

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: Evergreen Place Alton

Address: 100 Glenhaven Drive Alton 62002

County: Madison

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

Federal Employer ID Number:

Date Current Owners were Certified: 9-2015

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

xx PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
xx Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: David M Underwood 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 1/1/2019 to 12/31/2019 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) David M Underwood
(Title) EVP & CFO

Paid Preparer

(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

STATE OF ILLINOIS

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Facility Name: Evergreen Place Alton

Report Period Beginning:

1/1/2019

Ending: 12/31/2019

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	230,278	302,170		532,448		532,448	1
2	Housekeeping, Laundry and Maintenance	116,363	128,792		245,155		245,155	2
3	Heat and Other Utilities			181,048	181,048		181,048	3
4	Other (specify):							4
5	TOTAL General Services	346,641	430,962	181,048	958,651		958,651	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	474,288	26,326	9,298	509,912		509,912	6
7	Activities and Social Services	40,361	10,949		51,310		51,310	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	514,649	37,275	9,298	561,222		561,222	9
	C. General Administration							
10	Administrative and Clerical	219,105	19,996	289,159	528,260	(107,287)	420,973	10
11	Marketing Materials, Promotions and Advertising			45,194	45,194	(33,045)	12,149	11
12	Employee Benefits and Payroll Taxes			205,194	205,194		205,194	12
13	Insurance-Property, Liability and Malpractice			26,590	26,590		26,590	13
14	Other (specify):							14
15	TOTAL General Administration	219,105	19,996	566,137	805,238	(140,332)	664,906	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,080,395	488,233	756,483	2,325,111	(140,332)	2,184,779	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					322,747	322,747	17
18	Interest					314,026	314,026	18
19	Real Estate Taxes					150,128	150,128	19
20	Rent -- Facility and Grounds			796,089	796,089	(731,361)	64,728	20
21	Rent -- Equipment			26,167	26,167		26,167	21
22	Other (specify):							22
23	TOTAL Ownership			822,256	822,256	55,540	877,796	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,080,395	488,233	1,578,739	3,147,367	(84,792)	3,062,575	24

Facility Name: Evergreen Place Alton

Report Period Beginning: 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.08	\$ 26.57	1
2	Licensed Practical Nurses	0.47	22.47	2
3	Certified Nurse Assistants	11.45	13.59	3
4	Activity Director & Assistants	1.52	12.91	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.97	10.92	7
8	Dishwashers			8
9	Maintenance Workers	1.36	18.30	9
10	Housekeepers	2.79	10.08	10
11	Laundry	0.06	12.40	11
12	Managers			12
13	Other Administrative			13
14	Clerical	3.23	19.28	14
15	Marketing			15
16	Other	0.63	34.24	16
17	Total (lines 1 thru 16)	32.56	\$ 14.16	17

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 LLC	

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. (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%		\$ 50,000	1
2	Steve Horve	17.50%		17,500	2
3	Jeff Horve	17.50%		17,500	3
4	Development Services Grp	15.00%		15,000	4
5					5
Total				\$ 100000	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Heritage Operations Group LLC	\$ 169,948	1
2			2
Total		\$ 169,948	3

Facility Name: Evergreen Place Alton

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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		2015		\$ 9,430,000	\$ 258,026		\$ 258,026		\$ 1,070,573	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Construct new exterior signage			2016	4,144						6
7	Install new booster pump			2016	2,709						7
8	Acquired carpet roll for future use			2016	4,139						8
9	Replaced roof railings - safety			2017	7,350						9
10	Purchased and installed carpet throughout facility			2017	18,091						10
11	Acquire carpet rolls for resident apartments			2018	20,904						11
12	Air conditioning installation			2018	6,571						12
13	Wataer heater installation			2018	8,000						13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 9,501,908	\$ 258,026		\$ 258,026		\$ 1,070,573	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	\$ 515,892	\$ 64,721	\$ 64,721			\$ 256,694	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 515,892	\$ 64,721	\$ 64,721			\$ 256,694	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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 9,501,908	\$ 258,026		\$ 258,026	\$	\$ 1,070,573	1
2									2
3	Resident room carpet roll purchases	2019	30,927						3
4	Corridor remodeling - painting and carpeting	2019	18,285						4
5	Install new generator	2019	165,477						5
6	Dining room - install RTU and wall guards	2019	8,531						6
7	Upgrade computer network	2019	16,103						7
8	Replace Jockey Pump	2019	3,498						8
9	Furnace upgrade	2019	5,500						9
10	Install mini-split air handling - elevator room	2019	2,900						10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,753,129	\$ 258,026		\$ 258,026	\$	\$ 1,070,573	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Evergreen Place Alton

Report Period Beginning: 1/1/2019

Ending: 2/31/2019

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	\$ 731,361	5 Yrs	10 Yrs	3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		92		\$ 731,361			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	INB		XX	Mortgage	/ /	\$	\$	/ /		\$ 329,181	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 329,181	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-15,155	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 314,026	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.

STATE OF ILLINOIS

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Facility Name: Evergreen Place Alton

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 440,430	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	324,222		3
4	Supply Inventory (priced <u>FIFO</u>)	13,616		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,794		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	278,461		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,063,523	\$	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): <u>CIP</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,063,523	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 126,788	\$	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 Taxes			34
	Other Current Liabilities(specify):			
35	<u>Resident Trust</u>			35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 126,788	\$	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)	\$ 126,788	\$	45
46	TOTAL EQUITY	\$ 936,735	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,063,523	\$	47

*(See instructions.)

Facility Name: Evergreen Place Alton

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 3,386,689	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,386,689	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	11,853	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 11,853	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	15,155	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 15,155	14
	D. Other Revenue (specify):		
15	Miscellaneous	(1,326)	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ (1,326)	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,412,371	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	958,651	19
20	Health Care/ Personal Care	561,222	20
21	General Administration	805,238	21
	B. Capital Expense		
22	Ownership	822,256	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)	\$ 3,147,367	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 265,004	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 265,004	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
2019 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	322,747	322,747
L 18 - Interest	0	329,181	329,181
L 19 Real Estate Taxes	0	150,128	150,128
L 20 Rent - Facilities and Grounds	796,089	(731,361)	64,728

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