

Facility Name & ID Number Eden Village Care Center

0023382 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	138	Skilled (SNF)	138	50,370	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	138	TOTALS	138	50,370	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	13,787	21,289	4,643	39,719	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,787	21,289	4,643	39,719	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.85%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

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

Outpatient Therapy

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 05/14/1979

J. Was the facility purchased or leased after January 1, 1978?
YES Date 05/14/1979 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 138 and days of care provided 3,740

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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.

Facility Name & ID Number Eden Village Care Center # 0023382 Report Period Beginning: 1/1/09 Ending: 12/31/09

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	373,397	56,439	16,424	446,260		446,260	(126,955)	319,305		1
2	Food Purchase		445,864		445,864		445,864	(80,190)	365,674		2
3	Housekeeping	255,796	90,987		346,783		346,783	(96,051)	250,732		3
4	Laundry							(33,962)	(33,962)		4
5	Heat and Other Utilities			525,815	525,815		525,815	(434,896)	90,919		5
6	Maintenance	240,568	1,978	295,523	538,069		538,069	(268,807)	269,262		6
7	Other (specify):*										7
8	TOTAL General Services	869,761	595,268	837,762	2,302,791		2,302,791	(1,040,861)	1,261,930		8
	B. Health Care and Programs										
9	Medical Director			16,800	16,800		16,800		16,800		9
10	Nursing and Medical Records	2,195,419	131,898	104,864	2,432,181		2,432,181	(44,498)	2,387,683		10
10a	Therapy		2,177	515,881	518,058		518,058		518,058		10a
11	Activities	319,512	8,715	5,431	333,658		333,658	(227,945)	105,713		11
12	Social Services	37,146		506	37,652		37,652		37,652		12
13	CNA Training										13
14	Program Transportation	37,094	2,681	2,617	42,392		42,392	(21,202)	21,190		14
15	Other (specify):* Seniors N Motion	29,298	621		29,919		29,919	(29,919)			15
16	TOTAL Health Care and Programs	2,618,469	146,092	646,099	3,410,660		3,410,660	(323,564)	3,087,096		16
	C. General Administration										
17	Administrative	120,462	3,419	43,663	167,544		167,544	(123,628)	43,916		17
18	Directors Fees										18
19	Professional Services			59,303	59,303		59,303		59,303		19
20	Dues, Fees, Subscriptions & Promotions			46,967	46,967		46,967	(32,862)	14,105		20
21	Clerical & General Office Expenses	215,087	33,515	147,197	395,799		395,799	(117,120)	278,679		21
22	Employee Benefits & Payroll Taxes			1,100,453	1,100,453		1,100,453	(171,174)	929,279		22
23	Inservice Training & Education			137	137		137		137		23
24	Travel and Seminar			3,487	3,487		3,487		3,487		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			164,702	164,702		164,702	(136,223)	28,479		26
27	Other (specify):* Mktg/Development	7,737		5,123	12,860		12,860	(12,860)			27
28	TOTAL General Administration	343,286	36,934	1,571,032	1,951,252		1,951,252	(593,867)	1,357,385		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,831,516	778,294	3,054,893	7,664,703		7,664,703	(1,958,292)	5,706,411		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Eden Village Care Center

#0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			312,122	312,122		312,122		312,122			30
31	Amortization of Pre-Op. & Org.			28,272	28,272		28,272		28,272			31
32	Interest			1,305,000	1,305,000		1,305,000	(1,259,465)	45,535			32
33	Real Estate Taxes			141,344	141,344		141,344	(141,344)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			1,786,738	1,786,738		1,786,738	(1,400,809)	385,929			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			178,459	178,459		178,459		178,459			39
40	Barber and Beauty Shops	50,665	4,831		55,496		55,496		55,496			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			75,555	75,555		75,555		75,555			42
43	Other (specify):* RC&Other Non-reimbursable			781,256	781,256		781,256	(594,908)	186,348			43
44	TOTAL Special Cost Centers	50,665	4,831	1,035,270	1,090,766		1,090,766	(594,908)	495,858			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,882,181	783,125	5,876,901	10,542,207		10,542,207	(3,954,009)	6,588,198			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Eden Village Care Center

