

Facility Name & ID Number Eden Village Care Center

0023382 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	10,618	22,484	4,857	37,959	8	
9	SNF/PED					9	
10	ICF					10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	10,618	22,484	4,857	37,959	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.36%

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 4,113

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/10 Fiscal Year: 12/31/10

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Eden Village Care Center # 0023382 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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	363,703	60,842	19,207	443,752		443,752	(149,608)	294,144		1
2	Food Purchase		484,883		484,883		484,883	(229,549)	255,334		2
3	Housekeeping	263,856	82,097	2,865	348,818		348,818	(94,002)	254,816		3
4	Laundry							(35,635)	(35,635)		4
5	Heat and Other Utilities			486,282	486,282		486,282	(402,199)	84,083		5
6	Maintenance	232,365	1,340	301,163	534,868		534,868	(270,993)	263,875		6
7	Other (specify):*										7
8	TOTAL General Services	859,924	629,162	809,517	2,298,603		2,298,603	(1,181,986)	1,116,617		8
	B. Health Care and Programs										
9	Medical Director			16,800	16,800		16,800		16,800		9
10	Nursing and Medical Records	2,178,806	155,728	109,626	2,444,160		2,444,160	(41,696)	2,402,464		10
10a	Therapy		2,544	554,803	557,347		557,347		557,347		10a
11	Activities	341,089	9,111	6,670	356,870		356,870	(233,231)	123,639		11
12	Social Services	69,340	3,880	5,341	78,561		78,561		78,561		12
13	CNA Training										13
14	Program Transportation	36,310	3,485	1,565	41,360		41,360	(21,067)	20,293		14
15	Other (specify):* Seniors N Motion	18,801	690	85	19,576		19,576	(19,576)			15
16	TOTAL Health Care and Programs	2,644,346	175,438	694,890	3,514,674		3,514,674	(315,570)	3,199,104		16
	C. General Administration										
17	Administrative	129,716	498	75,449	205,663		205,663	(175,720)	29,943		17
18	Directors Fees										18
19	Professional Services			50,140	50,140		50,140		50,140		19
20	Dues, Fees, Subscriptions & Promotions			58,032	58,032		58,032	(40,931)	17,101		20
21	Clerical & General Office Expenses	211,619	34,249	132,150	378,018		378,018	(126,726)	251,292		21
22	Employee Benefits & Payroll Taxes			917,616	917,616		917,616	(143,507)	774,109		22
23	Inservice Training & Education			100	100		100		100		23
24	Travel and Seminar			4,597	4,597		4,597		4,597		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			162,680	162,680		162,680	(134,551)	28,129		26
27	Other (specify):* Mktg/Development			5,906	5,906		5,906	(5,906)			27
28	TOTAL General Administration	341,335	34,747	1,406,670	1,782,752		1,782,752	(627,341)	1,155,411		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,845,605	839,347	2,911,077	7,596,029		7,596,029	(2,124,897)	5,471,132		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:

1/1/2010

Ending:

12/31/2010

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			271,450	271,450		271,450		271,450			30
31	Amortization of Pre-Op. & Org.			28,272	28,272		28,272		28,272			31
32	Interest			1,281,761	1,281,761		1,281,761	(1,241,382)	40,379			32
33	Real Estate Taxes			330,000	330,000		330,000	(330,000)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			1,911,483	1,911,483		1,911,483	(1,571,382)	340,101			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			189,191	189,191		189,191		189,191			39
40	Barber and Beauty Shops	53,443	4,544		57,987		57,987		57,987			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			754,075	754,075		754,075	(579,108)	174,967			43
44	TOTAL Special Cost Centers	53,443	4,544	1,018,821	1,076,808		1,076,808	(579,108)	497,700			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,899,048	843,891	5,841,381	10,584,320		10,584,320	(4,275,387)	6,308,933			45

