



Facility Name & ID Number Alden Morrow Rehab & HCC# 0019596 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	192	Skilled (SNF)	192	70,080	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	192	TOTALS	192	70,080	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	6,063	6	1,128	7,197	8
9	SNF/PED					9
10	ICF	24,169	13	148	24,330	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,232	19	1,276	31,527	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 44.99%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

NoneF. Does the facility maintain a daily midnight census? yes

G. Do pages 3 &amp; 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 01/04/1976

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 66 and days of care provided 1,126Medicare Intermediary Administar Federal, Inc

## IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\* Is your fiscal year identical to your tax year? YES  NO Tax Year: 12/31/2003 Fiscal Year: 12/31/2003

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

Facility Name & ID Number Alden Morrow Rehab & HCC # 0019596 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	174,151	19,061	6,600	199,812	894	200,706		200,706		1
2	Food Purchase		160,431		160,431	(17,864)	142,567	(9,119)	133,448		2
3	Housekeeping	118,943	20,035		138,978	234	139,212		139,212		3
4	Laundry	46,796	14,165		60,961		60,961		60,961		4
5	Heat and Other Utilities			189,563	189,563		189,563	(3,142)	186,421		5
6	Maintenance	39,271		73,768	113,039	70	113,109	6,101	119,210		6
7	Other (specify):* Security	20,949			20,949		20,949		20,949		7
8	<b>TOTAL General Services</b>	<b>400,110</b>	<b>213,692</b>	<b>269,931</b>	<b>883,733</b>	<b>(16,666)</b>	<b>867,067</b>	<b>(6,160)</b>	<b>860,907</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	964,293	59,334	4,992	1,028,619	907	1,029,526	(16,079)	1,013,447		10
10a	Therapy										10a
11	Activities	37,139	2,327	4,365	43,831	110	43,941		43,941		11
12	Social Services	31,871			31,871		31,871		31,871		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	<b>1,033,303</b>	<b>61,661</b>	<b>21,357</b>	<b>1,116,321</b>	<b>1,017</b>	<b>1,117,338</b>	<b>(16,079)</b>	<b>1,101,259</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	97,492			97,492		97,492		97,492		17
18	Directors Fees										18
19	Professional Services			572,928	572,928		572,928	(541,199)	31,729		19
20	Dues, Fees, Subscriptions & Promotions			29,337	29,337		29,337	(20,330)	9,007		20
21	Clerical & General Office Expenses	195,778	10,471	33,972	240,221		240,221	4,067	244,288		21
22	Employee Benefits & Payroll Taxes			215,839	215,839	15,649	231,488	30,489	261,977		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,206	1,206		1,206	6,568	7,774		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			131,321	131,321		131,321	152	131,473		26
27	Other (specify):* bad debt			(28,578)	(28,578)		(28,578)	28,578			27
28	<b>TOTAL General Administration</b>	<b>293,270</b>	<b>10,471</b>	<b>956,025</b>	<b>1,259,766</b>	<b>15,649</b>	<b>1,275,415</b>	<b>(491,675)</b>	<b>783,740</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>1,726,683</b>	<b>285,824</b>	<b>1,247,313</b>	<b>3,259,820</b>		<b>3,259,820</b>	<b>(513,914)</b>	<b>2,745,906</b>		<b>29</b>

\*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.

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			75,252	75,252		75,252	79,347	154,599			30
31	Amortization of Pre-Op. & Org.							899	899			31
32	Interest			151,473	151,473		151,473	9,079	160,552			32
33	Real Estate Taxes			228,315	228,315		228,315	3,728	232,043			33
34	Rent-Facility & Grounds			581,424	581,424		581,424	(581,424)				34
35	Rent-Equipment & Vehicles			8,642	8,642		8,642	12,105	20,747			35
36	Other (specify):* MIP Insur							7,884	7,884			36
37	<b>TOTAL Ownership</b>			1,045,106	1,045,106		1,045,106	(468,382)	576,724			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,314	71,082	71,614	144,010		144,010	(58,604)	85,406			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			105,120	105,120		105,120		105,120			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	1,314	71,082	176,734	249,130		249,130	(58,604)	190,526			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,727,997	356,906	2,469,153	4,554,056		4,554,056	(1,040,900)	3,513,156			45

