



Facility Name & ID Number Friendship Village-Schaumburg

# 0023218 Report Period Beginning: 04/01/09 Ending: 03/31/10

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 N/A

	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	250	Skilled (SNF)	250	91,250	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	250	TOTALS	250	91,250	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	16,099	16,465	36,253	68,817	8	
9	SNF/PED					9	
10	ICF	2,354	3,303	5,627	11,284	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	18,453	19,768	41,880	80,101	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.78%

D. How many bed-hold days during this year were paid by the Department? None (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)

Home Health, Clinic, Adult Day Care

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 01/01/1977

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 250 and days of care provided 15,398

Medicare Intermediary Wisconsin Physician Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 03/31/10 Fiscal Year: 03/31/10

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

Facility Name & ID Number Friendship Village-Schaumburg # 0023218 Report Period Beginning: 04/01/09 Ending: 03/31/10

**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
	<b>A. General Services</b>										
1	Dietary	1,873,983	84,152	379,714	2,337,849		2,337,849	(1,078,467)	1,259,382		1
2	Food Purchase		1,634,136		1,634,136		1,634,136	(794,381)	839,755		2
3	Housekeeping	975,281	138,127	24,670	1,138,078		1,138,078	(1,050,680)	87,398		3
4	Laundry	222,184	49,028		271,212		271,212	(20,364)	250,848		4
5	Heat and Other Utilities			1,814,373	1,814,373		1,814,373	(1,676,554)	137,819		5
6	Maintenance	1,354,984	6,463	1,370,916	2,732,363		2,732,363	(2,517,259)	215,104		6
7	Other (specify):*			4,250	4,250		4,250	(3,924)	326		7
8	<b>TOTAL General Services</b>	4,426,432	1,911,906	3,593,923	9,932,261		9,932,261	(7,141,629)	2,790,632		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,509	14,509		14,509		14,509		9
10	Nursing and Medical Records	6,120,206	380,536	12,136	6,512,878		6,512,878	(1,543)	6,511,335		10
10a	Therapy	80,402		13,232	93,634		93,634		93,634		10a
11	Activities	241,493	5,629	2,505	249,627		249,627		249,627		11
12	Social Services	143,005		960	143,965		143,965		143,965		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	6,585,106	386,165	43,342	7,014,613		7,014,613	(1,543)	7,013,070		16
	<b>C. General Administration</b>										
17	Administrative	1,352,416		1,217,740	2,570,156		2,570,156	(1,993,682)	576,474		17
18	Directors Fees							9,465	9,465		18
19	Professional Services			217,933	217,933		217,933	(144,999)	72,934		19
20	Dues, Fees, Subscriptions & Promotions			30,255	30,255		30,255	19,387	49,642		20
21	Clerical & General Office Expenses	1,632,411	83,148	578,005	2,293,564		2,293,564	(1,137,284)	1,156,280		21
22	Employee Benefits & Payroll Taxes			4,233,397	4,233,397		4,233,397	(1,710,575)	2,522,822		22
23	Inservice Training & Education										23
24	Travel and Seminar			11,793	11,793		11,793	3,649	15,442		24
25	Other Admin. Staff Transportation			4,808	4,808		4,808	3,763	8,571		25
26	Insurance-Prop.Liab.Malpractice			725,391	725,391		725,391	(676,188)	49,203		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	2,984,827	83,148	7,019,322	10,087,297		10,087,297	(5,626,464)	4,460,833		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	13,996,365	2,381,219	10,656,587	27,034,171		27,034,171	(12,769,636)	14,264,535		29

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

SEE ACCOUNTANTS' COMPILATION REPORT

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

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			6,589,558	6,589,558		6,589,558	(6,220,275)	369,283			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,634,255	5,634,255		5,634,255	(5,289,997)	344,258			32
33	Real Estate Taxes			454,760	454,760		454,760	(419,837)	34,923			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			120,636	120,636		120,636		120,636			35
36	Other (specify):*			1,204,007	1,204,007		1,204,007	(1,204,007)				36
37	<b>TOTAL Ownership</b>			14,003,216	14,003,216		14,003,216	(13,134,116)	869,100			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	406,707	932,833	1,241,347	2,580,887		2,580,887	(406,708)	2,174,179			39
40	Barber and Beauty Shops			73,540	73,540		73,540		73,540			40
41	Coffee and Gift Shops	39,179	27,968	82	67,229		67,229	(67,229)				41
42	Provider Participation Fee			131,581	131,581		131,581	5,294	136,875			42
43	Other (specify):*	2,097,759	411,256	1,334,959	3,843,974		3,843,974	(3,843,974)				43
44	<b>TOTAL Special Cost Centers</b>	2,543,645	1,372,057	2,781,509	6,697,211		6,697,211	(4,312,617)	2,384,594			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	16,540,010	3,753,276	27,441,312	47,734,598		47,734,598	(30,216,369)	17,518,229			45

