FOR BHF USE

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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) 572-4698

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		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2014 to 12/31/2014 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., 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 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	34	Single Unit Apartment	12,410	12,410	1
2	50	Double Unit Apartment	36,500	36,500	2
3		Other			3
4	84	TOTALS	48,910	48,910	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	12,629	1,001		13,630	5
6	Double Unit	33,433	502		33,935	6
7	Other					7
8	TOTALS	46,062	1,503		47,565	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.25%

D. Indicate the number of paid bed-hold days the SLF had during this year 343 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 635 **(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: 12/31/2014 Fiscal Year: 12/31/2014

* 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: 01/01/2014 Ending: 12/31/2014**

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	307,693	317,844		625,537		625,537	1
2	Housekeeping, Laundry and Maintenance	213,509	45,483	121,218	380,210		380,210	2
3	Heat and Other Utilities			154,185	154,185		154,185	3
4	Other (specify):							4
5	**TOTAL General Services**	521,202	363,327	275,403	1,159,932		1,159,932	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	300,690	3,546		304,236		304,236	6
7	Activities and Social Services	35,000		42,269	77,269		77,269	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	335,690	3,546	42,269	381,505		381,505	9
	C. General Administration							
10	Administrative and Clerical	439,945	24,621	24,214	488,780		488,780	10
11	Marketing Materials, Promotions and Advertising			7,856	7,856		7,856	11
12	Employee Benefits and Payroll Taxes			196,959	196,959		196,959	12
13	Insurance-Property, Liability and Malpractice			84,601	84,601		84,601	13
14	Other (specify): See Statement 1			78,198	78,198		78,198	14
15	**TOTAL General Administration**	439,945	24,621	391,828	856,394		856,394	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,296,837	391,494	709,500	2,397,831		2,397,831	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			248,399	248,399		248,399	17
18	Interest			378,335	378,335		378,335	18
19	Real Estate Taxes			72,833	72,833		72,833	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			83,052	83,052		83,052	22
23	**TOTAL Ownership**			782,619	782,619		782,619	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,296,837	391,494	1,492,119	3,180,450		3,180,450	24

Facility Name: Eden Supportive Living **Report Period Beginning 01/01/2014 Ending: 12/31/2014**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 29.50	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11	10.12	3
4	Activity Director & Assistants	2	12.75	4
5	Social Service Workers			5
6	Head Cook	2	11.74	6
7	Cook Helpers/Assistants	6	9.85	7
8	Dishwashers	2	10.72	8
9	Maintenance Workers	2	14.19	9
10	Housekeepers	3	11.56	10
11	Laundry	1	10.40	11
12	Managers	5	29.14	12
13	Other Administrative	2	11.00	13
14	Clerical	1	14.00	14
15	Marketing	1	17.31	15
16	Other			16
17	**Total (lines 1 thru 16)**	39	$ 192.28	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 2014			$	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			Supportive Living
Eden Supportive Living Champaign	Champaign, IL			Supportive Living
Eve Assisted Living	Hinsdale, IL			Assisted Living

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: 01/01/2014 Ending: 12/31/2014

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		$ 214,119	$	$ 2,289,935	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Cardio room mirrors		2008		1,850	264	7	264		1,804	6
7	Office buildout		2008		4,600	167	28	167		1,155	7
8	Hot water boiler		2009		5,818	831	7	831		4,224	8
9	Granite		2009		6,400	233	28	233		1,281	9
10	Hot water boiler		2010		5,818	831	7	831		4,155	10
11	Buildout/remodel		2010		7,407	269	28	269		1,188	11
12	Renovations		2011		47,372	1,723	28	1,723		5,313	12
13	Renovations		2012		191,471	6,963	28	6,963		17,407	13
14	Outdoor improvements		2013		8,550	1,221	7	1,221		1,655	14
15	Renovations		2013		2,609	95	28	95		142	15
16	Flagpole		2014		1,922	206	7	206		206	16
17	TOTAL (lines 1 thru 16)				$ 8,323,103	$ 226,922		$ 226,922	$	$ 2,328,465	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	$ 300,862	$ 20,647	$ 20,647	$	5 to 7	$ 263,407	18
19	Vehicles	16,567	830	830		5	16,567	19
20	TOTAL (lines 18 and 19)	$ 317,429	$ 21,477	$ 21,477	$		$ 279,974	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:** 01/01/2014 **Ending:** 2/31/2014

IX. RENTAL COSTS

A. Building and Fixed Equipment n/a

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

	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	Oak Grove Capital		X	Rehab and SLF conversion (REFI)	8/31/11	$ 9,400,000	$ 8,923,929	2/21/45	3.8800	$ 378,335	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 9,400,000	$ 8,923,929			$ 378,335	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 9,400,000	$ 8,923,929			$ 378,335	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:** 01/01/2014 **Ending:** 12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2014 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,830,777	$ 1,830,777	1
2	Cash-Patient Deposits	123,689	123,689	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance none)	1,113,909	1,113,909	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	59,960	59,960	6
7	Other Prepaid Expenses	31,207	31,207	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,159,542	$ 3,159,542	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	8,323,103	8,323,103	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	317,429	317,429	16
17	Accumulated Depreciation (book methods)	(2,608,439)	(2,608,439)	17
18	Deferred Charges	101,625	101,625	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	237,693	237,693	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 6,561,028	$ 6,561,028	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,720,570	$ 9,720,570	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 82,106	$ 82,106	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	81,059	81,059	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,687		30
31	Accrued Taxes Payable	74,600	74,600	31
32	Accrued Interest Payable	28,854	28,854	32
33	Deferred Compensation		21,061	33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Deferred revenue	21,061	158,957	35
36	Current portion of mortgage note	158,957	23,687	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 470,324	$ 470,324	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,764,972	8,764,972	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Due to owners (from surplus cash)	383,000	383,000	42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 9,147,972	$ 9,147,972	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 9,618,296	$ 9,618,296	45
46	**TOTAL EQUITY**	$ 102,274	$ 102,274	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,720,570	$ 9,720,570	47

***(See instructions.)**

Facility Name: Eden Supportive Living **Report Period Beginning: 01/01/2014 Ending: 12/31/2014**

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	$ 4,751,848	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,751,848	3
	B. Other Operating Revenue		
4	Special Services	445	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)**	$ 445	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	458	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 458	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)**	$ 4,752,751	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,159,932	19
20	Health Care/ Personal Care	381,505	20
21	General Administration	856,394	21
	B. Capital Expense		
22	Ownership	782,619	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)**	$ 3,180,450	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,572,301	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,572,301	31

ENT 1 PART IV, LINE 14, COLUMN 3 - OTHER GENERAL ADMINISTRATION

xpenses	$ 1,441
accounting fees	8,798
	36,711
eous taxes and licenses	31,248
	$ 78,198

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

insurance premium	$ 50,912
tion expense	32,140
	$ 83,052

Paid	Unpaid	
8	7	343
6	2	31
2	7	
4	8	
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	Discharge	Admit	
Bradbury	3/20/2014	5/2/2014	43
Donnelly	8/29/2014	11/17/2014	80
Donnelly	7/23/2014	8/13/2014	21
Kelly	6/23/2014	7/14/2014	21
Kerkow	6/30/2014	8/1/2014	32
Langenstas	8/16/2014	9/23/2014	38
Lorenz	7/19/2014	8/28/2014	40
Meek	3/10/2014	9/24/2014	198
Overholt	7/30/2014	9/4/2014	36
Salsburg	4/6/2014	5/1/2014	25
Stanford	2/19/2014	4/18/2014	58
Vanek	9/11/2014	9/23/2014	12
			604

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