0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients	(29,919)	15		2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(12,536)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(25,521)	17		24
25	Fund Raising, Advertising and Promotional	(32,862)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(3,853,171)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (3,954,009)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (3,954,009)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY

48		49		50		51		52	
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Eden Village Care Center

ID# 0023382

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	RC-Dietary	\$ (126,955)	1	1
2	RC-Food	(67,654)	2	2
3	RC-Housekeeping	(96,051)	3	3
4	RC-Laundry	(33,962)	4	4
5	RC-Heat & Utilities	(434,896)	5	5
6	RC-Maintainance	(268,807)	6	6
7	RC-Program Transportation	(21,202)	14	7
8	RC-Administrative	(98,107)	17	8
9	RC-Clerical & Office	(117,120)	21	9
10	RC-Employee Benefits/PR Taxes	(171,174)	22	10
11	RC-Insurance	(136,223)	26	11
12	RC-Direct Expenses (Depreciation)	(566,348)	43	12
13	RC-Activities Salaries	(227,945)	11	13
14	RC-Receptionists	(44,498)	10	14
15	Real Estate Taxes on RC	(141,344)	33	15
16	Marketing/Development Salaries	(12,860)	27	16
17	Lab, Xray, Ambulance services	(28,560)	43	17
18	RC - Interest Expense on RC building	(1,259,465)	32	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(3,853,171)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	(126,955)	0	0	0	0	0	0	0	0	0	0	(126,955)	1
2	Food Purchase	(80,190)	0	0	0	0	0	0	0	0	0	0	(80,190)	2
3	Housekeeping	(96,051)	0	0	0	0	0	0	0	0	0	0	(96,051)	3
4	Laundry	(33,962)	0	0	0	0	0	0	0	0	0	0	(33,962)	4
5	Heat and Other Utilities	(434,896)	0	0	0	0	0	0	0	0	0	0	(434,896)	5
6	Maintenance	(268,807)	0	0	0	0	0	0	0	0	0	0	(268,807)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,040,861)	0	(1,040,861)	8									
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(44,498)	0	0	0	0	0	0	0	0	0	0	(44,498)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(227,945)	0	0	0	0	0	0	0	0	0	0	(227,945)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	(21,202)	0	0	0	0	0	0	0	0	0	0	(21,202)	14
15	Other (specify):*	(29,919)	0	0	0	0	0	0	0	0	0	0	(29,919)	15
16	TOTAL Health Care and Programs	(323,564)	0	(323,564)	16									
	C. General Administration													
17	Administrative	(123,628)	0	0	0	0	0	0	0	0	0	0	(123,628)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	(32,862)	0	0	0	0	0	0	0	0	0	0	(32,862)	20
21	Clerical & General Office Expenses	(117,120)	0	0	0	0	0	0	0	0	0	0	(117,120)	21
22	Employee Benefits & Payroll Taxes	(171,174)	0	0	0	0	0	0	0	0	0	0	(171,174)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(136,223)	0	0	0	0	0	0	0	0	0	0	(136,223)	26
27	Other (specify):*	(12,860)	0	0	0	0	0	0	0	0	0	0	(12,860)	27
28	TOTAL General Administration	(593,867)	0	(593,867)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,958,292)	0	(1,958,292)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,259,465)	0	0	0	0	0	0	0	0	0	0	(1,259,465)	32
33	Real Estate Taxes	(141,344)	0	0	0	0	0	0	0	0	0	0	(141,344)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(1,400,809)	0	0	0	0	0	0	0	0	0	0	(1,400,809)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(594,908)	0	0	0	0	0	0	0	0	0	0	(594,908)	43
44	TOTAL Special Cost Centers	(594,908)	0	0	0	0	0	0	0	0	0	0	(594,908)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(3,954,009)	0	0	0	0	0	0	0	0	0	0	(3,954,009)	45

Facility Name & ID Number

Eden Village Care Center

0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Eden Village Care Center # 0023382 Report Period Beginning: 1/1/09 Ending: 12/31/09

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Eden Village Care Center

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Report Period Beginning:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Eden Village Care Center