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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(72,458)	02		4
5	Telephone, TV & Radio in Resident Rooms	(170,007)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				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	(28,993,064)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (29,235,529)		\$	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	
		<b>Amount</b>	<b>Reference</b>	
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)	(980,840)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (980,840)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (30,216,369)		37

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

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

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

<b>BHF USE ONLY</b>							
48		49		50		51	52

SEE ACCOUNTANTS' COMPILATION REPORT

Friendship Village-SchaumburgID# 0023218Report Period Beginning: 04/01/09Ending: 03/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Vending Machine Revenue	\$ (3,421)	02	1
2	Investment Income	(731,461)	32	2
3	Village Store Income	(67,229)	41	3
4	Assisted Living/Independent Living	(2,051,225)	43	4
5				5
6	Marketing Wages	(640,761)	43	6
7	Marketing Expenses	(973,962)	43	7
8	Bank Fees	(34,179)	21	8
9	Bridgewater Place Depreciation	(2,652,072)	30	9
10	Amortization of Bond Costs	(1,204,007)	36	10
11	Remarketing Fee Expense	(37,500)	32	11
12	Investment Fees	(110,436)	21	12
13	HCC - Wheel Chair Revenue	(1,260)	10	13
14	Home Health Wages	(406,708)	39	14
15	Home Health Expenses	(5,653)	43	15
16	Misc. Income	(31,894)	21	16
17	ComEd Refund	(19,713)	05	17
18	Jury Duty	(283)	10	18
19	Internal Transfer Fee	(8,250)	21	19
20	US Treasury Interest	(1,540)	32	20
21	Polling Place Income	(100)	21	21
22	Scrap Metal Revenue	(1,109)	06	22
23	Out of State Travel	(675)	25	23
24	Capitalized R&M	(47,067)	06	24
25	VP of Marketing Salary	(172,373)	43	25
26	Provider Participation Fee	5,294	42	26
27	Non-Allowable Legal Fees	(1,165)	19	27
28	Additional R&M	8,262	06	28
29	Non-HCC Adjustment:			29
30	Dietary	(1,078,467)	01	30
31	Food Purchase	(719,121)	02	31
32	Housekeeping	(1,050,680)	03	32
33	Laundry	(20,364)	04	33
34	Heat & Utilities	(1,656,841)	05	34
35	Maintenance	(2,477,432)	06	35
36	Other (Disposal, Waste)	(3,924)	07	36
37	Administrative	(705,190)	17	37
38	Director's Fees	(113,788)	18	38
39	Professional Services	(468,066)	19	39
40	Clerical & General	(1,039,622)	21	40
41	Employee Benefits	(1,746,742)	22	41
42	Insurance	(591,513)	26	42
43	Depreciation	(3,572,379)	30	43
44	Interest	(4,138,611)	32	44
45	Real Estate Taxes	(419,837)	33	45
46				46
47				47
48				48
49	<b>Total</b>	(28,993,064)		49

Friendship Village-Schaumburg

ID# 0023218

Report Period Beginning: 04/01/09

Ending: 03/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
50		\$	1
51			2
52			3
53			4
54			5
55			6
56			7
57			8
58			9
59			10
60			11
61			12
62			13
63			14
64			15
65			16
66			17
67			18
68			19
69			20
70			21
71			22
72			23
73			24
74			25
75			26
76			27
77			28
78			29
79			30
80			31
81			32
82			33
83			34
84			35
85			36
86			37
87			38
88			39
89			40
90			41
91			42
92			43
93			44
94			45
95			46
96			47
97			48
98			49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Friendship Village-Schaumburg# 0023218

Report Period Beginning:

04/01/09

Ending:

03/31/10

## 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	(1,078,467)											(1,078,467)	1
2	Food Purchase	(795,000)		619									(794,381)	2
3	Housekeeping	(1,050,680)											(1,050,680)	3
4	Laundry	(20,364)											(20,364)	4
5	Heat and Other Utilities	(1,676,554)											(1,676,554)	5
6	Maintenance	(2,517,346)		87									(2,517,259)	6
7	Other (specify):*	(3,924)											(3,924)	7
8	<b>TOTAL General Services</b>	<b>(7,142,335)</b>		<b>706</b>									<b>(7,141,629)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records	(1,543)											(1,543)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	CNA Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,543)</b>											<b>(1,543)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(705,190)		(1,288,492)									(1,993,682)	17
18	Directors Fees	(113,788)		123,253									9,465	18
19	Professional Services	(469,231)		324,232									(144,999)	19
20	Fees, Subscriptions & Promotions			19,387									19,387	20
21	Clerical & General Office Expenses	(1,394,488)		257,204									(1,137,284)	21
22	Employee Benefits & Payroll Taxes	(1,746,742)		36,167									(1,710,575)	22
23	Inservice Training & Education													23
24	Travel and Seminar			3,649									3,649	24
25	Other Admin. Staff Transportation	(675)		4,438									3,763	25
26	Insurance-Prop.Liab.Malpractice	(591,513)		(84,675)									(676,188)	26
27	Other (specify):*													27
28	<b>TOTAL General Administration</b>	<b>(5,021,627)</b>		<b>(604,837)</b>									<b>(5,626,464)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(12,165,505)</b>		<b>(604,131)</b>									<b>(12,769,636)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Friendship Village-Schaumburg# 0023218

Report Period Beginning:

04/01/09

Ending:

03/31/10

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(6,224,451)		4,176									(6,220,275)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(4,909,112)		(380,885)									(5,289,997)	32
33	Real Estate Taxes	(419,837)											(419,837)	33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*	(1,204,007)											(1,204,007)	36
37	<b>TOTAL Ownership</b>	<b>(12,757,407)</b>		<b>(376,709)</b>									<b>(13,134,116)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(406,708)											(406,708)	39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops	(67,229)											(67,229)	41
42	Provider Participation Fee	5,294											5,294	42
43	Other (specify):*	(3,843,974)											(3,843,974)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(4,312,617)</b>											<b>(4,312,617)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(29,235,529)		(980,840)									(30,216,369)	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
				See Attached		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		\$			\$	\$ *	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	2 Food	\$	Friendship Village Executive / Corporate Allocation		\$ 619	\$ 619
16	V	6 Repairs-Equipment				87	87
17	V	32 investment Income				(380,885)	(380,885)
18	V	17 Management Fees	2,441,688			1,153,196	(1,288,492)
19	V	18 Directors Expense				123,253	123,253
20	V	19 Professional Fees				324,232	324,232
21	V	20 Dues & Subscriptions				19,387	19,387
22	V	21 Office Expense				257,204	257,204
23	V	22 Employee Benefits				36,167	36,167
24	V	24 Seminars & Education				3,649	3,649
25	V	25 Travel & Mileage				4,438	4,438
26	V	26 Insurance				(84,675)	(84,675)
27	V	30 Depreciation				4,176	4,176
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,441,688			\$ 1,460,848	\$ * (980,840)

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							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	<b>Total</b>		\$			\$	\$ *	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							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	<b>Total</b>		\$			\$	\$ *	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	<b>Total</b>		\$			\$	\$ *	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							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	<b>Total</b>		\$			\$	\$ *	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.

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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)	
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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	<b>Total</b>		\$			\$	\$ *	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.

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Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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	<b>Total</b>		\$			\$	\$ *	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:	
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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	<b>Total</b>		\$			\$	\$ *	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.

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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	<b>Total</b>		\$			\$	\$ *	39

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

Facility Name & ID Number Friendship Village-Schaumburg # 0023218 Report Period Beginning: 04/01/09 Ending: 03/31/10

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	See Attached Board of Directors								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg # 0023218 Report Period Beginning: 04/01/09 Ending: 03/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Apartment Community  
 Street Address 350 W. Schaumburg Road  
 City / State / Zip Code Schaumburg, IL 60194  
 Phone Number ( 847) 884-5000  
 Fax Number ( 847) 884-5718

