

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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:

☐	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 01/01/19 to 12/31/19 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. 232 S. batavia Ave., 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

Report Period Beginning: 01/01/19 Ending: 12/31/19

Date of change in certified units 12/31/2019

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

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 principal? _____
If no, explain.

689 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **4811 (Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

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Facility Name: Eden Supportive Living

Report Period Beginning:

01/01/19

Ending:

12/31/19

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	408,909	256,230		665,139		665,139	1
2	Housekeeping, Laundry and Maintenance	229,676	40,004	127,860	397,540		397,540	2
3	Heat and Other Utilities			140,547	140,547		140,547	3
4	Other (specify):							4
5	TOTAL General Services	638,585	296,234	268,407	1,203,226		1,203,226	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	383,700	3,891		387,591		387,591	6
7	Activities and Social Services			22,254	22,254		22,254	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	383,700	3,891	22,254	409,845		409,845	9
	C. General Administration							
10	Administrative and Clerical	390,829	51,615	56,452	498,896		498,896	10
11	Marketing Materials, Promotions and Advertising			8,027	8,027		8,027	11
12	Employee Benefits and Payroll Taxes			185,206	185,206		185,206	12
13	Insurance-Property, Liability and Malpractice			113,330	113,330		113,330	13
14	Other (specify): See Statement 1			218,820	218,820		218,820	14
15	TOTAL General Administration	390,829	51,615	581,835	1,024,279		1,024,279	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,413,114	351,740	872,496	2,637,350		2,637,350	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			253,736	253,736		253,736	17
18	Interest			321,534	321,534		321,534	18
19	Real Estate Taxes			88,938	88,938		88,938	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			189,557	189,557		189,557	22
23	TOTAL Ownership			853,765	853,765		853,765	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,413,114	351,740	1,726,261	3,491,115		3,491,115	24

Facility Name: Eden Supportive Living

Report Period Beginning 01/01/19 Ending: 12/31/19

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 33.65	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	14	14.15	3
4	Activity Director & Assistants	1	18.00	4
5	Social Service Workers			5
6	Head Cook	1	22.72	6
7	Cook Helpers/Assistants	5	14.60	7
8	Dishwashers	2	13.36	8
9	Maintenance Workers	2	14.50	9
10	Housekeepers	4	14.31	10
11	Laundry			11
12	Managers	3	33.41	12
13	Other Administrative	5	13.29	13
14	Clerical	1	18.00	14
15	Marketing	1	22.84	15
16	Other			16
17	Total (lines 1 thru 16)	40	\$ 16.65	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
Eden Supportive Living Champaign	Champaign, IL
Eve Assisted Living	Hinsdale, IL
Eden Supportive Living South Shore	Chicago, 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 ☒

Name of related entity: If yes, what is the value of 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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5

Facility Name: Eden Supportive Living

Report Period Beginning:

01/01/19

Ending:

12/31/19

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	\$ 8,039,285	\$ 214,119		\$ 214,119	\$	3,360,532	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Cardio room mirrors		2008		1,850		7			1,850	6
7	Office buildout		2008		4,600	167	28	167		1,990	7
8	Hot water boiler		2009		5,818		7			5,818	8
9	Granite		2009		6,400	233	28	233		2,446	9
10	Hot water boiler		2009		5,818		7			5,818	10
11	Buildout/remodel		2010		7,407	269	28	269		2,533	11
12	Renovations		2011		47,372	1,723	28	1,723		13,928	12
13	Renovations		2012		191,471	6,963	28	6,963		52,222	13
14	Outdoor improvements		2013		8,550	1,221	7	1,221		7,760	14
15	Renovations		2013		2,609	95	28	95		617	15
16	Flagpole		2014		1,922	275	7	275		1,581	16
17	TOTAL (lines 1 thru 16)				\$ 8,323,102	\$ 225,065		\$ 225,065	\$	3,457,095	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	\$ 357,366	\$ 10,843	\$ 10,843	\$		\$ 324,027	18
19	Vehicles	16,567					16,567	19
20	TOTAL (lines 18 and 19)		\$ 373,933	\$ 10,843	\$ 10,843	\$	340,594	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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 8,323,102	\$ 225,065		\$ 225,065	\$	\$ 3,457,095	1
2	Tile	2017	2,400	343	7	343		943	2
3	Concrete renovation	2017	9,250	336	28	336		924	3
4	HVAC upgrade	2017	10,675	1,525	7	1,525		4,194	4
5	Sprinkler system update	2017	7,040	1,006	7	1,006		2,599	5
6	Exit signs	2017	11,508	1,644	7	1,644		3,836	6
7	Chimney renovation	2017	20,550	747	28	747		1,805	7
8	Exterior door	2017	3,250	464	7	464		967	8
9	Door	2017	1,990	284	7	284		781	9
10	Automatic door	2017	12,985	1,855	7	1,855		4,483	10
11	Water pumps	2018	13,870	1,981	7	1,981		2,972	11
12	Chiller	2018	17,650	2,521	7	2,521		3,572	12
13	Coils for dining room	2018	11,840	1,691	7	1,691		3,382	13
14	HVAC equipment	2018	12,100	1,731	7	1,731		2,018	14
15	Control panel	2019	47,604	1,700	7	1,700		1,700	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,505,814	\$ 242,893		\$ 242,893	\$	\$ 3,491,271	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Eden Supportive Living Report Period Beginning: 01/01/19 Ending: 12/31/19

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	\$ 8,063,834	2/21/45	3.8800	\$ 321,534	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,400,000	\$ 8,063,834			\$ 321,534	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,400,000	\$ 8,063,834			\$ 321,534	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: 01/01/19

Ending:

12/31/19

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/19

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,408,364	\$	1
2	Cash-Patient Deposits	160,468		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	2,248,802		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	37,000		6
7	Other Prepaid Expenses	30,030		7
8	Accounts Receivable (owners or related parties)	17,339		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,902,003	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,617		13
14	Buildings, at Historical Cost	8,505,814		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	373,933		16
17	Accumulated Depreciation (book methods)	(3,831,865)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	449,431		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,686,930	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,588,933	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 111,716	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	103,782		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	56,336		30
31	Accrued Taxes Payable	98,000		31
32	Accrued Interest Payable	53,858		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Deferred revenue	8,370		35
36	Current portion of mortgage note	192,928		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 624,990	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	7,870,906		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	383,000		42
43	Unamortized financing costs	(84,684)		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 8,169,222	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,794,212	\$	45
46	TOTAL EQUITY	\$ 1,794,721	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 10,588,933	\$	47

*(See instructions.)

Facility Name: Eden Supportive Living

Report Period Beginning: 01/01/19

Ending:

12/31/19

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

1			
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 5,060,137	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,060,137	3
	B. Other Operating Revenue		
4	Special Services	2,388	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)	\$ 2,388	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,106	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,106	14
	D. Other Revenue (specify):		
15	Commercial rent	12,600	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,600	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,076,231	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,203,226	19
20	Health Care/ Personal Care	409,845	20
21	General Administration	1,024,279	21
	B. Capital Expense		
22	Ownership	853,765	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)	\$ 3,491,115	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,585,116	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,585,116	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,988,650	32
33	Private Pay - Net Inpatient Revenue	1,071,487	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,060,137	37

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

xpenses	\$ 3,332
	\$ 48,943
accounting fees	10,000
	146,620
eous taxes and licenses	<u> 9,925</u>
	<u><u> \$ 218,820</u></u>

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

insurance premium	\$ 40,744
agement fees	145,425
ion expense	<u> 3,388</u>
	<u><u> \$ 189,557</u></u>