0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Series 2006 Revenue Bonds		X	Construction & Equipment		12/1/2006	\$ 22,390,000	\$ 22,030,000	12/1/2036	5.00-5.85%	\$ 1,273,062	1							
2												2							
3												3							
4												4							
5												5							
Working Capital																			
6	The Bank of Edwardsville		X	Operations LOC		8/11/2008	1,050,000	1,050,000		5.0000	31,938	6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 23,440,000	\$ 23,080,000			\$ 1,305,000	9							
B. Non-Facility Related*																			
10												10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$	14							
15	TOTALS (line 9+line14)						\$ 23,440,000	\$ 23,080,000			\$ 1,305,000	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and

1. Real Estate Tax accrual used on 2008 report.		\$	244,084	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	65,428	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(178,656)	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	320,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	141,344	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2004	47,704	8	
	2005	44,707	9	
	2006	58,389	10	
	2007	63,416	11	
	2008	65,428	12	
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2008	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Eden Village Care Center

0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	138		1979	1979	\$ 2,008,520	\$ 22,414	30	\$ 22,414	\$	\$ 2,008,520	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Parking Lot - 13		1979		62,453		10			62,453	9
10	Alarm System-29		1979		1,193		10			1,193	10
11	Additions-106		1985		28,768	959	30	959		23,254	11
12	Roof-239		1989		21,453	535	20	535		21,453	12
13	Office Addition-269		1990		34,575	1,152	30	1,152		22,280	13
14	Blocks-Parking Lot-279		1991		391		15			391	14
15	Interior Office Walls-280		1991		3,102	124	25	124		2,357	15
16	Gas Pipe-283		1991		5,850	234	25	234		4,427	16
17	Floor-Kitchen-308		1991		3,046	152	20	152		2,778	17
18	Parking Lot-311		1991		8,447		15			8,447	18
19	Paved entrance Drive-330		1992		1,890		15			1,890	19
20	Buildings-CC-348		1992		104,840	4,194	25	4,194		71,992	20
21	Walkpads-365		1993		1,085	54	20	54		922	21
22	Gutters-399		1993		293	15	20	15		241	22
23	Fence-400		1993		700		15			700	23
24	Cedar Patio-Roof-401		1993		3,285	164	20	164		2,710	24
25	Roof-424		1993		10,956	548	20	548		8,902	25
26	Remodeling-Hall I-425		1993		23,174	927	25	927		15,064	26
27	Driveway Seal-433		1993		950	48	20	48		770	27
28	Signs-441		1993		6,956		12			6,956	28
29	Remodeling-Hall III-442		1993		20,060	802	25	802		12,905	29
30	Remodeling Hall 3-454		1994		10,620	425	25	425		6,727	30
31	Remodeling - Hall 5-455		1994		8,141	326	25	326		5,158	31
32	Improvements - 462		1994		2,896	48	15	48		2,896	32
33	Parking Lot-482		1994		3,188	159	20	159		2,471	33
34	Improvements-506		1994		650	33	15	33		650	34
35	Improvements-519		1994		138	9	15	9		138	35
36	Crash Rails		1994		3,070	188	15	188		3,070	36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	
37	<u>Improvements-541</u>	1995	\$ 2,360	\$ 118	20	\$ 118	\$	\$ 1,750	37
38	<u>Design & engineering Costs-546</u>	1995	4,410	221	20	221		3,255	38
39	<u>Improvements Rm. 501 - 554</u>	1995	1,800	90	20	90		1,328	39
40	<u>Improvements Rms. 403, 405, 407 - 555</u>	1995	5,400	270	20	270		3,983	40
41	<u>Improvements Rms. 400 & 401</u>	1995	4,035	202	20	202		2,976	41
42	<u>Improvements Rms. 409,411,413 - 567</u>	1995	5,400	270	20	270		3,938	42
43	<u>Improvements Rms. 408,410,412 - 572</u>	1995	5,754	288	20	288		4,173	43
44	<u>Rubber Roof & Insulation-583</u>	1995	23,522	1,176	20	1,176		16,955	44
45	<u>Improvements Rms. 402,404,406 - 584</u>	1995	5,594	280	20	280		4,033	45
46	<u>Improvements - 608</u>	1995	2,841	142	20	142		2,013	46
47	<u>Rubber Roof & Insulation-609</u>	1995	23,522	1,176	20	1,176		16,661	47
48	<u>Shower Room Improvements-619</u>	1995	6,285	314	20	314		4,425	48
49	<u>Improvements-622</u>	1996	1,867	93	20	93		1,306	49
50	<u>Crash Rails-627</u>	1996	2,829	189	15	189		2,626	50
51	<u>Remodel Rooms 509, 511, 513 - 635</u>	1996	7,080	354	20	354		4,867	51
52	<u>Remodel Rooms 503, 505, 507 - 641</u>	1996	7,080	354	20	354		4,867	52
53	<u>Install Phone Jacks-645</u>	1996	210		10			210	53
54	<u>Remodel Rooms 502,504,506 - 650</u>	1996	7,080	354	20	354		4,838	54
55	<u>Install Phone Jacks-656</u>	1996	210		10			210	55
56	<u>Remodel Rooms 508,510,512 - 668</u>	1996	7,080	354	20	354		4,779	56
57	<u>Remodel Rooms 209,211,213 - 684</u>	1996	7,080	354	20	354		4,720	57
58	<u>Remodel Rooms 203, 205,207 - 699</u>	1996	7,080	354	20	354		4,690	58
59	<u>Remodel Rooms 200,202,204 - 708</u>	1996	7,080	354	20	354		4,661	59
60	<u>Remodel Rooms 206,208,210 - 715</u>	1996	7,080	354	20	354		4,632	60
61	<u>Remodel Room 212</u>	1996	2,360	118	20	118		1,543	61
62	<u>Roof Repair-769</u>	1997	3,550	178	20	178		2,190	62
63	<u>CC Expan - Carpet & Wallcovering-806</u>	1998	14,587		5			14,587	63
64	<u>CC Const.-Administration/CC-807</u>	1998	895,205	22,380	40	22,380		268,561	64
65	<u>CC Const.-Therapy Center - 850</u>	1998	522,203	13,055	40	13,055		155,572	65
66	<u>CC Const.-Eng & Architect Fees-851</u>	1998	126,455	4,215	30	4,215		50,229	66
67	<u>Admin & chapel Carpet-853</u>	1998	19,121		5			19,121	67
68	<u>Walk-Off Pad-873</u>	1998	1,514	101	15	101		1,203	68
69	<u>Wall Covering - Lobby-877</u>	1998	876		10			876	69
70	TOTAL (lines 4 thru 69)		\$ 4,119,240	\$ 81,218		\$ 81,218	\$	\$ 2,923,493	70