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

Eden Village Care Center

ID# 0023382

Report Period Beginning: 1/1/2010

Ending: 12/31/2010

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	RC-Dietary	\$ (149,608)	1	1
2	RC-Food	(212,701)	2	2
3	RC-Housekeeping	(94,002)	3	3
4	RC-Laundry	(35,635)	4	4
5	RC-Heat & Utilities	(402,199)	5	5
6	RC-Maintainance	(270,993)	6	6
7	RC-Program Transportation	(21,067)	14	7
8	RC-Administrative	(119,278)	17	8
9	RC-Clerical & Office	(126,726)	21	9
10	RC-Employee Benefits/PR Taxes	(143,507)	22	10
11	RC-Insurance	(134,551)	26	11
12	RC-Direct Expenses (Depreciation)	(538,688)	43	12
13	RC-Activities Salaries	(233,231)	11	13
14	RC-Receptionists	(41,696)	10	14
15	Real Estate Taxes on RC	(330,000)	33	15
16	Marketing/Development Salaries	(5,906)	27	16
17	Lab, Xray, Ambulance services	(40,420)	43	17
18	RC - Interest Expense on RC building	(1,241,382)	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	(4,141,590)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	(149,608)	0	0	0	0	0	0	0	0	0	0	(149,608)	1
2	Food Purchase	(229,549)	0	0	0	0	0	0	0	0	0	0	(229,549)	2
3	Housekeeping	(94,002)	0	0	0	0	0	0	0	0	0	0	(94,002)	3
4	Laundry	(35,635)	0	0	0	0	0	0	0	0	0	0	(35,635)	4
5	Heat and Other Utilities	(402,199)	0	0	0	0	0	0	0	0	0	0	(402,199)	5
6	Maintenance	(270,993)	0	0	0	0	0	0	0	0	0	0	(270,993)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(1,181,986)	0	(1,181,986)	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	(41,696)	0	0	0	0	0	0	0	0	0	0	(41,696)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(233,231)	0	0	0	0	0	0	0	0	0	0	(233,231)	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	(21,067)	0	0	0	0	0	0	0	0	0	0	(21,067)	14
15	Other (specify):*	(19,576)	0	0	0	0	0	0	0	0	0	0	(19,576)	15
16	TOTAL Health Care and Programs	(315,570)	0	(315,570)	16									
	C. General Administration													
17	Administrative	(175,720)	0	0	0	0	0	0	0	0	0	0	(175,720)	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	(40,931)	0	0	0	0	0	0	0	0	0	0	(40,931)	20
21	Clerical & General Office Expenses	(126,726)	0	0	0	0	0	0	0	0	0	0	(126,726)	21
22	Employee Benefits & Payroll Taxes	(143,507)	0	0	0	0	0	0	0	0	0	0	(143,507)	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	(134,551)	0	0	0	0	0	0	0	0	0	0	(134,551)	26
27	Other (specify):*	(5,906)	0	0	0	0	0	0	0	0	0	0	(5,906)	27
28	TOTAL General Administration	(627,341)	0	(627,341)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(2,124,897)	0	(2,124,897)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Eden Village Care Center# 0023382

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	(1,241,382)	0	0	0	0	0	0	0	0	0	0	(1,241,382)	32
33	Real Estate Taxes	(330,000)	0	0	0	0	0	0	0	0	0	0	(330,000)	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	(1,571,382)	0	0	0	0	0	0	0	0	0	0	(1,571,382)	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):*	(579,108)	0	0	0	0	0	0	0	0	0	0	(579,108)	43
44	TOTAL Special Cost Centers	(579,108)	0	0	0	0	0	0	0	0	0	0	(579,108)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(4,275,387)	0	0	0	0	0	0	0	0	0	0	(4,275,387)	45

Facility Name & ID Number

Eden Village Care Center

0023382

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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:

1/1/2010

Ending:

12/31/2010

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

0023382

Report Period Beginning:

1/1/2010

Ending: 2/31/2010

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:

1/1/2010

Ending:

12/31/2010

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	\$ 21,650,000	12/1/2036	5.00-5.85%	\$ 1,241,382	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	825,000		4.0000	40,379	6							
7												7							
8												8							
9	TOTAL Facility Related						\$ 23,440,000	\$ 22,475,000			\$ 1,281,761	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	\$ 22,475,000			\$ 1,281,761	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 bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2009 report.		\$	320,000		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.)		\$	311,564		2
3. Under or (over) accrual (line 2 minus line 1).		\$	(8,436)		3
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	336,616		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.		\$	328,180		7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2005	44,707			8
	2006	58,389			9
	2007	63,416			10
	2008	65,428			11
	2009	311,564			12
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2009	\$		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.

