

Facility Name & ID Number Alden Village Health Facility

0038455 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

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	109	Skilled (SNF)	109	39,785	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	109	TOTALS	109	39,785	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 Public Aid Recipient	4 Private Pay	Other		
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	36,563	209	469	37,241	13
14	TOTALS	36,563	209	469	37,241	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.61%

D. How many bed-hold days during this year were paid by Public Aid? 538 (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) n/a

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 11/1/92

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/1/92 NO

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/03 Fiscal Year: 12/31/03

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

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 OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
A. General Services											
1	Dietary	169,456	16,579	6,600	192,635	267	192,902		192,902		1
2	Food Purchase		526,964		526,964	(19,709)	507,255	(257,443)	249,812		2
3	Housekeeping	137,296	18,364		155,660	248	155,908		155,908		3
4	Laundry	60,580	18,120		78,700		78,700		78,700		4
5	Heat and Other Utilities			106,613	106,613		106,613	1,437	108,050		5
6	Maintenance	54,260		73,548	127,808		127,808	9,389	137,197		6
7	Other (specify):*										7
8	TOTAL General Services	421,592	580,027	186,761	1,188,380	(19,194)	1,169,186	(246,617)	922,569		8
B. Health Care and Programs											
9	Medical Director			43,125	43,125		43,125		43,125		9
10	Nursing and Medical Records	2,095,919	150,896	4,351	2,251,166		2,251,166	(12,565)	2,238,601		10
10a	Therapy										10a
11	Activities		4,114	6,555	10,669		10,669		10,669		11
12	Social Services	82,922		185,927	268,849		268,849		268,849		12
13	Nurse Aide Training	60,705			60,705		60,705		60,705		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,239,546	155,010	239,958	2,634,514		2,634,514	(12,565)	2,621,949		16
C. General Administration											
17	Administrative	113,059			113,059		113,059		113,059		17
18	Directors Fees										18
19	Professional Services			572,780	572,780		572,780	(530,282)	42,498		19
20	Dues, Fees, Subscriptions & Promotions			22,530	22,530		22,530	(17,257)	5,273		20
21	Clerical & General Office Expenses	322,573	9,619	53,902	386,094	31	386,125	39,249	425,374		21
22	Employee Benefits & Payroll Taxes			408,321	408,321	19,163	427,484	37,491	464,975		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,916	4,916		4,916	7,870	12,786		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			70,353	70,353		70,353	7,101	77,454		26
27	Other (specify):* bad debt			14,087	14,087		14,087	(14,087)			27
28	TOTAL General Administration	435,632	9,619	1,146,889	1,592,140	19,194	1,611,334	(469,915)	1,141,419		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,096,770	744,656	1,573,608	5,415,034		5,415,034	(729,097)	4,685,937		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 Alden Village Health Facility

#0038455

Report Period Beginning: 01/01/2003 Ending: 12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			49,499	49,499	49,499	49,336	98,835				30
31	Amortization of Pre-Op. & Org.						7,633	7,633				31
32	Interest			156,124	156,124	156,124	280,598	436,722				32
33	Real Estate Taxes						55,209	55,209				33
34	Rent-Facility & Grounds			560,153	560,153	560,153	(560,153)					34
35	Rent-Equipment & Vehicles			9,561	9,561	9,561	14,507	24,068				35
36	Other (specify):*						28,983	28,983				36
37	TOTAL Ownership			775,337	775,337	775,337	(123,887)	651,450				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		21,498	115,818	137,316	137,316	2,022	139,338				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			421,212	421,212	421,212		421,212				42
43	Other (specify):* day training			276,360	276,360	276,360		276,360				43
44	TOTAL Special Cost Centers		21,498	813,390	834,888	834,888	2,022	836,910				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,096,770	766,154	3,162,335	7,025,259	7,025,259	(850,962)	6,174,297				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 Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

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	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				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	(71,515)	30		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	180	2		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	(38,220)	21		17
18	Fines and Penalties	(1,000)	32		18
19	Entertainment				19
20	Contributions	(1,300)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,685)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,087)	27		24
25	Fund Raising, Advertising and Promotional	(14,540)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (143,167)		\$	30

OHF USE ONLY					
48		49	50	51	52

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)	(550,631)	pg 6s	34
35	Other- Attach Schedule	(157,164)	pg 5a	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (707,795)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (850,962)		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.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Alden Village Health Facility

