

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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:** 1000097

**Facility Name:** Glenhaven Gardens Alton

**Address:** 100 Glenhaven Drive Alton 62002  
Number City Zip Code

**County:** Madison

**Telephone Number:** ( 618 ) 4621500 **Fax #** ( )

**Federal Employer ID Number:** \_\_\_\_\_

**Date Current Owners were Certified:** 2008

**Type of Ownership:**

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

**In the event there are further questions about this report, please contact:**  
**Name:** Dave Underwood **Telephone Number:** ( ) \_\_\_\_\_  
**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 01/01/13 to 12/31/13 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.

<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____
	(Type or Print Name) <u>David M. Underwood</u>	
	(Title) <u>Sr. VP &amp; CFO</u>	
<b>Paid Preparer</b>	(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 Glenhaven Gardens Alton

Report Period Beginning: 01/01/13 Ending: 12/31/13

**III. STATISTICAL DATA**

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

Date of change in certified units       /      /      

	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	92	Single Unit Apartment	92	33,580	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,580	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	16,201	16,323		32,524	5
6	Double Unit					6
7	Other					7
8	TOTALS	16,201	16,323		32,524	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.86%

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
 Also, indicate the number of unpaid bed-hold days the SLF had during this year.                      **(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)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year:                      Fiscal Year:                     

\* All facilities other than governmental must report on the accrual basis.

**J. Does the facility have any Illinois Housing Development Authority Loans outstanding?** No If yes, did the facility make all of the required payments of interest and principle?                       
 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: Glenhaven Gardens Alton

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	253,094	218,178		471,272		471,272	1
2	Housekeeping, Laundry and Maintenance	101,322	67,694		169,016		169,016	2
3	Heat and Other Utilities			148,650	148,650		148,650	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>354,416</b>	<b>285,872</b>	<b>148,650</b>	<b>788,938</b>		<b>788,938</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	414,354	2,545		416,899		416,899	6
7	Activities and Social Services	38,723	9,198		47,921		47,921	7
8	Other (specify):			17,631	17,631		17,631	8
9	<b>TOTAL Health Care and Programs</b>	<b>453,077</b>	<b>11,743</b>	<b>17,631</b>	<b>482,451</b>		<b>482,451</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	195,808	10,445	204,526	410,779	(34,387)	376,392	10
11	Marketing Materials, Promotions and Advertising			58,843	58,843		58,843	11
12	Employee Benefits and Payroll Taxes			242,173	242,173		242,173	12
13	Insurance-Property, Liability and Malpractice			60,295	60,295		60,295	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>195,808</b>	<b>10,445</b>	<b>565,837</b>	<b>772,090</b>	<b>(34,387)</b>	<b>737,703</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,003,301</b>	<b>308,060</b>	<b>732,118</b>	<b>2,043,479</b>	<b>(34,387)</b>	<b>2,009,092</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			390,672	390,672		390,672	17
18	Interest			382,832	382,832	(24,149)	358,683	18
19	Real Estate Taxes			59,945	59,945		59,945	19
20	Rent -- Facility and Grounds			64,726	64,726		64,726	20
21	Rent -- Equipment			1,782	1,782		1,782	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			<b>899,957</b>	<b>899,957</b>	<b>(24,149)</b>	<b>875,808</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,003,301</b>	<b>308,060</b>	<b>1,632,075</b>	<b>2,943,436</b>	<b>(58,536)</b>	<b>2,884,900</b>	<b>24</b>

Facility Name: Glenhaven Gardens Alton

Report Period Beginning 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.24	\$ 24.06	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.59	10.72	3
4	Activity Director & Assistants	1.45	11.31	4
5	Social Service Workers	0.12	14.54	5
6	Head Cook			6
7	Cook Helpers/Assistants	11.68	10.07	7
8	Dishwashers			8
9	Maintenance Workers	0.98	18.31	9
10	Housekeepers	3.04	9.34	10
11	Laundry			11
12	Managers	1.96	26.13	12
13	Other Administrative	3.18	16.17	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>35.23</b>	<b>\$ 12.07</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	\$ 157,207	1	
2			2	
		<b>Total</b>	<b>\$ 157,207</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

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 \_\_\_\_\_ Year land was acquired \_\_\_\_\_

