

Facility Name & ID Number Alden Village Health Facility

0038455 Report Period Beginning: 1/1/08 Ending: 12/31/08

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)		0	1
2	109	Skilled Pediatric (SNF/PED)	109	39,894	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	109	TOTALS	109	39,894	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED	35,648	159	396	36,203	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,648	159	396	36,203	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.75%

D. How many bed-hold days during this year were paid by the Department?

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

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

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

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 11/01/92

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

YES Date 11/01/92 NO

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

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 1/1/08 Ending: 12/31/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	187,066	20,093	10,800	217,959	1,890	219,849	2,405	222,254		1
2	Food Purchase		604,124		604,124	(23,113)	581,011	(334,149)	246,862		2
3	Housekeeping	165,464	35,019		200,483	1,680	202,163	2,919	205,082		3
4	Laundry	45,293	28,928		74,221		74,221		74,221		4
5	Heat and Other Utilities			170,802	170,802		170,802	589	171,391		5
6	Maintenance	35,362		91,730	127,092		127,092	(22,620)	104,472		6
7	Other (specify):* Related Party Benefit							6,246	6,246		7
8	TOTAL General Services	433,185	688,164	273,332	1,394,681	(19,543)	1,375,138	(344,610)	1,030,528		8
	B. Health Care and Programs										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	2,697,049	180,069	6,481	2,883,599	982	2,884,581	37,097	2,921,678		10
10a	Therapy					163,244	163,244	47,085	210,329		10a
11	Activities		2,681	192,922	195,603		195,603		195,603		11
12	Social Services	119,032			119,032		119,032		119,032		12
13	CNA Training	14,940			14,940		14,940		14,940		13
14	Program Transportation	9,291			9,291		9,291		9,291		14
15	Other (specify):* Related Party Benefit							5,610	5,610		15
16	TOTAL Health Care and Programs	2,840,312	182,750	241,403	3,264,465	164,226	3,428,691	89,792	3,518,483		16
	C. General Administration										
17	Administrative	93,379			93,379		93,379	60,071	153,450		17
18	Directors Fees										18
19	Professional Services			578,455	578,455		578,455	(527,957)	50,498		19
20	Dues, Fees, Subscriptions & Promotions			44,291	44,291		44,291	(28,710)	15,581		20
21	Clerical & General Office Expenses	169,135	18,400	36,039	223,574	314	223,888	251,230	475,118		21
22	Employee Benefits & Payroll Taxes			473,685	473,685	18,247	491,932	(126)	491,806		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,401	7,401		7,401	1,819	9,220		24
25	Other Admin. Staff Transportation			21,043	21,043		21,043	8,766	29,809		25
26	Insurance-Prop.Liab.Malpractice			119,277	119,277	(944)	118,333	144	118,477		26
27	Other (specify):* Bed Debt & Related Party Benefit			17,377	17,377		17,377	23,469	40,846		27
28	TOTAL General Administration	262,514	18,400	1,297,568	1,578,482	17,617	1,596,099	(211,294)	1,384,805		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,536,011	889,314	1,812,303	6,237,628	162,300	6,399,928	(466,113)	5,933,815		29

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

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

Facility Name & ID Number Alden Village Health Facility #0038455 Report Period Beginning: 1/1/08 Ending: 12/31/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			65,437	65,437		65,437	31,463	96,900			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			100,895	100,895	944	101,839	381,273	483,112			32
33	Real Estate Taxes							54,050	54,050			33
34	Rent-Facility & Grounds			524,607	524,607		524,607	(517,107)	7,500			34
35	Rent-Equipment & Vehicles			40,352	40,352		40,352	27,467	67,819			35
36	Other (specify):* M.I.P.							28,020	28,020			36
37	TOTAL Ownership			731,291	731,291	944	732,235	5,166	737,401			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		60,257	164,822	225,079	(163,244)	61,835	(21,000)	40,835			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			411,294	411,294		411,294		411,294			42
43	Other (specify):* DD Day Training			896,240	896,240		896,240		896,240			43
44	TOTAL Special Cost Centers		60,257	1,472,356	1,532,613	(163,244)	1,369,369	(21,000)	1,348,369			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,536,011	949,571	4,015,950	8,501,532		8,501,532	(481,947)	8,019,585			45

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

Alden Village Health Facility

IDPH Facility ID Number: #0038455

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning:

1/1/2008

Report Period Ending:

12/31/2008

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(23,113.05)	Employee Meals
	22	23,113.05	Employee Meals
22		(4,866.66)	Uniforms
	10	983.12	Uniforms
	1	1,889.71	Uniforms
	3	1,680.25	Uniforms
	4	-	Uniforms
	6	-	Uniforms
	11	-	Uniforms
	21	313.58	Uniforms
26		(944.00)	Interest - old policy/curr yr portion
	32	944.00	Interest - old policy/curr yr portion
<u>DD Providers Only:</u>			
39		(163,244.37)	PT, OT, & ST CPT Therapy Costs
	10A	163,244.37	PT, OT, & ST CPT Therapy Costs
Net		<hr/>	-

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 1/1/08

Ending: 12/31/08

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(87,555)	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	(118)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	29	21		17
18	Fines and Penalties				18
19	Entertainment	(2,191)	20		19
20	Contributions	(4,958)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(375)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(17,377)	27		24
25	Fund Raising, Advertising and Promotional	(20,308)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (132,853)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(256,222)	Various	34
35	Other- Attach Schedule	(92,872)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (349,094)		36
37	TOTAL ADJUSTMENTS (A) and (B) (sum of SUBTOTALS)	\$ (481,947)		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			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Village Health Facility

ID# 0038455

Report Period Beginning: 1/1/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late Fees on Utilities	\$ (1,606)	5	1
2	Other nursing income	(42)	10	2
3	Intercompany Interest with AMS	(99,612)	32	3
4	Misc Income - Garnishment Processing	(126)	22	4
5	Misc Income - Record Copies	(100)	21	5
6	Misc Income - Food Vendor Rebate	(376)	2	6
7	Vendor Settlements-Com Ed-Reclass	(800)	21	7
8	Reduce deprec exp on Pg 12 items under \$2500-VL,LLC	(2,999)	30	8
9	Reduce deprec exp on Pg 12 items under \$2500-VL	(1,187)	30	9
10	Expense capital items > \$2500 on Pg 12 items-VL	3,987	6	10
11	Reduce deprec exp on Pg 13 items under \$2500	(5,091)	30	11
12	Expense capital items > \$2500 on Pg 13 items	23,186	6	12
13	32.30% Backout PAC fees	(1,943)	20	13
14	Record Depreciation for Deferred Maint.	469	6	14
15	Bank Fees Paid by LLC	(5,261)	21	15
16	Adj Deprec to equal detail	(287)	30	16
17	Vendor Settlements-Relational Technology Services	800	6	17
18	Deming Adjustment	(735)	24	18
19	Record Depreciation for Deferred Maint.	(196)	6	19
20	Adj for ABC related party profit -Pg 12 items	(1)	30	20
21	Adj for ABC related party profit -Pg 13 items	0	30	21
22	Americans for Job Security	(950)	20	22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(92,872)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	4,157	(1,752)	0	0	0	0	0	0	0	2,405	1
2	Food Purchase	(494)	0	0	(333,655)	0	0	0	0	0	0	0	(334,149)	2
3	Housekeeping	0	0	2,919	0	0	0	0	0	0	0	0	2,919	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,606)	0	2,195	0	0	0	0	0	0	0	0	589	5
6	Maintenance	28,246	0	(50,786)	0	0	0	(80)	0	0	0	0	(22,620)	6
7	Other (specify):*	0	0	3,938	2,308	0	0	0	0	0	0	0	6,246	7
8	TOTAL General Services	26,146	0	(37,577)	(333,099)	0	0	(80)	0	0	0	0	(344,610)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(42)	0	33,290	3,251	598	0	0	0	0	0	0	37,097	10
10a	Therapy	0	0	0	0	0	47,085	0	0	0	0	0	47,085	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	5,610	0	0	0	0	0	0	0	0	5,610	15
16	TOTAL Health Care and Programs	(42)	0	38,900	3,251	598	47,085	0	0	0	0	0	89,792	16
	C. General Administration													
17	Administrative	0	0	60,071	0	0	0	0	0	0	0	0	60,071	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(375)	0	(527,582)	0	0	0	0	0	0	0	0	(527,957)	19
20	Fees, Subscriptions & Promotions	(30,350)	1,243	397	0	0	0	0	0	0	0	0	(28,710)	20
21	Clerical & General Office Expenses	(6,132)	19,198	174,035	62,323	1,806	0	0	0	0	0	0	251,230	21
22	Employee Benefits & Payroll Taxes	(126)	0	0	0	0	0	0	0	0	0	0	(126)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(735)	0	2,554	0	0	0	0	0	0	0	0	1,819	24
25	Other Admin. Staff Transportation	0	0	8,766	0	0	0	0	0	0	0	0	8,766	25
26	Insurance-Prop.Liab.Malpractice	0	0	144	0	0	0	0	0	0	0	0	144	26
27	Other (specify):*	(17,377)	0	34,612	6,624	(390)	0	0	0	0	0	0	23,469	27
28	TOTAL General Administration	(55,095)	20,441	(247,003)	68,947	1,416	0	0	0	0	0	0	(211,294)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(28,992)	20,441	(245,680)	(260,901)	2,014	47,085	(80)	0	0	0	0	(466,113)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Capital Expense	PAGES	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	(97,121)	124,394	2,842	0	1,348	0	0	0	0	0	0	31,463	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(99,612)	409,943	70,794	0	148	0	0	0	0	0	0	381,273	32
33	Real Estate Taxes	0	50,756	3,285	0	9	0	0	0	0	0	0	54,050	33
34	Rent-Facility & Grounds	0	(517,107)	0	0	0	0	0	0	0	0	0	(517,107)	34
35	Rent-Equipment & Vehicles	0	0	27,467	0	0	0	0	0	0	0	0	27,467	35
36	Other (specify):*	0	28,020	0	0	0	0	0	0	0	0	0	28,020	36
37	TOTAL Ownership	(196,733)	96,006	104,388	0	1,505	0	0	0	0	0	0	5,166	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(22,424)	1,424	0	0	0	0	0	0	(21,000)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(22,424)	1,424	0	0	0	0	0	0	(21,000)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(225,725)	116,447	(141,292)	(283,325)	4,943	47,085	(80)	0	0	0	0	(481,947)	45

