

Facility Name & ID Number Alden Estates of Skokie

0050146 Report Period Beginning: 1/8/09 Ending: 12/31/09

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	56	Skilled (SNF)	56	20,048	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	56	TOTALS	56	20,048	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	1,002	1,187	3,997	6,186	8
9	SNF/PED					9
10	ICF	3,656	1,028		4,684	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,658	2,215	3,997	10,870	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.22%

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)
None

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 01/08/09

J. Was the facility purchased or leased after January 1, 1978?
YES Date 01/08/09 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 56 and days of care provided 3,841

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Alden Estates of Skokie # 0050146 Report Period Beginning: 1/8/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	154,561	10,686	9,900	175,147	2,684	177,831	169	178,000		1
2	Food Purchase		96,420		96,420	(740)	95,680	(9,936)	85,744		2
3	Housekeeping	75,141	13,075		88,216	2,387	90,603	965	91,568		3
4	Laundry	50,601	5,367		55,968		55,968		55,968		4
5	Heat and Other Utilities			61,608	61,608		61,608	(21)	61,587		5
6	Maintenance	6,883		88,661	95,544		95,544	12,149	107,693		6
7	Other (specify):* Related Party Benefits							1,605	1,605		7
8	TOTAL General Services	287,186	125,548	160,169	572,903	4,331	577,234	4,931	582,165		8
	B. Health Care and Programs										
9	Medical Director			10,000	10,000		10,000		10,000		9
10	Nursing and Medical Records	919,018	92,701	5,250	1,016,969	827	1,017,796	12,921	1,030,717		10
10a	Therapy		303	7,632	7,935		7,935		7,935		10a
11	Activities	38,354	1,927	2,967	43,248		43,248		43,248		11
12	Social Services	32,961			32,961		32,961		32,961		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							1,701	1,701		15
16	TOTAL Health Care and Programs	990,333	94,931	25,849	1,111,113	827	1,111,940	14,622	1,126,562		16
	C. General Administration										
17	Administrative	80,625			80,625		80,625	20,932	101,557		17
18	Directors Fees										18
19	Professional Services			3,159	3,159		3,159	8,044	11,203		19
20	Dues, Fees, Subscriptions & Promotions			30,246	30,246		30,246	(22,771)	7,475		20
21	Clerical & General Office Expenses	138,661	13,862	26,422	178,945	445	179,390	30,035	209,425		21
22	Employee Benefits & Payroll Taxes			334,883	334,883	(6,173)	328,710	(12,056)	316,654		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,350	1,350		1,350	584	1,934		24
25	Other Admin. Staff Transportation							2,522	2,522		25
26	Insurance-Prop.Liab.Malpractice			25,285	25,285		25,285	157	25,442		26
27	Other (specify):* Related Party Benefits			33,713	33,713		33,713	(19,984)	13,729		27
28	TOTAL General Administration	219,286	13,862	455,058	688,206	(5,728)	682,478	7,463	689,941		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,496,805	234,341	641,076	2,372,222	(570)	2,371,652	27,016	2,398,668		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 Skokie

#0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			3,100	3,100		3,100	45,021	48,121			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			20,939	20,939		20,939	78,956	99,895			32
33	Real Estate Taxes							108,203	108,203			33
34	Rent-Facility & Grounds			190,729	190,729		190,729	(190,729)				34
35	Rent-Equipment & Vehicles			9,634	9,634		9,634	8,425	18,059			35
36	Other (specify):*											36
37	TOTAL Ownership			224,402	224,402		224,402	49,876	274,278			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		321,153	488,648	809,801	570	810,371	(152,113)	658,258			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			29,988	29,988		29,988		29,988			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		321,153	518,636	839,789	570	840,359	(152,113)	688,246			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,496,805	555,494	1,384,114	3,436,413		3,436,413	(75,221)	3,361,192			45

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

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		(740.00)	Employee Meals
	22	740.00	Employee Meals
22		(6,913.00)	Uniforms
	10	1,397.00	Uniforms
	1	2,684.00	Uniforms
	3	2,387.00	Uniforms
	4		Uniforms
	6		Uniforms
	11		Uniforms
	21	445.00	Uniforms
10		(570.00)	Oxygen - to appropriate cost center
	39	570.00	Oxygen - to appropriate cost center