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

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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 12A, Carried Forward		\$ 4,119,240	\$ 81,218		\$ 81,218	\$	\$ 2,923,493	1
2	Wall Covering-Therapy-881	1998	1,603		10			1,603	2
3	CC Roof Repair-886	1998	7,452		10			7,452	3
4	Wall Coverings-7 rooms-898	1998	17,500		10			17,500	4
5	Wallcoverings, Main Hall & Access-971	1999	1,566		10			1,566	5
6	Wallcoverings, Hall 3 & 4-972	1999	8,763		10			8,763	6
7	Crash Rails-973	1999	25,475	1,698	15	1,698		18,681	7
8	Install 17 fire/Smoke Dampers-985	1999	22,104	1,474	15	1,474		16,211	8
9	Monumental Bronze Plaque-987	1999	148		10			148	9
10	VH Design Charges-993	1999	734	24	30	24		266	10
11	Wallcoverings, Hall 1 & 2-997	1999	1,584	158	10	158		1,715	11
12	Wallcoverings-Nurse Station-1004	1999	669	67	10	67		720	12
13	Wallcoverings, Fire Doors & Nrs Stn-1008	1999	1,145	114	10	114		1,230	13
14	Wallcovering, Main dining Room-1009	1999	5,432	136	10	136		5,432	14
15	Alzheimers Corner Protectors	1999	1,701	113	15	113		1,208	15
16	Alz, Wallcovering-Liv/Din Area-1019	1999	4,493	151	10	151		4,493	16
17	Sprinkler System Improv.-1021	1999	3,135	209	15	209		2,212	17
18	Install Activity Room cove Base-1024	1999	60	2	10	2		60	18
19	Alarm System Repair-1025	1999	1,840	123	15	123		1,299	19
20	Alzheimers construction-1026	1999	504,922	12,623	40	12,623		133,592	20
21	Electrical Circuit Installation-1037	1999	447	30	15	30		314	21
22	Engineering Consulting-1057	1999	899	60	15	60		614	22
23	Wallcovering, Hall 1 Restroom-1060	1999	954	72	10	72		954	23
24	Custom Door, Frame, Hinges-1103	2000	555	56	10	56		552	24
25	Final CC Renovation Payment-1113	2000	11,000	275	40	275		2,682	25
26	Chair Rails-1167	2000	5,843	584	10	584		5,306	26
27	Carpet-Service Hall-1165	2000	2,444		5			2,444	27
28	Alzheimer Construction-Final-1500	2001	31,865	2,124	15	2,124		18,764	28
29	Skilled nursing Facility-1312	2005	14,928	1,493	10	1,493		7,091	29
30	Remodel Skilled Facility-3219	2005	18,720	1,872	10	1,872		8,892	30
31	Comp Activity Study-3224	2005	7,500	750	10	750		3,563	31
32	Skilled Nursing Facility-28% Work completed-3233	2005	15,720	1,572	10	1,572		7,336	32
33	50% Skilled Completed - 3249	2005	28,348	2,835	10	2,835		12,993	33
34	TOTAL (lines 1 thru 33)		\$ 4,868,789	\$ 109,833		\$ 109,833	\$	\$ 3,219,149	34