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

Facility Name & ID Number Alden Morrow Rehab & HCC

# 0019596

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	66,942	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				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	(28,010)	21		17
18	Fines and Penalties	(4,732)	32		18
19	Entertainment				19
20	Contributions	(2,599)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(883)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	28,578	27		24
25	Fund Raising, Advertising and Promotional	(14,851)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ 44,445		\$	30

OHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(498,292)	various	34
35	Other- Attach Schedule	(587,053)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (1,085,345)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,040,900)		37

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

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

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

Alden Morrow Rehab &amp; HCC

ID# 0019596

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	late fees on utilities	\$ (5,099)	5	1
2	Flu shots	(10)	21	2
3	intercompany interest gl 7031	(140,400)	32	3
4	W/G Service Fee	(39)	21	4
5	Ameritech write off	(1,496)	21	5
6				6
7	Mortgage interest	127,941	32	7
8	Back out 30.13% of IHCA dues	(3,176)	20	8
9				9
10				10
11	Reclass Vend Settlement from ln 21 to ln 6	8,766	21	11
12	Reclass Vend Settlement from ln 21 to ln 6	(8,766)	6	12
13	Back out Cr related to prior yr Vend settlement	8,766	6	13
14				14
15	Eliminate rent due to sale/leaseback	(581,424)	34	15
16	MIP Insurnace from sale/leaseback	7,884	36	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	<b>Total</b>	(587,053)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Morrow Rehab &amp; HCC

# 0019596

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	(9,119)	0	0	0	0	0	0	0	(9,119)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,099)	0	1,957	0	0	0	0	0	0	0	0	(3,142)	5
6	Maintenance	0	0	6,354	0	0	0	(52)	(201)	0	0	0	6,101	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(5,099)</b>	<b>0</b>	<b>8,311</b>	<b>(9,119)</b>	<b>0</b>	<b>0</b>	<b>(52)</b>	<b>(201)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(6,160)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(16,049)	(30)	0	0	0	0	0	0	(16,079)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(16,049)</b>	<b>(30)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(16,079)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(883)	0	(540,316)	0	0	0	0	0	0	0	0	(541,199)	19
20	Fees, Subscriptions & Promotions	(20,626)	0	296	0	0	0	0	0	0	0	0	(20,330)	20
21	Clerical & General Office Expenses	(20,789)	0	17,444	5,857	1,555	0	0	0	0	0	0	4,067	21
22	Employee Benefits & Payroll Taxes	0	0	30,135	0	354	0	0	0	0	0	0	30,489	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	6,568	0	0	0	0	0	0	0	0	6,568	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	152	0	0	0	0	0	0	0	0	152	26
27	Other (specify):*	28,578	0	0	0	0	0	0	0	0	0	0	28,578	27
28	<b>TOTAL General Administration</b>	<b>(13,720)</b>	<b>0</b>	<b>(485,721)</b>	<b>5,857</b>	<b>1,909</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(491,675)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(18,819)</b>	<b>0</b>	<b>(477,410)</b>	<b>(19,311)</b>	<b>1,879</b>	<b>0</b>	<b>(52)</b>	<b>(201)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(513,914)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Morrow Rehab & HCC

# 0019596

Report Period Beginning:

01/01/2003 Ending:

12/31/2003

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

	Capital Expense	PAGES	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	66,942	0	10,584	0	1,821	0	0	0	0	0	0	79,347	30
31	Amortization of Pre-Op. & Org.	0	0	883	0	0	16	0	0	0	0	0	899	31
32	Interest	(17,191)	0	26,103	0	143	24	0	0	0	0	0	9,079	32
33	Real Estate Taxes	0	0	3,669	0	59	0	0	0	0	0	0	3,728	33
34	Rent-Facility & Grounds	(581,424)	0	0	0	0	0	0	0	0	0	0	(581,424)	34
35	Rent-Equipment & Vehicles	0	0	12,105	0	0	0	0	0	0	0	0	12,105	35
36	Other (specify):*	7,884	0	0	0	0	0	0	0	0	0	0	7,884	36
37	<b>TOTAL Ownership</b>	<b>(523,789)</b>	<b>0</b>	<b>53,344</b>	<b>0</b>	<b>2,023</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(468,382)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(4,265)	(6,735)	(47,604)	0	0	0	0	0	(58,604)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(4,265)</b>	<b>(6,735)</b>	<b>(47,604)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(58,604)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(542,608)</b>	<b>0</b>	<b>(424,066)</b>	<b>(23,576)</b>	<b>(2,833)</b>	<b>(47,564)</b>	<b>(52)</b>	<b>(201)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,040,900)</b>	<b>45</b>

