

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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.

<p>I. Facility ID Number: <u>1000097</u></p> <p>Facility Name: <u>Evergreen Place Alton</u></p> <p>Address: <u>100 Glenhaven Drive</u> <u>Alton</u> <u>62002</u> <small>Number City Zip Code</small></p> <p>County: <u>Madison</u></p> <p>Telephone Number: <u>(618) 462-1500</u> Fax # <u>()</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>9/2015</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>David M Underwood</u> Telephone Number: <u>()</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Date) _____ (Type or Print Name) <u>David M Underwood</u> (Title) <u>EVP/CFO</u></td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____ (Date) _____ (Type or Print Name) <u>David M Underwood</u> (Title) <u>EVP/CFO</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
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Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>							

Facility Name: Evergreen Place Alton

Report Period Beginning:

1/1/2018

Ending: 12/31/2018

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	218,298	262,549		480,847		480,847	1
2	Housekeeping, Laundry and Maintenance	99,744	95,335		195,079		195,079	2
3	Heat and Other Utilities			190,326	190,326		190,326	3
4	Other (specify):							4
5	TOTAL General Services	318,042	357,884	190,326	866,252		866,252	5
B. Health Care and Programs								
6	Health Care/ Personal Care	432,204	3,016	7,972	443,192		443,192	6
7	Activities and Social Services	39,579	10,153		49,732		49,732	7
8	Other (specify):							8
9	TOTAL Madison	471,783	13,169	7,972	492,924		492,924	9
C. General Administration								
10	Administrative and Clerical	214,983	21,876	249,319	486,178	(72,781)	413,397	10
11	Marketing Materials, Promotions and Advertising			63,969	63,969		63,969	11
12	Employee Benefits and Payroll Taxes			213,484	213,484		213,484	12
13	Insurance-Property, Liability and Malpractice			24,328	24,328		24,328	13
14	Other (specify):							14
15	TOTAL General Administration	214,983	21,876	551,100	787,959	(72,781)	715,178	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,004,808	392,929	749,398	2,147,135	(72,781)	2,074,354	16
Capital Expenses								
D. Ownership								
17	Depreciation					306,883	306,883	17
18	Interest					330,382	330,382	18
19	Real Estate Taxes					93,829	93,829	19
20	Rent -- Facility and Grounds			756,912	756,912	(692,184)	64,728	20
21	Rent -- Equipment			24,995	24,995		24,995	21
22	Other (specify):							22
23	TOTAL Ownership			781,907	781,907	38,910	820,817	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,004,808	392,929	1,531,305	2,929,042	(33,871)	2,895,171	24

Facility Name: Evergreen Place Alton

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.94	\$ 35.54	1
2	Licensed Practical Nurses	1.77	22.04	2
3	Certified Nurse Assistants	11.29	12.24	3
4	Activity Director & Assistants	1.51	12.52	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.84	10.74	7
8	Dishwashers			8
9	Maintenance Workers	1.20	18.30	9
10	Housekeepers	2.80	9.43	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical	3.08	18.92	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	32.43	\$ 13.62	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	Heritage Enterprises	50.00%		\$ 125,000	1
2	Steve Horve	17.50%		43,750	2
3	Jeff Horve	17.50%		43,750	3
4	Development Services Grp	15.00%		37,500	4
5					5
Total				\$ 250,000	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Heritage Operations Group LLC	\$ 157,214	1
2			2
Total		\$ 157,214	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

Name	1	City	2
_____		_____	
_____		_____	
_____		_____	
_____		_____	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Evergreen Glenhaven Real Estate		Alton		Real estate	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

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 Alton

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 90,000 Year land was acquired 2015

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		2015		\$ 9,430,000	\$ 236,316		\$ 236,316	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Construct new exterior signage		2016	4,144	276		276			6
7		Install new booster pump		2016	2,709	181		181			7
8		Acquired carpet roll for future use		2016	4,139	276		276			8
9		Replaced roof railings - safety		2017	7,350	490		490			9
10		Purchased and installed carpet		2017	18,091	640		640			10
11		Acquire carpet rolls for resident apartments		2018	20,904	992		992			11
12		Air conditioning installation #		2018	6,571	232		232			12
13		Water heater installation		2018	8,000	489		489			13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 9,501,908	\$ 239,892		\$ 239,892	\$	\$	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	\$	\$ 60,991	\$ 60,991	\$		\$ -	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$ 60,991	\$ 60,991	\$		\$	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	Site Improvement 2015	\$ 90,000	\$ 6,000	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 90,000	\$ 6,000	\$	24

Facility Name: Evergreen Place Alton

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Evergreen Glenhaven Real Estate LLC

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		92	9/2015	\$ 692,184	5 Yrs	10 Yrs	3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		92		\$ 692,184			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	Name of Lender	2		3	4	6		7	8	9	
			Related**	YES			NO	Amount of Note				
							Original					
		A. Directly Facility Related										
		Long-Term										
1						/ /	\$		/ /		\$	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	\$			\$	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Evergreen Place Alton

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 515,985	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	331,299		3
4	Supply Inventory (priced at)	21,005		4
5	Short-Term Investments			5
6	Prepaid Insurance	5,541		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	8,880		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 Madison)	\$ 882,710	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	#		11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			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)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 882,710	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 110,979	\$	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			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income '			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 110,979	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 110,979	\$	45
46	TOTAL EQUITY	\$ 771,731	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 882,710	\$	47

*(See instructions.)

Facility Name: Evergreen Place Alton

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,135,865	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,135,865	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Gr Madison		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,403	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 8,403	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	8,415	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 8,415	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)	\$ 3,152,683	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	866,252	19
20	Health Care/ Personal Care	492,924	20
21	General Administration	787,959	21
B. Capital Expense			
22	Ownership	781,907	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,929,042	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 223,641	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 223,641	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue		32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)		37

Evergreen Glenhaven Operations LLC
2018 SLF Cost Report
Adjustment For Related Party Transactions

Evergreen Glenhaven Operations LLC leases the facility from a related party, Evergreen Glenhaven Real Estate LLC. The following entry eliminates rent payments made from the Operating LLC to the Real Estate LLC and adds the actual cost of depreciation, interest/amortization and real estate taxes from the books of the Real Estate LLC.

<u>Schedule IV Line & Description</u>	<u>Original</u>	<u>Adjustment</u>	<u>Ending</u>
L 17 - Depreciation	\$ 0	306,883	306,883
L 18 - Interest	0	338,797	338,797
L 19 Real Estate Taxes	0	93,829	93,829
L 20 Rent - Facilities and Grounds	756,912	(692,184)	64,728

Note: Ground rent is paid to a non-related party.