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

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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 12B, Carried Forward		\$ 4,868,789	\$ 109,833		\$ 109,833	\$	\$ 3,219,149	1
2	Skilled Nursing Facility 70%-3265	2005	24,695	2,469	10	2,469		11,111	2
3	Care Center Review Blueprints-3268	2005	9,600	960	10	960		4,240	3
4	Consult Remodeling Campus-3272	2005	1,743	174	10	174		769	4
5	Remodel Skill Nursing Facility - 80@ Complete-3274	2005	12,941	1,294	10	1,294		5,715	5
6	Update Market Feasability Study-glen Carbon-3284	2005	2,642	264	10	264		1,122	6
7	Update Market Feasability Study-glen Carbon-3285	2005	3,900	390	10	390		1,658	7
8	Hall 2 Exit Drawings-3333	2006	1,826	183	10	183		716	8
9	Pull New Cable SNF Const. Package-3337	2006	1,512	151	10	151		592	9
10	Exit Upgrades to Code-3351	2006	82,926	4,146	20	4,146		15,202	10
11	Hall 3 remodel-3376	2006	949	95	10	95		332	11
12	Landscaping -CC-398	1993	809		10			809	12
13	Flower Bed Irrigation system-786	1997	2,450	163	15	163		1,986	13
14	Vinyl Fence-852	1997	3,731	249	15	249		2,965	14
15	Parking Lot Asphalt-922	1998	18,949		10			18,949	15
16	Upgrade Parking Lighting-CC-955	1998	3,750	250	15	250		2,771	16
17	Signage Program, 1/2 CC-1000	1999	20,523	1,368	15	1,368		14,822	17
18	Courtyard Landscaping-CC-1044	1999	8,900	519	10	519		8,900	18
19	Pond sidewalk Repair-CC-1046	1999	3,485	232	15	232		2,419	19
20	100 Ft. Vinyl Fence-CC-1069	1999	1,383	92	15	92		936	20
21	Wallpaper & Floor Covering, Activity-1150	2000	1,537		5			1,537	21
22	Linoleum-Activity Room-1161	2000	5,523		5			5,523	22
23	Sidewalk-1162	2000	4,235	212	20	212		1,942	23
24	Landscaping-Main Ent & Therapy-1543	2001	4,865	486	10	486		4,174	24
25	Painting-Main Hall & Bathrooms-1544	2001	1,774	177	10	177		1,521	25
26	RipRap (Rock)-Lake-1545	2001	1,109	111	10	111		942	26
27	Parking Lot Sealing/Striping - CC/Therapy-1546	2001	7,183	718	10	718		5,925	27
28	Install Delayed Egress on Doors-1547	2001	3,400	340	10	340		2,748	28
29	Tree Removal-1548	2001	585	59	10	59		489	29
30	Clean Nurse Stn A/C Unit-1549	2001	916	92	10	92		787	30
31	Heat Tape in Downspouts-1550	2001	4,905	491	10	491		4,212	31
32	Roof Repairs-1551	2002	3,148	315	10	315		2,702	32
33	Employee Lounge-2081	2002	3,150	126	25	126		903	33
34	TOTAL (lines 1 thru 33)		\$ 5,117,833	\$ 125,959		\$ 125,959	\$	\$ 3,348,568	34

