



Facility Name Glenhaven Gardens Alton

Report Period Beginning: 1/1/09 Ending: 12/31/09

**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	13	Single Unit Apartment	13	4,745	1
2	79	Double Unit Apartment	79	28,835	2
3		Other		1,825	3
4	92	TOTALS	92	35,405	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	1,210	1,501		2,711	5
6	Double Unit	12,329	9,122		21,451	6
7	Other	546	1,050		1,596	7
8	TOTALS	14,085	11,673		25,758	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.)       72.75%      

**D. Indicate the number of paid bed-hold days the SLF had during this year**  
      416       Also, indicate the number of unpaid bed-hold days the SLF had during this year.       5       (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)

None

**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

\* 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. \_\_\_\_\_

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## 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	158,399	141,193	3,065	302,657	(3,529)	299,128	1
2	Housekeeping, Laundry and Maintenance	74,328	7,961	31,275	113,564		113,564	2
3	Heat and Other Utilities			120,868	120,868		120,868	3
4	Other (specify):			11,095	11,095		11,095	4
5	<b>TOTAL General Services</b>	<b>232,727</b>	<b>149,154</b>	<b>166,303</b>	<b>548,184</b>	<b>(3,529)</b>	<b>544,655</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	325,931	1,141		327,072		327,072	6
7	Activities and Social Services	23,250	1,975	760	25,985		25,985	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>349,181</b>	<b>3,116</b>	<b>760</b>	<b>353,057</b>		<b>353,057</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	115,778	11,482	118,530	245,790	(15,749)	230,041	10
11	Marketing Materials, Promotions and Advertising	60,631	9,268	17,193	87,092		87,092	11
12	Employee Benefits and Payroll Taxes			124,802	124,802		124,802	12
13	Insurance-Property, Liability and Malpractice			46,165	46,165		46,165	13
14	Other (specify):			65,795	65,795		65,795	14
15	<b>TOTAL General Administration</b>	<b>176,409</b>	<b>20,750</b>	<b>372,485</b>	<b>569,644</b>	<b>(15,749)</b>	<b>553,895</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>758,317</b>	<b>173,020</b>	<b>539,548</b>	<b>1,470,885</b>	<b>(19,278)</b>	<b>1,451,607</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			485,298	485,298		485,298	17
18	Interest			532,657	532,657		532,657	18
19	Real Estate Taxes			72,000	72,000		72,000	19
20	Rent -- Facility and Grounds			65,140	65,140		65,140	20
21	Rent -- Equipment							21
22	Other (specify):			48,001	48,001		48,001	22
23	<b>TOTAL Ownership</b>			<b>1,203,096</b>	<b>1,203,096</b>		<b>1,203,096</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>758,317</b>	<b>173,020</b>	<b>1,742,644</b>	<b>2,673,981</b>	<b>(19,278)</b>	<b>2,654,703</b>	<b>24</b>

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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	\$ 25.16	1
2	Licensed Practical Nurses	1	18.80	2
3	Certified Nurse Assistants	12	9.39	3
4	Activity Director & Assistants	1	11.18	4
5	Social Service Workers			5
6	Head Cook	1	14.42	6
7	Cook Helpers/Assistants	2	9.25	7
8	Dishwashers	6	8.00	8
9	Maintenance Workers	1	17.42	9
10	Housekeepers	2	8.24	10
11	Laundry			11
12	Managers	1	29.07	12
13	Other Administrative	1	14.54	13
14	Clerical	1	8.00	14
15	Marketing	1	19.89	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>31</b>	<b>\$</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>

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
See Attached			

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).

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
<b>Total</b>		<b>\$</b>	<b>3</b>