ID# 0038455

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line	Reference
1	Late fees on utilities	\$ (908)	5	1
2				2
3	intercompany interest-GL 7031	(155,124)	32	3
4				4
5	Miscellaneous income used to offset g&a	(108)	21	5
6	Recl Vend Sett from ln 21 to ln 10 (prof medical)	(329)	21	6
7	Recl Vend Sett from ln 21 to ln 6 (maint)	3,129	21	7
8	Recl Vend Sett from ln 21 to ln 10 (prof medical)	329	10	8
9	Recl Vend Sett from ln 21 to ln 6 (maint)	(3,129)	6	9
10	Back out prior yr non-allow expense adjs	3,129	6	10
11	Back out prior yr non-allow expense adjs	(329)	10	11
12	Back out deprec exp adj relating to prior yr	(3,376)	30	12
13	Back out pac 30.13% of IHCA dues	(1,772)	20	13
14	Back out marketing exp in prof fees (Ams)	(680)	19	14
15	Adj deprec exp on def maint to correct detail amt	2,004	6	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				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	(157,164)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Health Facility

0038455 Report Period Beginning:

01/01/2003

Ending: 12/31/2003

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	180	0	0	(257,623)	0	0	0	0	0	0	0	(257,443)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(908)	0	2,345	0	0	0	0	0	0	0	0	1,437	5
6	Maintenance	2,004	0	7,614	0	0	0	(47)	(182)	0	0	0	9,389	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	1,276	0	9,959	(257,623)	0	0	(47)	(182)	0	0	0	(246,617)	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	0	0	0	(11,222)	(1,343)	0	0	0	0	0	0	(12,565)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	(11,222)	(1,343)	0	0	0	0	0	0	(12,565)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,365)	4,350	(531,267)	0	0	0	0	0	0	0	0	(530,282)	19
20	Fees, Subscriptions & Promotions	(17,612)	0	355	0	0	0	0	0	0	0	0	(17,257)	20
21	Clerical & General Office Expenses	(35,528)	0	20,904	53,368	505	0	0	0	0	0	0	39,249	21
22	Employee Benefits & Payroll Taxes	0	0	37,376	0	115	0	0	0	0	0	0	37,491	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	7,870	0	0	0	0	0	0	0	0	7,870	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	6,918	183	0	0	0	0	0	0	0	0	7,101	26
27	Other (specify):*	(14,087)	0	0	0	0	0	0	0	0	0	0	(14,087)	27
28	TOTAL General Administration	(70,592)	11,268	(464,579)	53,368	620	0	0	0	0	0	0	(469,915)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(69,316)	11,268	(454,620)	(215,477)	(723)	0	(47)	(182)	0	0	0	(729,097)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

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	(74,891)	111,822	10,584	0	1,821	0	0	0	0	0	0	49,336 30
31	Amortization of Pre-Op. & Org.	0	6,549	1,058	0	0	26	0	0	0	0	0	7,633 31
32	Interest	(156,124)	405,355	31,281	0	46	40	0	0	0	0	0	280,598 32
33	Real Estate Taxes	0	50,794	4,396	0	19	0	0	0	0	0	0	55,209 33
34	Rent-Facility & Grounds	0	(560,153)	0	0	0	0	0	0	0	0	0	(560,153) 34
35	Rent-Equipment & Vehicles	0	0	14,507	0	0	0	0	0	0	0	0	14,507 35
36	Other (specify):*	0	28,983	0	0	0	0	0	0	0	0	0	28,983 36
37	TOTAL Ownership	(231,015)	43,350	61,826	0	1,886	66	0	0	0	0	0	(123,887) 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	(291)	(852)	3,165	0	0	0	0	0	2,022 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):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	0	0	0	(291)	(852)	3,165	0	0	0	0	0	2,022 44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(300,331)	54,618	(392,794)	(215,768)	311	3,231	(47)	(182)	0	0	0	(850,962) 45

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
Alden Management Services, Inc.	100	See pg 6k		See pg t6k		