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

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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 12C, Carried Forward		\$ 5,117,833	\$ 125,959		\$ 125,959	\$	\$ 3,348,568	1
2	Front Receptionist Desk Area-2084	2002	2,400	96	25	96		680	2
3	New Nurses Station Hall 6-2085	2002	800	32	25	32		227	3
4	Nurses Station Hall 6-2086	2002	2,850	114	25	114		808	4
5	Removal of Nurses Station-3003	2003	875	35	25	35		245	5
6	Carpet by Aviary-CC-3021	2003	2,885	115	25	115		797	6
7	Restripe Parking Lot-3028	2003	735	74	10	74		498	7
8	Landscape Lake Area-3068	2003	671	67	10	67		413	8
9	Landscape Main entrance-3070	2003	2,625	263	10	263		1,620	9
10	Walls for Art/Music Therapy Room-3076	2003	2,170	108	20	108		658	10
11	Kitchen/Store Room/Office-3089	2004	7,201	360	20	360		2,130	11
12	Concrete Work-CC-3117	2004	1,095	110	10	110		604	12
13	Employee Smoking Area/1st Half-3145	2004	2,500	100	25	100		508	13
14	Glass Window PT Recept Desk-3147	2004	3,058	122	25	122		621	14
15	Floor for Tub Room 2,4,5-3149	2004	4,820	193	25	193		981	15
16	Floor for Two Entry Baths-3150	2004	872	35	25	35		178	16
17	Floor in Tub Room #1-3151	2004	1,221	49	25	49		249	17
18	Employee Patio-3158	2004	2,500	100	25	100		508	18
19	Lavatories 306/308-3205	2005	210	21	10	21		102	19
20	Sewer in Hallways-3206	2005	1,180	118	10	118		570	20
21	6 Insulated windows-3244	2005	2,140	214	10	214		981	21
22	Metal Doors-3245	2005	3,696	148	25	148		678	22
23	Dock foundation-3251	2005	550	37	15	37		166	23
24	Care Center Roof-3273	2005	24,639	986	25	986		4,357	24
25	Sealing & Strip Parking Lot-3278	2005	5,550	1,110	5	1,110		4,718	25
26	New Conf Room Door-3334	2006	725	73	10	73		291	26
27	Two Mute Swans-3353	2006	1,425	285	5	285		1,045	27
28	Sidewalk-3356	2006	1,020	102	10	102		374	28
29	Reimbursement Swan Purchase-3364	2006	625	125	5	125		448	29
30	Cooler electric to Generator-3419	2006	11,640	1,164	10	1,164		3,880	30
31	Hall 3 renovations-3431	2006	17,447	1,745	10	1,745		6,104	31
32	Waterblast & Prep/Paint-500C	1994	13,333		10			13,333	32
33	Asset Retirement Cost (FIN 47)	2006	20,377	1,699	12	1,699		5,097	33
34	TOTAL (lines 1 thru 33)		\$ 5,261,668	\$ 135,759		\$ 135,759	\$	\$ 3,402,437	34

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

Facility Name & ID Number Eden Village Care Center

0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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 12D, Carried Forward		\$ 5,261,668	\$ 135,759		\$ 135,759	\$	\$ 3,402,437	1
2	Anderson Windows	2007	3,273	561	6	561		1,356	2
3	New Doors, Smoke Dampers, other Safety Code improvements	2007	78,537	15,707	5	15,707		41,886	3
4	Hot Water Lines and Mixing Valves	2007	7,380	738	10	738		1,845	4
5	Professional Services	2008	189	5	40	5		10	5
6	Flooring upgrades	2008	22,893	2,289	10	2,289		4,578	6
7	Replaced Damaged Doors	2008	8,624	862	10	862		862	7
8	Fountain and Benches (Wetzel Family Memorial)	2008	6,580	165	20	165		330	8
9	Sign for Fountain	2008	530	9	20	9		18	9
10	MPM Fire Alarm	2008	2,355	353	5	353		706	10
11	Doors	2008	6,553	382	10	382		764	11
12	Tech Electric State Survey	2009	2,548		10				12
13									13
14									14
15									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)		\$ 5,401,130	\$ 156,830		\$ 156,830	\$	\$ 3,454,792	34

