

Facility Name Eden Fox Valley

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units 150/ 150 /365

	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	144	Single Unit Apartment		365	1
2	6	Double Unit Apartment		365	2
3		Other			3
4	150	TOTALS		730	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	43,435	3,650		47,085	5
6	Double Unit					6
7	Other					7
8	TOTALS	43,435	3,650		47,085	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 6450.00%

D. Indicate the number of paid bed-hold days the SLF had during this year _____ Also, indicate the number of unpaid bed-hold days the SLF had during this year. _____ (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: 12/31/09 Fiscal Year: 12/31/09

* 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. _____

STATE OF ILLINOIS

Facility Name: Eden Fox Valley

Report Period Beginning:

01/01/2009

Ending: 12/31/2009

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	225,943	216,277		442,220		442,220	1
2	Housekeeping, Laundry and Maintenance	153,215	14,080	89,263	256,558		256,558	2
3	Heat and Other Utilities			205,730	205,730		205,730	3
4	Other (specify):							4
5	TOTAL General Services	379,158	230,357	294,993	904,508		904,508	5
B. Health Care and Programs								
6	Health Care/ Personal Care	263,560	7,063		270,623		270,623	6
7	Activities and Social Services			15,408	15,408		15,408	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	263,560	7,063	15,408	286,031		286,031	9
C. General Administration								
10	Administrative and Clerical	314,583	8,309	48,709	371,601		371,601	10
11	Marketing Materials, Promotions and Advertising			31,658	31,658		31,658	11
12	Employee Benefits and Payroll Taxes			120,545	120,545		120,545	12
13	Insurance-Property, Liability and Malpractice			74,304	74,304		74,304	13
14	Other (specify):							14
15	TOTAL General Administration	314,583	8,309	275,216	598,108		598,108	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	957,301	245,729	585,617	1,788,647		1,788,647	16
Capital Expenses								
D. Ownership								
17	Depreciation			775,181	775,181		775,181	17
18	Interest			555,948	555,948		555,948	18
19	Real Estate Taxes			60,493	60,493		60,493	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Miscellaneous and amortization			1,817	1,817		1,817	22
23	TOTAL Ownership			1,393,439	1,393,439		1,393,439	23
24	GRAND TOTAL (Sum of lines 16 and 23)	957,301	245,729	1,979,056	3,182,086		3,182,086	24

Facility Name: Eden Fox Valley

Report Period Beginning: 01/01/2009 Ending: 12/31/2009

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 28.00	1
2	Licensed Practical Nurses	1	24.00	2
3	Certified Nurse Assistants	11	9.00	3
4	Activity Director & Assistants	1	15.00	4
5	Social Service Workers			5
6	Head Cook	1	18.26	6
7	Cook Helpers/Assistants	10	10.00	7
8	Dishwashers	1	8.50	8
9	Maintenance Workers	2	15.00	9
10	Housekeepers	3	9.00	10
11	Laundry	1	8.50	11
12	Managers	3	23.00	12
13	Other Administrative	5	10.00	13
14	Clerical			14
15	Marketing	1	17.00	15
16	Other			16
17	Total (lines 1 thru 16)	41	\$ 195.26	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 2008			\$	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

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 <u>1</u>	City <u>2</u>
Eden Independent Living	Chicago, IL

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>

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).

STATE OF ILLINOIS

Facility Name: Eden Fox Valley

Report Period Beginning:

01/01/2009

Ending:

12/31/2009

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	2007-2008	\$ 6,457,047	\$ 240,750	28	\$ 234,778	\$ (5,972)	\$ 328,824	1
2											2
3											3
4											4
5											5
	Improvement Type										
6		Rehab and construction	2006	2007-2008	2,052,059	410,412	5	410,412		615,618	6
7		Rehab and construction	2006	2007-2008	411,673	58,828	7	58,828		88,221	7
8		Rehab and construction	2006	2007-2008	900,585	60,069	15	60,069		90,058	8
9		Rehab and construction	2009	2009	7,400	235	28	235		235	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 9,828,764	\$ 770,294		\$ 764,322	\$ (5,972)	\$ 1,122,956	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	\$ 35,125	\$ 3,513	\$ 2,108	(1,405)	5	\$ 3,513	18
19	Vehicles	19,172	1,374	1,917	543	5	1,374	19
20	TOTAL (lines 18 and 19)		\$ 54,297	\$ 4,887	4,025	(862)	4,887	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