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:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	34	Rent Income	\$ 560,153	Village II, Inc.	100.00%	\$ (560,153)
2	V	32	investment income	12,028	Village II, Inc.		(12,028)
3	V	19	Accounting Fees		Village II, Inc.	3,850	3,850
4	V	19	Misc. Admin Fees		Village II, Inc.	500	500
5	V	33	Real estate taxes		Village II, Inc.	50,794	50,794
6	V	26	Property and liability insurance		Village II, Inc.	6,918	6,918
7	V	32	Interest on mortgage note		Village II, Inc.	417,383	417,383
8	V	36	Mortgage insurance premium		Village II, Inc.	28,983	28,983
9	V	30	Depreciaton		Village II, Inc.	111,822	111,822
10	V	31	Amortization		Village II, Inc.	6,549	6,549
11	V						
12	V						
13	V						
14	Total		\$ 572,181			\$ 626,799	\$ * 54,618

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

VII. RELATED PARTIES (continued)

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		
15	V		\$			\$	\$	15
16	V	22 employee benefits		Alden Management Services, Inc.	100.00%	37,376	37,376	16
17	V	19 professional fees	541,674	Alden Management Services, Inc.		10,407	(531,267)	17
18	V	21 gen'l & admin		Alden Management Services, Inc.		20,904	20,904	18
19	V	5 utilities		Alden Management Services, Inc.		2,345	2,345	19
20	V	6 maintenance		Alden Management Services, Inc.		7,614	7,614	20
21	V	24 travel & seminar		Alden Management Services, Inc.		7,870	7,870	21
22	V	26 insurance		Alden Management Services, Inc.		183	183	22
23	V	20 dues & subscriptions		Alden Management Services, Inc.		355	355	23
24	V	30 depreciation		Alden Management Services, Inc.		10,584	10,584	24
25	V	31 amortization		Alden Management Services, Inc.		1,058	1,058	25
26	V	33 real estate tax		Alden Management Services, Inc.		4,396	4,396	26
27	V							27
28	V	35 rent-equip & vehicles		Alden Management Services, Inc.		14,507	14,507	28
29	V	32 interest		Alden Management Services, Inc.		31,281	31,281	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 541,674			\$ 148,880	\$ * (392,794)	39

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

VII. RELATED PARTIES (continued)

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:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	2 tube-feeding	\$ 400,148	Pyramid Health Care	100.00%	\$ 142,525	\$ (257,623)
16	V	10 nursing supplies	14,534	Pyramid Health Care		3,312	(11,222)
17	V	39 per diems/other supplies	632	Pyramid Health Care		341	(291)
18	V	21 gen'l & admin		Pyramid Health Care		53,368	53,368
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 415,314			\$ 199,546	\$ * (215,768)

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

VII. RELATED PARTIES (continued)

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:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39	drugs	\$ 4,271	Forum Extended Care II	100.00%	\$ 3,608	\$ (663)	15
16	V	10	house stock	8,658	Forum Extended Care II		7,315	(1,343)	16
17	V	39	I.V.	1,221	Forum Extended Care II		1,032	(189)	17
18	V	22	employee benefits		Forum Extended Care II		115	115	18
19	V	21	gen'l & admin		Forum Extended Care II		505	505	19
20	V	32	interest		Forum Extended Care II		46	46	20
21	V	33	real estate tax		Forum Extended Care II		19	19	21
22	V	30	depreciation		Forum Extended Care II		1,821	1,821	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 14,150			\$ 14,461	\$ *	311	39

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

VII. RELATED PARTIES (continued)

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:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 therapy	\$ 115,678	Community Physical Therapy	100.00%	\$ 118,843	\$ 3,165
16	V	32 interest		Community Physical Therapy		40	40
17	V	31 amortization		Community Physical Therapy		26	26
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 115,678			\$ 118,909	\$ * 3,231

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

VII. RELATED PARTIES (continued)

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	
15	V	6 repairs and maintenance	\$ 14,839	Alden Bennett Construction		\$ 14,792	\$ (47)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 14,839			\$ 14,792	\$ * (47)

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

VII. RELATED PARTIES (continued)

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:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 CARPET CLEANING	\$ 212	ALDEN REALTY - CARPET CARE		\$ 197	\$ (15)
16	V	6 FLOOR CLEANING	2,940	ALDEN REALTY - FLOOR CARE		2,773	(167)
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 3,152			\$ 2,970	\$ * (182)

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - VILLAGE

003-8455

Report Period Beginning 01/01/03

Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Waterford	Aurora
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors Park	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy, Inc.	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