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary	Meals Ratio	450,565	2	\$ 2,337,849	\$ 1,873,983	242,716	\$ 1,259,382	1
2	2	Food Purchase	Meals Ratio	450,565	2	1,558,876		242,716	839,755	2
3	3	Housekeeping	Square Feet	737,530	2	1,138,078	975,281	56,638	87,398	3
4	4	Laundry	Pounds	875,005	2	271,212	222,184	809,305	250,848	4
5	5	Heat & Utilities	Square Feet	737,530	2	1,794,660		56,638	137,819	5
6	6	Maintenance	Square Feet	737,530	2	2,692,536	1,354,984	56,638	206,771	6
7	7	Other (Disposal, Waste)	Square Feet	737,530	2	4,250		56,638	326	7
8	17	Administrative	Employee Ratio	447	2	1,281,664	1,352,416	242	693,876	8
9	18	Directors Fees	Square Feet	737,530	2	123,253		56,638	9,465	9
10	19	Professional Services	Square Feet	737,530	2	541,000		56,638	41,546	10
11	21	Clerical & General	Employee Ratio	447	2	2,195,902	1,632,411	242	1,188,833	11
12	22	Employee Banefits	Employee Ratio	447	2	4,269,564		242	2,311,487	12
13	26	Insurance	Square Feet	737,530	2	640,716		56,638	49,203	13
14	30	Depreciation	Actual	737,530	2	3,941,662		56,638	369,283	14
15	32	Interest	Square Feet	737,530	2	4,482,869		56,638	344,258	15
16	33	Real Estate Taxes	Square Feet	737,530	2	454,760		56,638	34,923	16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 27,728,851	\$ 7,411,259		\$ 7,825,173	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending: 03/31/10

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( \_\_\_\_\_

Fax Number ( \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending: 03/31/10

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1	2	3	4	5	6	7	8	9	
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8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

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Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

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11									11
12									12
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14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

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17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending: 03/31/10

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization \_\_\_\_\_

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City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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2									2
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11									11
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16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending: 03/31/10

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8									8
9									9
10									10
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16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

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# 0023218

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04/01/09

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City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

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6									6
7									7
8									8
9									9
10									10
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17									17
18									18
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20									20
21									21
22									22
23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

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Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

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**VIII. ALLOCATION OF INDIRECT COSTS**

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23									23
24									24
25	<b>TOTALS</b>				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending: 03/31/10

**VIII. ALLOCATION OF INDIRECT COSTS**

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

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

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

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

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number

Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending:

03/31/10

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Revenue Bond Series 2005	X		Bond Issuance			\$ 125,000,000	\$ 72,335,662	Variable	\$ 4,561,147	1								
2	Revenue Bond Series 2010							39,356,023			2								
3											3								
4											4								
5	See Supplemental Schedule										5								
<b>Working Capital</b>																			
6	Line of Credit		X					264,957		1,035,608	6								
7											7								
8	See Supplemental Schedule										8								
9	TOTAL Facility Related						\$ 125,000,000	\$ 111,956,642		\$ 5,596,755	9								
<b>B. Non-Facility Related*</b>																			
10	Investment Income		X							(731,461)	10								
11	US Treasury Interest		X							(1,540)	11								
12	Executive Allocation		X							(380,885)	12								
13	See Supplemental Schedule									(4,138,611)	13								
14	TOTAL Non-Facility Related						\$	\$		\$ (5,252,497)	14								
15	TOTALS (line 9+line14)						\$ 125,000,000	\$ 111,956,642		\$ 344,258	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ None                      Line # N/A

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

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* 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

Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending:

03/31/10

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE**

**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			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1										1										
2										2										
3										3										
4										4										
5										5										
6										6										
7	<b>TOTAL Long-Term</b>									7										
<b>Working Capital</b>																				
8										8										
9										9										
10										10										
11										11										
12										12										
13										13										
14	<b>TOTAL Working Capital</b>									14										
<b>B. Non-Facility Related*</b>																				
15	<b>Non-HCC Adjustment</b>		X							<b>(4,138,611)</b>										
16										16										
17										17										
18										18										
19										19										
20	<b>TOTAL Non-Facility Related</b>									<b>(4,138,611)</b>										

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

SEE ACCOUNTANTS' COMPILATION REPORT

\*\* 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 Friendship Village-Schaumburg

# 0023218

Report Period Beginning:

04/01/09

Ending:

03/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 737,530 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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).