Others, if any:

19		(90.00)	Medi-Com Software Service
	21	90.00	Medi-Com Software Service

Net _____
-

Alden Estates of SkokieID# 0050146Report Period Beginning: 1/8/09Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fee on Utilities	\$ (609)	5	1
2	Intercompany Interest	(19,789)	32	2
3	Wage Service Fee	(73)	21	3
4	Jusy Duty	(100)	21	4
5	Medical Record Copies	(260)	10	5
6	Marketing Manager & Aides	(54,162)	21	6
7	Back out 3.6% of emp benefits for Mktg Mangr	(12,056)	22	7
8	Back out 30% of PAC fees from IHCA bills	(927)	20	8
9	Deming Cost	(232)	24	9
10	Elim Deprec on Pg 13 < \$2,500	(995)	30	10
11	Expense Pg 13 < \$2,500 Curr Yr	9,257	6	11
12	Expense Pg 13 < \$2,500	516	6	12
13	Elim Deprec on Pg 12 < \$2,500 items	(331)	30	13
14	Expense Pg 12 items < \$2,500 Curr Yr	2,967	6	14
15	Expense Pg 12 items < \$2,500	270	6	15
16	Skokie Chamber of Commerce	(660)	20	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	(77,184)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	1,307	(1,138)	0	0	0	0	0	0	0	169	1
2	Food Purchase	(1,041)	0	0	(8,895)	0	0	0	0	0	0	0	(9,936)	2
3	Housekeeping	0	0	965	0	0	0	0	0	0	0	0	965	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(609)	0	588	0	0	0	0	0	0	0	0	(21)	5
6	Maintenance	10,648	0	1,649	0	0	0	(148)	0	0	0	0	12,149	6
7	Other (specify):*	0	0	1,271	334	0	0	0	0	0	0	0	1,605	7
8	TOTAL General Services	8,998	0	5,780	(9,699)	0	0	(148)	0	0	0	0	4,931	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	(260)	0	10,238	1,096	1,847	0	0	0	0	0	0	12,921	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	1,701	0	0	0	0	0	0	0	0	1,701	15
16	TOTAL Health Care and Programs	(260)	0	11,939	1,096	1,847	0	0	0	0	0	0	14,622	16
	C. General Administration													
17	Administrative	0	0	20,932	0	0	0	0	0	0	0	0	20,932	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,445)	423	9,066	0	0	0	0	0	0	0	0	8,044	19
20	Fees, Subscriptions & Promotions	(23,091)	200	120	0	0	0	0	0	0	0	0	(22,771)	20
21	Clerical & General Office Expenses	(55,355)	0	54,875	7,745	22,770	0	0	0	0	0	0	30,035	21
22	Employee Benefits & Payroll Taxes	(12,056)	0	0	0	0	0	0	0	0	0	0	(12,056)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(232)	0	816	0	0	0	0	0	0	0	0	584	24
25	Other Admin. Staff Transportation	0	0	2,522	0	0	0	0	0	0	0	0	2,522	25
26	Insurance-Prop.Liab.Malpractice	0	122	35	0	0	0	0	0	0	0	0	157	26
27	Other (specify):*	(33,713)	0	11,338	960	1,431	0	0	0	0	0	0	(19,984)	27
28	TOTAL General Administration	(125,892)	745	99,704	8,705	24,201	0	0	0	0	0	0	7,463	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(117,154)	745	117,423	102	26,048	0	(148)	0	0	0	0	27,016	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(1,326)	42,117	2,864	0	1,366	0	0	0	0	0	0	45,021	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(20,730)	84,439	14,142	0	1,105	0	0	0	0	0	0	78,956	32
33	Real Estate Taxes	0	106,857	1,117	0	229	0	0	0	0	0	0	108,203	33
34	Rent-Facility & Grounds	0	(190,729)	0	0	0	0	0	0	0	0	0	(190,729)	34
35	Rent-Equipment & Vehicles	0	0	8,425	0	0	0	0	0	0	0	0	8,425	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(22,056)	42,684	26,548	0	2,700	0	0	0	0	0	0	49,876	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	(13,627)	(59,419)	(79,067)	0	0	0	0	0	(152,113)	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	(13,627)	(59,419)	(79,067)	0	0	0	0	0	(152,113)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(139,210)	43,429	143,971	(13,525)	(30,671)	(79,067)	(148)	0	0	0	0	(75,221)	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
The Alden Group, Ltd.	100%	See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 190,729	Alden Estates of Skokie, LLC	0.00%	\$	\$ (190,729)	1
2	V	19 Professional Fees		Alden Estates of Skokie, LLC		375	375	2
3	V	19 Bank Charges		Alden Estates of Skokie, LLC		48	48	3
4	V	20 Licenses & Inspections		Alden Estates of Skokie, LLC		200	200	4
5	V	33 Real Estate Tax Expense		Alden Estates of Skokie, LLC		106,857	106,857	5
6	V	26 General Insurance Expense		Alden Estates of Skokie, LLC		122	122	6
7	V	32 Interest - Other		Alden Estates of Skokie, LLC		20	20	7
8	V	32 Interest - Mortgage		Alden Estates of Skokie, LLC		82,750	82,750	8
9	V	30 Depreciation Expense		Alden Estates of Skokie, LLC		42,117	42,117	9
10	V	32 Amortization Expense		Alden Estates of Skokie, LLC		1,669	1,669	10
11	V							11
12	V							12
13	V							13
14	Total		\$ 190,729			\$ 234,158	\$ * 43,429	14

