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: 1000097

Facility Name: Glenhaven Gardens

Address: 100 Glenhaven Drive (Number) Alton (City) (Zip Code)

County: Madison

Telephone Number: (618) 462-1500 **Fax #** ( )

Federal Employer ID Number:

Date Current Owners were Certified: 2008

Type of Ownership:

	VOLUNTARY, NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		x	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Craig Ater **Telephone Number:** 309-823-7135
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 01/01/2011 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) Matthew Whitlock
(Title) Director

Paid Preparer

(Signed) (Date)
(Print Name and Title) Craig Ater, cfo
(Firm Name & Address) Heritage Operations Group LLC, 115 W Jefferson, Bloomington, Il
(Telephone) 309) 823-7135 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 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 / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 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 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	18,022	13,333		31,355	5
6	Double Unit					6
7	Other					7
8	TOTALS	18,022	13,333		31,355	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 93.37%

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 [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)
none

H. ACCOUNTING BASIS

ACCRUAL	MODIFIED CASH*	CASH*
[x]	[ ]	[ ]

I. Is your fiscal year identical to your tax year? [x] 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 **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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	208,629	186,521		395,150		395,150	1
2	Housekeeping, Laundry and Maintenance	82,498	66,981		149,479		149,479	2
3	Heat and Other Utilities			154,153	154,153		154,153	3
4	Other (specify):							4
5	**TOTAL General Services**	291,127	253,502	154,153	698,782		698,782	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	364,139	1,529		365,668		365,668	6
7	Activities and Social Services	37,154	7,063		44,217		44,217	7
8	Other (specify):			23,107	23,107		23,107	8
9	**TOTAL Health Care and Programs**	401,293	8,592	23,107	432,992		432,992	9
	C. General Administration							
10	Administrative and Clerical	147,526	15,649	159,249	322,424		322,424	10
11	Marketing Materials, Promotions and Advertising			56,723	56,723		56,723	11
12	Employee Benefits and Payroll Taxes			165,543	165,543		165,543	12
13	Insurance-Property, Liability and Malpractice			74,540	74,540		74,540	13
14	Other (specify):							14
15	**TOTAL General Administration**	147,526	15,649	456,055	619,230		619,230	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	839,946	277,743	633,315	1,751,004		1,751,004	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			489,945	489,945		489,945	17
18	Interest			496,239	496,239		496,239	18
19	Real Estate Taxes			64,003	64,003		64,003	19
20	Rent -- Facility and Grounds			64,720	64,720		64,720	20
21	Rent -- Equipment			7,917	7,917		7,917	21
22	Other (specify):							22
23	**TOTAL Ownership**			1,122,824	1,122,824		1,122,824	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	839,946	277,743	1,756,139	2,873,828		2,873,828	24

Facility Name: Glenhaven Gardens **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	$ 25.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	7	12.00	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	12.00	5
6	Head Cook	1	12.00	6
7	Cook Helpers/Assistants	5	10.00	7
8	Dishwashers			8
9	Maintenance Workers	1	15.00	9
10	Housekeepers	1	10.00	10
11	Laundry			11
12	Managers	1	40.00	12
13	Other Administrative	2	20.00	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	**Total (lines 1 thru 16)**	20	$	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				$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Heritage Operations Group LLC	$ 143,635	1
2			2
		Total $ 143,635	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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	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 [x]

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 [x]

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

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	$ 489,945		$ 489,945	$	$ 1,786,613	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Exterior Signage			2008	8,012						6
7	Site Improvements			2008	185,687						7
8	Roof Vents			2011	10,106						8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 7,921,603	$ 489,945		$ 489,945	$	$ 1,786,613	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	$ 1,048,546	$	$	$		$ -	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 1,048,546	$	$	$		$	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

Facility Name: Glenhaven Gardens **Report Period Beginning:** 01/01/2011 **Ending:** 2/31/2011

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Alton Memorial Hospital

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? [x] YES [ ] NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	$			3
4	Additions			/ /				4
5				5 /1 /2008	64,720	50	20	5
6				/ /				6
7	TOTAL				$ 64,720			7