Bridgeway Apartments - Independent Living Apartments - Buildings Separate From SNF

Bridgewater Place Apartment Homes - Independent Living Apartment Homes - Buildings Separate From SNF

Crosswell Terrace Garden Homes - Independent Living Homes - Buildings Separate From SNF

The Willows Assisted Living - Buildings Separate From SNF

Reflections - Memory Support - Buildings Separate From SNF

Clinic - 871 Square Feet of Space in Building Where SNF is Located

Home Care - 1,888 Square Feet of Space in Building Where SNF is Located

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1		<u>Approx. 50 Acres</u>	<u>1977</u>	<u>\$ 132,065</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			<u>\$ 132,065</u>	<u>3</u>

SEE ACCOUNTANTS' COMPILATION REPORT



XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69					224,341	224,341		69
70		\$ 12,513,858	\$ 369,283		\$ 369,283	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Friendship Village-Schaumburg# 0023218

Report Period Beginning:

04/01/09

Ending:

03/31/10**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,513,858	\$ 369,283		\$ 369,283	\$	\$	1
2	Install 4 New Hdtv Tuners And Mods	2007	388		20				2
3	Roof Repairs	2007	364		20				3
4	Development Costs (57041)	2007	7,638		20				4
5	Village Market And Cafe (34136)	2007	4,571		20				5
6	Sheffield Dining Room Renovations (76694)	2007	10,270		20				6
7	Sheffield Dining Room Renovations (Design Only) (4995)	2007	669		20				7
8	Repair Asphalt Drive Along North Road & Striping (9160)	2007	1,227		20				8
9	F Wing Circuit Breaker Repair	2007	1,261		20				9
10	Bathroom Grab Bars	2007	4,288		20				10
11	Install Valves, Tub & Shower	2007	2,885		20				11
12	Repair Broken Sprinkler Heads (2750)	2007	368		20				12
13	Repair Leak In Fire System Sprinklers (3069)	2007	411		20				13
14	Repairs To Front Entrance (4521)	2007	605		20				14
15	Change Combustion Motors And Farn Wheels On Hvac (2689)	2007	360		20				15
16	Roof Repairs (2615)	2007	350		20				16
17	Roof Repairs (2610)	2007	349		20				17
18	Renovation Of Associate Store (895)	2008	69		20				18
19	Sheffield Kitchen Steel Double Exterior Doors (1575)	2008	121		20				19
20	Tile Replacement In Kitchen And Cart Room (7000)	2008	538		20				20
21	Sidewalk Slab Replacements (5425)	2008	417		20				21
22	Garden Way To Hcc Sidewalk (4500)	2008	346		20				22
23	Connecting Garden Way To Pleasant Drive (2798)	2008	215		20				23
24	Special Care Phase Ii Design Cost	2008	74,919		20				24
25	Gazebo Landscaping	2008	3,348		20				25
26	Special Care Phase Ii Renovation	2008	174,683		20				26
27	Gazebo Replacement	2008	15,360		20				27
28	Gazebo Replacement	2008	11,100		20				28
29	Air Conditioner In Pantries	2008	6,041		20				29
30	Wanderguard Replacements	2008	2,901		20				30
31	Delayed Egress Magnetic Lock For E/F Vestibule Interior	2008	3,052		20				31
32	Automatic Door Lock For Max'S Lounge	2008	3,041		20				32
33	Flooring For Max'S Lounge	2008	2,775		20				33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,848,788	\$ 369,283		\$ 369,283	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number Friendship Village-Schaumburg# 0023218

Report Period Beginning:

04/01/09

Ending:

03/31/10**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	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,848,788	\$ 369,283		\$ 369,283	\$	\$	1
2	Cieling Tiles, Repaired & Touched Up Cielings, Painting (5040)	2008	667		20				2
3	Plumbing And Interior Wall Replacement	2008	336		20				3
4	Replace Gasket And Seal Kit On Hot Water Pump #2 In Bldg G. (	2008	3,240		20				4
5	Replace Thermostat, Cover Plate, Motor (3006)	2008	222		20				5
6	Electrical To Fix Pole Lights Around Sidewalk (4373)	2008	387		20				6
7	Elevator Reparis (8683)	2008	5,223		20				7
8	Replace Compressor In Hvac Unit For Max'S Lounge	2008	262		20				8
9	Motors, Bearing Assembly, Impeller, Sequencer, Pump (2885)	2008	231		20				9
10	Shut Down Commercial Irrigation And Repair Leaks In Water Li	2008	204		20				10
11	Shut Down Commercial Irrigation For Repairs (2650)	2008	277		20				11
12	Fire System Repairs (6970)	2008	535		20				12
13	Telephone System Installation Completion (16,602)	2009	1,275		20				13
14	Uninterrupted Power Supply Replacement (20,395)	2009	1,566		20				14
15	Wireless Survey (3,500)	2009	269		20				15
16	Freezer Floor Replacement (4,250)	2009	326		20				16
17	Dish Room Garbage Disposal (4,814)	2009	370		20				17
18	Sprinklers For Walk-In Cooler & Walk-In Freezer (3,385)	2009	260		20				18
19	Countertop Replacement (6,135)	2009	471		20				19
20	Automatic Door Operators	2009	19,698		20				20
21	Fire Hydrant And Auxilliary Valve Replacement	2009	4,295		20				21
22	Landscaping (6,000)	2009	461		20				22
23	Chiller Repair (3,269)	2009	251		20				23
24	Hvac Repairs (4,104)	2009	315		20				24
25	Replace Compressor In Hvac Unit	2009	5,495		20				25
26	Hvac Repairs	2009	20,991		20				26
27	Fire Alarm System Repairs	2009	3,118		20				27
28	Hallway Sprinkler Damage Repair	2009	6,860		20				28
29	Replace The Valve And Actuator	2009	3,980		20				29
30	Irrigation System Repair (32,322)	2009	2,482		20				30
31	Kitchen Water Damage Repairs (3,461)	2009	266		20				31
32	Acoustical Design Services (2,600)	2009	200		20				32
33	Fire Alarm System Repairs (5,605)	2009	430		20				33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,933,751	\$ 369,283		\$ 369,283	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 12,933,751	\$ 369,283		\$ 369,283	\$	\$	1
2	Bathroom Fixtures (2,524)	2009	194		20				2
3	Spa Pump Repairs (2,585)	2009	199		20				3
4	Hvac Repairs (4,690)	2010	360		20				4
5	RegROUT Kitchen Floor (3,017)	2010	232		20				5
6	Sprinkler Repairs (12,913)	2010	992		20				6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,935,728	\$ 369,283		\$ 369,283	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 12,935,728	\$ 369,283		\$ 369,283	\$	\$
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)	\$ 12,935,728	\$ 369,283		\$ 369,283	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Building Company Information</b>								1
2	<b>Buildings:</b>								2
3									3
4									4
5									5
6									6
7									7
8	<b>Leasehold Improvements:</b>								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$	\$		\$	\$	\$	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12F & 12G lines 1 thru 33)	\$	\$		\$	\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Related Party Information		\$	\$		\$	\$	\$	1
2	Buildings:								2
3									3
4									4
5									5
6									6
7									7
8	Leasehold Improvements:								8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34									34

SEE ACCOUNTANTS' COMPILATION REPORT

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

XI. OWNERSHIP COSTS (continued)

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

1	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								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (12H & 12I lines 1 thru 33)		\$	\$		\$	\$	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*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	\$ 2,766,170	\$	\$	\$	10	\$	71
72	Current Year Purchases							72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 2,766,170	\$	\$	\$		\$	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		96 Chevy Pick-Up	1996	\$ 8,996	\$	\$	\$	5	\$	76
77		Van	2005	20,852				5		77
78		Pick-Up Truck	2005	18,259				5		78
79										79
80	TOTALS			\$ 48,107	\$	\$	\$		\$	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)	\$ 15,882,070	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 369,283	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 369,283	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)	\$	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	Marketing Office (251,389) - 2002	\$ 34,792	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 34,792	\$	\$	91

G. Construction-in-Progress

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

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

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

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

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

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 120,636 Description: See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

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

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

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

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_/2011 \$ \_\_\_\_\_

13. \_\_\_\_\_/2012 \$ \_\_\_\_\_

14. \_\_\_\_\_/2013 \$ \_\_\_\_\_

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**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)	
<b>TOTAL TRAINED</b>	

- (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.
- SEE ACCOUNTANTS' COMPILATION REPORT**

