

Facility Name & ID Number Alden Estates of Naperville# 0022509 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	<u>203</u>	Skilled (SNF)	<u>203</u>	<u>74,298</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>203</u>	TOTALS	<u>203</u>	<u>74,298</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>14,176</u>	<u>2,182</u>	<u>3,976</u>	<u>20,334</u>	8
9	SNF/PED					9
10	ICF	<u>27,223</u>	<u>2,689</u>	<u>362</u>	<u>30,274</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>41,399</u>	<u>4,871</u>	<u>4,338</u>	<u>50,608</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 68.11%

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)

NONEF. Does the facility maintain a daily midnight census? YesG. 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 1/1/79

J. Was the facility purchased or leased after January 1, 1978?

YES Date 1/1/79 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number
of beds certified 203 and days of care provided 2,857Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED
CASH* CASH* Is your fiscal year identical to your tax year? YES NO Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Alden Estates of Naperville # 0022509 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	484,686	28,427	10,800	523,913	2,356	526,269	4,061	530,330			1
2	Food Purchase		347,297		347,297	(32,827)	314,470	(22,516)	291,954			2
3	Housekeeping	292,605	34,457		327,062	1,116	328,178	4,080	332,258			3
4	Laundry	73,272	17,056		90,328	198	90,526		90,526			4
5	Heat and Other Utilities			228,504	228,504		228,504	3,069	231,573			5
6	Maintenance	94,632	9,485	250,154	354,271	210	354,481	(898)	353,583			6
7	Other (specify):* Related Party							6,079	6,079			7
8	TOTAL General Services	945,195	436,722	489,458	1,871,375	(28,947)	1,842,428	(6,125)	1,836,303			8
	B. Health Care and Programs											
9	Medical Director			20,100	20,100		20,100		20,100			9
10	Nursing and Medical Records	2,534,954	189,399	5,860	2,730,213	(9,592)	2,720,621	51,507	2,772,128			10
10a	Therapy	99,891			99,891		99,891		99,891			10a
11	Activities	132,615	1,592	1,893	136,100	310	136,410		136,410			11
12	Social Services	40,885			40,885		40,885		40,885			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related Party							7,843	7,843			15
16	TOTAL Health Care and Programs	2,808,345	190,991	27,853	3,027,189	(9,282)	3,017,907	59,350	3,077,257			16
	C. General Administration											
17	Administrative	111,176			111,176		111,176	72,216	183,392			17
18	Directors Fees											18
19	Professional Services			562,294	562,294	(19,692)	542,602	(471,195)	71,407			19
20	Dues, Fees, Subscriptions & Promotions			76,002	76,002		76,002	(62,198)	13,804			20
21	Clerical & General Office Expenses	222,957	23,679	91,018	337,654	385	338,039	203,914	541,953			21
22	Employee Benefits & Payroll Taxes			585,134	585,134	21,125	606,259	(9,462)	596,797			22
23	Inservice Training & Education											23
24	Travel and Seminar			8,818	8,818		8,818	2,730	11,548			24
25	Other Admin. Staff Transportation			9,633	9,633		9,633	12,254	21,887			25
26	Insurance-Prop.Liab.Malpractice			221,902	221,902	(1,757)	220,145	46,922	267,067			26
27	Other (specify):* Bad debts/Related Party			35,269	35,269		35,269	15,464	50,733			27
28	TOTAL General Administration	334,133	23,679	1,590,070	1,947,882	61	1,947,943	(189,355)	1,758,588			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,087,673	651,392	2,107,381	6,846,446	(38,168)	6,808,278	(136,130)	6,672,148			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 Estates of Naperville #0022509 Report Period Beginning: 1/1/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 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			121,325	121,325		121,325	75,548	196,873			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			128,089	128,089	(10,011)	118,078	(13,577)	104,501			32
33	Real Estate Taxes			138,024	138,024	(138,024)		135,341	135,341			33
34	Rent-Facility & Grounds			1,290,888	1,290,888	138,024	1,428,912	(1,428,912)				34
35	Rent-Equipment & Vehicles			8,385	8,385		8,385	38,396	46,781			35
36	Other (specify):*											36
37	TOTAL Ownership			1,686,711	1,686,711	(10,011)	1,676,700	(1,193,204)	483,496			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		250,522	294,873	545,395	48,179	593,574	134,636	728,210			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			111,448	111,448		111,448		111,448			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		250,522	406,321	656,843	48,179	705,022	134,636	839,658			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,087,673	901,914	4,200,413	9,190,000		9,190,000	(1,194,699)	7,995,301			45

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

Alden Estates of Naperville

IDPH Facility ID Number: #0022509

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning:

1/1/2008

Report Period Ending:

12/31/2008

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(32,827.00)	Employee Meals
	22	32,827.00	Employee Meals
22		(11,702.29)	Uniforms
	10	7,127.40	Uniforms
	1	2,355.58	Uniforms
	3	1,116.26	Uniforms
	4	198.43	Uniforms
	6	209.74	Uniforms
	11	309.67	Uniforms
	21	385.21	Uniforms
26		(1,757.00)	Interest - old policy/curr yr portion
	32	1,757.00	Interest - old policy/curr yr portion
10		(48,178.55)	Oxygen - to appropriate cost center
	39	48,178.55	Oxygen - to appropriate cost center
33		(138,024.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	138,024.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>Others, if any:</u>			
19		(19,692.56)	Clinical Coordinators (Pathway Billing)
	10	19,692.56	Clinical Coordinators (Pathway Billing)
32		(11,767.96)	Reclass DOL Settlement to Nursing
	10	11,767.96	Reclass DOL Settlement to Nursing
Net		<hr/>	-