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

Facility Name & ID Number Eden Village Care Center

0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,171,880	\$ 137,511	\$ 137,511	\$	Various	\$ 751,708	71
72	Current Year Purchases	31,277	1,878	1,878		Various	1,878	72
73	Fully Depreciated Assets	1,187,574	7,863	7,863		Various	1,187,574	73
74								74
75	TOTALS	\$ 2,390,731	\$ 147,252	\$ 147,252	\$		\$ 1,941,160	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility Business	1990 Van - 275	1990	\$ 40,188	\$	\$	\$	4	\$ 40,188	76
77	Facility Business	2005 Ford 20 Passenger Bus	2004	54,530	3,635	3,635		15	18,896	77
78	Facility Business	Wheelchair Accessible Van	2007	40,050	4,405	4,405		10	11,513	78
79										79
80	TOTALS			\$ 134,768	\$ 8,040	\$ 8,040	\$		\$ 70,597	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,092,924	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 312,122	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 312,122	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,466,549	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-Care Vehicles	\$ 61,474	\$	\$ 61,474	86
87	RC/AL/Apt Duplexes Land	126,596			87
88	Retirement Center/AL/Apts/Duplexes	25,963,334	708,992	5,136,747	88
89					89
90					90
91	TOTALS	\$ 26,151,404	\$ 708,992	\$ 5,198,221	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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? _____

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ _____			3
4	Additions							4
5								5
6								6
7	TOTAL				\$ _____			7

8. List separately any amortization of lease expense included on page 4, line 34. _____

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? _____

YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ _____	\$ _____	17
18					18
19					19
20					20
21	TOTAL		\$ _____	\$ _____	21

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2010 \$ _____

13. _____ /2011 \$ _____

14. _____ /2012 \$ _____

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10A-3	hrs		\$	3,876	\$ 231,037	\$	3,876	\$ 231,037	1
2	Licensed Speech and Language Development Therapist	10A-3	hrs			1,677	86,981		1,677	86,981	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	10A-3	hrs			4,490	196,857		4,490	196,857	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	39-3	# of prescripts					178,459		178,459	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify): _____										12
13	Other (specify): _____										13
14	TOTAL				\$	10,043	\$ 514,875	\$ 178,459	10,043	\$ 693,334	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Eden Village Care Center

0023382

Report Period Beginning: 1/1/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits	2,786		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>58,235</u>)	1,049,252		3
4	Supply Inventory (priced at)	19,572		4
5	Short-Term Investments			5
6	Prepaid Insurance	75,483		6
7	Other Prepaid Expenses	10,055		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Reimb. Medicare Bad Debts</u>	24,715		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,181,863	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	292,891		13
14	Buildings, at Historical Cost	30,771,835		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,179,602		16
17	Accumulated Depreciation (book methods)	(10,664,770)		17
18	Deferred Charges	753,759		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): <u>Bond Funds</u>	1,760,041		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 26,093,358	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 27,275,221	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 601,101	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,786		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	140,926		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	320,000		32
33	Accrued Interest Payable	106,480		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Prelease Deposits</u>	233,300		36
37	<u>Other Accrued Expenses and LOC</u>	1,752,727		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,157,320	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	22,030,000		41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Deferred Entrance Fees</u>	1,283,581		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 23,313,581	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 26,470,901	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 804,320	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 27,275,221	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,688,749	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,688,749	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(884,429)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (884,429)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 804,320	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Eden Village Care Center# 0023382Report Period Beginning: 1/1/09Ending: 12/31/09

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,944,726	1
2	Discounts and Allowances for all Levels	(1,431,719)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,513,007	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	13,471	5
6	Therapy	202,687	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 216,158	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	23,719	13
14	Non-Patient Meals	12,536	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	2,563	19
20	Radiology and X-Ray	293	20
21	Other Medical Services	96,040	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 135,151	23
D. Non-Operating Revenue			
24	Contributions	18,340	24
25	Interest and Other Investment Income***	9,554	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 27,894	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>AL/Apt/Garden Home Revenue</u>	2,732,288	28
28a	<u>Other Revenue</u>	33,280	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,765,568	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,657,778	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,302,791	31
32	Health Care	3,410,660	32
33	General Administration	1,951,252	33
B. Capital Expense			
34	Ownership	1,786,738	34
C. Ancillary Expense			
35	Special Cost Centers	1,015,211	35
36	Provider Participation Fee	75,555	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,542,207	40
41	Income before Income Taxes (line 30 minus line 40)**	(884,429)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (884,429)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number **Eden Village Care Center**