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

	Service	1 Schedule V Line & Column Reference	2		3		4		5		6		7		8	
			Staff		Units of Service	Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)					
							Units	Cost								
1	Licensed Occupational Therapist	39 - 03	hrs	\$				\$ 360,012	\$				\$	360,012	1	
2	Licensed Speech and Language Development Therapist	39 - 03	hrs					75,698						75,698	2	
3	Licensed Recreational Therapist		hrs												3	
4	Licensed Physical Therapist	39 - 03	hrs					747,091						747,091	4	
5	Physician Care		visits												5	
6	Dental Care		visits												6	
7	Work Related Program		hrs												7	
8	Habilitation		hrs												8	
9	Pharmacy	39 - 02	# of prescrpts							816,204				816,204	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs												10	
11	Academic Education		hrs												11	
12	Other (specify):														12	
13	Other (specify): <u>See Supplemental</u>				406,707			58,546		116,629				581,882	13	
14	TOTAL			\$	406,707			\$ 1,241,347	\$	932,833			\$	2,580,887	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.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Friendship Village-Schaumburg# 0023218Report Period Beginning: 04/01/09Ending: 03/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 03/31/10

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 5,429,099	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	3,769,606		3
4	Supply Inventory (priced at )	123,737		4
5	Short-Term Investments			5
6	Prepaid Insurance	439,427		6
7	Other Prepaid Expenses	162,936		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See Attached Schedule</u>	21,916,366		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 31,841,171	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	10,815,324		12
13	Land	4,524,257		13
14	Buildings, at Historical Cost	119,495,715		14
15	Leasehold Improvements, at Historical Cost	37,206,081		15
16	Equipment, at Historical Cost	11,232,863		16
17	Accumulated Depreciation (book methods)	(54,112,500)		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 (specify):			22
23	Other(specify): <u>See Attached Schedule</u>	19,807,688		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 148,969,428	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 180,810,599	\$	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 5,773,131	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	919,155		30
31	Accrued Taxes Payable (excluding real estate taxes)	34,058		31
32	Accrued Real Estate Taxes(Sch.IX-B)	428,031		32
33	Accrued Interest Payable	603,103		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>See Attached Schedule</u>	104,304,050		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 112,061,528	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	111,956,642		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>See Attached Schedule</u>	3,564		43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 111,960,206	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 224,021,734	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (43,211,135)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 180,810,599	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(40,941,581)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Change in Temporarily Restricted Net Assets</b>	<b>26,732</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(40,914,849)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(2,296,286)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(2,296,286)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(43,211,135)</b>	<b>24</b> *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number **Friendship Village-Schaumburg**# **0023218**Report Period Beginning: **04/01/09**Ending: **03/31/10**

**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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 17,806,793	1
2	Discounts and Allowances for all Levels	(2,357,684)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 15,449,109</b>	<b>3</b>
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	2,923,772	6
7	Oxygen	104,608	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 3,028,380</b>	<b>8</b>
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	130,187	12
13	Barber and Beauty Care	12,506	13
14	Non-Patient Meals	72,458	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	835,961	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	17,122	19
20	Radiology and X-Ray	12,130	20
21	Other Medical Services	712,372	21
22	Laundry	52,723	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 1,845,459</b>	<b>23</b>
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,727,302	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 2,727,302</b>	<b>26</b>
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Supplemental Schedule</u>	22,388,062	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 22,388,062</b>	<b>29</b>
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 45,438,312</b>	<b>30</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	9,932,261	31
32	Health Care	7,014,613	32
33	General Administration	10,087,297	33
<b>B. Capital Expense</b>			
34	Ownership	14,003,216	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	6,565,630	35
36	Provider Participation Fee	131,581	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 47,734,598</b>	<b>40</b>
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>(2,296,286)</b>	<b>41</b>
42	<b>Income Taxes</b>		<b>42</b>
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ (2,296,286)</b>	<b>43</b>

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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. SEE ACCOUNTANTS' COMPILATION REPORT

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

Facility Name & ID Number **Friendship Village-Schaumburg**

# **0023218**

Report Period Beginning: **04/01/09**

Ending:

**03/31/10**

**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	2,080	2,080	\$ 91,154	\$ 43.82	1
2	Assistant Director of Nursing	6,240	5,240	229,165	43.73	2
3	Registered Nurses	67,102	80,559	2,473,349	30.70	3
4	Licensed Practical Nurses	11,834	14,143	283,940	20.08	4
5	CNAs & Orderlies	179,086	195,410	2,818,243	14.42	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,449	5,449	80,402	14.76	8
9	Activity Director					9
10	Activity Assistants	21,192	21,215	241,493	11.38	10
11	Social Service Workers	5,757	6,551	143,005	21.83	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	1,872	1,872	32,569	17.40	14
15	Cook Helpers/Assistants	113,148	125,055	1,677,084	13.41	15
16	Dishwashers	17,656	17,667	164,330	9.30	16
17	Maintenance Workers	80,341	88,449	1,354,984	15.32	17
18	Housekeepers	85,421	94,110	975,281	10.36	18
19	Laundry	19,541	21,438	222,184	10.36	19
20	Administrator	2,080	2,080	100,200	48.17	20
21	Assistant Administrator					21
22	Other Administrative	16,640	16,640	1,252,216	75.25	22
23	Office Manager					23
24	Clerical	76,578	81,694	1,632,411	19.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	14,671	15,991	224,355	14.03	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	128,412	137,017	2,543,646	18.56	33
34	TOTAL (lines 1 - 33)	855,100	932,660	\$ 16,540,011 *	\$ 17.73	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	\$		35
36	Medical Director	Monthly 14,509	09-03	36
37	Medical Records Consultant	Monthly 1,544	10-03	37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 10,592	10-03	39
40	Physical Therapy Consultant	Monthly 13,232	10a-03	40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 2,505	11-03	44
45	Social Service Consultant	Monthly 960	12-03	45
46	Other(specify)			46
47	<u>Dietary Outside Labor</u>	Monthly 379,714	01-02	47
48				48
49	TOTAL (lines 35 - 48)	\$ 423,056		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

SEE ACCOUNTANTS' COMPILATION REPORT

**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	
Judith Pitzele	Administrator	0	\$ 100,200	Workers' Compensation Insurance	\$ 577,670	IDPH License Fee	\$	
Robert Alston	CEO, FSO	0	310,590	Unemployment Compensation Insurance	271,821	Advertising: Employee Recruitment	16,590	
Stephen Yenchek	VP / COO	0	205,036	FICA Taxes	983,957	Health Care Worker Background Check		
Rebecca Johnson	VP of HR / QI	0	140,564	Employee Health Insurance	2,173,177	(Indicate # of checks performed <u>189</u> )	1,890	
Richard K. Klockenga	VP / CFO	0	174,100	Employee Meals		Patient Background Checks	690 11,176	
Raymond Gerke Jr.	Dir. Of Financial Planning	0	108,000	Illinois Municipal Retirement Fund (IMRF)*		Subscriptions & Publications	598	
See Supplemental Schedule			313,926	401K Contributions	(1,014)	Executive Allocation	19,387	
TOTAL (agree to Schedule V, line 17, col. 1)				Life Insurance	39,887			
(List each licensed administrator separately.)			\$ 1,352,416	Disability Ins.	140,927			
B. Administrative - Other				Vaccinations	4,801	Less: Public Relations Expense	( )	
Description			Amount	Physicals	16,697	Non-allowable advertising	( )	
Management Fees - FSO			\$ 1,217,740	Employee Programs	23,760	Yellow page advertising	( )	
				See Supplemental Schedule	(1,708,860)			
				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 2,522,823		\$ 49,642	
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 1,217,740	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
(Attach a copy of any management service agreement)				Description	Line #	Amount	G. Schedule of Travel and Seminar**	
C. Professional Services							Description	Amount
Vendor/Payee	Type		Amount				Out-of-State Travel	\$
Frost, Ruttenberg & Rothblatt	Accounting		\$ 14,135					
Advanced Answers on Demand	Payroll Processing		542					
See Attached	Legal Fees		22,030				In-State Travel	
Dart Chart Systems	Medicare Reimb Consult		148,673					
HR Advantge	Compensation Reviews		31,878					
RSM McGladrey	Employee Benefit Plan		675				Seminar Expense	11,793
							Executive Allocation	3,649
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 217,933				TOTAL	\$ 15,442

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

\*\*See instructions.

**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	FY2007	FY2008	FY2009	FY2010
1	N/A			\$	\$	\$	\$	\$	\$	\$	\$	\$								
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS			\$	\$	\$	\$	\$	\$	\$	\$	\$								

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Friendship Village-Schaumburg

# 0023218

Report Period Beginning: 04/01/09

Ending: 03/31/10

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. LSN \$21,064
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? N/A
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 117,071 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 136,875  
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? Yes (See Page 8) 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. \$ Yes Has any meal income been offset against related costs? Yes Indicate the amount. \$ 72,458
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? None
- d. Have vehicle usage logs been maintained? N/A
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
- g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: KPMG LLP
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.