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning: 1/1/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(3,960)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(109,292)	30		9
10	Interest and Other Investment Income	(800)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,006)	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	(122)	21		17
18	Fines and Penalties	(26,393)	32		18
19	Entertainment	(1,035)	20		19
20	Contributions	(7,253)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,103)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(35,269)	27		24
25	Fund Raising, Advertising and Promotional	(23,026)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (223,259)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	27,870	Various	34
35	Other- Attach Schedule	(999,310)	Page 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (971,440)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,194,699)		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.

		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			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Estates of Naperville

ID# 0022509

Report Period Beginning: 1/1/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2	Late fees on utilities	(4,028)	21	2
3	Intercompany interest not allowed	(99,306)	32	3
4				4
5	Misc Income (Record copies)	(160)	10	5
6	Misc Income (Donation)	(500)	20	6
7	Misc Income (Food vendor rebate)	(1,380)	2	7
8	Marketing Manager & Aides (GL#6701-100-009)	(65,227)	21	8
9	Employee Benefits for Marketing Manager	(9,337)	22	9
10	Deming Leadership Training Adjustment (0.21%)	(840)	24	10
11	Back out 32.30% of PAC fees frm std IHCA bills	(3,619)	20	11
12	Back out Bank charges - Naperville LLC	(436)	21	12
13				13
14	Eliminate non-care employees benefits	(125)	22	14
15	Eliminate non-care Marketing & Employees	(1,200)	20	15
16	Eliminate Americans for Job Security cost	(1,770)	20	16
17				17
18				18
19	Eliminate deprec exp on Pg 12 items <\$2,500 - NP	(3,038)	30	19
20	Eliminate deprec exp on Pg 13 items <\$2,500 - NP	(4,133)	30	20
21	Expense capital items <\$2,500 on Pg 13 - NP	25,488	6	21
22	Expense capital items <\$2,500 on Pg 12 - NP	13,120	6	22
23	Adj Deprec to correct detail	752	30	23
24	Eliminate Interest Related to '05 Bldg purchase	(666,466)	32	24
25	Eliminate MIP	(189,645)	36	25
26	Deferred Maint Adj to match	1	6	26
27	Expense Related Party Items < \$2,500	774	6	27
28	Adj for ABC related party profit- Page 12	(3)	30	28
29	Add back DOL settlement	11,768	32	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	(999,310)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	5,813	(1,752)	0	0	0	0	0	0	0	4,061	1
2	Food Purchase	(2,386)	0	0	(20,130)	0	0	0	0	0	0	0	(22,516)	2
3	Housekeeping	0	0	4,080	0	0	0	0	0	0	0	0	4,080	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,069	0	0	0	0	0	0	0	0	3,069	5
6	Maintenance	35,423	0	(36,194)	0	0	0	(127)	0	0	0	0	(898)	6
7	Other (specify):*	0	0	5,504	575	0	0	0	0	0	0	0	6,079	7
8	TOTAL General Services	33,037	0	(17,728)	(21,307)	0	0	(127)	0	0	0	0	(6,125)	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	(160)	0	46,535	3,251	1,881	0	0	0	0	0	0	51,507	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	CNA 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	7,843	0	0	0	0	0	0	0	0	7,843	15
16	TOTAL Health Care and Programs	(160)	0	54,378	3,251	1,881	0	0	0	0	0	0	59,350	16
	C. General Administration													
17	Administrative	0	0	72,216	0	0	0	0	0	0	0	0	72,216	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,103)	0	(456,092)	0	0	0	0	0	0	0	0	(471,195)	19
20	Fees, Subscriptions & Promotions	(38,403)	250	(24,045)	0	0	0	0	0	0	0	0	(62,198)	20
21	Clerical & General Office Expenses	(69,813)	436	243,284	15,512	14,495	0	0	0	0	0	0	203,914	21
22	Employee Benefits & Payroll Taxes	(9,462)	0	0	0	0	0	0	0	0	0	0	(9,462)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(840)	0	3,570	0	0	0	0	0	0	0	0	2,730	24
25	Other Admin. Staff Transportation	0	0	12,254	0	0	0	0	0	0	0	0	12,254	25
26	Insurance-Prop.Liab.Malpractice	0	46,721	201	0	0	0	0	0	0	0	0	46,922	26
27	Other (specify):*	(35,269)	0	48,384	1,649	700	0	0	0	0	0	0	15,464	27
28	TOTAL General Administration	(168,890)	47,407	(100,228)	17,161	15,195	0	0	0	0	0	0	(189,355)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(136,013)	47,407	(63,578)	(895)	17,076	0	(127)	0	0	0	0	(136,130)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	(115,713)	187,073	2,842	0	1,346	0	0	0	0	0	0	75,548	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(781,197)	667,469	98,961	0	1,190	0	0	0	0	0	0	(13,577)	32
33	Real Estate Taxes	0	130,680	4,592	0	69	0	0	0	0	0	0	135,341	33
34	Rent-Facility & Grounds	0	(1,428,912)	0	0	0	0	0	0	0	0	0	(1,428,912)	34
35	Rent-Equipment & Vehicles	0	0	38,396	0	0	0	0	0	0	0	0	38,396	35
36	Other (specify):*	(189,645)	189,645	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(1,086,555)	(254,045)	144,791	0	2,605	0	0	0	0	0	0	(1,193,204)	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	(39,096)	(11,571)	185,303	0	0	0	0	0	134,636	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	(39,096)	(11,571)	185,303	0	0	0	0	0	134,636	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,222,569)	(206,638)	81,213	(39,991)	8,110	185,303	(127)	0	0	0	0	(1,194,699)	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
Family homes will be:						
<u>The Alden Group, Ltd.</u>	<u>100%</u>	<u>See Page 6K</u>	<u>Naperville</u>	<u>See Page 6K</u>		