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Eden Village Care Center COUNTY Madison

FACILITY IDPH LICENSE NUMBER 0023382

CONTACT PERSON REGARDING THIS REPORT Ron Hassler

TELEPHONE (618) 288-5014 FAX #: (618) 288-0206

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>14-2-15-26-02-202-096</u>	<u>Cottonwood Trace PT Lot 3</u>	\$ <u>102.24</u>	\$ _____
2.	<u>14-1-15-26-02-202-098.001</u>	<u>NE/C NE</u>	\$ <u>57.88</u>	\$ _____
3.	<u>14-2-15-26-02-202-101</u>	<u>Cottonwood Trace-First Add LT PT 8</u>	\$ <u>1,277.68</u>	\$ _____
4.	<u>14-2-15-26-02-202-097</u>	<u>Cottonwood Trace PT Lot 2</u>	\$ <u>9,143.32</u>	\$ _____
5.	<u>14-2-15-26-02-202-165</u>	<u>Eden Village Subd 1st Addn Lot 1</u>	\$ <u>58,285.32</u>	\$ _____
6.	<u>14-2-15-26-02-202-100</u>	<u>Cottonwood Trace First Add PT Lots</u>	\$ <u>242,697.12</u>	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
TOTALS			\$ <u>311,563.56</u>	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES _____ NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Eden Village Care Center

0023382

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

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	\$	30	\$	\$	\$ 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		24,213	11
12		Roof-239		1989	21,453		20			21,453	12
13		Office Addition-269		1990	34,575	1,152	30	1,152		23,434	13
14		Blocks - Parking Lot-279		1991	391		15			391	14
15		Interior Office Walls-280		1991	3,102	124	25	124		2,482	15
16		Gas Pipe-283		1991	5,850	234	25	234		4,661	16
17		Floor - Kitchen-308		1991	3,046	152	20	152		2,931	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		76,184	20
21		Walkpads-365		1993	1,085	54	20	54		976	21
22		Gutters-399		1993	293	15	20	15		256	22
23		Fence-400		1993	700		15			700	23
24		Cedar Patio - Roof-401		1993	3,285	164	20	164		2,875	24
25		Landscaping - CC-398		1993	809		10			809	25
26		Roof-424		1993	10,956	548	20	548		9,450	26
27		Remodeling - Hall I-425		1993	23,174	927	25	927		15,991	27
28		Driveway Seal-433		1993	950	48	20	48		816	28
29		Signs-441		1993	6,956		12			6,956	29
30		Remodeling - Hall III-442		1993	20,060	802	25	802		13,708	30
31		Remodeling Hall 3-454		1994	10,620	425	25	425		7,151	31
32		Remodeling Hall 5-455		1994	8,141	326	25	326		5,482	32
33		Improvements-462		1994	2,896		15			2,896	33
34		Parking Lot-482		1994	3,188	159	20	159		2,631	34
35		Waterblast & Prep/Paint-500C		1994	13,333		10			13,333	35
36		Improvements-506		1994	650		15			650	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:

1/1/2010

Ending:

12/31/2010**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-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	
37 Improvements-519	1994	\$ 138	\$	15	\$	\$	\$ 138	37
38 Crash Rails-525	1994	3,070		15			3,070	38
39 Improvements-541	1995	2,360	118	20	118		1,868	39
40 Design & Engineering Costs-546	1995	4,410	221	20	221		3,474	40
41 Improvements Rm. 501-554	1995	1,800	90	20	90		1,418	41
42 Improvements Rms. 403, 405, 407-555	1995	5,400	270	20	270		4,253	42
43 Improvements Rms. 400 & 401-556	1995	4,035	202	20	202		3,177	43
44 Improvements Rms. 409, 411, 413-567	1995	5,400	270	20	270		4,208	44
45 Improvements Rms. 408, 410, 412-572	1995	5,754	288	20	288		4,460	45
46 Rubber Roof & Insulation-583	1995	23,522	1,176	20	1,176		18,132	46
47 Improvements Rms. 402, 404, 406-584	1995	5,594	280	20	280		4,312	47
48 Improvements-608	1995	2,841	142	20	142		2,155	48
49 Rubber Roof & Insulation-609	1995	23,522	1,176	20	1,176		17,838	49
50 Shower Room Improvements-619	1995	6,285	314	20	314		4,740	50
51 Improvements-622	1996	1,867	93	20	93		1,400	51
52 Crash Rails-627	1996	2,829	189	15	189		2,814	52
53 Remodel Rooms 509, 511, 513-635	1996	7,080	354	20	354		5,222	53
54 Remodel Rooms 503, 505, 507-641	1996	7,080	354	20	354		5,222	54
55 Install Phone Jacks-645	1996	210		10			210	55
56 Remodel Rooms 502, 504, 506-650	1996	7,080	354	20	354		5,192	56
57 Install Phone Jacks-656	1996	210		10			210	57
58 Remodel Rooms 508, 510, 512-668	1996	7,080	354	20	354		5,133	58
59 Remodel Rooms 209, 211, 213-684	1996	7,080	354	20	354		5,074	59
60 Remodel Rooms 203, 205, 207-699	1996	7,080	354	20	354		5,045	60
61 Remodel Rooms 200, 202, 204-708	1996	7,080	354	20	354		5,015	61
62 Remodel Rooms 206, 208, 210-715	1996	7,080	354	20	354		4,986	62
63 Remodel Room 212-719	1996	2,360	118	20	118		1,661	63
64 Roof Repair-769	1997	3,550	177	20	177		2,366	64
65 Flower Bed Irrigation System - CC-786	1997	2,450	163	15	163		2,150	65
66 CC Expan - Carpet & Wallcovering-806	1998	14,587		5			14,587	66
67 CC Const. - Administration/CC-807	1998	895,205	22,380	40	22,380		290,942	67
68 CC Const. - Therapy Center-850	1998	522,203	13,055	40	13,055		168,628	68
69 CC Const. - Eng & Architect Fees-851	1998	126,455	4,215	30	4,215		54,445	69
70 TOTAL (lines 4 thru 69)		\$ 4,114,318	\$ 58,053		\$ 58,053	\$	\$ 2,976,472	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:

1/1/2010

Ending:

12/31/2010**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		\$ 4,114,318	\$ 58,053		\$ 58,053	\$	\$ 2,976,472	1
2	Vinyl Fence - CC-852	1998	3,731	249	15	249		3,213	2
3	Admin & Chapel Carpet-853	1998	19,121		5			19,121	3
4	Walk-Off Pad-873	1998	1,514	101	15	101		1,304	4
5	Wall Covering - Lobby-877	1998	876		10			876	5
6	Wall Covering - Therapy-881	1998	1,603		10			1,603	6
7	CC Roof Repair-886	1998	7,452		10			7,452	7
8	Wall Coverings - 7 Rooms-898	1998	17,500		10			17,500	8
9	Parking Lot Asphalt - 1/2 CC-922	1998	18,949		10			18,949	9
10	Upgrade Parking Lighting - CC-955	1998	3,750	250	15	250		3,020	10
11	Wallcoverings, Main Hall & Access-971	1999	1,566		10			1,566	11
12	Wallcovering, Hall 3 & 4-972	1999	8,763		10			8,763	12
13	Crash Rails-973	1999	25,475	1,698	15	1,698		20,380	13
14	Install 17 Fire/Smoke Dampers-985	1999	22,104	1,474	15	1,474		17,683	14
15	Monumental Bronze Plaque-987	1999	148		10			148	15
16	VH Design Charges-993	1999	734	24	30	24		292	16
17	Wallcoverings, Hall 1 & 2-997	1999	1,584		10			1,584	17
18	Signage Program, 1/2 CC-1000	1999	20,523	1,368	15	1,368		16,191	18
19	Wallcoverings-Nurse Stn-1004	1999	669		10			669	19
20	Wallcoverings, Fire Doors & Nrs Stn-1008	1999	1,145		10			1,145	20
21	Wallcovering, Main Dining Room-1009	1999	5,432		10			5,432	21
22	Alzheimers Corner Protectors-1018	1999	1,701	113	15	113		1,323	22
23	Alz, Wallcovering - Liv/Din Area-1019	1999	4,493		10			4,493	23
24	Sprinkler System Improv.-1021	1999	3,135	209	15	209		2,421	24
25	Install Activity Room Cove Base-1024	1999	60		10			60	25
26	Alarm System Repair-1025	1999	1,840	123	15	123		1,421	26
27	Alzheimers Construction-1026	1999	504,922	12,623	40	12,623		146,217	27
28	Electrical Circuit Installation-1037	1999	447	30	15	30		344	28
29	Courtyard Landscaping-CC-1044	1999	8,900		10			8,900	29
30	Pond Sidewalk Repair-CC-1046	1999	3,485	232	15	232		2,652	30
31	Engineering Consulting-1057	1999	899	60	15	60		674	31
32	Wallcovering, Hall 1 Restroom-1060	1999	954		10			954	32
33	100 Ft. Vinyl Fence-CC-1069	1999	1,383	92	15	92		1,029	33
34	TOTAL (lines 1 thru 33)		\$ 4,809,176	\$ 76,699		\$ 76,699	\$	\$ 3,293,851	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:

1/1/2010

Ending:

12/31/2010**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		\$ 4,809,176	\$ 76,699		\$ 76,699	\$	\$ 3,293,851	1
2	Custom Door, Frame, Hinges-1103	2000	555	4	10	4		555	2
3	Final CC Renovation Pymt-1113	2000	11,000	275	40	275		2,957	3
4	Wallpaper & Floor Covering, Activity-1150	2000	1,537		5			1,537	4
5	Sidewalk-1162	2000	4,235	212	20	212		2,153	5
6	Linoleum-Activity Room-1161	2000	5,523		5			5,523	6
7	Chair Rails-1167	2000	5,843	536	10	536		5,843	7
8	Carpet-Service Hall-1165	2000	2,444		5			2,444	8
9	Alzheimer Construction - Final-1500	2001	31,865	2,124	15	2,124		20,890	9
10	Landscaping-Main Ent & Therapy-1543	2001	4,865	486	10	486		4,662	10
11	Painting - Main Hall & Bathrooms-1544	2001	1,774	177	10	177		1,700	11
12	Clean Nurse Stn A/c Unit-1549	2001	916	92	10	92		877	12
13	Heat Tape In Down Spouts-1550	2001	4,905	491	10	491		4,701	13
14	Roof Repairs-1551	2001	3,148	315	10	315		3,016	14
15	RipRap (Rock) - Lake-1545	2001	1,109	111	10	111		1,053	15
16	Tree Removal-1548	2001	585	59	10	59		547	16
17	Parking Lot Sealing / Striping - CC/Therapy-1546	2001	7,183	718	10	718		6,644	17
18	Install Delayed Egress On Doors-1547	2001	3,400	340	10	340		3,088	18
19	Employee Lounge-2081	2002	3,150	126	25	126		1,029	19
20	Front Receptionist Desk Area-2084	2002	2,400	96	25	96		776	20
21	New Nurses Station Hall 6-2085	2002	800	32	25	32		259	21
22	Nurses Station Hall 6-2086	2002	2,850	114	25	114		922	22
23	Removal Of Nurses Station-3003	2003	875	35	25	35		280	23
24	Carpet By Aviary - CC-3021	2003	2,885	115	25	115		914	24
25	Restripe Parking Lot-3028	2003	735	74	10	74		570	25
26	Landscape Lake Area-3068	2003	671	67	10	67		481	26
27	Landscape Main Entrance-3070	2003	2,625	263	10	263		1,882	27
28	Walls For Art/Music Therapy Room-3076	2003	2,170	108	20	108		768	28
29	Kitchen/store Room/office-3089	2004	7,201	360	20	360		2,490	29
30	Concrete Work CC-3117	2004	1,095	110	10	110		712	30
31	Employee Smoking Area/1st Half-3145	2004	2,500	100	25	100		608	31
32	Glass Window PT Recept Desk-3147	2004	3,058	122	25	122		744	32
33	Floor For Tub Room 2,4,5-3149	2004	4,820	193	25	193		1,173	33
34	TOTAL (lines 1 thru 33)		\$ 4,937,897	\$ 84,553		\$ 84,553	\$	\$ 3,375,649	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:

1/1/2010

Ending:

12/31/2010**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		\$ 4,937,897	\$ 84,553		\$ 84,553	\$	\$ 3,375,649	1
2	Floor In Two Entry Baths-3150	2004	872	35	25	35		212	2
3	Floor In Tub Room #1-3151	2004	1,221	49	25	49		297	3
4	Employee Patio-3158	2004	2,500	100	25	100		608	4
5	Sewer In Hallways-3206	2005	1,180	118	10	118		688	5
6	Lavatories 306/308-3205	2005	210	21	10	21		123	6
7	Skilled Nursing Facility-1312	2005	14,928	1,493	10	1,493		8,584	7
8	Remodel Skilled Facility-3219	2005	18,720	1,872	10	1,872		10,764	8
9	Comp Activity Study-3224	2005	7,500	750	10	750		4,313	9
10	Skilled Nursing Facility-28% Work Completed-3233	2005	15,720	1,572	10	1,572		8,908	10
11	6 Insulated Windows-3244	2005	2,140	214	10	214		1,195	11
12	Metal Doors-3245	2005	3,696	148	25	148		825	12
13	50% Skilled Completed-3249	2005	28,348	2,835	10	2,835		15,827	13
14	Dock Foundation-3251	2005	550	37	15	37		202	14
15	Skilled Nursing Facility 70%-3265	2005	24,695	2,469	10	2,469		13,582	15
16	Care Center - Review Blueprints-3268	2005	9,600	960	10	960		5,200	16
17	Consult Remodeling Campus-3272	2005	1,743	174	10	174		944	17
18	Care Center Roof-3273	2005	24,643	986	25	986		5,339	18
19	Remodel Skill Nursing Facility-80@ Complete-3274	2005	12,941	1,294	10	1,294		7,010	19
20	Sealing & Strip Parking Lot-3278	2005	5,550	833	5	833		5,550	20
21	Update Market Feasibility Study-Glen Carbon, IL-3284	2005	2,642	264	10	264		1,387	21
22	Update Market Feasibility Study-Glen Carbon, IL-3285	2005	3,900	390	10	390		2,048	22
23	New Conf Room Door-3334	2006	725	72	10	72		362	23
24	Hall 2 Exit Drawings-3333	2006	1,826	183	10	183		898	24
25	Pull New Cable Snf Const. Package-3337	2006	1,512	151	10	151		743	25
26	Exit Upgrades To Code-3351	2006	82,926	4,146	20	4,146		19,350	26
27	Two Mute Swans-3353	2006	1,425	285	5	285		1,330	27
28	Sidewalk-3356	2006	1,020	102	10	102		476	28
29	Hall 3 Remodel-3365	2006	821	82	10	82		376	29
30	Hall 3 Remodel-3367	2006	7,332	733	10	733		3,361	30
31	Hall 3 Remodel-3368	2006	34	3	10	3		15	31
32	Hall 3-3371	2006	385	39	10	39		177	32
33	Reimbursement Swan Purchase-3364	2006	625	125	5	125		573	33
34	TOTAL (lines 1 thru 33)		\$ 5,219,827	\$ 107,088		\$ 107,088	\$	\$ 3,496,915	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:

1/1/2010

Ending:

12/31/2010**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		\$ 5,219,827	\$ 107,088		\$ 107,088	\$	\$ 3,496,915	1
2	Hall 3-3370	2006	420	42	10	42		193	2
3	Hall 3 Remodel-3376	2006	949	95	10	95		427	3
4	Hall # 3 Remodel-3386	2006	196	20	10	20		88	4
5	Hall #3 Remodel-3387	2006	1,075	108	10	108		484	5
6	Hall #3 Remodel-3388	2006	66	7	10	7		30	6
7	Painted Room 312-3379	2006	300	30	10	30		135	7
8	Hall # 3 Remodel-3390	2006	400	40	10	40		180	8
9	Hall 3 Remodel-3391	2006	2,668	267	10	267		1,200	9
10	Hall # 3-3395	2006	300	30	10	30		133	10
11	Hall 3-3397	2006	282	28	10	28		125	11
12	Hall 3-3403	2006	315	32	10	32		139	12
13	Hall 3 Remodel-3405	2006	456	46	10	46		201	13
14	Cooler Electric To Generator-3419	2006	11,640	1,164	10	1,164		5,044	14
15	Hall 3 Renovations-3431	2006	2,710	271	10	271		1,152	15
16	Hall#3 Remodel Credit Sexauer-3443	2006	(876)	(88)	10	(88)		(365)	16
17	Face Lift For Care Care-3476	2007	563	56	10	56		225	17
18	Constr. Draw #12-3500	2007	78,537	15,707	5	15,707		57,594	18
19	Hot WaterLines and Mixing Valves-3507	2007	7,380	738	10	738		2,583	19
20	ANDERSON WINDOWS 4-3513	2007	3,273	561	6	561		1,917	20
21	18534 Blindquest-3515	2007	725	72	10	72		248	21
22	Prof.services Through 7/31/06-3393	2008	189	5	40	5		14	22
23	FLOORING UPGRADE AGMT-3727	2008	22,893	2,289	10	2,289		6,868	23
24	REIMBURSABLE SERVICES TO REPLACE DAMAGED DOO	2008	8,624	862	10	862		2,587	24
25	MPM Fire Alarm-3745	2008	2,355	471	5	471		1,295	25
26	Altman Charter - PS Doors-3746	2008	6,553	655	10	655		1,693	26
27	WETZEL FAMILY MEMORIAL FOUNTAIN AND BENCHES-	2008	6,580	329	20	329		823	27
28	SIGN FOR FOUNTAIN-3684	2008	530	27	20	27		62	28
29	Strip Off Existing Was Clean Floors Hall 6-3809	2010	2,349	261	3	261		261	29
30	Care Center Wood Floor-	2010	13,024		10				30
31	Asset Retirement Cost (FIN 47)	2006	20,377	1,699	12	1,699		6,794	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,414,680	\$ 132,912		\$ 132,912	\$	\$ 3,589,044	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:

1/1/2010

Ending:

12/31/2010

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	\$ 1,000,381	\$ 102,783	\$ 102,783	\$		\$ 682,010	71
72	Current Year Purchases	63,037	6,519	6,519			6,519	72
73	Fully Depreciated Assets	1,389,624	21,196	21,196			1,389,624	73
74								74
75	TOTALS	\$ 2,453,042	\$ 130,498	\$ 130,498	\$		\$ 2,078,153	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	\$	\$			\$ 40,188	76
77	Facility Business	2005 Ford 20 Passenger Bus	2004	54,530	3,635	3,635			22,532	77
78	Facility Business	Wheelchair Accessible Van	2007	40,050	4,405	4,405			15,918	78
79										79
80	TOTALS			\$ 134,768	\$ 8,040	\$ 8,040	\$		\$ 78,638	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)	\$ 8,168,785	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 271,450	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 271,450	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)	\$ 5,745,835	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	26,024,608	713,655	5,842,567	88
89					89
90					90
91	TOTALS	\$ 26,212,678	\$ 713,655	\$ 5,904,041	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. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

* 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		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
							Units	Cost								
1	Licensed Occupational Therapist	10A-3	hrs	\$	5,328	\$ 244,502				5,328	\$ 244,502					1
2	Licensed Speech and Language Development Therapist	10A-3	hrs		1,622	88,594				1,622	88,594					2
3	Licensed Recreational Therapist		hrs													3
4	Licensed Physical Therapist	10A-3	hrs		4,990	221,707				4,990	221,707					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							189,191					189,191	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			\$	11,940	\$ 554,803	\$	189,191	\$	11,940	\$ 743,994					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# 0023382Report Period Beginning: 1/1/2010Ending: 12/31/2010

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(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	\$ 93,922	\$	1
2	Cash-Patient Deposits	2,794		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>47,500</u>)	787,542		3
4	Supply Inventory (priced at)	21,118		4
5	Short-Term Investments			5
6	Prepaid Insurance	64,524		6
7	Other Prepaid Expenses	400		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Reimb. Medicare Bad Debts</u>	50,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,020,300	\$	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	30,839,729		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,248,843		16
17	Accumulated Depreciation (book methods)	(11,649,876)		17
18	Deferred Charges	725,487		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>	1,774,975		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 25,232,049	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,252,349	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 382,973	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,794		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	147,712		30
31	Accrued Taxes Payable (excluding real estate taxes)	140		31
32	Accrued Real Estate Taxes(Sch.IX-B)	336,616		32
33	Accrued Interest Payable	104,397		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Prelease Deposits</u>	229,400		36
37	<u>Other Accrued Expenses and LOC</u>	1,548,555		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,752,587	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	21,650,000		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Deferred Entrance Fees</u>	1,045,006		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 22,695,006	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,447,593	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 804,756	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,252,349	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 804,320	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 804,320	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	436	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)	\$ 436	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)	\$ 804,756	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Eden Village Care Center# 0023382Report Period Beginning: 1/1/2010Ending: 12/31/2010