* 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	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 588	\$ 588	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		816	816	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		2,522	2,522	17
18	V	26 Insurance		Alden Management Services, Inc.		35	35	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		120	120	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		1,117	1,117	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		8,425	8,425	22
23	V	32 Interest		Alden Management Services, Inc.		14,142	14,142	23
24	V	1 Dietary		Alden Management Services, Inc.		1,307	1,307	24
25	V	3 Houskeeping		Alden Management Services, Inc.		965	965	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		1,271	1,271	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		10,238	10,238	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		1,701	1,701	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		20,932	20,932	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		11,338	11,338	30
31	V	19 Professional Fees		Alden Management Services, Inc.		9,066	9,066	31
32	V	21 General & Administrative		Alden Management Services, Inc.		54,875	54,875	32
33	V	6 Repairs & Maintenance	6,202	Alden Management Services, Inc.		7,851	1,649	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 6,202			\$ 150,173	\$ * 143,971	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 Dietary Consultant	\$ 9,900	Prism Health Care Services, Inc.	0.00%	\$ 2,485	\$ (7,415)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		6,277	6,277
17	V	2 Tube Feeding	14,836	Prism Health Care Services, Inc.		5,941	(8,895)
18	V	10 Equipment Rental	6,105	Prism Health Care Services, Inc.		7,201	1,096
19	V	39 Ancillary Supplies	29,086	Prism Health Care Services, Inc.		15,459	(13,627)
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		5,026	5,026
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		960	960
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		334	334
23	V	21 General & Administrative		Prism Health Care Services, Inc.		2,719	2,719
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		\$ 59,927			\$ 46,402	\$ * (13,525)

* 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 <u>Drugs</u>	\$ 146,285	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 200,567	\$ 54,282
16	V	39 <u>I.V.</u>	130,151	<u>Forum Extended Care Services II, Inc.</u>		17,170	(112,981)
17	V	39 <u>Wound Care</u>	3,406	<u>Forum Extended Care Services II, Inc.</u>		2,686	(720)
18	V	10 <u>House Stock</u>	7,338	<u>Forum Extended Care Services II, Inc.</u>		6,656	(682)
19	V	10 <u>Pharmacy Consultant</u>	4,426	<u>Forum Extended Care Services II, Inc.</u>		6,955	2,529
20	V	27 <u>Employee Vaccination</u>	1,505	<u>Forum Extended Care Services II, Inc.</u>		1,189	(316)
21	V	27 <u>Employee Benefits: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		1,747	1,747
22	V	21 <u>Gen'l & Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		14,519	14,519
23	V	21 <u>Gen'l & Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		8,251	8,251
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,105	1,105
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		229	229
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,366	1,366
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		\$ 293,111			\$ 262,440	\$ * (30,671)