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	Floyd A. Schlossberg	President/CFO	Management	100% A	334,364	1.408	3.52	salary	\$ 12,188	17-1	1
2	Lauren Magnusson	Clinical Coordinator	Management	B	84,003	1.408	3.52	salary	3,062	10-1	2
3	Terry Magnusson	Maint. Superv.	Management	C	81,233	1.408	3.52	salary	2,961	6-1	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 18,211		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 Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/2003 Ending: 2/31/2003

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-3473

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

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	See pg 8A...				\$	\$		\$	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 Alden Village Health Facility # 0038455 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

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									
						Name of Lender	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	Cambridge		x	mortgage	\$39,067.00	4/99	\$ 5,983,300	\$ 5,773,252	4/34	7.2000	\$ 417,383	1								
2												2								
3												3								
4												4								
5												5								
	Working Capital																			
6	related party-Ams	x		working capital							31,281	6								
7	related party-FECH	x		working capital							46	7								
8	related party-Cpt	x		working capital							40	8								
9	TOTAL Facility Related				\$39,067.00		\$ 5,983,300	\$ 5,773,252			\$ 448,750	9								
	B. Non-Facility Related*																			
10	offset interest expense w/interest income on Village II, related party										(12,028)	10								
11												11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (12,028)	14								
15	TOTALS (line 9+line14)						\$ 5,983,300	\$ 5,773,252			\$ 436,722	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 28,983 Line # 36

* 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.)

Facility Name & ID Number Alden Village Health Facility# 0038455 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

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 2002 report.			\$	47,845	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.)			\$	48,589	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	744	3
4.	Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	50,050	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.			\$	50,794	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:		1998	44,481	8		
		1999	44,594	9		
		2000	44,695	10		
		2001	46,451	11		
		2002	48,589	12		
<u>current year accrual is an estimate based on a 3% increase on latest invoice.</u>						
				FOR OHF USE ONLY		
		13	FROM R. E. TAX STATEMENT FOR 2002	\$		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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Village Health Facility COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0038455

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 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 2002.

(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>02-14-107-028</u>	<u>Nursing home</u>	\$ <u>45,347.42</u>	\$ <u>45,347.42</u>
2. <u>02-14-107-027</u>	<u>Nursing home</u>	\$ <u>3,241.22</u>	\$ <u>3,241.22</u>
3. _____	<u>Related Party - Alden Management</u>	\$ <u>125,008.00</u>	\$ <u>4,396.00</u>
4. _____	<u>Related Party - Forum</u>	\$ <u>8,317.00</u>	\$ <u>19.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>181,913.64</u>	\$ <u>53,003.64</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? YES x NO

If YES, attach an explanation & 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 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

Facility Name & ID Number Alden Village Health Facility# 0038455 Report Period Beginning:01/01/2003 Ending:12/31/2003

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,726 B. General Construction Type: Exterior brick Frame steel Number of Stories 1C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>building</u>		<u>1992</u>	\$ <u>135,758</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ <u>135,758</u>	<u>3</u>

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2003

Ending: 12/31/2003

XL 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 OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5										5
6	109	1992	1973	639,042		30	16,040	16,040	639,042	6
7		1984	1984	706,283	87,555	15		(87,555)	706,283	7
8	related partry-forum		1978	15,909		22			15,909	8
	Improvement Type**									
9	Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10	Water heater moyor;valve repair		1993	9,288	101	5-15	101		8,808	10
11	Carpentry work, water heater repair		1994	63,064	2,937	3-15	2,937		49,036	11
12	Fire alarm repairs; brickwork; install circuits		1995	185,123	8,142	3-25	8,142		93,260	12
13	Village construction		1996	14,046	562	25	562		4,916	13
14	Install fire door		1996	2,977	198	15	198		1,555	14
15	Replace compressor		1997	1,825		5			1,825	15
16	Roof patching		1998	1,700	170	10	170		963	16
17	Replace condensing unit		1998	4,810	321	15	321		1,764	17
18	install damper motor &detector		1998	2,104	140	15	140		736	18
19	Replace furnace equipment		1999	1,827	122	15	122		609	19
20	install automatic door		1999	8,107	811	10	811		3,513	20
21	Install display and digital phones		2000	1,726	173	10	173		590	21
22	Replace HVAC burners		2000	1,607		3			1,607	22
23	Replace 5 ton condensing unit		2000	1,950	390	5	390		1,430	23
24	Install 100 amp disconnect and cable		2000	1,920	384	5	384		1,408	24
25	Roof repair		2000	1,583	316	5	316		1,003	25
26	Door Alarms		2001	19,015	1,902	10	1,902		4,754	26
27	Display phone and digital phone		2001	1,609	161	10	161		469	27
28	ABC (misc. repairs)		2002	2,362	472	5	472		945	28
29	Capps Plumbing (gas regulators for main gas to building)		2002	4,375	437	10	437		839	29
30	GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	535	10	535		847	30
31	ABC (wall mounted eye wash)		2002	2,507	251	10	251		355	31
32	ABC (misc. repairs)		2002	1,800	360	5	360		510	32
33										33
34										34
35										35
36										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