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	22 Employee Benefits	\$	Alden Management Services		\$ 30,135	\$ 30,135	15
16	V	19 Professional Services	549,000	Alden Management Services		8,684	(540,316)	16
17	V	21 General Office Expenses		Alden Management Services		17,444	17,444	17
18	V	5 utilities		Alden Management Services		1,957	1,957	18
19	V	6 Repairs and Maintenance		Alden Management Services		6,354	6,354	19
20	V	24 Travel and Seminar		Alden Management Services		6,568	6,568	20
21	V	26 Forum		Alden Management Services		152	152	21
22	V	20 Dues Fees Subscriptions, Promo		Alden Management Services		296	296	22
23	V	30 Depreciation		Alden Management Services		10,584	10,584	23
24	V	31 Amortization		Alden Management Services		883	883	24
25	V	33 Real Estate Taxes		Alden Management Services		3,669	3,669	25
26	V	35 Rent-equipment & Vehicles		Alden Management Services		12,105	12,105	26
27	V	32 Interest Forum		Alden Management Services		26,103	26,103	27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 549,000			\$ 124,934	\$ * (424,066)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	tube feeding	\$ 18,132	Pyramid Health Care		\$ 9,013	\$ (9,119)	15
16	V	10	nursing supplies	18,179	Pyramid Health Care		2,130	(16,049)	16
17	V	39	perdiems/other supplies	9,272	Pyramid Health Care		5,007	(4,265)	17
18	V	21	gen'l & admin		Pyramid Health Care		5,857	5,857	18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 45,583			\$ 22,007	\$ * (23,576)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 drugs	\$ 27,692	Forum Extended Carew II		\$ 23,394	\$ (4,298)	15
16	V	10 house stock	191	Forum Extended Carew II		161	(30)	16
17	V	39 I.V.	15,702	Forum Extended Carew II		13,265	(2,437)	17
18	V	22 employee benefits		Forum Extended Carew II		354	354	18
19	V	21 gen'l & admin		Forum Extended Carew II		1,555	1,555	19
20	V	32 interest		Forum Extended Carew II		143	143	20
21	V	33 real estate tax		Forum Extended Carew II		59	59	21
22	V	30 depreciation		Forum Extended Carew II		1,821	1,821	22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 43,585			\$ 40,752	\$ * (2,833)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	therapy	\$ 70,532	Community Physical Therapy		\$ 22,928	\$ (47,604)	15
16	V	32	interest				24	24	16
17	V	31	asmortization				16	16	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 70,532			\$ 22,968	\$ * (47,564)	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	6 repairs and maintenance	\$ 16,334	Alden Bennett Construction		\$ 16,282	\$	(52)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 16,334			\$ 16,282	\$ *	(52)	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 Schedule V	2 Line	3 Cost Per General Ledger		5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization		8 Difference: Adjustments for Related Organization Costs (7 minus 4)
		Item	4 Amount	Name of Related Organization					
15	V	6	CARPET CLEANING	\$ 490	ALDEN REALTY - CARPET CARE		\$ 456	\$ (34)	15
16	V	6	FLOOR CLEANING	2,940	ALDEN REALTY - FLOOR CARE		2,773	(167)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 3,430			\$ 3,229	\$ * (201)	39

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

STATE OF ILLINOIS

Facility Name & ID Number ALDEN NURSING CENTER - MORROW

# 001-9596

Report Period Beginning 01/01/03

Ending: 12/31/03

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

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

Facility Name & ID Number Alden Morrow Rehab & HCC # 0019596 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	100.00	336,381	1.172	2.93	SALARY	\$ 10,171	17-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	84,510	1.172	2.93	SALARY	2,555	10-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	81,723	1.172	2.93	SALARY	2,471	6-1	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 a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10											10
11											11
12											12
13								TOTAL	\$ 15,197		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 Morrow Rehab & HCC

# 0019596 Report Period Beginning: 01/01/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization Alden Management Services, Inc  
 Street Address 4200 W. Peterson Ave  
 City / State / Zip Code Chicago, IL 60646  
 Phone Number ( 773 )286-3883  
 Fax Number ( 773)286-3743