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	<u>34 Rental Income</u>	\$ <u>1,428,912</u>	<u>Alden Naperville, LLC</u>		\$	\$ <u>(1,428,912)</u>	1
2	V	<u>21 Bank charges</u>		<u>Alden Naperville, LLC</u>		<u>436</u>	<u>436</u>	2
3	V	<u>20 Dues & Subscription</u>		<u>Alden Naperville, LLC</u>		<u>250</u>	<u>250</u>	3
4	V	<u>33 Real Estates Tax Expense</u>		<u>Alden Naperville, LLC</u>		<u>130,680</u>	<u>130,680</u>	4
5	V	<u>26 General Insurance Expense</u>		<u>Alden Naperville, LLC</u>		<u>46,721</u>	<u>46,721</u>	5
6	V	<u>36 Mortgage Insurance Premium</u>		<u>Alden Naperville, LLC</u>		<u>189,645</u>	<u>189,645</u>	6
7	V	<u>32 Interest - Others</u>		<u>Alden Naperville, LLC</u>		<u>1,003</u>	<u>1,003</u>	7
8	V	<u>32 Interest - Mortgage</u>		<u>Alden Naperville, LLC</u>		<u>666,466</u>	<u>666,466</u>	8
9	V	<u>30 Depreciation Expense</u>		<u>Alden Naperville, LLC</u>		<u>187,073</u>	<u>187,073</u>	9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ <u>1,428,912</u>			\$ <u>1,222,274</u>	\$ * <u>(206,638)</u>	14

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

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning: 1/1/08

Ending: 12/31/08

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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,069	\$ 3,069	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		3,570	3,570	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		12,254	12,254	17
18	V	26	Insurance		Alden Management Services, Inc.		201	201	18
19	V	20	Dues & Subscriptions	24,600	Alden Management Services, Inc.		555	(24,045)	19
20	V	30	Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32	Amortization		Alden Management Services, Inc.		62	62	21
22	V	33	Real Estate Tax		Alden Management Services, Inc.		4,592	4,592	22
23	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		38,396	38,396	23
24	V	32	Interest		Alden Management Services, Inc.		98,899	98,899	24
25	V	1	Dietary		Alden Management Services, Inc.		5,813	5,813	25
26	V	3	Housekeeping		Alden Management Services, Inc.		4,080	4,080	26
27	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		5,504	5,504	27
28	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		46,535	46,535	28
29	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		7,843	7,843	29
30	V	17	Administrative Salary		Alden Management Services, Inc.		72,216	72,216	30
31	V				Alden Management Services, Inc.				31
32	V	27	Employee Benefits-Admin		Alden Management Services, Inc.		48,384	48,384	32
33	V	19	Professional Fees	496,800	Alden Management Services, Inc.		40,708	(456,092)	33
34	V	21	Gen'l & Admin		Alden Management Services, Inc.		243,284	243,284	34
35	V	6	Repair & Maint	70,783	Alden Management Services, Inc.		34,589	(36,194)	35
36	V								36
37	V								37
38	V								38
39	Total		\$ 592,183				\$ 673,396	\$ * 81,213	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	1 Diet Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,733	\$ (8,067)	15
16	V	1 Diet Salary		Prism Health Care Services, Inc.		6,315	6,315	16
17	V	2 Tube Feeding	30,510	Prism Health Care Services, Inc.		10,380	(20,130)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		9,911	3,251	18
19	V	39 Supplies	79,953	Prism Health Care Services, Inc.		40,857	(39,096)	19
20	V	21 Salary G & A		Prism Health Care Services, Inc.		9,321	9,321	20
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		1,649	1,649	21
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		575	575	22
23	V	21 G & A				6,191	6,191	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		\$ 127,923			\$ 87,932	\$ * (39,991)	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	Drugs	\$ 93,786	Forum Extended Care Services II, Inc.	0.00%	\$ 136,354	\$ 42,568	15
16	V	39	I.V. Drugs	61,979	Forum Extended Care Services II, Inc.		9,037	(52,942)	16
17	V	39	Wound Care	5,905	Forum Extended Care Services II, Inc.		4,708	(1,197)	17
18	V	10	House Stock	9,442	Forum Extended Care Services II, Inc.		8,906	(536)	18
19	V	10	Pharmacy Consultant	5,672	Forum Extended Care Services II, Inc.		8,089	2,417	19
20	V	27	Employee Vaccination	1,572	Forum Extended Care Services II, Inc.		1,254	(318)	20
21	V	27	Employee Benefit - G & A		Forum Extended Care Services II, Inc.		1,018	1,018	21
22	V	21	Salary - G & A		Forum Extended Care Services II, Inc.		8,763	8,763	22
23	V	21	General Administration		Forum Extended Care Services II, Inc.		5,732	5,732	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,190	1,190	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		69	69	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,346	1,346	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		\$ 178,356				\$ 186,466	\$ * 8,110	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	\$ 285,878	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 471,181	\$ 185,303	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								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			\$ 285,878			\$ 471,181	\$ * 185,303	39