STATE OF ILLINOIS

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2003 Ending: 12/31/2003

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	ABC=-Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 2,073		37
38	ABC- misc construction	2003	7,580	190	10	190		190		38
39	Capps basemetn sewers repairs	2003	2,970	908	3	908		908		39
40	ABC-roof repairs	2003	3,200	267	10	267		267		40
41	GT Mechanical-A/C repair	2003	1,773	177	5	177		177		41
42	Capps- install new shower drain	2003	1,215	10	20	10		10		42
43	Ruffino's Auto- bus repair	2003	1,697	94	3	94		94		43
44	Ruffino's Auto- braketransmision repair	2003	6,572	183	3	183		183		44
45	ABC- roof repair	2003	10,121	1,012	10	1,012		1,012		45
46										46
47										47
48										48
49										49
50										50
51										51
52										52
53										53
54										54
55										55
56										56
57										57
58										58
59										59
60										60
61										61
62										62
63										63
64										64
65										65
66										66
67										67
68										68
69										69
70	TOTAL (lines 4 thru 69)		\$ 1,759,897	\$ 111,354		\$ 39,839	\$ (71,515)	\$ 1,550,021		70

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2003 Ending: 12/31/2003

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,759,897	\$ 111,354		\$ 39,839	\$ (71,515)	\$ 1,550,021	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv		15,137	378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		\$ 1,831,624	\$ 113,631		\$ 42,116	\$ (71,515)	\$ 1,602,843	34

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

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	\$ 647,862	\$ 50,320	\$ 50,320	\$	various	\$ 320,928	71
72	Current Year Purchases	28,307	1,855	1,855		various	1,855	72
73	Fully Depreciated Assets	104,845	2,491	2,491		various	104,845	73
74								74
75	TOTALS	\$ 781,014	\$ 54,667	\$ 54,667	\$		\$ 427,628	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	car engine/bus/van	:dodge/other	98-'03	\$ 11,860	\$ 2,052	\$ 2,052	\$	3	\$ 11,658	76
77										77
78										78
79										79
80	TOTALS			\$ 11,860	\$ 2,052	\$ 2,052	\$		\$ 11,658	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)	\$ 2,760,256	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 170,350	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 98,835	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (71,515)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,042,129	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	n/a	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$ n/a	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: related party-cost is backed out
 2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO
 If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Date of Lease	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

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.	<u>/2004</u>	\$ _____
13.	<u>/2005</u>	\$ _____
14.	<u>/2006</u>	\$ _____

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: \$ 9,251 Description: copy machine \$8747 & postage meter \$504
 (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	<u>various transport</u>		\$ <u>25.83</u>	\$ <u>310</u>	17
18	<u>related party</u>	<u>various</u>	<u>1,208.92</u>	<u>14,507</u>	18
19					19
20					20
21	TOTAL		\$ <u>1,234.75</u>	\$ <u>14,817</u>	21

* 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 NURSE AIDE TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input 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. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/> <u>42</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE <input type="checkbox"/> <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/> <u>42</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE <input type="checkbox"/> <u>82</u></p>
---	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)		12,809		12,809
4	Clinical Wages (b)		25,621		25,621
5	In-House Trainer Wages (c)		22,275		22,275
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$ 60,705	\$	\$ 60,705
10	SUM OF line 9, col. 1 and 2 (e)	\$	60,705		

C. CONTRACTUAL INCOME

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

\$ n/a

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	42
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	42

- (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 aide 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 aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides 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 aides.