0023382

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	4,184	4,184	\$ 109,918	\$ 26.27	1
2	Assistant Director of Nursing					2
3	Registered Nurses	9,731	9,731	199,881	20.54	3
4	Licensed Practical Nurses	34,924	34,924	711,111	20.36	4
5	CNAs & Orderlies	108,340	108,340	1,031,161	9.52	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	8,620	8,620	91,567	10.62	10
11	Social Service Workers	2,140	2,140	57,565	26.90	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	42,490	42,490	373,397	8.79	15
16	Dishwashers					16
17	Maintenance Workers	14,671	14,671	181,979	12.40	17
18	Housekeepers	20,982	20,982	176,499	8.41	18
19	Laundry	9,427	9,427	79,297	8.41	19
20	Administrator	1,702	1,702	75,790	44.53	20
21	Assistant Administrator	2,080	2,080	55,542	26.70	21
22	Other Administrative	6,255	6,255	149,951	23.97	22
23	Office Manager					23
24	Clerical	5,942	5,942	61,803	10.40	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	6,721	6,721	48,053	7.15	31
32	Other Health C: Senior Fit	2,848	2,848	29,298	10.29	32
33	Other(specify)	44,472	44,472	449,369	10.10	33
34	TOTAL (lines 1 - 33)	325,529	325,529	\$ 3,882,181 *	\$ 11.93	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	346	\$ 12,132	1-3	35
36	Medical Director	108	16,800	9-3	36
37	Medical Records Consultant	12	360	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	24	720	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20	567	11-3	44
45	Social Service Consultant	20	506	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	530	\$ 31,085		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	473	\$ 20,145	10-3	50
51	Licensed Practical Nurses	602	19,196	10-3	51
52	Certified Nurse Assistants/Aides	1,740	35,635	10-3	52
53	TOTAL (lines 50 - 52)	2,815	\$ 74,976		53

Facility Name & ID Number Eden Village Care Center

0023382

Report Period Beginning: 1/1/09

Ending: 12/31/09

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Beth Breihan	Administrator		\$ 35,601	Workers' Compensation Insurance	\$ 328,258	IDPH License Fee	\$	
(1/2 of salary is allocated to RCF)			35,600	Unemployment Compensation Insurance	52,847	Advertising: Employee Recruitment		
Tina Kassing	RC Administrator		49,261	FICA Taxes	295,000	Health Care Worker Background Check		
				Employee Health Insurance	364,547	(Indicate # of checks performed)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Marketing, Advertising, and PR	32,862	
				RC Allocation	(171,174)	Dues, Subscriptions, and Licenses	14,105	
				401K	12,000			
				General Incentives	30,621			
				Prescreenings/Vaccinations	15,866			
				Uniforms	1,314			
						Less: Public Relations Expense	(32,232)	
						Non-allowable advertising	(630)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 120,462					
(List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)	\$ 929,279	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 14,105	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Bad Debt			\$ 25,521			\$	Out-of-State Travel	\$
Interest Expense			13,980					
Marketing Expense			847				In-State Travel	1,300
Miscellaneous			3,315					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 43,663				Seminar Expense	2,187
(Attach a copy of any management service agreement)								
C. Professional Services				TOTAL			Entertainment Expense	
Vendor/Payee	Type		Amount			\$	(agree to Sch. V, line 24, col. 8)	()
Coffey & McCracken Law Firm	Legal		\$ 20,065	TOTAL				
Heyl, Royster, Voelker & Allen	Legal - EEOC		3,844				TOTAL	\$ 3,487
Greensfelder	Legal		592					
LarsonAllen LLP	Accounting		34,802					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 59,303					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Eden Village Care Center# 0023382Report Period Beginning: 1/1/09Ending: 12/31/09**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. LSN - \$8,998
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 30,563 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 75,555
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0%
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: LarsonAllen LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.