

		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: 1000102

Facility Name: Eden Supportive Lvg N Aurora

Address: 311 South Lincolnway North Aurora 60542

County: Kane

Telephone Number: ( 630 ) 929-3333 Fax # ( )

Federal Employer ID Number:

Date Current Owners were Certified: 8/6/08

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Mitch Hamblet Telephone Number: ( 773 ) 472-1020
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 H. Hamble, 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

**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.**

**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

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Facility Name: Eden Supportive Lvg N Aurora

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	382,003	402,505		784,508		784,508	1
2	Housekeeping, Laundry and Maintenance	295,556	99,397	158,954	553,907		553,907	2
3	Heat and Other Utilities			270,207	270,207		270,207	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	677,559	501,902	429,161	1,608,622		1,608,622	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	501,004	2,977		503,981		503,981	6
7	Activities and Social Services	61,922		27,927	89,849		89,849	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	562,926	2,977	27,927	593,830		593,830	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	414,792	16,245	114,937	545,974		545,974	10
11	Marketing Materials, Promotions and Advertising			7,869	7,869		7,869	11
12	Employee Benefits and Payroll Taxes			219,433	219,433		219,433	12
13	Insurance-Property, Liability and Malpractice			54,342	54,342		54,342	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	414,792	16,245	396,581	827,618		827,618	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,655,277	521,124	853,669	3,030,070		3,030,070	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			398,075	398,075		398,075	17
18	Interest			345,084	345,084		345,084	18
19	Real Estate Taxes			115,757	115,757		115,757	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			215,932	215,932		215,932	22
23	<b>TOTAL Ownership</b>			1,074,848	1,074,848		1,074,848	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,655,277	521,124	1,928,517	4,104,918		4,104,918	24

Facility Name: Eden Supportive Lvg N Aurora

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	\$ 43.53	1
2	Licensed Practical Nurses	1	33.00	2
3	Certified Nurse Assistants	15	14.66	3
4	Activity Director & Assistants	2	16.34	4
5	Social Service Workers			5
6	Head Cook	4	18.75	6
7	Cook Helpers/Assistants	12	12.83	7
8	Dishwashers	1	13.00	8
9	Maintenance Workers	3	16.55	9
10	Housekeepers	3	14.18	10
11	Laundry	1	17.02	11
12	Managers	4	31.61	12
13	Other Administrative			13
14	Clerical	5	13.90	14
15	Marketing	1	33.65	15
16	Other			16
17	Total (lines 1 thru 16)	53	\$ 279.02	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 Supportive Living Chicago	Chicago, IL
Eden Supportive Living Champaign	Champaign, IL
Eden Supportive Living South Shore	Chicago, IL
Eden Assisted Living	Hinsdale, 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	Affiliate Asset management fee		40	\$ 163,650	1
2					2
3					3
4					4
5					5
Total				\$ 163650	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 Lvg N Aurora

Report Period Beginning:

1/1/21

Ending:

12/31/21

## VIII. OWNERSHIP COSTS

A. Purchase price of land 430,771 Year land was acquired 2006

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	150		2006	2006-2007	\$ 6,457,047	\$ 234,778	28	\$ 234,778	\$	\$ 3,130,060	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Rehab & Construction		2006	2007-2008	2,052,059		5			2,052,059	6
7	Rehab & Construction		2006	2007-2008	411,673		7			411,673	7
8	Rehab & Construction		2006	2007-2008	900,585	60,069	15	60,069		810,886	8
9	Rehab & Construction		2009	2009	7,400	269	28	269		3,463	9
10	Rehab & Construction		2010	2010	49,616	1,804	28	1,804		21,574	10
11	Granite Counter		2011	2011	2,510	91	28	91		959	11
12	Improvements		2012	2012	13,609	495	28	495		4,929	12
13	Flooring		2014	2014	8,408		5			8,408	13
14	Improvements		2015	2015	50,190	1,825	28	1,825		11,178	14
15	Storm sewer and pavers		2015	2015	23,050	1,360	15	1,360		11,482	15
16	Improvements		2016	2016	197,191	7,335	28	7,335		48,794	16
17	TOTAL (lines 1 thru 16)				\$ 10,173,338	\$ 308,026		\$ 308,026	\$	\$ 6,515,465	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	\$ 404,145	\$ 32,008	\$ 32,008	\$	5 to 7	\$ 304,941	18
19	Vehicles	19,172					19,172	19
20	TOTAL (lines 18 and 19)		\$ 423,317	\$ 32,008	\$ 32,008	\$	\$ 324,113	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 & ID Number	Eden Supportive Lvg N Aurora
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## XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 10,173,338	\$ 308,026		\$ 308,026	\$	\$ 6,515,465	1
2	Flooring	2017	8,951	1,031	5	1,031		8,435	2
3	Water boiler	2017	12,285	1,756	7	1,756		8,778	3
4	Improvements	2017	313,597	11,402	28	11,402		56,537	4
5	HVAC equipment	2017	26,257	3,752	7	3,752		18,757	5
6	Concrete replacement	2017	11,200	747	15	747		3,548	6
7	Improvements	2018	5,452	198	28	198		718	7
8	Flooring	2018	12,463	2,493	5	2,493		8,725	8
9	Improvements	2019	16,022	583	28	583		1,530	9
10	Roofing	2020	145,625	5,295	27.5	5,295		8,164	10
11	Parking lot	2020	45,500	3,035	15	3,035		4,550	11
12	Improvements	2020	168,711	6,134	27.5	6,134		8,435	12
13	HVAC equipment	2020	46,035	6,578	7	6,578		9,865	13
14	Landscaping	2021	31,305	1,565	15	1,565		1,565	14
15	Parking lot	2021	41,000	2,050	15	2,050		2,050	15
16	Building walls	2021	11,665	407	27.5	407		407	16
17	Improvements	2021	82,999	629	27.5	629		629	17
18	Signage	2021	51,741	10,348	5	10,348		10,348	18
19	HVAC equipment	2021	24,996	38	27.5	38		38	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)		\$ 11,229,142	\$ 366,067		\$ 366,067	\$	\$ 6,668,544	34

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

Facility Name: Eden Supportive Lvg N Aurora

Report Period Beginning: 1/1/21

Ending: 12/31/21

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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*	
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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Hang & Healthcare fin.		X	Acquisition/construction/rehab/refi	6/15/12	\$ 11,344,500	\$ 9,441,414	7/1/47	3.3000	\$ 345,084	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,344,500	\$ 9,441,414			\$ 345,084	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,344,500	\$ 9,441,414			\$ 345,084	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.

## STATE OF ILLINOIS

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Facility Name: Eden Supportive Lvg N Aurora

Report Period Beginning: 1/1/21

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## 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	\$ 2,946,478	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,466,229		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,242		6
7	Other Prepaid Expenses	23,529		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>	\$ 4,444,478	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	430,771		13
14	Buildings, at Historical Cost	11,229,141		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	423,317		16
17	Accumulated Depreciation (book methods)	(6,992,657)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	650,377		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>	\$ 5,740,949	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,185,427	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 127,569	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	5,736		30
31	Accrued Taxes Payable	115,000		31
32	Accrued Interest Payable	25,963		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Current portion of mortgage payable	238,997		35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 513,265	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,202,417		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	Unamortized financing costs	(118,014)		42
43	SBA Loan Payable	49,077		43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 9,133,480	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 9,646,745	\$	45
46	<b>TOTAL EQUITY</b>	\$ 538,682	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,185,427	\$	47

\*(See instructions.)



Facility Name: Eden Supportive Lvg N Aurora

Report Period Beginning: 1/1/21

Ending:

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

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 7,800,893	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 7,800,893	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	3,319	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>	\$ 3,319	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	11,350	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 11,350	14
	<b>D. Other Revenue (specify):</b>		
15	Cares Act Grant	305,400	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 305,400	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 8,120,962	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	1,608,622	19
20	Health Care/ Personal Care	593,830	20
21	General Administration	827,618	21
	<b>B. Capital Expense</b>		
22	Ownership	1,074,848	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>	\$ 4,104,918	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 4,016,044	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 4,016,044	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 5,630,403	32
33	Private Pay - Net Inpatient Revenue	2,170,490	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>	\$ 7,800,893	37

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

\$       -

\$       -

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

insurance premium	\$ 47,639
management fees	163,650
union expense	<u>4,643</u>
	<u><u>\$215,932</u></u>