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

Facility Name & ID Number Alden Estates of Naperville# 0022509Report Period Beginning: 1/1/08Ending: 12/31/08**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	Repair & Maintenance	\$ 22,075	Alden Bennett Construction Company, Inc.	0.00%	\$ 21,948	\$ (127)	15	
16	V								16	
17	V								17	
18	V								18	
19	V								19	
20	V								20	
21	V								21	
22	V								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		\$ 22,075				\$ 21,948	\$ *	(127)	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			\$			\$		15	
16	V								16	
17	V								17	
18	V								18	
19	V								19	
20	V								20	
21	V								21	
22	V								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			\$			\$ 0	\$ *	0	39

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

STATE OF ILLINIOS

Facility Name & ID Number Alden Estates of Naperville

Provider No. 0022509

Report Period Beginning:

1/1/08

Ending: 12/31/08

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP	Chicago	Home Office rental
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomingtondale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden Estates of Naperville, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingtondale	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingtondale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingtondale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingtondale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingtondale			
Alden Village North, Inc.	Chicago			

Facility Name & ID Number Alden Estates of Naperville # 0022509 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	CEO	100.00	172,512	1.664	0.04	Salary	\$ 7,488	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,409	1.664	0.04	Salary	2,796	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,473	1.664	0.04	Salary	1,626	6-7	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 the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 11,910		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 Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending: 12/31/08

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) 286-8038

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

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	5	Utilities	patient days	1,216,590	30	\$ 73,771	\$ 50,608	\$ 3,069	1
2	24	Trav & Seminar	patient days	1,216,590	30	85,812	50,608	3,570	2
3	25	Other Admin Travel	patient days	1,216,590	30	294,582	50,608	12,254	3
4	26	Insurance	patient days	1,216,590	30	4,828	50,608	201	4
5	20	Dues & Subscriptions	patient days	1,216,590	30	13,344	50,608	555	5
6	30	Depreciation	patient days	30	30	98,652	1	2,842	6
7	31	Amortization	patient days	1,216,590	30	1,500	50,608	62	7
8	33	Real Estate Tax	patient days	1,216,590	30	125,958	50,608	4,592	8
9	35	Rent-Equip & Vehicles	patient days	1,216,590	30	923,032	50,608	38,396	9
10	32	Interest	patient days	1,216,590	30	1,783,086	50,608	98,899	10
11	1	Dietary	patient days	1,216,590	30	139,689	139,689	5,813	11
12	3	Housekeeping	patient days	1,216,590	30	98,076	98,076	4,080	12
13	7	Employee Benefits-Gen'l Servs	patient days	1,216,590	30	132,325	50,608	5,504	13
14	10	Nurs & Med Records Salary	patient days	1,216,590	30	1,256,694	1,256,694	46,535	14
15	15	Employee Benefits-Health Care	patient days	1,216,590	30	188,531	50,608	7,843	15
16	17	Administrative Salary	patient days	1,216,590	30	2,118,865	2,118,865	72,216	16
17	27	Employee Benefits-Admin	patient days	1,216,590	30	1,163,122	50,608	48,384	17
18	19	Professional Fees	patient days	1,216,590	30	978,599	605,253	40,708	18
19	21	Gen'l & Admin	patient days	1,216,590	30	5,848,424	5,104,656	243,284	19
20	6	Repair & Maint	patient days	1,216,590	30	831,505	644,276	34,589	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,160,395	\$ 9,967,509	\$ 673,396	25

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	AFCO interest - LLC		X	working capital			\$	\$		\$ 1,004	1									
2	Amortization Finance Fee		X	working capital						62	2									
3											3									
4											4									
5	Insurance Interest- see Pg 4A									4,146	5									
Working Capital																				
6	Related Party - CPT										6									
7	Related Party - AMS		X	working capital						98,899	7									
8	Related Party - FECII		X	working capital						1,190	8									
9	TOTAL Facility Related						\$	\$		\$ 105,301	9									
B. Non-Facility Related*																				
10	Patient Int Income (GL4646)									(800)	10									
11											11									
12											12									
13											13									
14	TOTAL Non-Facility Related						\$	\$		\$ (800)	14									
15	TOTALS (line 9+line14)						\$	\$		\$ 104,501	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 2007 report.		\$	134,000	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.)		\$	130,380	2
3.	Under or (over) accrual (line 2 minus line 1).		\$	(3,620)	3
4.	Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	134,300	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.		\$	130,680	7
				4661	
Real Estate Tax History:				135,341	
Real Estate Tax Bill for Calendar Year:		2003	116,165	8	
		2004	123,277	9	
		2005	125,937	10	
		2006	130,109	11	
		2007	130,380	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.					
		Plus: Related Party Taxes - See Pg 10A			
				4661	
				135,341	
		FOR BHF USE ONLY			
		13	FROM R. E. TAX STATEMENT FOR 2007	\$	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:** 2007 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 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 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 Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Naperville COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0022509

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 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 2007.