* 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	\$ 477,564	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 398,497	\$ (79,067)
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		\$ 477,564			\$ 398,497	\$ * (79,067)

* 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 Repairs & Maintenance	\$ 11,221	Alden Bennett Construction Company, Inc.	0.00%	\$ 11,073	\$ (148)
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		\$ 11,221			\$ 11,073	\$ * (148)

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

Facility Name & ID Number Alden Estates of Skokie

Provider No. 0050146

Report Period Beginning:

1/8/09

Ending: 12/31/09

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
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			
Alden Estates of Skokie, Inc.	Skokie			

Facility Name & ID Number

Alden Estates of Skokie

#

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	183,354	0.356	0.89	Salary	\$ 1,646	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	68,029	0.356	0.89	Salary	611	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	39,168	0.356	0.89	Salary	352	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	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.										8
9	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.										9
10											10
11											11
12											12
13								TOTAL	\$ 2,609		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 Skokie

0050146

Report Period Beginning:

1/8/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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*	31	\$ 66,061	\$	10,870	\$ 588	1
2	24	Travel/Seminar	patient days*	31	91,753		10,870	816	2
3	25	Other Admin Travel	patient days*	31	283,487		10,870	2,522	3
4	26	Insurance	patient days*	31	3,990		10,870	35	4
5	20	Dues/Subscriptions	patient days*	31	13,454		10,870	120	5
6	30	Depreciation	no. of providers	31	102,169		1	2,864	6
7	33	Real Estate Tax	patient days*	31	139,876		10,870	1,117	7
8	35	Rent-Equip/Vehicle	patient days*	31	947,116		10,870	8,425	8
9	32	Interest	patient days*	31	1,339,694		10,870	14,142	9
10	1	Dietary Salary	patient days*	31	146,892	146,892	10,870	1,307	10
11	3	Housekeeping Salary	patient days*	31	108,487	108,487	10,870	965	11
12	7	Employee Benef-Gen'l Servs	patient days*	31	142,881		10,870	1,271	12
13	10	Nurs/Med Rec Salary	patient days*	31	1,259,741	1,259,741	10,870	10,238	13
14	15	Employee Benef-Health Care	patient days*	31	191,270		10,870	1,701	14
15	17	Administrative Salary	patient days*	31	2,477,865	2,477,865	10,870	20,932	15
16	27	Employee Benef-Administrative	patient days*	31	1,274,479		10,870	11,338	16
17	19	Professional Fees	patient days*	31	1,019,103	624,209	10,870	9,066	17
18	21	Gen'l & Admin	patient days*	31	6,168,666	5,291,904	10,870	54,875	18
19	6	Repair & Mainten.	patient days*	31	882,577	685,666	10,870	7,851	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 16,659,561	\$ 10,594,764		\$ 150,173	25

Facility Name & ID Number

Alden Estates of Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6		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	MB Financial		x	Purchase	\$7,750.00	01/09	\$ 1,500,000	\$ 1,500,000	01/10	6.0000	\$ 82,750	1						
2												2						
3	Insurance Interest		x	Medical Malpractice							469	3						
4	Amortization-Fin/Refin Fee		x	Financing							1,669	4						
5	Insurance Interest		x	Property Coverage							20	5						
Working Capital																		
6	Related party-AMS	x		working capital							14,142	6						
7	Related party-FECH	x		working capital							1,105	7						
8												8						
9	TOTAL Facility Related				\$7,750.00		\$ 1,500,000	\$ 1,500,000			\$ 100,155	9						
B. Non-Facility Related*																		
10	Interest Income (Corp)		x	Patient Interest							(260)	10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (260)	14						
15	TOTALS (line 9+line14)						\$ 1,500,000	\$ 1,500,000			\$ 99,895	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.)

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 19,000 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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).

