

		FOR BHF USE					

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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 Chicago 60613
Number City 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:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input checked="" type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> 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 01/01/2015 to 12/31/2015 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) <u>Michael J. Hamblet, Jr.</u>	
	(Title) <u>Managing Member</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) <u>Paul H. Wieland</u> <u>President</u>	
	(Firm Name & Address) <u>Wieland & Company, Inc.</u> <u>12 W. Wilson St., Batavia, IL 60510</u>	
	(Telephone) <u>630</u>) <u>406-4490</u> Fax # (<u>630</u>) <u>406-4491</u>	

**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 LivingReport Period Beginning: 01/01/2015 Ending: 12/31/2015

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	34	Single Unit Apartment	34	12,410	1
2	50	Double Unit Apartment	50	36,500	2
3		Other			3
4	84	TOTALS	84	48,910	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	11,618	730		12,348	5
6	Double Unit	35,213	365		35,578	6
7	Other					7
8	TOTALS	46,831	1,095		47,926	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.99%D. Indicate the number of paid bed-hold days the SLF had during this year 546 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 153 (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH* I. Is your fiscal year identical to your tax year? YES NOTax Year: 12/31/2015 Fiscal Year: 12/31/2015

* 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:

01/01/2015

Ending: 12/31/2015

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	335,024	318,021		653,045		653,045	1
2	Housekeeping, Laundry and Maintenance	236,661	36,666	126,461	399,788		399,788	2
3	Heat and Other Utilities			137,910	137,910		137,910	3
4	Other (specify):							4
5	TOTAL General Services	571,685	354,687	264,371	1,190,743		1,190,743	5
B. Health Care and Programs								
6	Health Care/ Personal Care	302,608	3,135		305,743		305,743	6
7	Activities and Social Services	35,223		44,327	79,550		79,550	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	337,831	3,135	44,327	385,293		385,293	9
C. General Administration								
10	Administrative and Clerical	492,687	20,075	38,217	550,979		550,979	10
11	Marketing Materials, Promotions and Advertising			3,521	3,521		3,521	11
12	Employee Benefits and Payroll Taxes			176,414	176,414		176,414	12
13	Insurance-Property, Liability and Malpractice			65,145	65,145		65,145	13
14	Other (specify):			65,954	65,954		65,954	14
15	TOTAL General Administration	492,687	20,075	349,251	862,013		862,013	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,402,203	377,897	657,949	2,438,049		2,438,049	16
Capital Expenses								
D. Ownership								
17	Depreciation			244,156	244,156		244,156	17
18	Interest			342,927	342,927		342,927	18
19	Real Estate Taxes			79,936	79,936		79,936	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			44,455	44,455		44,455	22
23	TOTAL Ownership			711,474	711,474		711,474	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,402,203	377,897	1,369,423	3,149,523		3,149,523	24

Facility Name: Eden Supportive Living

Report Period Beginning 01/01/2015

Ending:

12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 31.25	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	10.28	3
4	Activity Director & Assistants	2	13.38	4
5	Social Service Workers			5
6	Head Cook	2	11.79	6
7	Cook Helpers/Assistants	6	10.00	7
8	Dishwashers	3	10.48	8
9	Maintenance Workers	2	14.67	9
10	Housekeepers	3	10.33	10
11	Laundry	1	12.00	11
12	Managers	4	25.35	12
13	Other Administrative	2	13.50	13
14	Clerical	1	10.00	14
15	Marketing	1	19.23	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$ 14.79	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 2015			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

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	City
Eden Fox Valley	North Aurora, IL
Eden Supportive Living Champaign	Champaign, IL
Eve Assisted Living	Hinsdale, IL

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
		Supportive Living
		Supportive Living
		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

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

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	\$	\$ 2,504,054	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Cardio room mirrors	2008		1,850	46	7	46		1,850	6
7		Office buildout	2008		4,600	167	28	167		1,322	7
8		Hot water boiler	2009		5,818	831	7	831		5,055	8
9		Granite	2009		6,400	233	28	233		1,514	9
10		Hot water boiler	2010		5,818	831	7	831		4,986	10
11		Buildout/remodel	2010		7,407	269	28	269		1,457	11
12		Renovations	2011		47,372	1,723	28	1,723		7,036	12
13		Renovations	2012		191,471	6,963	28	6,963		24,370	13
14		Outdoor improvements	2013		8,550	1,221	7	1,221		2,876	14
15		Renovations	2013		2,609	95	28	95		237	15
16		Flagpole	2014		1,922	275	7	275		481	16
17		TOTAL (lines 1 thru 16)			\$ 8,323,103	\$ 226,773		\$ 226,773	\$	\$ 2,555,238	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	\$ 309,252	\$ 17,383	\$ 17,383	\$	5 to 7	\$ 280,790	18
19	Vehicles	16,567				5	16,567	19
20	TOTAL (lines 18 and 19)	\$ 325,819	\$ 17,383	\$ 17,383	\$		\$ 297,357	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: 01/01/2015

Ending: 2/31/2015

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	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	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	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	Oak Grove Capital		X	Rehab and SLF conversion (REFI)	8/31/11	\$ 9,400,000	\$ 8,764,972	2/21/45	3.8800	\$ 342,927
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 9,400,000	\$ 8,764,972			\$ 342,927
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 9,400,000	\$ 8,764,972			\$ 342,927

* 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: **01/01/2015**

Ending:

12/31/2015**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2015**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,901,720	\$ 1,901,720	1
2	Cash-Patient Deposits	143,814	143,814	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,246,847	1,246,847	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	38,972	38,972	6
7	Other Prepaid Expenses	29,057	29,057	7
8	Accounts Receivable (owners or related parties)	13,208	13,208	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,373,618	\$ 3,373,618	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	325,819	325,819	16
17	Accumulated Depreciation (book methods)	(2,852,595)	(2,852,595)	17
18	Deferred Charges	98,237	98,237	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	275,998	275,998	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,360,179	\$ 6,360,179	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,733,797	\$ 9,733,797	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 77,116	\$ 77,116	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	100,611	100,611	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	78,289		30
31	Accrued Taxes Payable	78,400	78,400	31
32	Accrued Interest Payable	34,111	34,111	32
33	Deferred Compensation		101,404	33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Deferred revenue	101,404	165,235	35
36	Current portion of mortgage note	165,235	78,289	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 635,166	\$ 635,166	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,599,737	8,599,737	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)	\$ 8,982,737	\$ 8,982,737	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,617,903	\$ 9,617,903	45
46	TOTAL EQUITY	\$ 115,894	\$ 115,894	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,733,797	\$ 9,733,797	47

*(See instructions.)

Facility Name: Eden Supportive Living

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	\$ 4,891,967	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,891,967	3
B. Other Operating Revenue			
4	Special Services	609	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)	\$ 609	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	367	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 367	14
D. Other Revenue (specify):			
15	Commercial Rent	10,200	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,200	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,903,143	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,190,743	19
20	Health Care/ Personal Care	385,293	20
21	General Administration	862,013	21
B. Capital Expense			
22	Ownership	711,474	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)	\$ 3,149,523	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,753,620	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,753,620	31

Eden Supportive Living
01/01/2015 to 12/31/2015

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

Renting expenses	\$ 2,957
Audit and accounting fees	9,470
Legal	19,853
Miscellaneous taxes and licenses	<u>33,674</u>
	<u>\$ 65,954</u>

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

Mortgage insurance premium	\$ 41,067
Amortization expense	<u>3,388</u>
	<u>\$ 44,455</u>