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

**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 Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		8 Maturity Date	9 Interest Rate (4 Digits)	10 Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1	Proforma allocation of						\$	\$			\$	1
2	interest expense prior to											2
3	sale/ leaseback		X	Mortgage	\$15,474.67	3/7/75	2,166,900	1,519,121	8/20/2017	8.2500	127,941	3
4												4
5												5
	<b>Working Capital</b>											
6	Related party -AMS/Ther S	X		Working Capital							32,444	6
7	Related Party - FECII	X		Working Capital							143	7
8	Related party -CPT	X		Working Capital							24	8
9	<b>TOTAL Facility Related</b>				\$15,474.67		\$ 2,166,900	\$ 1,519,121			\$ 160,552	9
	<b>B. Non-Facility Related*</b>											
10												10
11												11
12												12
13												13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14
15	<b>TOTALS (line 9+line14)</b>						\$ 2,166,900	\$ 1,519,121			\$ 160,552	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 7,884 Line # 36

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

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

<p><b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</p>			
1. Real Estate Tax accrual used on 2002 report.		\$ 229,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ 225,278	2
3. Under or (over) accrual (line 2 minus line 1).		\$ (3,722)	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ 232,037	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ 228,315	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	1998	232,823	8
	1999	231,271	9
	2000	217,133	10
	2001	222,781	11
	2002	225,278	12
<u>Accrual based on 3% increase over prior year bill</u>			
<b>FOR OHF USE ONLY</b>			
	13	FROM R. E. TAX STATEMENT FOR 2002 \$	13
	14	PLUS APPEAL COST FROM LINE 5 \$	14
	15	LESS REFUND FROM LINE 6 \$	15
	16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**



Facility Name & ID Number Alden Morrow Rehab & HCC

# 0019596 Report Period Beginning:

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

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 59,115 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, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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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	nursing home		1974	\$ 80,500	1
2					2
3	TOTALS			\$ 80,500	3

Facility Name &amp; ID Number Alden Morrow Rehab &amp; HCC

# 0019596

Report Period Beginning:

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

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	192		1976	1976	\$ 1,860,675	\$	30	\$ 62,023	\$ 62,023	\$ 1,671,542	4
5			1976	1976	147,556		30	4,919	4,919	133,527	5
6		Related Party-Forum		1978	15,909		22			15,909	6
7											7
8											8
		Improvement Type**									
9		ELEVATOR		1976	70,500		25			70,500	9
10		AIR CONDITIONER/PAINTING/SMOKE DRAPERIES		1978	14,584		4,7 & 8			14,584	10
11		DOOR/ELECT REPAIR/PANELS		1979	3,382		4 & 8			3,382	11
12		PAINTING		1981	7,954		3 & 5			7,954	12
13		PAINTING/ELECTRICAL WIRING/ELEVATOR REPAIR/A/C		1982	20,715		3,6,8 & 10			20,715	13
14		CHIMNEY/BASEBOARDS		1983	8,216		10 & 18			8,216	14
15		HOT WATER SYSTEM		1984	4,288		10			4,288	15
16		WALL/HANDRAIL/PLUMBING/ELECT REPAIR/PAINT/HVAC		1985	33,370		3,10 & 20			33,370	16
17		HEATING/PAINTING/MISC. REPAIR		1986	33,351		3,4,5,10&20			33,351	17
18		REPLACE CLOSET DOORS		1991	2,201		5			2,201	18
19		LOCKS/ROOFING		1994	9,675	968	10	968		8,869	19
20		REPLACE LEAKING PUMP		1995	2,057	137	15	137		1,188	20
21		WASCOMAT WASH TOWN		1987	2,175		3			2,175	21
22		WHEELCHAIR REPAIR/PLUMBING/PAINTING/CARPENTRY		1988	35,223		5 & 10			35,223	22
23		PLUMBING/MISC. REPAIRS		1989	21,020		5			21,020	23
24		ELEVATOR REPAIR		1990	2,900		5			2,900	24
25		REPLACE BLOWER MOTOR/FREEZER/CONDENSOR/BOILER		1991	22,644		5			22,644	25
26		FIRE ALARM/REPAIR PUMP/ELEVATOR REPAIR/MISC.		1992	30,274	226	5,10 & 15	226		29,510	26
27		REPAIR 3-WAY VALVES/AIR CONDENSOR/CAULKING/MSC		1993	14,638		5			14,638	27
28		ROOFING		1994	12,070	1,207	10	1,207		11,463	28
29		CONTROLS/PIPING/ROOF/VALVES/AC MOTOR & PUMP/MSC		1995	58,213	1,828	5,10,15&20	1,828		48,560	29
30		BOILER LEAKING & REPLACE TUBES		1996	7,674	512	15	512		3,922	30
31		BOILER TUBE		1996	5,700	380	15	380		2,787	31
32		BOILER TUBE		1996	5,699	380	15	380		2,723	32
33		HVAC		1996	238,155	9,526	25	9,526		69,065	33
34		INSTALL ELECTRICAL WIRING FOR DRYERS		1996	1,838		5			1,838	34
35		ABC-drywall for dryers		1996	1,105		5			1,105	35
36											36