None

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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>56 Bed Facility</u>		<u>2009</u>	<u>\$ 229,315</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 229,315	3

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	56	2009		\$ 1,246,896	\$ 31,972	39	\$ 31,972	\$	\$ 31,972	4
5										5
6										6
7										7
8	Related party - Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	GT Mechanical-Actuator, Transformer, Belts, & Filters (HVAC)		2009	5,976	331	5	331		436	9
10	Long Elevator - Elevator Pump Motor		2009	3,139	105	5	105		105	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 Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,269,680	\$ 32,408		\$ 32,408	\$	\$ 46,182	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,340,459	\$ 35,023		\$ 35,023	\$	\$ 106,124	34

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

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	\$ 12,774	\$ 1,617	\$ 1,617	\$		\$ 7,058	71
72	Current Year Purchases	203,239	11,031	11,031			11,031	72
73	Fully Depreciated Assets	71,132	450	450			71,132	73
74								74
75	TOTALS	\$ 287,145	\$ 13,098	\$ 13,098	\$		\$ 89,221	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				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party - AMS	Various	'98-'02	4,415				3	4,415	79
80	TOTALS			\$ 4,415	\$	\$	\$		\$ 4,415	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)	\$ 1,861,334	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 48,121	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 48,121	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 199,760	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	\$ 140,400	92
93			93
94			94
95		\$ 140,400	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 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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

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

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

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 9,935 Description: Copy Machine Lease & Other minor office equip rental.

(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>438.33</u>	\$ <u>5,260</u>	17
18					18
19			<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>438.33</u>	\$ <u>5,260</u>	21

10. Effective dates of current rental agreement:

Beginning 01/01/09

Ending 01/01/19

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

Fiscal Year Ending Annual Rent

12. /2010 \$ varies

13. /2011 \$ varies

14. /2012 \$ varies

* 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 nursing 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	\$		\$ 198,728	\$		\$ 198,728	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			23,214			23,214	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			252,541			252,541	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 prescrpts				200,567		200,567	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					(79,067)	62,275		(16,792)	13
14	TOTAL			\$		\$ 395,416	\$ 262,842		\$ 658,258	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)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$198,727.70
2.	ST	39-3	To Col 5	23,214.33
3.				
4.	PT	39-3	To Col 5	252,541.31
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			146,285.35
	Manual Input from Related Party- Forum Drugs			54,282.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	200,567.35
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	(79,067.00)
	Other			189,032.72
	Manual Input: Related Party - Prism			(13,627.00)
	Manual Input: Related Party FECII - I.V.			(112,981.00)
	Manual Input: Related Party FECII - Wound Care			(720.00)
	Oxygen, from reclass worksheet (Pg 4A)			570.00
13.	Col 6: Supplies Total		To Col 6	62,274.72
13.	Total Line 13, Column 8			62,274.72
14.	Total			658,258.41

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning: 1/8/09

Ending:

12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>15,000</u>)	492,754	492,754	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		1,343	6
7	Other Prepaid Expenses	15,831	15,831	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	122,354	122,354	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 630,939	\$ 632,282	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		229,315	13
14	Buildings, at Historical Cost		1,246,896	14
15	Leasehold Improvements, at Historical Cost	8,943	59,668	15
16	Equipment, at Historical Cost	24,392	24,392	16
17	Accumulated Depreciation (book methods)	(3,100)	(45,217)	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 <u>CIP,ReplResrvs,S/holders</u>)		140,400	22
23	Other(specify): <u>Due from Affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 30,235	\$ 1,655,454	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 661,174	\$ 2,287,736	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 263,973	\$ 260,714	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	33,287	33,287	28
29	Short-Term Notes Payable		1,500,000	29
30	Accrued Salaries Payable	124,672	124,672	30
31	Accrued Taxes Payable (excluding real estate taxes)	21,807	21,807	31
32	Accrued Real Estate Taxes(Sch.IX-B)		109,100	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur,DueState,SalesTax,etc.</u>	(7,775)	6,431	36
37	<u>Due to Affiliates</u>			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 435,964	\$ 2,056,011	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	328,958	356,006	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 328,958	\$ 356,006	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 764,922	\$ 2,412,017	46
47	TOTAL EQUITY(page 18, line 24)	\$ (103,748)	\$ (124,281)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 661,174	\$ 2,287,736	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(103,748)	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)	\$ (103,748)	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)	\$ (103,748)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning: 1/8/09