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Staff		Outside Practitioner (other than consultant)		Units	Cost	Units	Cost				
			Units of Service	Cost	Units	Cost								
1	Licensed Occupational Therapist	39-3	hrs	\$				\$	30,206	\$		\$	30,206	1
2	Licensed Speech and Language Development Therapist	39-3	hrs						16,332				16,332	2
3	Licensed Recreational Therapist		hrs											3
4	Licensed Physical Therapist	39-3	hrs						69,142				69,142	4
5	Physician Care		visits											5
6	Dental Care		visits											6
7	Work Related Program		hrs											7
8	Habilitation		hrs											8
9	Pharmacy	see pg 16A	# of prescripts							7,767			7,767	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs											10
11	Academic Education		hrs											11
12	Exceptional Care Program													12
13	Other (specify):	see pg 16A								15,890			15,890	13
14	TOTAL			\$				\$	115,681	\$	23,658	\$	139,338	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 nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2003

Ending:

12/31/2003

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2003

(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	\$	\$ 9,282	1
2 Cash-Patient Deposits			2
3 Accounts & Short-Term Notes Receivable-Patients (less allowance 1,000)	2,113,440	2,113,440	3
4 Supply Inventory (priced at)			4
5 Short-Term Investments			5
6 Prepaid Insurance	5,604	21,569	6
7 Other Prepaid Expenses	11,097	11,097	7
8 Accounts Receivable (owners or related parties)	2,278,426	3,103,521	8
9 Other(specify): 3rd party/escrows	179,242	220,146	9
10 TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,587,809	\$ 5,479,055	10
B. Long-Term Assets			
11 Long-Term Notes Receivable			11
12 Long-Term Investments			12
13 Land		580,000	13
14 Buildings, at Historical Cost		3,414,649	14
15 Leasehold Improvements, at Historical Cost	527,039	527,039	15
16 Equipment, at Historical Cost	291,439	655,439	16
17 Accumulated Depreciation (book methods)	(503,123)	(1,096,088)	17
18 Deferred Charges			18
19 Organization & Pre-Operating Costs			19
20 Accumulated Amortization - Organization & Pre-Operating Costs			20
21 Restricted Funds			21
22 Other Long-Term Assets (spe replac reserv		1,112,918	22
23 Other(specify): investments		198,664	23
24 TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 315,355	\$ 5,392,621	24
25 TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,903,164	\$ 10,871,676	25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26 Accounts Payable	\$ 2,355,994	\$ 2,355,994	26
27 Officer's Accounts Payable			27
28 Accounts Payable-Patient Deposits	(2,163)	(2,163)	28
29 Short-Term Notes Payable			29
30 Accrued Salaries Payable	217,256	217,256	30
31 Accrued Taxes Payable (excluding real estate taxes)	16,456	16,456	31
32 Accrued Real Estate Taxes(Sch.IX-B)		50,050	32
33 Accrued Interest Payable			33
34 Deferred Compensation			34
35 Federal and State Income Taxes			35
Other Current Liabilities(specify):			
36 accrued ins.,exps,idpa,sales taxz,etc.	132,121	167,115	36
37			37
38 TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,719,664	\$ 2,804,708	38
D. Long-Term Liabilities			
39 Long-Term Notes Payable			39
40 Mortgage Payable		5,773,252	40
41 Bonds Payable			41
42 Deferred Compensation			42
Other Long-Term Liabilities(specify):			
43			43
44			44
45 TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,773,252	45
46 TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,719,664	\$ 8,577,960	46
47 TOTAL EQUITY(page 18, line 24)	\$ 2,183,500	\$ 2,293,716	47
48 TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,903,164	\$ 10,871,676	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,380,635	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,380,635	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	802,865	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)	\$ 802,865	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)	\$ 2,183,500	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

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	\$ 7,215,820	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,215,820	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	292,870	5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 292,870	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	44,689	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,008	13
14	Non-Patient Meals		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		19
20	Radiology and X-Ray		20
21	Other Medical Services	628	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 46,325	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	recovery of bad debts (non-allowable cost type)	(3,987)	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ (3,987)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,551,028	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,188,380	31
32	Health Care	2,634,514	32
33	General Administration	1,592,140	33
B. Capital Expense			
34	Ownership	775,337	34
C. Ancillary Expense			
35	Special Cost Centers	413,676	35
36	Provider Participation Fee	421,212	36
D. Other Expenses (specify):			
37	Less: related party salaries included on page 3, column 1	(277,096)	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,748,163	40
41	Income before Income Taxes (line 30 minus line 40)**	802,865	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 802,865	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done 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 Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2003

