

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 1000146

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 checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input 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 1/1/21 to 12/31/21 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: 1/1/21 Ending: 12/31/21**

## Date of change in certified units 12/31/21

**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.**

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

## STATE OF ILLINOIS

Page 3

Facility Name: Eden Supportive Living

Report Period Beginning:

1/1/21

Ending:

12/31/21

## 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	313,510	336,456		649,966		649,966	1
2	Housekeeping, Laundry and Maintenance	253,781	67,889	63,207	384,877		384,877	2
3	Heat and Other Utilities			155,192	155,192		155,192	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	567,291	404,345	218,399	1,190,035		1,190,035	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	410,124	4,442		414,566		414,566	6
7	Activities and Social Services	61,283		14,480	75,763		75,763	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	471,407	4,442	14,480	490,329		490,329	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	409,387	49,865	29,702	488,954		488,954	10
11	Marketing Materials, Promotions and Advertising			8,780	8,780		8,780	11
12	Employee Benefits and Payroll Taxes			193,444	193,444		193,444	12
13	Insurance-Property, Liability and Malpractice			83,555	83,555		83,555	13
14	Other (specify): See Statement 1			58,453	58,453		58,453	14
15	<b>TOTAL General Administration</b>	409,387	49,865	373,934	833,186		833,186	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,448,085	458,652	606,813	2,513,550		2,513,550	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			263,848	263,848		263,848	17
18	Interest			306,013	306,013		306,013	18
19	Real Estate Taxes			112,117	112,117		112,117	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			170,570	170,570		170,570	22
23	<b>TOTAL Ownership</b>			852,548	852,548		852,548	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,448,085	458,652	1,459,361	3,366,098		3,366,098	24

Facility Name: Eden Supportive Living

Report Period Beginning 1/1/21 Ending: 12/31/21

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 35.39	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	13	17.50	3
4	Activity Director & Assistants	2	18.58	4
5	Social Service Workers			5
6	Head Cook	3	17.00	6
7	Cook Helpers/Assistants	9	15.23	7
8	Dishwashers	1	16.00	8
9	Maintenance Workers	3	19.16	9
10	Housekeepers	3	17.33	10
11	Laundry	1	17.10	11
12	Managers	4	30.76	12
13	Other Administrative			13
14	Clerical	5	15.90	14
15	Marketing	1	25.33	15
16	Other			16
17	Total (lines 1 thru 16)	46	\$ 245.28	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
Eden 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? \$ (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	Affiliate Asset management fee		40	\$ 128,371	1
2					2
3					3
4					4
5					5
Total				\$ 128371	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:

1/1/21

Ending:

12/31/21

## 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	40	\$ 214,119	\$	\$ 3,788,770	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		2,325	7
8	Hot water boiler		2009		5,818		7			5,818	8
9	Granite		2009		6,400	233	28	233		2,911	9
10	Hot water boiler		2009		5,818		7			5,818	10
11	Buildout/remodel		2010		7,407	269	28	269		3,072	11
12	Renovations		2011		47,372	1,723	28	1,723		17,373	12
13	Renovations		2012		191,471	6,963	28	6,963		66,147	13
14	Outdoor improvements		2013		8,550		7			8,550	14
15	Renovations		2013		2,609	95	28	95		807	15
16	Flagpole		2014		1,922		7			1,855	16
17	TOTAL (lines 1 thru 16)				\$ 8,323,102	\$ 223,569		\$ 223,569	\$	\$ 3,905,296	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	\$ 384,070	\$ 13,936	\$ 13,936	\$	5 to 7	\$ 347,564	18
19	Vehicles	16,567				5	16,567	19
20	TOTAL (lines 18 and 19)		\$ 13,936	\$ 13,936	\$		\$ 364,131	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	\$ 223,569		\$ 223,569	\$	\$ 3,905,296	1
2	Tile	2017	2,400	343	7	343		1,629	2
3	Concrete renovation	2017	9,250	336	28	336		1,597	3
4	HVAC upgrade	2017	10,675	1,525	7	1,525		7,244	4
5	Sprinkler system update	2017	7,040	1,006	7	1,006		4,610	5
6	Exit signs	2017	11,508	1,644	7	1,644		7,124	6
7	Chimney renovation	2017	20,550	747	28	747		3,300	7
8	Exterior door	2017	3,250	464	7	464		1,896	8
9	Door	2017	1,990	284	7	284		1,350	9
10	Automatic door	2017	12,985	1,855	7	1,855		8,193	10
11	Water pumps	2018	13,870	1,981	7	1,981		6,935	11
12	Chiller	2018	17,650	2,521	7	2,521		8,615	12
13	Coils for dining room	2018	11,840	1,691	7	1,691		6,765	13
14	HVAC equipment	2018	12,100	1,729	7	1,729		5,474	14
15	Control panel	2019	47,604	6,802	7	6,802		15,299	15
16	Elevator modernization	2020	28,522	178	40	178		356	16
17	Control panel	2020	9,585	399	7	399		798	17
18	Elevator modernization	2021	25,740	936	27.5	936		936	18
19	Control panel	2021	28,407	1,033	27.5	1,033		1,033	19
20	Kitchen pump	2021	8,361	304	27.5	304		304	20
21	Fire system	2021	15,550	565	27.5	565		565	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)		\$ 8,621,979	\$ 249,912		\$ 249,912	\$	\$ 3,989,319	34

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

Facility Name: Eden Supportive Living

Report Period Beginning: 1/1/21

Ending: 12/31/21

IX. RENTAL COSTS

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? <input type="checkbox"/> YES <input type="checkbox"/> 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	\$ 7,670,357	2/21/45	3880.0000	\$ 306,013	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,400,000	\$ 7,670,357			\$ 306,013	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,400,000	\$ 7,670,357			\$ 306,013	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: 1/1/21

Ending: 12/31/21

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 3,936,161	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 18 )	1,418,857		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,347		6
7	Other Prepaid Expenses	28,538		7
8	Accounts Receivable (owners or related parties)	60,096		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,478,999	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,617		13
14	Buildings, at Historical Cost	8,621,980		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	400,637		16
17	Accumulated Depreciation (book methods)	(4,353,450)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	463,064		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>	\$ 5,321,848	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,800,847	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 212,494	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	4,165		30
31	Accrued Taxes Payable	105,000		31
32	Accrued Interest Payable	62,890		32
33	Deferred Compensation	3,398		33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Current portion of mortgage note	208,470		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 596,417	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable PPP loan	26,543		38
39	Mortgage Payable	7,461,887		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Due to owners from surplus cash	383,000		42
43	Unamortized financing costs	(77,908)		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 7,793,522	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,389,939	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,410,908	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,800,847	\$	47

\*(See instructions.)



Facility Name: Eden Supportive Living

Report Period Beginning: 1/1/21

Ending:

12/31/21

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

1			
	I. Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 6,266,022	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 6,266,022	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	2,228	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 (sum of lines 4 thru 10)</b>	\$ 2,228	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	4,001	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 4,001	14
	<b>D. Other Revenue (specify):</b>		
15	Commercial rent	16,240	15
16	Cares Act grant	477,736	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 493,976	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 6,766,227	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	1,190,035	19
20	Health Care/ Personal Care	490,329	20
21	General Administration	833,186	21
	<b>B. Capital Expense</b>		
22	Ownership	852,548	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 (sum of lines 19 thru 27)</b>	\$ 3,366,098	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 3,400,129	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 3,400,129	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 5,214,089	32
33	Private Pay - Net Inpatient Revenue	1,051,933	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 6,266,022	37

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

xpenses	\$   3,332
	\$ 29,438
accounting fees	14,865
eous taxes and licenses	10,818
	<u>-</u>
	<u><u>\$ 58,453</u></u>

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

insurance premium	\$ 38,811
agement fees	128,371
ion expense	<u>3,388</u>
	<u><u>\$170,570</u></u>