Ending: 12/31/09

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 3,218,725	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 3,218,725	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	108,538	6
7	Oxygen	2,507	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 111,045	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	30	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	340	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,833	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,203	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	259	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 259	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See pg 19A	433	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 433	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 3,332,665	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	572,903	31
32	Health Care	1,111,113	32
33	General Administration	688,206	33
B. Capital Expense			
34	Ownership	224,402	34
C. Ancillary Expense			
35	Special Cost Centers	809,801	35
36	Provider Participation Fee	29,988	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 3,436,413	40
41	Income before Income Taxes (line 30 minus line 40)**	(103,748)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (103,748)	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.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income related to employee jury duty	\$ 100
Misc Income related to payroll wage service fee	74
Misc Income related to medical record copies	260
Line 28 Total:	<u>433</u>

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,911	2,022	\$ 78,174	\$ 38.66	1
2	Assistant Director of Nursing					2
3	Registered Nurses	12,300	13,142	353,869	26.93	3
4	Licensed Practical Nurses	5,569	5,934	129,432	21.81	4
5	CNAs & Orderlies	22,715	24,724	271,233	10.97	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,203	3,420	38,354	11.21	10
11	Social Service Workers	1,685	1,746	32,961	18.88	11
12	Dietician					12
13	Food Service Supervisor	2,063	2,149	40,719	18.95	13
14	Head Cook	1,977	2,060	28,763	13.96	14
15	Cook Helpers/Assistants	7,819	8,336	85,080	10.21	15
16	Dishwashers					16
17	Maintenance Workers	273	378	6,883	18.21	17
18	Housekeepers	5,888	6,467	75,142	11.62	18
19	Laundry	3,804	4,374	50,601	11.57	19
20	Administrator	2,048	2,056	80,625	39.21	20
21	Assistant Administrator					21
22	Other Administrative	2,240	2,346	68,845	29.35	22
23	Office Manager	1,778	1,854	32,578	17.57	23
24	Clerical	3,473	3,610	37,237	10.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,999	2,056	62,098	30.20	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	861	877	11,306	12.89	31
32	Other Health Care(specify)	951	1,057	12,905	12.21	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	82,557	88,608	\$ 1,496,805 *	\$ 16.89	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	900/Month	\$ 9,900	1-3	35
36	Medical Director	1,000/Month	10,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	112/Month	1,344	10-3	39
40	Physical Therapy Consultant	429/Month	429	11-3	40
41	Occupational Therapy Consultant	340/Month	340	11-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	260/Month	1,040	11-3	44
45	Social Service Consultant	268/Month	268	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 23,321		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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Michael Gottesman	Administrator	0	\$ 80,625	Workers' Compensation Insurance	\$ 35,696	IDPH License Fee	\$	
				Unemployment Compensation Insurance	27,702	Advertising: Employee Recruitment		
				FICA Taxes	115,886	Health Care Worker Background Check		
				Employee Health Insurance	142,568	(Indicate # of checks performed 117)	1,170	
				Employee Meals	740	Patient Background Checks	81	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,364	
				Dental & Life Insurance	1,638	IL Health Care Assoc/Elim Non-Care Costs	2,164	
				Employee Relations, Misc Costs	1,129	IL Secretary of State	655	
				Employee Drug Tests	1,152	Allscripts	992	
				401K Match	694	Related Party-AMS/FECII/etc.	320	
				Employee Vaccinations	1,505	Less: Public Relations Expense	()	
				Back out Benefits for Marketing	(12,056)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 80,625				\$ 316,654		\$ 7,475		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 1,934	
C. Professional Services								
Vendor/Payee	Type	Amount						
Medifax/EDI	Billing Service (Reclassified)	\$ 90						
Ken Fisch	Legal Fees	734						
Margel S. Peddicord	Consulting Fee	891						
Ken Fisch	Legal Fees Collect (Eliminated)	1,444						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 3,159				\$			\$ 1,934	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

1/8/09

Ending:

12/31/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (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 Assoc = \$ 2,164
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 16,515 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. \$ 29,988
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. \$ 740 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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (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.