(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>See attached supplement</u>	<u>Related Party-Alden Management Serv</u>	\$ <u>295,853.00</u>	\$ <u>4,592.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>28,917.00</u>	\$ <u>69.00</u>
3. <u>08-29-307-001</u>	<u>Nursing Home Facility</u>	\$ <u>130,379.66</u>	\$ <u>130,379.66</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>455,149.66</u>	\$ <u>135,040.66</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 original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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 Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 65,063 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. 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, CNA 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	SNF		1980	\$ 656,000	1
2					2
3	TOTALS			\$ 656,000	3

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	203		1980	1979	2,333,433	187,073	30	77,781	109,292	2,255,654	4
5											5
6											6
7											7
8	Related Party-Forum			1978	14,056		25			14,056	8
	Improvement Type**										
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											25
26											26
27											27
28											28
29											29
30											30
31											31
32											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

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	bells/doors	1981	\$ 876	\$	20	\$	\$	\$ 876	37
38	elevator repair	1982	2,796		8			2,796	38
39	repair water sys;roof;install windows/grab bars	1983	21,739		5-20			21,739	39
40	circuit breaker repair	1984	4,478		20			4,478	40
41	electical repair & water tower repair	1987	5,403		3			5,403	41
42	complete building renovation	1987	43,055		3-20			43,055	42
43	complete building renovation	1988	725,437	23,225	3-30	23,225		708,410	43
44	water tower repair/electrical repair	1987	7,293		3			7,293	44
45	repair telephone sys;electical laundry	1988	3,890		5			3,890	45
46	repair pumppls./laundry;decoratoin	1989	17,943	223	5-20	223		17,400	46
47	water heater	1990	8,793		5			8,793	47
48	renovation	1991	24,099	861	5-20	861		21,589	48
49	repari water heater boiler freezer condenser	1991	8,380		5			8,380	49
50	repair water heater/freezer/ssprinkler syst/a/c	1992	19,357	95	5-25	95		17,224	50
51	wallcovering hot water heater/paving/doors alarm syst	1993	45,517	683	5-15	683		45,517	51
52	plumbing /valves/pvaving	1994	22,139	514	10-20	514		20,397	52
53	repair water tower/fire alarms electical /roof wash.mach	1995	45,492	2,032	10-20	2,032		41,069	53
54	install door/frame	1996	2,200		10			2,200	54
55	replace condenser	1996	5,073	338	15	338		4,086	55
56	new cooling tower	1996	15,140	1,009	15	1,009		12,952	56
57	install amp panel/new circuits	1997	2,670		5			2,670	57
58	new valve	1997	1,710		5			1,710	58
59	recaulking	1997	7,475		5			7,475	59
60	new bearings/hvac/etc.	1998	4,317		5			4,317	60
61	Gen'l Parts- boiler repairs	1997	4,033	202	20	202		2,270	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 3,396,793	\$ 216,256		\$ 106,964	\$ 109,292	\$ 3,285,699	70

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

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

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		\$ 3,396,793	\$ 216,256		\$ 106,964	\$ (109,292)	\$ 3,285,699	1
2	CSI (replaced valves,relief)	1998	3,200		5			3,200	2
3	Atash(cleaned & tested dampers)	1998	3,465		5			3,465	3
4	Climate Service (fixed compressor and plate)	1998	8,747	583	15	583		6,220	4
5	ETC Carpet (carpet)	1998	1,118		5			1,118	5
6	Climate Service (repair chiller and safety controls)	1998	3,718	247	10	247		3,718	6
7	Patten (repair generator)	1998	1,986	99	20	99		1,034	7
8	Firemen Sealcoating (sealcoat asphalt parking lot)	1998	3,995	200	20	200		2,032	8
9	CSI-install thermometer/hvac-hot water)	1998	2,975		5			2,975	9
10	Chicago Cooling(repair a/c)	1999	2,171	217	10	217		2,062	10
11	Chicago Cooling(repair a/c pump)	1999	2,835	283	10	283		2,691	11
12	Harold Scales(4 dehumidifiers)	1999	2,115	211	10	211		1,972	12
13	Climate Services(ice machine repair)	1999	2,055	205	10	205		1,916	13
14	Fox Valley Fire & Safety(install door holders)	1999	1,568	157	10	157		1,451	14
15	Sterling Services(carpet maintenance)	1999	1,600		5			1,600	15
16	ABC: MISC LABOR	1999	2,278	228	10	228		2,108	16
17	ABC: CARPENTRY REPAIRS	1999	2,404	240	10	240		2,202	17
18	Sterling Services(carpet maintenance)	1999	1,600		5			1,600	18
19	Climate Services, Inc (boiler repair)	2000	9,048	905	10	905		8,069	19
20	Climate Services, Inc (boiler repair)	2000	1,654	165	10	165		1,294	20
21	Climate Services, Inc (Replace dampers)	2000	6,950	695	10	695		6,139	21
22	Climate Services, Inc (main coil , misc. piping)	2000	31,846	1,593	20	1,593		14,067	22
23	Poblocki & Sons (room ID'S)	2000	5,398	270	20	270		2,362	23
24	D. B. S Contracting (signs lighting)	2000	2,300	192	12	192		1,631	24
25	Alden Bennett Construction (major repair time & billing by fac)	2000	1,696	170	10	170		1,443	25
26	Fox Valley Fire & Safety (safety system)	2000	2,351	235	10	235		1,998	26
27	GT Mechanical, INC (heater safety defrost fan relay)	2000	1,700	170	10	170		1,417	27
28	Alden Bennett Construction (major repair time & billing by fac)	2000	4,658		5			4,658	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,512,223	\$ 223,321		\$ 114,029	\$ (109,292)	\$ 3,370,141	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

