FOR BHF USE

LL2

Supportive Living Facility

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)

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: 1000049

Facility Name: Eden Supportive Living

Address: 940 W. Gordon Terrace (Number) Chicago (City) 60613 (Zip Code)

County: Cook

Telephone Number: (773) 472-1020 **Fax #** (773) 572-6498

Federal Employer ID Number:

Date Current Owners were Certified: 05/10/05 (incorporated)

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		

In the event there are further questions about this report, please contact:
Name: Mitch Hamblet **Telephone Number:** (630) 929-3333
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 01/01/2011 to 12/31/2011 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

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 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

III. STATISTICAL DATA

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

Date of change in certified units / /

	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	33	Single Unit Apartment	33	12,045	1
2	51	Double Unit Apartment	51	18,615	2
3		Other		18,615	3
4	84	TOTALS	84	49,275	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	10,767	977		11,744	5
6	Double Unit	35,678			35,678	6
7	Other					7
8	TOTALS	46,445	977		47,422	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.24%

D. Indicate the number of paid bed-hold days the SLF had during this year 558 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 175 **(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: 12/31/11 Fiscal Year: 12/31/11
* 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 **Report Period Beginning: 01/01/2011 Ending: 12/31/2011**

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	273,840	279,970		553,810		553,810	1
2	Housekeeping, Laundry and Maintenance	155,162	63,065	65,215	283,442		283,442	2
3	Heat and Other Utilities			129,024	129,024		129,024	3
4	Other (specify):							4
5	**TOTAL General Services**	429,002	343,035	194,239	966,276		966,276	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	291,014	4,176		295,190		295,190	6
7	Activities and Social Services	60,466		46,092	106,558		106,558	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	351,480	4,176	46,092	401,748		401,748	9
	C. General Administration							
10	Administrative and Clerical	356,060	16,501	50,132	422,693		422,693	10
11	Marketing Materials, Promotions and Advertising			7,383	7,383		7,383	11
12	Employee Benefits and Payroll Taxes			181,516	181,516		181,516	12
13	Insurance-Property, Liability and Malpractice			52,128	52,128		52,128	13
14	Other (specify): See Statement 1			34,556	34,556		34,556	14
15	**TOTAL General Administration**	356,060	16,501	325,715	698,276		698,276	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,136,542	363,712	566,046	2,066,300		2,066,300	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			235,757	235,757		235,757	17
18	Interest			790,034	790,034		790,034	18
19	Real Estate Taxes			75,792	75,792		75,792	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			476,537	476,537		476,537	22
23	**TOTAL Ownership**			1,578,120	1,578,120		1,578,120	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,136,542	363,712	2,144,166	3,644,420		3,644,420	24

Facility Name: Eden Supportive Living Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 29.81	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	22	9.69	3
4	Activity Director & Assistants	3	14.15	4
5	Social Service Workers			5
6	Head Cook	3	10.63	6
7	Cook Helpers/Assistants	12	9.40	7
8	Dishwashers	4	9.25	8
9	Maintenance Workers	4	14.34	9
10	Housekeepers	4	10.73	10
11	Laundry			11
12	Managers	3	33.22	12
13	Other Administrative	5	10.83	13
14	Clerical	4	11.04	14
15	Marketing	1	16.40	15
16	Other			16
17	Total (lines 1 thru 16)	66	$ 179.48	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 in 2011			$	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 Fox Valley		North Aurora, IL							

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 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 189,617 Year land was acquired 1999

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	84		1999	2005	$ 8,039,286	$ 214,119	40	$ 214,119	$	$ 1,647,578	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Cardio room mirrors		2008		1,850	264	7	264		1,012	6
7	Office buildout		2008		4,600	167	28	167		654	7
8	Hot water boiler		2009		5,818	831	7	831		1,731	8
9	Granite		2009		6,400	233	28	233		582	9
10	Hot water boiler		2010		5,818	831	7	831		1,662	10
11	Buildout/remodel		2010		7,407	269	28	269		381	11
12	Renovations		2011		47,372	144	28	144		144	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 8,118,551	$ 216,858		$ 216,858	$	$ 1,653,744	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	$ 252,603	$ 15,586	$ 15,586	$	5-7	$ 198,309	18
19	Vehicles	16,567	3,313	3,313		5	9,111	19
20	TOTAL (lines 18 and 19)	$ 269,170	$ 18,899	$ 18,899	$		$ 207,420	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 Report Period Beginning: 01/01/2011 Ending: 2/31/2011

IX. RENTAL COSTS N/A

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 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

	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	Oak Grove Capital		X	Rehab and SLF conversion (REFI)	8/31/11	$ 9,400,000	$ 9,365,469	2/21/45	3.8800	$ 790,034	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 9,400,000	$ 9,365,469			$ 790,034	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 9,400,000	$ 9,365,469			$ 790,034	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 **Report Period Beginning:** 01/01/2011 **Ending:** 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2011 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,381,840	$ 1,381,840	1
2	Cash-Patient Deposits	103,052	103,052	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 14,300)	1,367,890	1,367,890	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	43,953	43,953	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,896,735	$ 2,896,735	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,617	189,617	13
14	Buildings, at Historical Cost	8,118,551	8,118,551	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	269,170	269,170	16
17	Accumulated Depreciation (book methods)	(1,861,164)	(1,861,164)	17
18	Deferred Charges	293,690	293,690	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	315,857	315,857	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 7,325,721	$ 7,325,721	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 10,222,456	$ 10,222,456	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 27,012	$ 27,012	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	103,052	103,052	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,496	47,496	30
31	Accrued Taxes Payable	75,500	75,500	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Current portion of mortgage note	141,517	141,517	35
36	Deferred revenue	17,724	17,724	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 412,301	$ 412,301	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,223,952	9,223,952	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Due to owners (from surplus cash)	583,755	583,755	42
43	Commercial security deposits	5,100	5,100	43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 9,812,807	$ 9,812,807	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 10,225,108	$ 10,225,108	45
46	**TOTAL EQUITY**	$ (2,652)	$ (2,652)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 10,222,456	$ 10,222,456	47

***(See instructions.)**

Facility Name: Eden Supportive Living **Report Period Beginning: 01/01/2011 Ending: 12/31/2011**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 4,618,675	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,618,675	3
	B. Other Operating Revenue		
4	Special Services	2,159	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)**	$ 2,159	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	615	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 615	14
	D. Other Revenue (specify):		
15	**Commercial rents**	24,621	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 24,621	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,646,070	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	966,276	19
20	Health Care/ Personal Care	401,748	20
21	General Administration	698,276	21
	B. Capital Expense		
22	Ownership	1,578,120	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)**	$ 3,644,420	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,001,650	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,001,650	31

Eden Supportive Living
01/01/2011 to 12/31/2011

STATEMENT 1 PART IV, LINE 14, COLUMN 3 - OTHER GENERAL ADMINISTRATIOI

Renting expenses	$ 377
Audit and accounting fees	8,251
Bookkeeping/payroll processing	5,994
Legal	1,568
Miscellaneous taxes and licenses	12,857
Bad debts	5,509
	$ 34,556

STATEMENT 2 PART IV, LINE 22, COLUMN 3 - OTHER OWNERSHIP

Mortgage insurance premium	$ 49,041
Amortization expense	427,496
	$476,537