\*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

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

Facility Name &amp; ID Number Alden Morrow Rehab &amp; HCC

# 0019596

Report Period Beginning:

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

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	INSTALL SPRINKLER HEADS	1998	\$ 1,879	\$ 157	5	\$ 157	\$	\$ 1,879	37
38	REPAIR FREON LEAKS	1998	5,391	449	5	449		5,391	38
39	REPAIR CHILLER	1998	4,930	493	10	493		2,711	39
40	REPAIR CONVECTION STEAMER	1998	2,230	223	10	223		1,208	40
41	ELECTRICAL WORK	1998	1,901	190	10	190		1,014	41
42	AIR CONDITIONERS	1998	68,504	4,567	15	4,567		24,357	42
43	AIR CONDITIONERS	1998	10,000	667	15	667		3,555	43
44	INSTALL DOOR RESTRICTOR	1998	3,400	170	20	170		992	44
45	ABC-CONCRETE PATIO	1999	7,346	735	10	735		3,061	45
46	Atash Fire & Safety Equipment (install alarm)	1999	12,400	827	15	827		4,133	46
47	Climate Service (repair leaks and air/water heating)	1999	10,519	701	15	701		3,506	47
48	Alden Bennett Construction(general construction)	1999	2,648	265	10	265		1,148	48
49	Climate Service(repair )	1999	1,676	112	15	112		475	49
50	Climate Service (repair pipes)	1999	1,565	104	15	104		435	50
51	Alden Bennett Construction(general construction)	1999	922	184	5	184		753	51
52	Alden Bennett Construction(general construction)	1999	6,329	633	10	633		2,584	52
53	Alden Bennett Construction(general construction)	1999	3,598	360	10	360		1,469	53
54	Alden Bennett Construction(general construction)	1999	4,089	409	10	409		1,670	54
55	Security Services Group(window detector system)	1999	4,687	312	15	312		1,302	55
56	CSI-fixed leaking coil	1998	3,526	294	5	294		3,526	56
57	ABC-various leasehold improvements	1999	45,440	4,544	10	4,544		18,176	57
58	Climate Service Inc (repair HVAC)	2000	1,696	113	15	113		452	58
59	Climate Service Inc (repair HVAC)	2000	2,283	152	15	152		609	59
60	Climate Service Inc (repair HVAC)	2000	1,509	94	16	94		377	60
61	GT Mechanical Inc	2000	5,000	333	15	333		1,222	61
62	Alden Bennett Construction (general construction)	2000	11,602	1,160	10	1,160		4,157	62
63	Alden Bennett Construction (general construction)	2000	16,663	1,666	10	1,666		5,832	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 2,935,494	\$ 35,078		\$ 102,020	\$ 66,942	\$ 2,395,163	70

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

Facility Name &amp; ID Number Alden Morrow Rehab &amp; HCC

# 0019596

Report Period Beginning:

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

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 2,935,494	\$ 35,078		\$ 102,020	\$ 66,942	\$ 2,395,163	1
2	Fox Valley (ansulator)	2000	2,007	201	10	201		686	2
3	CSI Coker Service (kitchen dishwasher)	2000	3,487	348	10	348		1,075	3
4	Alden Bennett Construction	2000	4,436	444	10	444		1,590	4
5	Alden Bennett Construction	2000	7,346	735	10	735		2,571	5
6	Alden Bennett Construction	2000	21,382	2,138	10	2,138		7,484	6
7	Alden Bennett Construction (leashold imprv.)	2000	8,803	880	10	880		3,301	7
8	Long Elevator (replace elevator cable)	2001	2,650	265	10	265		640	8
9	Long Elevator (replace elevator cable)	2001	2,650	265	10	265		618	9
10	Capps (install new water pipes in basement)	2001	4,400	176	25	176		425	10
11	Equipment Internt'l (Drier repair)	2001	1,178	236	5	236		550	11
12	Equipment Internt'l (Drier repair-parts for above repair)	2001	114	23	5	23		53	12
13	GT Mechanical (install exhaust fan: dishwasher)	2001	4,400	440	10	440		1,027	13
14	Sentry Protection (2 smoke detectors-boiler room)	2001	1,576	158	10	158		381	14
15	Capps plumbing ( three cast pipes)	2002	1,765	177	10	177		353	15
16	Health care products (eleven wheel chair repairs)	2002	1,599	320	5	320		586	16
17	Alden Bennett Construction (various major repairs - paint - maint)	2002	3,132	626	5	626		1,200	17
18	F.E. Moran, Inc (21 smoke detectors)	2002	7,650	1,530	5	1,530		2,423	18
19	Long Elevator (replace elevator cable adjustment)	2002	(2,650)	(265)	10	(265)		(530)	19
20	GT Mechanical (motor exhaust - speed controller)	2002	2,042	204	10	204		272	20
21	Sept A/P report (dishwasher pump)	2002	1,490	149	10	149		286	21
22	Alden Bennett Const.0-Fire alarm system	2003	59,667	2,652		2,652		2,652	22
23	Long-Elevator repair	2003	2,010	101		101		101	23
24	DBS	2003	11,122	371		371		371	24
25	ABC Boiler repair	2003	11,161	279		279		279	25
26	GT Mech.-repair chiller	2003	3,842	192		192		192	26
27	GT Mech- reopair heater	2003	2,093	174		174		174	27
28	GT Mech-repair hot water heater	2003	1,835	122		122		122	28
29	Long-elevator repair	2003	2,650	265		265		265	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,109,332	\$ 48,284		\$ 115,226	\$ 66,942	\$ 2,424,310	34

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

Facility Name &amp; ID Number Alden Morrow Rehab &amp; HCC

# 0019596

Report Period Beginning:

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

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 3,109,332	\$ 48,284		\$ 115,226	\$ 66,942	\$ 2,424,310	1
2									2
3	<b>Related Party-Forum:</b>								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	<b>Related Party-AMS:</b>								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	<b>Forum Extended Care, LLC-building/building improv</b>			378		378		1,896	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 3,165,922	\$ 50,561		\$ 117,503	\$ 66,942	\$ 2,477,132	34

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

Facility Name & ID Number Alden Morrow Rehab & HCC # 0019596 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 321,502	\$ 27,173	\$ 27,173			\$ 221,661	71
72	Current Year Purchases	29,429	3,526	3,526			3,526	72
73	Fully Depreciated Assets	206,252	4,345	4,345			206,252	73
74								74
75	TOTALS	\$ 557,183	\$ 35,044	\$ 35,044			\$ 431,439	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/van/bus	:dodge/other	98-'03	\$ 11,860	\$ 2,052	\$ 2,052		3	\$ 11,658	76
77										77
78										78
79										79
80	TOTALS			\$ 11,860	\$ 2,052	\$ 2,052			\$ 11,658	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,815,465	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 87,657	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 154,599	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 66,942	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,920,229	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	n/a	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	n/a	\$	92
93			93
94			94
95		\$	95

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

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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: Omega Healthcare Investors

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 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		192	10/29/86	\$ 0	10	5	3
4	Additions				Rent eliminated due to sale-leaseback			4
5								5
6								6
7	TOTAL		192					7

10. Effective dates of current rental agreement:

Beginning 10/31/2001

Ending 10/31/2006

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

Fiscal Year Ending Annual Rent

12. 2004 \$ 581,420

13. 2005 \$ 581,420

14. 2006 \$ 581,420

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: right of first refusal \*

**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: \$ 8,642

Description: Copy machine lease

(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	<u>Related Party - AMS</u>	<u>Various</u>	<u>1,009.00</u>	<u>12,105</u>	18
19					19
20					20
21	TOTAL		\$ <u>1,009.00</u>	\$ <u>12,105</u>	21

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

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

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

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

<p><b>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nurses on site</u></p>	<p><b>2. CLASSROOM PORTION:</b></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 AIDE _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</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	Nurse Aide 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 aides from other facilities.