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		\$ 3,512,223	\$ 223,321		\$ 114,029	\$ (109,292)	\$ 3,370,141	1
2	GT Mechanical, INC (suction, discharge & expansion valve)	2000	6,684	668	10	668		6,683	2
3	Coker Service (replace vessel, steam safety valve & ignition wire)	2000	5,906	591	10	591		4,775	3
4	Alden Bennett Const-time/material build.improv.	2000	3,248	325	10	325		2,627	4
5	Coker Service, Inc (dishwasher repair)	2001	1,926	193	10	193		1,157	5
6	Dav.Sol.- repair relief valve	2002	1,893		5			1,893	6
7	GT Mechanical, Inc.-replace burnt wire/motor hvac)	2002	1,992	199	10	199		1,244	7
8	GT Mechanical- replace condensor bundle on water chiller	2002	22,292	1,486	15	1,486		11,269	8
9	Alden Bennett Const-time/material build.improv.	2002	5,797	580	10	580		3,624	9
10	Alden Bennett Const-time/material build.improv.	2001	10,694	713	15	713		4,673	10
11	Dave Soltwich -repair water line	2003	1,531	306	5	306		1,530	11
12	CSI-Coker--repair dishwasher	2003	1,704	141	5	141		1,704	12
13	Simplex Grinnell-repair fire alarm&wiring	2003	3,179	476	5	476		3,179	13
14	Capps Plumbing-repair mejector pump	2003	1,398	208	5	208		1,398	14
15	Alden Bennett Const.- Awning	2004	2,350	157	15	157		732	15
16	Alden Bennett Const. -carpeting	2004	841	168	5	168		798	16
17	DSL-cable upgrade	2004	704	141	5	141		564	17
18	Alden Bennett Const. -nursing station repairs	2004	1,788	119	15	119		595	18
19	Alden Bennett Const. -new roof	2004	5,023	502	10	502		2,134	19
20	Alden Bennett Const. -ceiling tiles	2004	3,205	267	12	267		1,179	20
21	Alden Bennett Const. Asphalt repair	2004	6,580	658	10	658		3,235	21
22	CSI Coker-repair pewash pump	2004	2,325	233	10	233		1,145	22
23	Alden Bennett Const. -auto door operating equipment	2004	2,788	279	10	279		1,371	23
24	Alden Bennett Const. -kitchen repairs	2004	2,335	233	10	233		973	24
25	Cybor Fire Protection-fire sprinkler	2005	1,510	216	7	216		666	25
26	GT Mechanical-tower pump replacement	2005	1,750	175	10	175		656	26
27	Alden Bennett Const. -resident bathroom replacement	2005	1,867	187	10	187		577	27
28	Capps Plumbing-furnish & install 20 ft of piping	2005	1,985	199	10	199		729	28
29	Top Notch-repair rinse motor on dishwasher	2005	2,829	283	10	283		1,061	29
30	ABCUSC-Custom cable	2005	2,986	299	10	299		1,096	30
31	ABCUSC-Custom cable	2005	5,200	520	10	520		2,037	31
32	ABCUSC-master antenna	2005	6,300	630	10	630		2,467	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,632,834	\$ 234,473		\$ 125,181	\$ (109,292)	\$ 3,437,912	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

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		\$ 3,632,834	\$ 234,473		\$ 125,181	\$ (109,292)	\$ 3,437,912	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	4
5	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	5
6	Leasehold Improvement-Tenant Improvement	1987	864		13			864	6
7	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	7
8	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	8
9	Leasehold Improvement-Build.Improv.	1996	1,092	68	16	68		884	9
10	Leasehold Improvement-Asphalting	2000	85		3			85	10
11	Leasehold Improvement-DAI	2001	149	15	10	15		107	11
12	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	12
13	Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,982	375	7	375		1,546	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	102	20	5	20		41	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	94	19	5	19		37	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	19
20	Leasehold Improvements-fire extinguishers	2007	22	4	5	4		6	20
21	Leasehold Improvements-paving/glasswork/hvac/carpet	2008	392	24	5	24		24	21
22									22
23									23
24	Related Party-AMS:								24
25	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	25
26	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	26
27	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	27
28									28
29									29
30	Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,709,827	\$ 237,129		\$ 127,837	\$ (109,292)	\$ 3,503,424	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

