

		FOR BHF USE			

LL2

Supportive Living Facility

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)

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: Jacksonville Assisted Living, LP

Address: 20 Jacksonville Place Jacksonville 62650
Number City 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	☒ Partnership	☐ County
IRS Exemption Code	☐ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☐ Limited Liability Co.	
	☐ Trust	
	☐ Other	

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2011 to 12/31/2011 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 # ()

In the event there are further questions about this report, please contact:
Name: Charles W. Fawcett, Jr. Telephone Number: (636) 537-5900
Email Address:

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: 01/01/2011 Ending: 12/31/2011

III. STATISTICAL DATA

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

Date of change in certified units 12/31/11

	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	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 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	17,332	11,894		29,226	5
6	Double Unit	273	92		365	6
7	Other					7
8	TOTALS	17,605	11,986		29,591	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.08%

D. Indicate the number of paid bed-hold days the SLF had during this year 437 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 88 (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: 12/11 Fiscal Year: 12/11

* 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: Jacksonville Assisted Living, LP

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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			
	A. General Services							
1	Dietary and Food Purchase	248,865	17,916	203,614	470,395		470,395	1
2	Housekeeping, Laundry and Maintenance	127,413	24,829	49,603	201,845		201,845	2
3	Heat and Other Utilities			111,730	111,730		111,730	3
4	Other (specify): Outside labor			69,618	69,618		69,618	4
5	TOTAL General Services	376,278	42,745	434,565	853,588		853,588	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	365,024	6,481	941	372,446		372,446	6
7	Activities and Social Services	35,019	18,068	452	53,539		53,539	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	400,043	24,549	1,393	425,985		425,985	9
	C. General Administration							
10	Administrative and Clerical	190,498	13,089	314,420	518,007		518,007	10
11	Marketing Materials, Promotions and Advertising			25,757	25,757		25,757	11
12	Employee Benefits and Payroll Taxes			169,980	169,980		169,980	12
13	Insurance-Property, Liability and Malpractice			38,159	38,159		38,159	13
14	Other (specify): Mortgage Premium			33,341	33,341		33,341	14
15	TOTAL General Administration	190,498	13,089	581,657	785,244		785,244	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	966,819	80,383	1,017,615	2,064,817		2,064,817	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			225,688	225,688		225,688	17
18	Interest			588,912	588,912		588,912	18
19	Real Estate Taxes			46,945	46,945		46,945	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization			105,252	105,252		105,252	22
23	TOTAL Ownership			966,797	966,797		966,797	23
24	GRAND TOTAL (Sum of lines 16 and 23)	966,819	80,383	1,984,412	3,031,614		3,031,614	24

Facility Name: Jacksonville Assisted Living, LP

Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 22.60	1
2	Licensed Practical Nurses	3	17.25	2
3	Certified Nurse Assistants	10	9.60	3
4	Activity Director & Assistants	1	14.50	4
5	Social Service Workers			5
6	Head Cook	3	8.90	6
7	Cook Helpers/Assistants	10	8.35	7
8	Dishwashers	2	8.25	8
9	Maintenance Workers	1	14.00	9
10	Housekeepers	4	8.35	10
11	Laundry Hsk Manager	1	10.40	11
12	Managers Admin	1	36.06	12
13	Other Administrative Mngr	1	17.31	13
14	Clerical	3	9.50	14
15	Marketing	1	16.75	15
16	Other Dietary Mngr	1	16.83	16
17	Total (lines 1 thru 16)	43	\$ 10.87	17

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
Kno;wood Management Services		St. Louis		Management Compa	

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).

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

Facility Name: Jacksonville Assisted Living, LP

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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	\$ 205,462	40	\$ 205,462		\$ 1,559,049	1
2			2004	2004	485,883		5			484,853	2
3			2004	2004	66,860	6,686	10	6,686		51,259	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	\$ 212,148		\$ 212,148		\$ 2,095,161	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	3,763	3,763		5	66,047	19
20	TOTAL (lines 18 and 19)	\$ 84,429	\$ 3,763	\$ 3,763			\$ 66,047	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	\$ \$ 1,637	\$ \$ 59,454	21
22	Bld Equip	65,050	1,038	62,099	22
23	Furnishings	144,685	7,102	143,566	23
24	TOTALS (lines 21, 22 and 23)	\$ 272,198	\$ 9,777	\$ 265,119	24

Facility Name: Jacksonville Assisted Living, LP

Report Period Beginning: 01/01/2011

Ending: 2/31/2011

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☐ NO
3	Original Building			/ /	\$			3	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	CAPMARK		X	Building	12/31/04	\$ 7,002,000	\$	9/21/11	0.0655	\$ 510,001	1	
2	GERSHMAN		X	Building	9/21/11	7,002,000		6,985,193	3/1/44	0.0425	74,307	2
3					/ /				/ /			3
	Working Capital											
4	IHDA		X	Operations	06/01/05	525,000		320,837	8/1/20	0.0100	4,370	4
5					/ /				/ /			5
6					/ /				/ /			6
7	TOTAL Facility Related					\$ 14,529,000	\$ 7,306,030				\$ 588,678	7
	B. Non-Facility Related											
8					/ /				/ /			8
9					/ /				/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,529,000	\$ 7,306,030				\$ 588,678	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: Jacksonville Assisted Living, LP

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 120,373	\$ 120,373	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	473,990	473,990	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,300	22,300	6
7	Other Prepaid Expenses	13,729	13,729	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 630,392	\$ 630,392	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	356,627	356,627	16
17	Accumulated Depreciation (book methods)	(2,426,327)	(2,426,327)	17
18	Deferred Charges	107,941	107,941	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	524,606	524,606	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,736,992	\$ 7,736,992	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,367,384	\$ 8,367,384	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 187,245	\$ 187,245	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	500	500	28
29	Short-Term Notes Payable	7,749	7,749	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	27,169	27,169	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)	\$ 222,663	\$ 222,663	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	320,837	320,837	38
39	Mortgage Payable	6,985,193	6,985,193	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Developer Fee Payable	5,499	5,499	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 7,311,529	\$ 7,311,529	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,534,192	\$ 7,534,192	45
46	TOTAL EQUITY	\$ 833,192	\$ 833,192	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,367,384	\$ 8,367,384	47

*(See instructions.)

Facility Name: Jacksonville Assisted Living, LP

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,708,305	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,708,305	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	3,058	8
9	Non-Resident Meals	12,966	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 16,024	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	6,477	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,477	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)	\$ 2,730,806	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	853,588	19
20	Health Care/ Personal Care	425,985	20
21	General Administration	785,244	21
	B. Capital Expense		
22	Ownership	966,797	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)	\$ 3,031,614	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (300,808)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (300,808)	31