STATE OF ILLINOIS

Facility Name: Eden Fox Valley

Report Period Beginning: 01/01/2009

Ending: 2/31/2009

IX. RENTAL COSTS N/A - NONE

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	
		Related**				Purpose of Loan	Date of Note				
		YES	NO			Original	Balance				
A. Directly Facility Related											
Long-Term											
1	Lakeside Bank		x	Acquisition/construction/rehab	3/27/07	\$ 9,800,000	\$ 9,745,138	4/1/20	varies	\$ 555,948	1
2	Buena Plaza Apts	x		Acquisition/construction/rehab	01/01 /09	797,759	797,759	demand	none	none	2
3	Michael J. Hamblet, Jr.	x		Acquisition/construction/rehab	01/01 /09	588,472	588,472	demand	none	none	3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,186,231	\$ 11,131,369			\$ 555,948	7
B. Non-Facility Related											
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,186,231	\$ 11,131,369			\$ 555,948	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

Facility Name: Eden Fox Valley

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2009

(last day of reporting year)

	1	2	
	Operating	After Consolidation*	
A. Current Assets			
1 Cash on Hand and in Banks	\$ 520,193	\$ 520,193	1
2 Cash-Patient Deposits	69,478	69,478	2
3 Accounts & Short-Term Notes Receivable- Patients (less allowance <u>none</u>)	1,130,097	1,130,097	3
4 Supply Inventory (priced at)			4
5 Short-Term Investments			5
6 Prepaid Insurance	49,616	49,616	6
7 Other Prepaid Expenses			7
8 Accounts Receivable (owners or related parties)			8
9 Other(specify):			9
TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,769,384	\$ 1,769,384	10
B. Long-Term Assets			
11 Long-Term Notes Receivable			11
12 Long-Term Investments			12
13 Land	430,771	430,771	13
14 Buildings, at Historical Cost	9,828,764	9,828,764	14
15 Leasehold Improvements, at Historical Cos			15
16 Equipment, at Historical Cost	54,297	54,297	16
17 Accumulated Depreciation (book methods)	(1,127,843)	(1,127,843)	17
18 Deferred Charges	47,272	47,272	18
19 Organization & Pre-Operating Costs			19
20 Accumulated Amortization - Organization & Pre-Operating Costs			20
21 Restricted Funds			21
22 Other Long-Term Assets (specify):			22
23 Other(specify):			23
TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,233,261	\$ 9,233,261	24
TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,002,645	\$ 11,002,645	25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26 Accounts Payable	\$ 32,229	\$ 32,229	26
27 Officer's Accounts Payable			27
28 Accounts Payable-Patient Deposits	68,867	68,867	28
29 Short-Term Notes Payable			29
30 Accrued Salaries Payable			30
31 Accrued Taxes Payable	83,000	83,000	31
32 Accrued Interest Payable			32
33 Deferred Compensation			33
34 Federal and State Income Taxes			34
Other Current Liabilities(specify):			
35			35
36			36
TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 184,096	\$ 184,096	37
D. Long-Term Liabilities			
38 Long-Term Notes Payable	1,386,231	1,386,231	38
39 Mortgage Payable	9,745,138	9,745,138	39
40 Bonds Payable			40
41 Deferred Compensation			41
Other Long-Term Liabilities(specify):			
42			42
43			43
TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 11,131,369	\$ 11,131,369	44
TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,315,465	\$ 11,315,465	45
46 TOTAL EQUITY	\$ (312,820)	\$ (312,820)	46
47 TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,002,645	\$ 11,002,645	47

*(See instructions.)

Facility Name: Eden Fox Valley

Report Period Beginning: 01/01/2009

Ending:

12/31/2009

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	\$ 3,733,396	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,733,396	3
B. Other Operating Revenue			
4	Special Services	26,655	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)	\$ 26,655	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,758	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,758	14
D. Other Revenue (specify):			
15	Commercial rent	12,011	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,011	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,775,820	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	904,508	19
20	Health Care/ Personal Care	286,031	20
21	General Administration	598,108	21
B. Capital Expense			
22	Ownership	1,393,439	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)	\$ 3,182,086	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 593,734	29
30	Income Taxes		30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 593,734	31