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		\$ 3,709,827	\$ 237,129		\$ 127,837	\$ (109,292)	\$ 3,503,424	1
2	Replace Various Mtrs and Kitchen storage room thermostat	2006	4,677	467	10	467		1,363	2
3	Install satellite TV in all common areas and rooms	2006	4,500	450	10	450		1,163	3
4	remove and replace 500 sq ft of roof above room 201	2006	2,655	266	10	266		665	4
5	Install satellite TV	2006	9,000	900	10	900		1,950	5
6	charge for addtl fire alarm protection per state	2006	17,800	1,780	10	1,780		3,708	6
7	Condensing Unit	2006	11,688	779	15	779		2,272	7
8	Engineering Fee for preparation of fire alarm drawings	2006	3,500	233	15	233		680	8
9	Concrete Slab replacement	2006	3,318	221	15	221		479	9
10	Concrete Slab replacement	2006	3,431	229	15	229		553	10
11									11
12	Install new sidewalk	2007	21,571	1,438	15	1,438		2,636	12
13	Alden Bennett Construction -concrete slab replace	2007	10,593	1,059	10	1,059	0	1,942	13
14	GT Mechanical - rebuild tower pump	2007	7,674	1,535	5	1,535		2,430	14
15	Top Notch - install new compressor	2007	5,539	462	12	462		693	15
16	Pattern - repair generator	2007	9,531	1,906	5	1,906	(0)	2,859	16
17	Top Notch - replace new booster	2007	5,751	575	10	575	0	671	17
18									18
19	A&B CustomCable - rackout cable line	2008	4,380	402	10	402		402	19
20	ABC - Repaired plumbing	2008	5,999	500	10	500		500	20
21	A&B CustomCable - removed old cable with new cable	2008	9,340	545	10	545		545	21
22	A&B Custom Cable - install new cables	2008	2,600	108	10	108		108	22
23	GT Mechanical - repaired leak pumps	2008	3,972	132	10	132		132	23
24									24
25	Adj for ABC related party profit	2008	(34)	(3)		(3)		(3)	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,857,312	\$ 251,113		\$ 141,821	\$ (109,292)	\$ 3,529,172	34

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

Facility Name & ID Number Alden Estates of Naperville # 0022509 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 449,948	\$ 36,884	\$ 36,884	\$		\$ 240,796	71
72	Current Year Purchases	128,380	3,233	3,233			3,233	72
73	Fully Depreciated Assets	685,274	14,935	14,935			685,274	73
74								74
75	TOTALS	\$ 1,263,602	\$ 55,052	\$ 55,052	\$		\$ 929,303	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	Patient transport/varied	Midwest: bus	1996	\$ 44,943	\$	\$	\$		\$ 44,943	76
77										77
78										78
79	Related Party - AMS	Various	98-04	4,563					4,563	79
80	TOTALS			\$ 49,506	\$	\$	\$		\$ 49,506	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)		\$ 5,826,420	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 306,165	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 196,873	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (109,292)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 4,507,981	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Renovation - CIP	\$ 5,621,824	92
93			93
94			94
95		\$ 5,621,824	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?

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

10. Effective dates of current rental agreement:

Beginning 7/1/2005

Ending 7/1/2015

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2009</u>	\$ <u>varies</u>
13.	<u>12/31/2010</u>	\$ <u>varies</u>
14.	<u>12/31/2011</u>	\$ <u>varies</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: \$ 14,744 Description: Copy Machine Lease & other various office equipment

(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>Related Party - AMS</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>22,058</u>	17
18					18
19	<u>Transport - Non Patient</u>	<u>various</u>	<u>740.00</u>	<u>740</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>22,798</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 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><u>Skilled nurses on site.</u></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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 81,616	\$		\$ 81,616	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			25,780			25,780	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			178,345			178,345	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				136,353		136,353	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					185,303	120,814		306,117	13
14	TOTAL			\$		\$ 471,044	\$ 257,167		\$ 728,210	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.

XIV. Special Services (Direct Cost)

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$81,616.08
2. ST	39-3	To Col 5	25,779.59
3.			
4. PT	39-3	To Col 5	178,345.02
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			93,785.03
Manual Input from Related Party- Forum Drugs			42,568.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	136,353.03
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			0.00
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	185,303.00
Other			165,869.96
Manual Input: Related Party - Prism			(39,096.00)
Manual Input: Related Party FECII - I.V.			(52,942.00)
Manual Input: Related Party FECII - Wound Care			(1,197.00)
Oxygen, from reclass worksheet			48,178.55
13. Col 6: Supplies Total		To Col 6	120,813.51
13. Total Line 13, Column 8			120,813.51
14. Total (should equal to page 4, LN 39, Col 8)			728,210.23