Ending:

12/31/2003

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	1,976	2,087	\$ 72,531	\$ 34.75	1
2	Assistant Director of Nursing					2
3	Registered Nurses	21,744	23,317	600,559	25.76	3
4	Licensed Practical Nurses	9,090	9,574	203,252	21.23	4
5	Nurse Aides & Orderlies					5
6	Nurse Aide Trainees	5,124	5,124	38,430	7.50	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,832	2,080	33,666	16.19	13
14	Head Cook	4,136	4,481	38,070	8.50	14
15	Cook Helpers/Assistants	12,174	12,721	94,186	7.40	15
16	Dishwashers					16
17	Maintenance Workers	1,936	2,080	39,792	19.13	17
18	Housekeepers	12,524	13,037	132,008	10.13	18
19	Laundry	5,594	6,231	60,580	9.72	19
20	Administrator	2,024	2,080	63,582	30.57	20
21	Assistant Administrator					21
22	Other Administrative	3,936	4,160	97,563	23.45	22
23	Office Manager					23
24	Clerical	4,466	4,630	42,671	9.22	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	5,744	5,954	82,922	13.93	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	114,305	117,773	1,219,864	10.36	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	206,605	215,329	\$ 2,819,676 *	\$ 13.09	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	550/mo	\$ 6,600	1-3	35
36	Medical Director	3594/mo	43,125	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/mo	2,616	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	77	4,141	11-3	44
45	Social Service Consultant	45	2,414	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	122	\$ 58,896		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	\$ N/A		50
51	Licensed Practical Nurses			51
52	Nurse Aides			52
53	TOTAL (lines 50 - 52)	\$		53

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	
1	Wash Condenser	5/93	\$ 3,238	10	\$ 324	\$ 324	\$ 324	\$ 108	\$	\$	\$	\$	
2	Circulator pump	11/94	2,100	10	210	210	210	210	175				
3	Compressor A/C	11/94	2,191	15	146	146	146	146	146	146	146	146	
4	Circulator Pump	1/95	1,621	10	162	162	162	162	0				
5	Relocating water pipe	7/95	1,908	15	127	127	127	127	127	127	127	127	
6	Rooftop repair	9/96	3,545	10	354	354	354	354	354				
7	Repair A/C	6/98	3,650	3	1,217	507	0						
8	Replace blowers	10/98	2,620	3	873	655	0						
9	replace blowers	10/98	2,115	3	705	529	0						
10	Thermometer on heater	8/99	1,502	3	501	501	292	0					
11													
12	Repair water main and tie	5/00	1,572	3	349	524	524	175	0				
13	Repair CAT equip	11/00	1,855	3	103	618	618	515	0				
14	General repairs	7/01	1,550	3		258	517	517	258	0			
15	RPZ repair and cert	7/01	2,781	3		386	927	927	541	0			
16	General repairs	9/01	1,766	3		147	589	589	442	0			
17	General Maintenance	11/01	2,362	3		66	787	787	722	0			
18	no new items for 2003												
19													
20	TOTALS		\$ 36,376		\$ 5,071	\$ 5,514	\$ 5,577	\$ 4,616	\$ 2,961	\$ 802	\$ 273	\$ 273	\$ 273

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

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. IHCA \$5,880
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (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? 8
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 56,127 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. _____
- (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 of Public Aid during this cost report period. \$ 421,212
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 of Public Aid, 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. \$ 19,709 Has any meal income been offset against related costs? no 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? n/a 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? n/a
- d. Have vehicle usage logs been maintained? n/a
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
- g. Does the facility transport residents to and from day training? yes**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: BDO Siedman The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet complete
- (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 \$2500, 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.

Alden Nursing Center - Village
Reporting Period Beginning
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003-8455
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Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(19,709)	Employee Meal
	22	19,709	Employee Meal
22		(546)	Uniforms
	10		Uniforms
	6		Uniforms
	4		Uniforms
	1	267	Uniforms
	3	248	Uniforms
	11		Uniforms
	21	32	Uniforms
19			R/E Tax Appeal
	33		R/E Tax Appeal
		<hr/>	
		(0)	Net should be 0