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	92				\$ 7,717,798	\$ 298,386		\$ 298,386	\$	\$ 1,671,212	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Exterior Signage		2008	8,012						6
7		Site Improvements		2008	185,687						7
8		Roof Vents		2011	10,106						8
9		Retaining Wall		2012	26,840						9
10		Parking Lot		2012	2,800						10
11		Carpet & Installation		2013	7,334						11
12		Vinyl Plank Floor Installation		2013	8,481						12
13		Landscape Wall Construction		2013	11,250						13
14		Install Pressure Pump System		2013	33,147						14
15		Rooftop AC Evaporator & Coil		2013	9,445						15
16											16
17		TOTAL (lines 1 thru 16)			\$ 8,020,900	\$ 298,386		\$ 298,386	\$	\$ 1,671,212	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	\$ 1,114,202	\$ 92,286	\$ 92,286	\$		\$ 1,003,948	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,114,202	\$ 92,286	\$ 92,286	\$		\$ 1,003,948	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

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	Illinois National Bank			Mortgage	/ /	\$	7,684,854	/ /		\$ 382,832
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$	7,684,854			\$ 382,832
	<b>B. Non-Facility Related</b>									
8	Interest				/ /			/ /		-24,149
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	7,684,854			\$ 358,683

\* 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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12/31/13

## 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	\$ 228,276	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	365,405		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,504		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>	\$ 629,185	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	193,696		13
14	Buildings, at Historical Cost	7,827,201		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,114,202		16
17	Accumulated Depreciation (book methods)	(2,675,160)		17
18	Deferred Charges	378,892		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>	\$ 6,838,831	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,468,016	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 80,174	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	78,117		30
31	Accrued Taxes Payable	67,531		31
32	Accrued Interest Payable	27,858		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>	\$ 253,680	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,684,854		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>	\$ 7,684,854	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 7,938,534	\$	45
46	<b>TOTAL EQUITY</b>	\$ (470,518)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,468,016	\$	47

\*(See instructions.)

Facility Name: Glenhaven Gardens Alton

Report Period Beginning: 01/01/13

Ending:

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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	\$ 3,120,644	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 3,120,644</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	21,864	8
9	Non-Resident Meals		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 21,864</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	24,149	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 24,149</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16	Other	1,654	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 1,654</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 3,168,311</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	788,938	19
20	Health Care/ Personal Care	482,451	20
21	General Administration	772,090	21
<b>B. Capital Expense</b>			
22	Ownership	899,957	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Sales Tax	3,869	25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,947,305</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 221,006</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>\$ 221,006</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	228,276				1,009	1,009 PETTY CASH 228,276
CASH IN BANK					1,100	1,100 ACCTS RECEI 398,405
CASH IN BANK-PAYROLL					1,101	1,101 ALLOW. FOR 1 -33,000
ACCOUNTS RECEIVABLE	365,405				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 35,504
A/R SUSPENSE-REFUNDS					1,220	1,220 OTHER PREPAID EXPENSES
ACCRUED INTEREST REC					1,300	1,300 DIETARY INVENTORY
PREPAID INSURANCE	35,504				1,310	1,310 SUPPLIES INVENTORY
OTHER PREPAID EXPENSES					1,320	1,320 LINEN INVENTORY
FOOD INVENTORY					1,409	1,409 LAND 193,696
SUPPLIES INVENTORY					1,450	1,450 FURNITURE & 1,114,202
LAND	193,696				1,460	-1,003,948
FURNITURE & EQUIPMENT	1,114,202				1,475	1,475 CODE ALERT 7,827,201
ACCUM DEPR-FURN & EQUIP	-1,003,948				1,490	1,490 ACCUM DEPR -1,671,212
BUILDING & IMPROVEMENT	7,827,201				1,530	1,530 RESIDENT FU 0
ACCUM DEPR-BUILDING	-1,671,212				1,550	1,550 LOAN FEES 378,892
RESIDENT FUNDS	0				1,551	1,551 LOAN FEES ADDED
LOAN FEES	378,892				1,850	1,850 INTERCOMPA 0
REAL ESTATE TAX ESCROW					2,010	2,010 ACCOUNTS PA -80,174
REIMBURSABLE PURCHASES					2,100	2,095 BONUSES PAYABLE
INTRACOMPANY	0				2,100	2,100 ACCRUED PA -45,029
ACCOUNTS PAYABLE	-80,174				2,100	2,100 PR CLEARING-BENEFITS
BONUSES PAYABLE					2,100	2,100 PR CLEARING-LABOR
ACCRUED PAYROLL	-45,029				2,110	2,110 ACCRUED PTO -28,768
ACCRUED VACATION PAY	-28,768				2,120	2,120 U.C. TAXES PAYABLE
UC TAXES PAYABLE					2,125	2,125 FICA TAXES F -4,320
FICA TAX PAYABLE	-4,320	-4,320			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





