



Facility Name Eden Supportive Living Chicago

Report Period Beginning: 1/1/2009 Ending: 12/31/2009

**III. STATISTICAL DATA**

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

Date of change in certified units     /    /    

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	33	Single Unit Apartment	33	12,078	1
2	51	Double Unit Apartment	51	18,666	2
3		Other			3
4	84	TOTALS	84	30,744	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	12,045	625		12,670	5
6	Double Unit	16,608			16,608	6
7	Other					7
8	TOTALS	28,653	625		29,278	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.23%

**D. Indicate the number of paid bed-hold days the SLF had during this year**

                     Also, indicate the number of unpaid bed-hold days the SLF had during this year.                      **(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

**F. Does the BALANCE SHEET reflect any non-SLF assets?**

YES  NO

**G. List all services provided by your facility for non-residents.**  
(E.g., day care, "meals on wheels", outpatient therapy)

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

**I. Is your fiscal year identical to your tax year?**  YES  NO

Tax Year: 12/31 Fiscal Year: 12/31

\* 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 Chicago

Report Period Beginning:

1/1/2009

Ending: 12/31/2009

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	301,513	252,918		554,431		554,431	1
2	Housekeeping, Laundry and Maintenance	162,182	75,149	48,984	286,315		286,315	2
3	Heat and Other Utilities			140,272	140,272		140,272	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	463,695	328,067	189,256	981,018		981,018	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	293,658	4,130		297,788		297,788	6
7	Activities and Social Services			49,389	49,389		49,389	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	293,658	4,130	49,389	347,177		347,177	9
<b>C. General Administration</b>								
10	Administrative and Clerical	253,627	18,103	36,205	307,935		307,935	10
11	Marketing Materials, Promotions and Advertising			23,805	23,805		23,805	11
12	Employee Benefits and Payroll Taxes			165,529	165,529		165,529	12
13	Insurance-Property, Liability and Malpractice			70,614	70,614		70,614	13
14	Other (specify): See Statement 1			108,924	108,924		108,924	14
15	<b>TOTAL General Administration</b>	253,627	18,103	405,077	676,807		676,807	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,010,980	350,300	643,722	2,005,002		2,005,002	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			255,066	255,066		255,066	17
18	Interest			520,346	520,346		520,346	18
19	Real Estate Taxes			76,068	76,068		76,068	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			131,979	131,979		131,979	22
23	<b>TOTAL Ownership</b>			983,459	983,459		983,459	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,010,980	350,300	1,627,181	2,988,461		2,988,461	24

Facility Name: Eden Supportive Living Chicago

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 30.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12	9.50	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	20.00	6
7	Cook Helpers/Assistants	18	8.50	7
8	Dishwashers			8
9	Maintenance Workers	1	15.00	9
10	Housekeepers	3	11.00	10
11	Laundry			11
12	Managers	6	20.00	12
13	Other Administrative			13
14	Clerical			14
15	Marketing	1	16.00	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>43</b>	<b>\$</b>	<b>17</b>

**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 2009			\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	NONE	\$ 1
2		\$ 2
<b>Total</b>		<b>\$ 3</b>

**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
Eden Fox Valley		N. Aurora, IL	

**OTHER RELATED BUSINESS ENTITIES**

Name	3	City	4	Type of Business	5

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: Eden Supportive Living Chicago

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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	\$ 214,108	40	\$ 214,108	\$	\$ 1,219,340	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Cardio room mirrors	2008		1,850	264	7	264		320	6
7		Office buildout	2008		4,600	167	28	167		484	7
8		Hot water boiler	2009		11,636	69	7	69		69	8
9		Granite	2009		6,400	116	28	116		116	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,063,772	\$ 214,724		\$ 214,724	\$	\$ 1,220,329	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	\$ 206,174	\$ 37,857	\$ 37,857	\$	5-7	\$ 161,483	18
19	Vehicles	16,567	2,485	2,485		5	2,485	19
20	TOTAL (lines 18 and 19)	\$ 222,741	\$ 40,342	\$ 40,342	\$		\$ 163,968	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 Chicago

Report Period Beginning: 01/01/2009

Ending: 2/31/2009

**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	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			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			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			
	<b>A. Directly Facility Related</b>									
	<b>Long-Term</b>									
1	Oak Grove Capital		x	Rehab and SLF conversion	11/25/03	\$ 9,400,000	\$ 9,054,110	2/ 21 /45	5.7200	\$ 520,346
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 9,400,000	\$ 9,054,110			\$ 520,346
	<b>B. Non-Facility Related</b>									
8					/ /			/ /		
9					/ /			/ /		
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 9,400,000	\$ 9,054,110			\$ 520,346

\* 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 Chicago**Report Period Beginning: **01/01/2009**

Ending:

**12/31/2009****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2009**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 406,309	\$ 406,309	1
2	Cash-Patient Deposits	162,345	162,345	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance \$52,900)	1,152,953	1,152,953	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	26,741	26,741	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 1,748,348</b>	<b>\$ 1,748,348</b>	<b>10</b>
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,617	189,617	13
14	Buildings, at Historical Cost	8,063,772	8,063,772	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	222,741	222,741	16
17	Accumulated Depreciation (book methods)	(1,384,297)	(1,384,297)	17
18	Deferred Charges	695,306	695,306	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	319,955	319,955	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 8,107,094</b>	<b>\$ 8,107,094</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 9,855,442</b>	<b>\$ 9,855,442</b>	<b>25</b>

\*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 48,364	\$ 48,364	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	111,855	111,855	28
29	Short-Term Notes Payable	75,926	75,926	29
30	Accrued Salaries Payable	26,286	26,286	30
31	Accrued Taxes Payable	79,100	79,100	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Deferred revenue	7,407	7,407	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	<b>\$ 348,938</b>	<b>\$ 348,938</b>	<b>37</b>
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,978,184	8,978,184	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Due to owners (from surplus cash)	636,158	636,158	42
43	Commercial security deposits	5,100	5,100	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	<b>\$ 9,619,442</b>	<b>\$ 9,619,442</b>	<b>44</b>
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	<b>\$ 9,968,380</b>	<b>\$ 9,968,380</b>	<b>45</b>
46	<b>TOTAL EQUITY</b>	<b>\$ (112,938)</b>	<b>\$ (112,938)</b>	<b>46</b>
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	<b>\$ 9,855,442</b>	<b>\$ 9,855,442</b>	<b>47</b>

Facility Name: Eden Supportive Living Chicago

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 4,111,314	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 4,111,314	3
<b>B. Other Operating Revenue</b>			
4	Special Services	35,534	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	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 35,534	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	16	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 16	14
<b>D. Other Revenue (specify):</b>			
15	Commercial rents	30,252	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 30,252	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 4,177,116	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	981,018	19
20	Health Care/ Personal Care	347,177	20
21	General Administration	676,807	21
<b>B. Capital Expense</b>			
22	Ownership	983,459	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 2,988,461	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 1,188,655	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 1,188,655	31

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

expenses	\$ 10,606
accounting fees	12,294
ing/payroll processing	5,898
	639
eous taxes and licenses	26,832
	47,649
ce and general costs	<u>5,006</u>
	<u>\$108,924</u>

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

insurance premium	\$ 45,127
eous financial	-
ion expense	<u>86,852</u>
	<u>\$131,979</u>