8. Is movable equipment rental included in building rental? [ ] YES [x] 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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	1st Mid-Illinois		x	Mortgage	/ /	$	$ 7,989,514	/ /2016		$ 441,965	1
2	Loan Amortization				/ /			/ /		54,274	2
3					/ /			/ /			3
	Working Capital										
4	1st Mid-Illinois		x	Line of Credit	/ /		100,000	/ /2012			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$ 8,089,514			$ 496,239	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$ 8,089,514			$ 496,239	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: Glenhaven Gardens **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	$ 214,145	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	462,006		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,879		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 708,030	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	193,698		13
14	Buildings, at Historical Cost	7,727,904		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,048,546		16
17	Accumulated Depreciation (book methods)	(1,786,613)		17
18	Deferred Charges	161,738		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	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,345,273	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,053,303	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 119,466	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	38,756		30
31	Accrued Taxes Payable	72,959		31
32	Accrued Interest Payable	5,062		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	other	13		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 236,256	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,089,514		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)**	$ 8,089,514	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 8,325,770	$	45
46	**TOTAL EQUITY**	$ (272,467)	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 8,053,303	$	47

***(See instructions.)**

Facility Name: Glenhaven Gardens **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	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 2,848,039	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,848,039	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	1,286	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	24,533	8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 25,819	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$	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)**	$ 2,873,858	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	698,782	19
20	Health Care/ Personal Care	432,992	20
21	General Administration	619,230	21
	B. Capital Expense		
22	Ownership	1,122,824	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)**	$ 2,873,828	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 30	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 30	31

Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3, Line #	Sch 5 pg 3, Col #	Sch 6 pg , Line #	Adjustment Amount
PETTY CASH	214,145					
CASH IN BANK						
CASH IN BANK-PAYROLL						
ACCOUNTS RECEIVABLE	462,006					
MEDICARE RECEIVABLES						
IPA INCOME RECEIVABLE						
MEDICARE COST REPORT						
ACCOUNTS RECEIVABLE-IC						
UNAPPLIED CASH RECEIPTS						
A/R SUSPENSE-REFUNDS						
ACCRUED INTEREST REC						
PREPAID INSURANCE	31,879					
OTHER PREPAID EXPENSES						
FOOD INVENTORY						
SUPPLIES INVENTORY						
LAND	193,698					
FURNITURE & EQUIPMENT	1,048,546					
ACCUM DEPR-FURN & EQUI	0					
BUILDING & IMPROVEMENT	7,727,904					
ACCUM DEPR-BUILDING	-1,786,613					
RESIDENT FUNDS	0					
LOAN FEES	161,738					
REAL ESTATE TAX ESCROW						
REIMBURSABLE PURCHASES						
INTRACOMPANY	0					
ACCOUNTS PAYABLE	-119,466					
BONUSES PAYABLE						
ACCRUED PAYROLL	-36,151					
ACCRUED VACATION PAY	0					
UC TAXES PAYABLE						
FICA TAX PAYABLE	-2,605	-2,605				
FIT PAYABLE						
STATE W/H PAYABLE		0				
EARNED INCOME CREDIT						
UC FED CREDIT REDUCTION						
PAYROLL SAVINGS						

1,009	1,009	PETTY C/	214,145
1,100	1,100	ACCTS RI	462,006
1,101	1,101	ALLOW. FOR UNCOLLECTIBLES	
1,110	1,110	ACCTS RECEIV-M/C	
1,125	1,125	ACCTS RECEIV-IPA	
1,135	1,135	ACCTS RECEIV-IC	
1,140	1,140	UNAPPLIED CASH RECEIPTS	
1,145	1,145	A/R SUSPENSE-REFUNDS	
1,200	1,200	PREPAID	31,879
1,220	1,220	OTHER PREPAID EXPENSES	
1,300	1,300	DIETARY INVENTORY	
1,310	1,310	SUPPLIES INVENTORY	
1,320	1,320	LINEN INVENTORY	
1,409	1,409	LAND	193,698
1,450	1,450	FURNITU	1,048,546
1,460			0
1,475	1,475	CODE AL	7,727,904
1,490	1,490	ACCUM I	-1,786,613
1,530	1,530	RESIDEN	0
1,550	1,550	LOAN FE	161,738
1,551	1,551	LOAN FEES ADDED	
1,850	1,850	INTERCO	0
2,010	2,010	ACCOUN	-119,466
2,100	2,095	BONUSES PAYABLE	
2,100	2,100	ACCRUEI	-36,151
2,100	2,100	PR CLEARING-BENEFITS	
2,100	2,100	PR CLEARING-LABOR	
2,110	2,110	ACCRUEI	0
2,120	2,120	U.C. TAXES PAYABLE	
2,125	2,125	FICA TAX	-2,605
2,130	2,130	FEDERAL W/H TAX PAYABLE	
2,140	2,140	STATE W/H TAX PAYABLE	
2,152	2,152	WORKERS COMP ACCRUAL	
2,225	2,225	EMPLOYEEE INSURANCE REFUND	
2,230	2,230	PAYROLL SAVINGS	
2,235	2,240	UNITED FUND	