\$

**D. NUMBER OF AIDES 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 aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

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

	Service	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	\$		\$ 39,159	\$		\$ 39,159	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			524			524	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			30,849			30,849	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See pg 16A	# of prescripts				21,916		21,916	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	See pg 16A		1,314					1,314	12
13	Other (specify):	See pg 16A					(8,356)		(8,356)	13
14	TOTAL			\$ 1,314		\$ 70,532	\$ 13,560		\$ 85,406	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Morrow Rehab & HCC# 0019596Report Period Beginning: 01/01/2003

Ending:

12/31/2003

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2003 (last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>65,000</u> )	814,449		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,291		6
7	Other Prepaid Expenses	973		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	55,407		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 881,120	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,100,967		15
16	Equipment, at Historical Cost	431,608		16
17	Accumulated Depreciation (book methods)	(932,589)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	18,955		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 618,941	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 1,500,061	\$	25

		1	2	
		Operating	After	
			Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 795,141	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	153,333		28
29	Short-Term Notes Payable	28,905		29
30	Accrued Salaries Payable	164,167		30
31	Accrued Taxes Payable (excluding real estate taxes)	7,874		31
32	Accrued Real Estate Taxes(Sch.IX-B)	232,035		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>accr ins,expas,idpa,sales tax,etc</u>	71,643		36
37	<u>Due to affiliates</u>	2,300,760		37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 3,753,858	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	44,394		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 44,394	\$	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 3,798,252	\$	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (2,298,191)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 1,500,061	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,137,228)	1
2	Restatements (describe):		2
3			3
4			4
5	unlocated variance	(519)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,137,747)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,160,444)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,160,444)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,298,191)	24 *

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

Facility Name & ID Number Alden Morrow Rehab & HCC

# 0019596

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 3,157,138	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 3,157,138	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,956	6
7	Oxygen	4,262	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 6,218	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	528	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	721	19
20	Radiology and X-Ray	(283)	20
21	Other Medical Services	4,453	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,419	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Page 19a</u>	1,588	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,588	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 3,170,363	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	883,733	31
32	Health Care	1,116,321	32
33	General Administration	1,259,766	33
<b>B. Capital Expense</b>			
34	Ownership	1,045,106	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	144,010	35
36	Provider Participation Fee	105,120	36
<b>D. Other Expenses (specify):</b>			
37	<u>Related Parties</u>	(223,249)	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 4,330,807	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,160,444)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,160,444)	43

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

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

Facility Name & ID Number Alden Morrow Rehab & HCC

# 0019596

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,717	2,797	\$ 85,117	\$ 30.43	1
2	Assistant Director of Nursing					2
3	Registered Nurses	4,745	5,238	146,637	27.99	3
4	Licensed Practical Nurses	12,431	13,411	294,801	21.98	4
5	Nurse Aides & Orderlies	38,558	42,189	362,459	8.59	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,984	2,080	20,173	9.70	9
10	Activity Assistants	1,662	1,989	16,966	8.53	10
11	Social Service Workers	1,912	2,498	31,872	12.76	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	5,770	6,411	59,760	9.32	14
15	Cook Helpers/Assistants	12,007	12,885	111,442	8.65	15
16	Dishwashers					16
17	Maintenance Workers	1,800	2,080	27,198	13.08	17
18	Housekeepers	13,041	13,908	114,530	8.23	18
19	Laundry	5,443	6,385	46,796	7.33	19
20	Administrator	1,816	2,184	56,205	25.73	20
21	Assistant Administrator					21
22	Other Administrative	1,058	1,086	12,081	11.12	22
23	Office Manager					23
24	Clerical	4,414	4,704	39,517	8.40	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,789	2,933	58,244	19.86	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) security	1,894	1,954	20,949	10.72	33
34	TOTAL (lines 1 - 33)	114,041	124,732	\$ 1,504,747 *	\$ 12.06	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 6,600	1-3	35
36	Medical Director	Monthly	12,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,992	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	41	3,732	11-3	44
45	Social Service Consultant	16	633	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	57	\$ 27,957		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Morrow Rehab & HCC