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	\$ 7,962,132	1
2	Discounts and Allowances for all Levels	(1,168,544)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,793,588	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	11,980	5
6	Therapy	159,209	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 171,189	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	22,577	13
14	Non-Patient Meals	16,848	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	2,098	19
20	Radiology and X-Ray	267	20
21	Other Medical Services	68,661	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 110,451	23
D. Non-Operating Revenue			
24	Contributions	21,952	24
25	Interest and Other Investment Income***	26,094	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 48,046	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>AL/Apt/Garden Home Revenue</u>	3,334,403	28
28a	<u>Other Revenue</u>	127,079	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,461,482	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,584,756	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,298,603	31
32	Health Care	3,514,674	32
33	General Administration	1,782,752	33
B. Capital Expense			
34	Ownership	1,911,483	34
C. Ancillary Expense			
35	Special Cost Centers	1,001,253	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)*	\$ 10,584,320	40
41	Income before Income Taxes (line 30 minus line 40)**	436	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 436	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:

1/1/2010

Ending:

12/31/2010

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	4,387	4,387	\$ 109,247	\$ 24.90	1
2	Assistant Director of Nursing					2
3	Registered Nurses	6,681	6,681	151,669	22.70	3
4	Licensed Practical Nurses	35,630	35,630	706,058	19.82	4
5	CNAs & Orderlies	101,364	101,364	1,074,456	10.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	8,105	8,105	92,300	11.39	10
11	Social Service Workers	6,541	6,541	105,594	16.14	11
12	Dietician					12
13	Food Service Supervisor	2,346	2,346	42,537	18.13	13
14	Head Cook					14
15	Cook Helpers/Assistants	35,149	35,149	321,165	9.14	15
16	Dishwashers					16
17	Maintenance Workers	13,928	13,928	166,366	11.94	17
18	Housekeepers	20,962	20,962	182,061	8.69	18
19	Laundry	9,418	9,418	81,795	8.68	19
20	Administrator	2,100	2,100	78,988	37.61	20
21	Assistant Administrator					21
22	Other Administrative	7,301	7,301	210,473	28.83	22
23	Office Manager					23
24	Clerical	6,468	6,468	78,862	12.19	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	4,247	4,247	49,596	11.68	31
32	Other Health Care(specify)	1,701	1,701	18,801	11.05	32
33	Other(specify)	37,468	37,468	429,080	11.45	33
34	TOTAL (lines 1 - 33)	303,796	303,796	\$ 3,899,048 *	\$ 12.83	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	264	\$ 13,163	1-3	35
36	Medical Director	192	16,800	9-3	36
37	Medical Records Consultant	12	540	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	24	2,146	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	24	506	11-3	44
45	Social Service Consultant	24	506	12-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	540	\$ 33,661		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	226	\$ 8,475	10-3	50
51	Licensed Practical Nurses	580	18,749	10-3	51
52	Certified Nurse Assistants/Aides	2,004	42,637	10-3	52
53	TOTAL (lines 50 - 52)	2,810	\$ 69,861		53

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	0	\$ 39,494	Workers' Compensation Insurance	\$ 216,501	IDPH License Fee	\$	
(1/2 of salary is allocated to RCF)			39,494	Unemployment Compensation Insurance	26,091	Advertising: Employee Recruitment		
Tina Kassing	RC Administrator		50,728	FICA Taxes	292,643	Health Care Worker Background Check		
				Employee Health Insurance	339,516	(Indicate # of checks performed _____)		
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Marketing, Advertising, and PR	40,931	
				RC Allocation	(143,507)	Dues, Subscriptions, and Licenses	17,101	
				401K	7,581			
				General Incentives	32,130			
				Prescreenings/Vaccinations	2,120			
				Uniforms	934			
						Less: Public Relations Expense	(1,245)	
						Non-allowable advertising	(39,686)	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 129,716	TOTAL (agree to Schedule V, line 22, col.8)	\$ 774,009	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 17,101	
(List each licensed administrator separately.)								
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			\$ 56,442			\$	Out-of-State Travel	\$
Interest Expense			13,980					
Marketing Expense			4,398				In-State Travel	1,500
Miscellaneous			629					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 75,449				Seminar Expense	3,097
(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		\$ 9,100					
Heyl, Royster, Voelker & Allen	Legal - EEOC		45					
Chaoman & Cutler	Legal		7,645					
LarsonAllen LLP	Accounting		33,350					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 50,140					
(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: 1/1/2010Ending: 12/31/2010**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. AAHSA & LSN - \$9824
- (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? N/A
- (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. \$ 32,989 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. N/A
- (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. \$ N/A
- (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.