Facility Name & ID Number Alden Estates of Naperville# 0022509Report Period Beginning: 1/1/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>26,000</u>)	1,290,437	1,290,437	3
4	Supply Inventory (priced at)	1,390	1,390	4
5	Short-Term Investments			5
6	Prepaid Insurance		15,354	6
7	Other Prepaid Expenses	28,603	92,586	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties</u>	6,986	6,986	9
	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,327,416	\$ 1,406,753	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		4,300,000	13
14	Buildings, at Historical Cost		7,482,906	14
15	Leasehold Improvements, at Historical Cost	1,543,210	1,606,864	15
16	Equipment, at Historical Cost	1,212,802	1,212,802	16
17	Accumulated Depreciation (book methods)	(2,188,502)	(2,843,256)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Finances fees</u>		648,599	22
23	Other(specify): <u>CIP</u>		5,558,170	23
	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 567,510	\$ 17,966,084	24
	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,894,926	\$ 19,372,838	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 823,228	\$ 818,930	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	67,890	67,890	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	341,777	341,777	30
	Accrued Taxes Payable (excluding real estate taxes)	63,676	63,676	31
32	Accrued Real Estate Taxes(Sch.IX-B)		134,300	32
33	Accrued Interest Payable		95,000	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued ins, exps, idpa, sales tax</u>	110,161	110,161	36
37				37
	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,406,732	\$ 1,631,734	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		18,383,141	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	6,964,094	4,932,302	43
44				44
	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,964,094	\$ 23,315,443	45
	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,370,826	\$ 24,947,177	46
47	TOTAL EQUITY (page 18, line 24)	\$ (6,475,900)	\$ (5,574,338)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,894,926	\$ 19,372,838	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,083,525)	1
2	Restatements (describe):		2
3	External audit adjustment made after 2006 cost report was	(167,487)	3
4	submitted. These have no effect on prior year's report		4
5	Bad debt, Medicare revenue (non-allowable)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,251,012)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,224,888)	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)	\$ (1,224,888)	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)	\$ (6,475,900)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	\$ 7,847,777	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,847,777	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	91,545	6
7	Oxygen	9,511	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 101,056	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	22	12
13	Barber and Beauty Care	1,438	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	11,980	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 13,440	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	799	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 799	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	2,040	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,040	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,965,112	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,871,375	31
32	Health Care	3,027,189	32
33	General Administration	1,947,882	33
B. Capital Expense			
34	Ownership	1,686,711	34
C. Ancillary Expense			
35	Special Cost Centers	545,395	35
36	Provider Participation Fee	111,448	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,190,000	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,224,888)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,224,888)	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning:

1/1/08

Ending:

12/31/08

Details of Page 19, Line 28

Misc Income (Record copies)	160.00
Misc Income (Donation)	500.00
Misc Income (Food vendor rebate)	1,380.00
Total	2,040.00

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning: 1/1/08

Ending:

12/31/08

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	1,016	1,016	\$ 43,044	\$ 42.37	1
2	Assistant Director of Nursing	520	520	16,555	31.84	2
3	Registered Nurses	19,752	21,236	685,868	32.30	3
4	Licensed Practical Nurses	19,419	20,920	579,187	27.69	4
5	CNAs & Orderlies	69,345	73,767	1,051,042	14.25	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,452	2,547	34,244	13.44	8
9	Activity Director	2,080	2,080	56,963	27.39	9
10	Activity Assistants	4,877	5,336	75,652	14.18	10
11	Social Service Workers	2,080	2,080	40,885	19.66	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	47,500	22.84	13
14	Head Cook	6,240	6,240	107,920	17.29	14
15	Cook Helpers/Assistants	29,554	31,291	329,265	10.52	15
16	Dishwashers					16
17	Maintenance Workers	4,152	4,160	94,632	22.75	17
18	Housekeepers	21,819	23,702	292,605	12.35	18
19	Laundry	6,437	7,039	73,272	10.41	19
20	Administrator	2,000	2,000	85,258	42.63	20
21	Assistant Administrator	880	880	25,918	29.45	21
22	Other Administrative	9,129	9,185	232,341	25.30	22
23	Office Manager	2,184	2,184	34,248	15.68	23
24	Clerical	2,514	2,561	22,016	8.60	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,927	1,951	43,964	22.53	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	1,984	2,080	35,796	17.21	32
33	Other(specify) Alzheimer Supervi	6,565	6,742	79,498	11.79	33
34	TOTAL (lines 1 - 33)	219,006	231,597	\$ 4,087,673 *	\$ 17.65	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	Monthly	\$ 10,800	1-3	35
36	Medical Director	Monthly	20,100	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,872	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	63	1,443	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	63	\$ 37,215		49

C. CONTRACT NURSES

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

Alden Estates of Naperville, Inc.	PG 21A
Legal Fee Support	
2008	
Legal Fees Reported on Pg 21, Section C:	\$ 34,864.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(15,103.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	-
Allowable Legal Fees	<u>\$19,761.00</u>

Facility Name & ID Number Alden Estates of Naperville

Report Period Beginning: 1/1/08 Ending:

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	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	
2	Insulation	5/95	2,455	15	164	164	164	164	164	164			
3	Fuel Pump	3/96	2,066	15	138	138	138	138	138	138	138		
4	Water Pump	3/96	1,302	15	87	87	87	87	87	87	87		
5	Evaporator Fan	9/96	1,887	15	126	126	126	126	126	126	126		
6													
7	Alden Bennett Constructi	1/02	3,719	15	248	248	248	248	248	248	248	248	
8	Alden Bennett Constructi	3/02	1,755	15	117	117	117	117	117	117	117	117	
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 13,184		\$ 880	\$ 880	\$ 880	\$ 880	\$ 880	\$ 880	\$ 716	\$ 365	\$ 365

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. Il. Health Care Assn. \$7,586
- (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? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 48,003 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 during this cost report period. \$ 111,448
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. \$ 32,827 Has any meal income been offset against related costs? no 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. \$ _____
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? No
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. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? N/A If no, please explain. Audit is of The Alden Group, Ltd.
- (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.