# 0019596

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

**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	
S. Mitchell	administrator	0	\$ 48,409	Workers' Compensation Insurance	\$ 21,587	IDPH License Fee	\$ 413	
Various executives	Assist Admin	0	16,448	Unemployment Compensation Insurance	10,674	Advertising: Employee Recruitment		
Assistant Administrator	Assist Admin	0	32,635	FICA Taxes	118,931	Health Care Worker Background Check (Indicate # of checks performed <u>19</u> )	133	
				Employee Health Insurance	17,385			
				Employee Meals	17,864			
				Illinois Municipal Retirement Fund (IMRF)*		IHCA Dues	7,365	
				Dental/life insurance and Pension	43,651	Surety Bons Fees	800	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 97,492	Employee Drug Test	1,152			
B. Administrative - Other				Employee Vaccinations	243	Related Parties	296	
Description			Amount	Related Party	30,489	Less: Public Relations Expense	( )	
			\$			Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL (agree to Schedule V, line 22, col.8)		\$ 261,977	TOTAL (agree to Sch. V, line 20, col. 8)	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
AMS	Management Fees		\$ 549,000				Out-of-State Travel	\$
Bdo Seidman	Accounting Fees		10,197					
Ken Fisch/Greenburg	Legal Fees		5,748				In-State Travel	
Lawken/Janet Hermann	Legal Consult		5,065				Auto Allowance	541
Medcom	Billing Consult		645					
Kenneth Fisch	Legal fees-Collections		1,630				Related Parties	6,568
Talx	Workers Comp Consult		644				Seminar Expense	
							American Express (mds Seminar)	120
							Critical Control Point (sanitation Food)	320
							Life Service Network	225
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 572,928	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 7,774

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Alden Morrow Rehab & HCC

Report Period Beginning: 01/01/2003 Ending:

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

	1 Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	Amount of Expense Amortized Per Year								
					5 FY2000	6 FY2001	7 FY2002	8 FY2003	9 FY2004	10 FY2005	11 FY2006	12 FY2007	13 FY2008
1	hvac/painting	1/10/1989	\$ 36,448	5	\$	\$	\$	\$	\$	\$	\$	\$	\$
2	hvac repair	Aug-90	2,612	5									
3	hvac/painting/boiler rep's.	6/11/1992	18,988	3-15	224	224	224	224	224	224	224	93	
4	pump/paint./compress.	1/10/1993	32,016	3									
5	painting/pump repairs	2/11/1994	10,007	3									
6	painting	4/12/1995	7,922	3									
7	hvac/pipes/boiler/paint'g	1/12/1996	61,716	3-20	2,579	1,831	1,831	1,552	1,831	1,831	1,831	1,831	
8	hvac repairs	1/12/1997	22,597	3	2,872	0							
9	replace actuator/hvac	Sep-98	1,872	3	624	416	0	(416)					
10	repair a/c-Chic. Cool'g	Oct-99	3,529	3	1,176	1,176	882	(294)					
11	GT Mechanical (repair Va	May-00	2,168	3	482	723	723	238	0				
12	Alden Bennett (painting )	Apr-00	14,701	3	3,675	4,900	4,900	1,225	0				
13	Alden Bennett (landscapi	Apr-00	1,337	3	334	446	446	111	0				
14	GT Mechanical	Oct-00	2,949	3	246	983	983	737	0				
15	GT Mechanical (repairs)	2-Mar	2,479	3			689	826	826	138			
16	painting > \$1,500 YTD	Jul-99	14,444	3	4,815	4,815	2,408						
17	painting > \$1,500 YTD	Jul-00	7,887	3	1,315	2,629	2,629	1,315					
18													
19													
20	TOTALS		\$ 243,673		\$ 18,342	\$ 18,143	\$ 15,715	\$ 5,518	\$ 2,881	\$ 2,193	\$ 2,055	\$ 1,924	\$

## 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. Ill Healthcare Assn.-\$10,541
- (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? 6 yrs.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 6,635 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? yes  
If YES, give effective date of lease. 10/29/86
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 105,120  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 17,864 Has any meal income been offset against related costs? n/a Indicate the amount. \$ n/a
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? no  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
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? \_\_\_\_\_  
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes  
Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Morrow  
Reporting Period Beginning  
Reporting Period Ending

1/01/03  
12/31/03

Reclassifications - Pgs 3 and 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>	
2		(17,864)	Employee Meal	
	22	15,649	Employee Meal	
19			Uniforms	265
	1	894	Uniforms	
	3	234	Uniforms	
	6	70	Uniforms	
	10	907	Uniforms	
	11	110	Uniforms	
		<hr/>		
		0	Net should be 0	