702	\$ 72,454	21
22	Bld. Equip.	101,039	703	70,620	22
23	Furnishings	169,304	7,644	152,330	23
24	TOTALS (lines 21, 22 and 23)	\$ 347,300	\$ 11,049	\$ 295,404	24



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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 304,013	\$ 304,013	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	433,634	433,634	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,918	51,918	6
7	Other Prepaid Expenses	4,578	4,578	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 794,143	\$ 794,143	10
	<b>B. Long-Term Assets</b>			
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	431,729	431,729	16
17	Accumulated Depreciation (book methods)	(3,714,255)	(3,714,255)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	236,172	236,172	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>	\$ 6,190,476	\$ 6,190,476	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,984,619	\$ 6,984,619	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 138,830	\$ 138,830	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	56,506	56,506	31
32	Accrued Interest Payable	24,575	24,575	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>	\$ 219,911	\$ 219,911	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	69,846	69,846	38
39	Mortgage Payable	6,205,926	6,205,926	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>	\$ 6,275,772	\$ 6,275,772	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,495,683	\$ 6,495,683	45
46	<b>TOTAL EQUITY</b>	\$ 488,936	\$ 488,936	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,984,619	\$ 6,984,619	47

\*(See instructions.)

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## 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	\$ 2,889,626	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,889,626</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	1,044	8
9	Non-Resident Meals	8,052	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 9,096</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	582	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 582</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,899,304</b>	<b>18</b>

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	912,351	19
20	Health Care/ Personal Care	479,224	20
21	General Administration	882,077	21
<b>B. Capital Expense</b>			
22	Ownership	547,461	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>\$ 2,821,113</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 78,191</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>\$ 78,191</b>	<b>31</b>
<b>III. Net Resident Care Revenue detailed by Payer Source</b>			
32	Medicaid - Net Inpatient Revenue	\$ 1,806,293	32
33	Private Pay - Net Inpatient Revenue	1,083,333	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>\$ 2,889,626</b>	<b>37</b>