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VIII. OWNERSHIP COSTS

A. Purchase price of land N/A Land Lease Year land was acquired N/A Land Lease

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			2008	\$ 7,717,798	\$ 280,647	28	\$ 280,647	\$	\$ 467,745	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Exterior Signage & Irrigation Supplies			2008	8,012	534	15	534		890	6
7	Site Improvements			2008	185,687	12,379	15	12,379		20,632	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)				\$ 7,911,497	\$ 293,560		\$ 293,560	\$	\$ 489,267	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	\$ 951,513	\$ 184,304	\$ 184,304	\$	3/7	\$ 306,949	18
19	Vehicles	37,168	7,433	7,433		5	12,390	19
20	TOTAL (lines 18 and 19)	\$ 988,681	\$ 191,737	\$ 191,737	\$		\$ 319,339	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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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 81,696	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	237,039		3
4	Supply Inventory (priced at cost )	100		4
5	Short-Term Investments			5
6	Prepaid Insurance	31,203		6
7	Other Prepaid Expenses	5,393		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>	\$ 355,432	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	7,717,798		14
15	Leasehold Improvements, at Historical Cost	193,698		15
16	Equipment, at Historical Cost	988,681		16
17	Accumulated Depreciation (book methods)	(808,606)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	189,932		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(75,164)		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>	\$ 8,206,339	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,561,771	\$	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 25,782	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	30,269		28
29	Short-Term Notes Payable	593,579		29
30	Accrued Salaries Payable	28,541		30
31	Accrued Taxes Payable	73,349		31
32	Accrued Interest Payable	3,365		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Accrued Property Mgmt Fees	30,786		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 785,671	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	7,655,465		38
39	Mortgage Payable			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>	\$ 7,655,465	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,441,136	\$	45
46	<b>TOTAL EQUITY</b>	\$ 120,635	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 8,561,771	\$	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	\$ 2,182,831	1
2	Discounts and Allowances	(21,450)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,161,381</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	20,049	4
5	Other Health Care Services	2,300	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	15,170	8
9	Non-Resident Meals	3,129	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 40,648</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	Vending	559	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 559</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,202,588</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	548,184	19
20	Health Care/ Personal Care	353,057	20
21	General Administration	569,644	21
<b>B. Capital Expense</b>			
22	Ownership	1,203,096	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	Alcohol & Liquor		26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 2,673,981</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (471,393)</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>\$ (471,393)</b>	<b>31</b>

IV. Cost Center Expenses  
**Operating Expenses**

**A. General Services**

<u>Line 4 - Other (specify) / Column 6</u>	
Rubbish Removal	1,330
Vehicle & equipment operating expense	5,048
Miscellaneous - operating	2,755
Mileage - screening	740
Security & monitoring	1,222
	<u>11,095</u>
Line 2 - Reclassifications and Adjustments/Column 5	
Alcohol & Liquor	(403)
Meal Income	(3,129)
	<u>(3,532)</u>

**C. General Administration**

<u>Line 14 - Other (specify) / Column 6</u>	
Professional Fees - legal	13,165
Professional Fees - accounting	13,274
Background checks	626
Bank service charges	2,296
Beauty shop	13,861
Dues & subscriptions	5,037
Help wanted ads	3,178
License/permits	1,450
Promotion - meals	242
Promotion - travel	315
Promotion - lodging	538
Training/education	1,810
Uniforms	596
Contributions	360
Miscellaneous - other admin	9,047
	<u>65,795</u>
Line 10 - Reclassifications and Adjustments/Column 5	
Telephone Income	(13,449)
Lifeline Income	(2,300)
	<u>(15,749)</u>

**Capital Expenses**

**D. Ownership**

<u>Line 22 - Other (specify) / Column 6</u>	
Amortization Expense	45,098
Amortization of Mortgage Service Fee	2,903
	<u>48,001</u>

**VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.**

In 2009, Glenhaven Management, LLC (a related organization) paid Linda Allison \$74,250  
 An average of 30 hours per week of her time is related to Glenhaven Gardens of Alton, LLC. Linda Allison is a 5% owner of Glenhaven Gardens of Alton, LLC.

**VII. RELATED ORGANIZATIONS**

**RELATED SLF's & HEALTH CARE BUSINESSES**

<u>Name</u> <u>1</u>	<u>City</u> <u>2</u>
<u>Glenhaven Management, LLC</u>	<u>Bloomington, IL</u>
Steve Horve and Jeff Horve are Partners/Owners of Glenhaven Gardens of Alton LLC. They also have ownership in:	
<u>Eagle Ridge I of Decatur</u>	<u>Decatur, IL</u>
<u>Eagle Ridge II of Decatur</u>	<u>Decatur, IL</u>
<u>Prairie Winds of Urbana</u>	<u>Urbana, IL</u>
<u>Heritage Woods of Yorkville</u>	<u>Yorkville, IL</u>
<u>Heritage Woods of McHenry</u>	<u>McHenry, IL</u>
<u>Heritage Woods of Rockford</u>	<u>Rockford, IL</u>
<u>Heritage Woods of Moline</u>	<u>Moline, IL</u>
<u>Heritage Woods of Bolingbrook</u>	<u>Bolingbrook, IL</u>
<u>Heritage Woods of Sterling</u>	<u>Sterling, IL</u>

- C. Does page 3 include any costs derived from transactions (including rent) with related parties?  
 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).

<u>Related Organization</u>	<u>Expense</u>	<u>Facility Book Value</u>	<u>Actual Cost</u>
Glenhaven Management, LLC Property Management Fees		86,919	86,919