

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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 West Gordon Terrace Chicago 60613

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	☒ PROPRIETARY	☐ GOVERNMENTAL
☐ Charitable Corp.	☐ Individual	☐ State
☐ Trust	☐ Partnership	☐ County
IRS Exemption Code	☐ Corporation	☐ Other
	☐ "Sub-S" Corp.	
	☒ 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 01/01/2012 to 12/31/2012 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.	
Paid Preparer	(Title)	Managing Member	
	(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	

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: 01/01/2012 Ending: 12/31/2012

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	<u>33</u>	Single Unit Apartment	<u>33</u>	<u>12,045</u>	1
2	<u>51</u>	Double Unit Apartment	<u>51</u>	<u>18,615</u>	2
3		Other		<u>18,615</u>	3
4	<u>84</u>	TOTALS	<u>84</u>	<u>49,275</u>	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	<u>11,229</u>	<u>944</u>		<u>12,173</u>	5
6	Double Unit	<u>35,446</u>			<u>35,446</u>	6
7	Other					7
8	TOTALS	<u>46,675</u>	<u>944</u>		<u>47,619</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 96.64%

D. Indicate the number of paid bed-hold days the SLF had during this year
657 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 310 (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 ☐ NO

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

* 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:

01/01/2012

Ending:

12/31/2012

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	283,797	332,902		616,699		616,699	1
2	Housekeeping, Laundry and Maintenance	171,274	47,164	72,581	291,019		291,019	2
3	Heat and Other Utilities			115,057	115,057		115,057	3
4	Other (specify):							4
5	TOTAL General Services	455,071	380,066	187,638	1,022,775		1,022,775	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	300,363	2,911		303,274		303,274	6
7	Activities and Social Services	61,247		42,832	104,079		104,079	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	361,610	2,911	42,832	407,353		407,353	9
	C. General Administration							
10	Administrative and Clerical	349,131	15,890	21,475	386,496		386,496	10
11	Marketing Materials, Promotions and Advertising			11,630	11,630		11,630	11
12	Employee Benefits and Payroll Taxes			223,084	223,084		223,084	12
13	Insurance-Property, Liability and Malpractice			39,738	39,738		39,738	13
14	Other (specify): See Statement 1			39,665	39,665		39,665	14
15	TOTAL General Administration	349,131	15,890	335,592	700,613		700,613	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,165,812	398,867	566,062	2,130,741		2,130,741	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			245,587	245,587		245,587	17
18	Interest			361,149	361,149		361,149	18
19	Real Estate Taxes			71,063	71,063		71,063	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			105,601	105,601		105,601	22
23	TOTAL Ownership			783,400	783,400		783,400	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,165,812	398,867	1,349,462	2,914,141		2,914,141	24

Facility Name: Eden Supportive Living

Report Period Beginning 01/01/2012 Ending: 12/31/2012

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	23	9.70	3
4	Activity Director & Assistants	2	13.25	4
5	Social Service Workers			5
6	Head Cook	3	12.74	6
7	Cook Helpers/Assistants	9	8.90	7
8	Dishwashers	3	9.50	8
9	Maintenance Workers	3	15.22	9
10	Housekeepers	3	11.14	10
11	Laundry	2	10.00	11
12	Managers	3	33.97	12
13	Other Administrative	5	21.86	13
14	Clerical	3	11.71	14
15	Marketing	1	17.59	15
16	Other			16
17	Total (lines 1 thru 16)	61	\$ 205.39	17

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	North 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).

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 2012			\$	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

Facility Name: Eden Supportive Living

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	\$	\$ 1,861,697	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Cardio room mirrors		2008		1,850	264	7	264		1,276	6
7	Office buildout		2008		4,600	167	28	167		821	7
8	Hot water boiler		2009		5,818	831	7	831		2,562	8
9	Granite		2009		6,400	233	28	233		815	9
10	Hot water boiler		2010		5,818	831	7	831		2,493	10
11	Buildout/remodel		2010		7,407	269	28	269		650	11
12	Renovations		2011		47,372	1,723	28	1,723		1,867	12
13	Renovations		2012		191,471	3,481	28	3,481		3,481	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,310,022	\$ 221,918		\$ 221,918	\$	\$ 1,875,662	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	\$ 286,345	\$ 20,356	\$ 20,356	\$	5 to 7	\$ 218,665	18
19	Vehicles	16,567	3,313	3,313		5	12,424	19
20	TOTAL (lines 18 and 19)		\$ 302,912	\$ 23,669	\$ 23,669	\$	\$ 231,089	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: 01/01/2012

Ending: 2/31/2012

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☐ NO
3	Original Building			/ /	\$			3	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	\$ 9,223,952	2/21/45	3.8800	\$ 361,149	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,400,000	\$ 9,223,952			\$ 361,149	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,400,000	\$ 9,223,952			\$ 361,149	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: 01/01/2012

Ending: 12/31/2012

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,149,052	\$ 2,149,052	1
2	Cash-Patient Deposits	107,132	107,132	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 17,300)	1,415,694	1,415,694	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	89,060	89,060	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)	\$ 3,760,938	\$ 3,760,938	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	8,310,022	8,310,022	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	302,912	302,912	16
17	Accumulated Depreciation (book methods)	(2,106,751)	(2,106,751)	17
18	Deferred Charges	213,819	213,819	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	183,547	183,547	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,093,166	\$ 7,093,166	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,854,104	\$ 10,854,104	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 39,004	\$ 39,004	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	103,051	103,051	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	5,426	5,426	30
31	Accrued Taxes Payable	74,502	74,502	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	147,106	147,106	35
36	Deferred revenue	17,724	17,724	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 386,813	\$ 386,813	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	9,076,846	9,076,846	38
39	Mortgage Payable			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)	\$ 9,665,701	\$ 9,665,701	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,052,514	\$ 10,052,514	45
46	TOTAL EQUITY	\$ 801,590	\$ 801,590	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,854,104	\$ 10,854,104	47

*(See instructions.)

Facility Name: Eden Supportive Living

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,792,657	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,792,657	3
	B. Other Operating Revenue		
4	Special Services	14,756	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)	\$ 14,756	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	169	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 169	14
	D. Other Revenue (specify):		
15	Commercial rents	25,800	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 25,800	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,833,382	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,022,775	19
20	Health Care/ Personal Care	407,353	20
21	General Administration	700,613	21
	B. Capital Expense		
22	Ownership	783,400	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)	\$ 2,914,141	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,919,241	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,919,241	31

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

xpenses	\$ 851
l accounting fees	9,600
ing/payroll processing	6,294
	8,724
eous taxes and licenses	6,396
	<u>7,800</u>
	<u><u>\$ 39,665</u></u>

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

insurance premium	\$ 25,730
tion expense	<u>79,871</u>
	<u><u>\$105,601</u></u>

