

		FOR BHF USE			

LL2

Supportive Living Facility

2009
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2009)

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 Name: Evergreen Place-Streator

Address: 1525 East Main Street Streator 61364
 Number City Zip Code

County: LaSalle

Telephone Number: (815) 672-0903 Fax # ()

Federal Employer ID Number: 208962813

Date Current Owners were Certified: 11/2008

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 checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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 01/01/09 to 12/31/09 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) <u>Craig L. Ater</u>	
	(Title) <u>Executive V.P. & CFO</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>()</u> _____ Fax # <u>()</u> _____	

In the event there are further questions about this report, please contact:
 Name: Craig Ater Telephone Number: (309) 823-7135
 Email Address: cater@heritageofcare.com

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: Evergreen Place-Streator

Report Period Beginning:

01/01/09

Ending:

12/31/09

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	62,276	146,480		208,756		208,756	1
2	Housekeeping, Laundry and Maintenance	52,529	21,766		74,295		74,295	2
3	Heat and Other Utilities			83,652	83,652		83,652	3
4	Other (specify):							4
5	TOTAL General Services	114,805	168,246	83,652	366,703		366,703	5
B. Health Care and Programs								
6	Health Care/ Personal Care	223,203	2,652		225,855		225,855	6
7	Activities and Social Services	25,640	2,913		28,553		28,553	7
8	Other (specify):			6,684	6,684		6,684	8
9	TOTAL Health Care and Programs	248,843	5,565	6,684	261,092		261,092	9
C. General Administration								
10	Administrative and Clerical	115,232	4,631	159,275	279,138	(238)	278,900	10
11	Marketing Materials, Promotions and Advertising			39,754	39,754		39,754	11
12	Employee Benefits and Payroll Taxes			59,832	59,832		59,832	12
13	Insurance-Property, Liability and Malpractice			33,465	33,465		33,465	13
14	Other (specify):							14
15	TOTAL General Administration	115,232	4,631	292,326	412,189	(238)	411,951	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	478,880	178,442	382,662	1,039,984	(238)	1,039,746	16
Capital Expenses								
D. Ownership								
17	Depreciation			246,259	246,259		246,259	17
18	Interest			397,642	397,642	(125,372)	272,270	18
19	Real Estate Taxes			75,000	75,000		75,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,411	8,411		8,411	21
22	Other (specify):							22
23	TOTAL Ownership			727,312	727,312	(125,372)	601,940	23
24	GRAND TOTAL (Sum of lines 16 and 23)	478,880	178,442	1,109,974	1,767,296	(125,610)	1,641,686	24

Facility Name: Evergreen Place-Streator

Report Period Beginning: 01/01/09

Ending: 12/31/09

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	\$ 120,089	1
2			2
		Total	3
		\$ 120,089	

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 Litchfield LP		Litchfield	
Evergreen Village		Normal	
Evergreen Beardstown		Beardstown	

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).

Facility Name: Evergreen Place-Streator

Report Period Beginning:

01/01/09

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VIII. OWNERSHIP COSTS

A. Purchase price of land 60,980 Year land was acquired 2007

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			2008	\$ 7,058,692	\$ 186,387		\$ 186,387	\$	\$ 217,439	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Landscaping			2009	1,570						6
7	Dishwasher			2009	5,026						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)				\$ 7,065,288	\$ 186,387		\$ 186,387	\$	\$ 217,439	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	\$ 600,746	\$ 59,873	\$ 59,873	\$		\$ 72,316	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 600,746	\$ 59,873	\$ 59,873	\$	\$ 72,316	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: Evergreen Place-Streator

Report Period Beginning: 01/01/09

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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	TOTAL				\$			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			
	A. Directly Facility Related									
	Long-Term									
1	IHDA		x	Mortgage	/ /2008	\$	\$ 6,597,622	/ /2043		\$ 386,257
2				Loan Fee Amortization	/ /			/ /		11,385
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	\$ 6,597,622			\$ 397,642
	B. Non-Facility Related									
8	Interst Income				/ /			/ /		-125,372
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	\$ 6,597,622			\$ 272,270

* 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: Evergreen Place-Streator

Report Period Beginning: 01/01/09

Ending:

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 694,567	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	216,290		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,712		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	997		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 946,566	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	456,374		13
14	Buildings, at Historical Cost	6,669,894		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	600,746		16
17	Accumulated Depreciation (book methods)	(289,754)		17
18	Deferred Charges	201,549		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)	\$ 7,638,809	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,585,375	\$	25

*(See instructions.)

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 3,968	\$	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	70,342		31
32	Accrued Interest Payable			32
33	Deferred Compensation	48,851		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)	\$ 123,161	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,597,622		39
40	Bonds Payable			40
41	Deferred Compensation	237,825		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,835,447	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,958,608	\$	45
46	TOTAL EQUITY	\$ 1,626,767	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,585,375	\$	47

Facility Name: Evergreen Place-Streator

Report Period Beginning: 01/01/09

Ending:

12/31/09

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

	1	Amount	
	Revenue		
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,638,698	1
2	Discounts and Allowances	(18,916)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,619,782	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	8,272	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 8,272	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	125,372	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 125,372	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)	\$ 1,753,426	18

	2	Amount	
	Expenses		
	A. Operating Expenses		
19	General Services	366,703	19
20	Health Care/ Personal Care	261,092	20
21	General Administration	412,189	21
	B. Capital Expense		
22	Ownership	727,312	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)	\$ 1,767,296	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (13,870)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (13,870)	31