FOR BHF USE

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)

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: 1000102

Facility Name: Eden Supportive Living North Aurora

Address: 311 South Lincolnway (Number) North Aurora (City) 60542 (Zip Code)

County: Kane

Telephone Number: (630) 929-3333 **Fax #** (630) 896-5894

Federal Employer ID Number:

Date Current Owners were Certified: 08/06/08

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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2010 to 12/31/2010 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) Michael J. Hamblet, Jr.
(Title) Managing Member

Paid Preparer

(Signed)
(Date)
(Print Name and Title) Paul H. Wieland, President
(Firm Name & Address) Wieland & Company, Inc., 12 W. Wilson St., Ste. 2A, Batavia, IL 60510
(Telephone) (630) 406-4490 Fax (630) 406-4491

In the event there are further questions about this report, please contact:
Name: Mitch Hamblet **Telephone Number:** (630) 929-3333
Email Address:

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 Eden Supportive Living North Aurora Report Period Beginning: 01/01/2010 Ending: 12/31/2010

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units 150/150/365

	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	144	Single Unit Apartment	144	52,560	1
2	6	Double Unit Apartment	6	2,190	2
3		Other		2,190	3
4	150	TOTALS	150	56,940	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	48,237	1,123		49,360	5
6	Double Unit	1,153	365		1,518	6
7	Other	211	354		565	7
8	TOTALS	49,601	1,842		51,443	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.35%

D. Indicate the number of paid bed-hold days the SLF had during this year 934 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 368 **(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)

H. ACCOUNTING BASIS

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

I. Is your fiscal year identical to your tax year? [x] YES [ ] NO
Tax Year: 12/31/10 Fiscal Year: 12/31/10
* 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: Eden Supportive Living North Aurora **Report Period Beginning: 01/01/2010 Ending: 12/31/2010**

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	293,933	275,302		569,235		569,235	1
2	Housekeeping, Laundry and Maintenance	163,402	17,957	152,891	334,250		334,250	2
3	Heat and Other Utilities			227,592	227,592		227,592	3
4	Other (specify):							4
5	**TOTAL General Services**	457,335	293,259	380,483	1,131,077		1,131,077	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	363,974	5,821	7,258	377,053		377,053	6
7	Activities and Social Services	53,040		33,599	86,639		86,639	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	417,014	5,821	40,857	463,692		463,692	9
	C. General Administration							
10	Administrative and Clerical	339,425	14,612	48,593	402,630		402,630	10
11	Marketing Materials, Promotions and Advertising			18,525	18,525		18,525	11
12	Employee Benefits and Payroll Taxes			124,081	124,081		124,081	12
13	Insurance-Property, Liability and Malpractice			98,015	98,015		98,015	13
14	Other (specify):							14
15	**TOTAL General Administration**	339,425	14,612	289,214	643,251		643,251	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,213,774	313,692	710,554	2,238,020		2,238,020	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			787,262	787,262	(8,418)	778,844	17
18	Interest			684,096	684,096		684,096	18
19	Real Estate Taxes			119,736	119,736		119,736	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization			1,654	1,654		1,654	22
23	**TOTAL Ownership**			1,592,748	1,592,748	(8,418)	1,584,330	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,213,774	313,692	2,303,302	3,830,768	(8,418)	3,822,350	24

Facility Name: Eden Supportive Living North Aurora Report Period Beginning: 01/01/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	4	$ 28.16	1
2	Licensed Practical Nurses	1	29.30	2
3	Certified Nurse Assistants	38	8.75	3
4	Activity Director & Assistants	2	12.75	4
5	Social Service Workers			5
6	Head Cook	3	12.50	6
7	Cook Helpers/Assistants	19	8.75	7
8	Dishwashers	1	8.75	8
9	Maintenance Workers	3	13.76	9
10	Housekeepers	5	8.50	10
11	Laundry	1	9.00	11
12	Managers	3	25.37	12
13	Other Administrative	6	9.89	13
14	Clerical			14
15	Marketing	1	16.27	15
16	Other			16
17	Total (lines 1 thru 16)	87	$ 191.75	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	No compensation paid to owners during 2010			$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	None	$	1
2			2
		Total $	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
Eden Independent Living	Chicago			

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: Eden Supportive Living North Aurora Report Period Beginning: 01/01/2010 Ending: 12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 430,771 Year land was acquired 2006

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	150		2006	2006-2007	$ 6,457,047	$ 234,778	28	$ 234,778	$	$ 557,630	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Rehab and construction		2006	2007-2008	2,052,059	410,412	5	410,412		1,026,030	6
7	Rehab and construction		2006	2007-2008	411,673	58,828	7	58,828		147,049	7
8	Rehab and construction		2006	2007-2008	900,585	60,069	15	60,069		150,127	8
9	Rehab and construction		2009	2009	7,400	269	28	269		504	9
10	Rehab and construction		2010	2010	49,616	1,729	28	1,729		1,729	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 9,878,380	$ 766,085		$ 766,085	$	$ 1,883,069	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	$ 56,775	$ 15,042	$ 8,925	(6,117)	5-7	$ 22,067	18
19	Vehicles	19,172	6,135	3,834	(2,301)	5	9,969	19
20	TOTAL (lines 18 and 19)	$ 75,947	$ 21,177	$ 12,759	(8,418)		$ 32,036	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: Eden Supportive Living North Aurora **Report Period Beginning:** 01/01/2010 **Ending:** 2/31/2010

IX. RENTAL COSTS N/A-NONE

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ 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
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 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	Lakeside Bank		X	Acquisition/construction/rehab	3/27/07	$ 9,800,000	$ 9,633,442	4/1/20	varies	$ 684,096	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 9,800,000	$ 9,633,442			$ 684,096	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 9,800,000	$ 9,633,442			$ 684,096	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: Eden Supportive Living North Aurora **Report Period Beginning:** 01/01/2010 **Ending:** 12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,069,622	$ 1,069,622	1
2	Cash-Patient Deposits	83,956	83,956	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	208,788	208,788	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	248,893	248,893	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,611,259	$ 1,611,259	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	430,771	430,771	13
14	Buildings, at Historical Cost	9,878,380	9,878,380	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	75,947	75,947	16
17	Accumulated Depreciation (book methods)	(1,915,105)	(1,915,105)	17
18	Deferred Charges	45,618	45,618	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)**	$ 8,515,611	$ 8,515,611	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,126,870	$ 10,126,870	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 15,074	$ 15,074	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	92,293	92,293	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	103,000	103,000	31
32	Accrued Interest Payable			32
33	Deferred Compensation			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)**	$ 210,367	$ 210,367	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	9,633,442	9,633,442	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)**	$ 9,633,442	$ 9,633,442	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 9,843,809	$ 9,843,809	45
46	**TOTAL EQUITY**	$ 283,061	$ 283,061	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 10,126,870	$ 10,126,870	47

***(See instructions.)**

Facility Name: Eden Supportive Living North Aurora **Report Period Beginning: 01/01/2010 Ending: 12/31/2010**

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

		1	
	Revenue	**Amount**	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 4,628,583	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,628,583	3
	B. Other Operating Revenue		
4	Special Services	24,099	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 24,099	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	4,024	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 4,024	14
	D. Other Revenue (specify):		
15	**Commercial rents**	12,000	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 12,000	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,668,706	18

		2	
	Expenses	**Amount**	
	A. Operating Expenses		
19	General Services	1,131,077	19
20	Health Care/ Personal Care	410,652	20
21	General Administration	696,291	21
	B. Capital Expense		
22	Ownership	1,592,748	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)**	$ 3,830,768	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 837,938	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 837,938	31