





Facility Name: Evergreen Place-Litchfield

Report Period Beginning:

01/01/13

Ending:

12/31/13

## 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	167,268	143,295		310,563		310,563	1
2	Housekeeping, Laundry and Maintenance	70,665	28,561		99,226		99,226	2
3	Heat and Other Utilities			123,861	123,861		123,861	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	237,933	171,856	123,861	533,650		533,650	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	266,583	1,628		268,211		268,211	6
7	Activities and Social Services	25,748	3,927		29,675		29,675	7
8	Other (specify):			4,233	4,233		4,233	8
9	<b>TOTAL Health Care and Programs</b>	292,331	5,555	4,233	302,119		302,119	9
<b>C. General Administration</b>								
10	Administrative and Clerical	143,951	7,059	178,520	329,530	(24,270)	305,260	10
11	Marketing Materials, Promotions and Advertising			45,294	45,294		45,294	11
12	Employee Benefits and Payroll Taxes			159,648	159,648		159,648	12
13	Insurance-Property, Liability and Malpractice			46,347	46,347		46,347	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	143,951	7,059	429,809	580,819	(24,270)	556,549	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	674,215	184,470	557,903	1,416,588	(24,270)	1,392,318	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			318,943	318,943		318,943	17
18	Interest			446,046	446,046	(15,080)	430,966	18
19	Real Estate Taxes			115,266	115,266		115,266	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			19,480	19,480		19,480	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			899,735	899,735	(15,080)	884,655	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	674,215	184,470	1,457,638	2,316,323	(39,350)	2,276,973	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
2	Licensed Practical Nurses	0.71	18.68	2
3	Certified Nurse Assistants	8.45	10.29	3
4	Activity Director & Assistants			4
5	Social Service Workers	0.90	13.69	5
6	Head Cook			6
7	Cook Helpers/Assistants	7.81	10.17	7
8	Dishwashers			8
9	Maintenance Workers	0.97	17.20	9
10	Housekeepers	1.86	9.04	10
11	Laundry			11
12	Managers	0.97	27.64	12
13	Other Administrative	2.22	13.95	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>23.89</b>	<b>\$ 11.86</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>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Heritage Operations Group LLC	\$ 116,712	1
2			2
<b>Total</b>		<b>\$ 116,712</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
Evergreen Streator LP		Streator	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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 59,450 Year land was acquired 2008

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	69				\$ 9,151,234	\$ 248,113		\$ 248,113	\$	\$ 1,280,142	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Landscaping		2009	13,600						6
7		Electric Door Opener		2011	3,575						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)				\$ 9,168,409	\$ 248,113		\$ 248,113	\$	\$ 1,280,142	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	\$ 704,768	\$ 70,830	\$ 70,830	\$		\$ 360,616	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 704,768	\$ 70,830	\$ 70,830	\$		\$ 360,616	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

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	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO

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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	IHDA			Mortgage	/ /	\$	7,678,876	/ /		\$ 446,046
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	7,678,876			\$ 446,046
	<b>B. Non-Facility Related</b>									
8	Interest				/ /			/ /		-15,080
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	7,678,876			\$ 430,966

\* 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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 983,563	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	311,877		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	96,583		6
7	Other Prepaid Expenses			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>	\$ 1,392,023	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	788,611		13
14	Buildings, at Historical Cost	8,439,814		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	704,768		16
17	Accumulated Depreciation (book methods)	(1,640,758)		17
18	Deferred Charges	199,720		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):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 8,492,155	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 9,884,178	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 66,307	\$	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	60,154		31
32	Accrued Interest Payable	33,839		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Resident Trust	1,650		35
36	Deferred Development Fees	989,542		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 1,151,492	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,678,876		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>	\$ 7,678,876	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,830,368	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,053,810	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 9,884,178	\$	47

\*(See instructions.)

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 2,051,708	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,051,708</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	5,346	8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 5,346</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	15,080	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 15,080</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>\$ 2,072,134</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	533,650	19
20	Health Care/ Personal Care	302,119	20
21	General Administration	580,819	21
<b>B. Capital Expense</b>			
22	Ownership	899,735	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Sales Tax	1,846	25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,318,169</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (246,035)</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>\$ (246,035)</b>	<b>31</b>



Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg : Adjustment Line #	Amount
PETTY CASH	983,563				1,009	1,009 PETTY CASH 983,563
CASH IN BANK					1,100	1,100 ACCTS RECEI 335,877
CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR 1 -24,000
ACCOUNTS RECEIVABLE	311,877				1,110	1,110 ACCTS RECEIV-M/C
MEDICARE RECEIVABLES					1,125	1,125 ACCTS RECEIV-IPA
IPA INCOME RECEIVABLE					1,135	1,135 ACCTS RECEIV-IC
MEDICARE COST REPORT					1,140	1,140 UNAPPLIED CASH RECEIPTS
ACCOUNTS RECEIVABLE-IC					1,145	1,145 A/R SUSPENSE-REFUNDS
UNAPPLIED CASH RECEIPTS					1,200	1,200 PREPAID INSU 96,583
A/R SUSPENSE-REFUNDS					1,220	1,220 OTHER PREPAID EXPENSES
ACCRUED INTEREST REC					1,300	1,300 DIETARY INVENTORY
PREPAID INSURANCE	96,583				1,310	1,310 SUPPLIES INVENTORY
OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
FOOD INVENTORY					1,409	1,409 LAND 788,611
SUPPLIES INVENTORY					1,450	1,450 FURNITURE & 704,768
LAND	788,611				1,460	-360,616
FURNITURE & EQUIPMENT	704,768				1,475	1,475 CODE ALERT 8,439,814
ACCUM DEPR-FURN & EQUIP	-360,616				1,490	1,490 ACCUM DEPR -1,280,142
BUILDING & IMPROVEMENT	8,439,814				1,530	1,530 RESIDENT FU 0
ACCUM DEPR-BUILDING	-1,280,142				1,550	1,550 LOAN FEES 199,720
RESIDENT FUNDS	0				1,551	1,551 LOAN FEES ADDED
LOAN FEES	199,720				1,850	1,850 INTERCOMPA 0
REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUNTS PA -66,307
REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
INTRACOMPANY	0				2,100	2,100 ACCRUED PA 0
ACCOUNTS PAYABLE	-66,307				2,100	2,100 PR CLEARING-BENEFITS
BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
ACCRUED PAYROLL	0				2,110	2,110 ACCRUED PTC 0
ACCRUED VACATION PAY	0				2,120	2,120 U.C. TAXES PAYABLE
UC TAXES PAYABLE					2,125	2,125 FICA TAXES F 0
FICA TAX PAYABLE	0	0			2,130	2,130 FEDERAL W/H TAX PAYABLE
FIT PAYABLE					2,140	2,140 STATE W/H TAX PAYABLE
STATE W/H PAYABLE		0			2,152	2,152 WORKERS COMP ACCRUAL
EARNED INCOME CREDIT					2,225	2,225 EMPLOYEEE INSURANCE REFUND

UC FED CREDIT REDUCTION  
PAYROLL SAVINGS

2,230  
2,235

2,230 PAYROLL SAVINGS  
2,240 UNITED FUND