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/08

Ending:

12/31/08

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 517,107	Village II, Inc.		\$	\$ (517,107)	1
2	V	32 Investment Income - RR		Village II, Inc.				2
3	V	19 Accounting Fee		Village II, Inc.	0.00%			3
4	V	33 Real Estate Tax		Village II, Inc.	0.00%	50,756	50,756	4
5	V	20 Dues & Subscriptions		Village II, Inc.	0.00%	1,243	1,243	5
6	V	32 Interest On Mortg. Note		Village II, Inc.	0.00%	405,576	405,576	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.	0.00%	28,020	28,020	7
8	V	30 Depreciation		Village II, Inc.	0.00%	124,394	124,394	8
9	V	32 Amortization		Village II, Inc.	0.00%	(2,183)	(2,183)	9
10	V	21 General Insurance expense		Village II, Inc.	0.00%	13,937	13,937	10
11	V	21 Bank Fees		Village II, Inc.	0.00%	5,261	5,261	11
12	V	32 Interest -Other		Village II, Inc.	0.00%	6,550	6,550	12
13	V			Village II, Inc.	0.00%			13
14	Total		\$ 517,107			\$ 633,554	\$ * 116,447	14

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 1/1/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 2,195	\$ 2,195	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		2,554	2,554	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		8,766	8,766	17
18	V	26	Insurance		Alden Management Services, Inc.		144	144	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		397	397	19
20	V	30	Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32	Amortization		Alden Management Services, Inc.		45	45	21
22	V	33	Real Estate Tax		Alden Management Services, Inc.		3,285	3,285	22
23	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		27,467	27,467	23
24	V	32	Interest		Alden Management Services, Inc.		70,749	70,749	24
25	V	1	Dietary		Alden Management Services, Inc.		4,157	4,157	25
26	V	3	Housekeeping		Alden Management Services, Inc.		2,919	2,919	26
27	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		3,938	3,938	27
28	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		33,290	33,290	28
29	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		5,610	5,610	29
30	V	17	Administrative Salary		Alden Management Services, Inc.		60,071	60,071	30
31	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		34,612	34,612	31
32	V	19	Professional Fees	556,703	Alden Management Services, Inc.		29,121	(527,582)	32
33	V	21	Gen'I & Admin		Alden Management Services, Inc.		174,035	174,035	33
34	V	6	Repair & Maint.	75,530	Alden Management Services, Inc.		24,744	(50,786)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 632,233				\$ 490,941	\$ * (141,292)	39

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 1/1/08

Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	1	Diet. Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,733	\$ (8,067)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		6,315	6,315	16
17	V	2	Tube Feeding	444,196	Prism Health Care Services, Inc.		110,541	(333,655)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		9,911	3,251	18
19	V	39	Ancillary Supplies	52,302	Prism Health Care Services, Inc.		29,878	(22,424)	19
20	V	21	Gen'L & Admin Salary		Prism Health Care Services, Inc.		37,449	37,449	20
21	V	27	Employee Benefits		Prism Health Care Services, Inc.		6,624	6,624	21
22	V	7	Employee Benefits		Prism Health Care Services, Inc.		2,308	2,308	22
23	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		24,874	24,874	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		\$ 513,958				\$ 230,633	\$ * (283,325)	39

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 1/1/08

Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 4,625	Forum Extended Care Services II, Inc.	0.00%	\$ 6,724	\$ 2,099	15
16	V	39 IV		Forum Extended Care Services II, Inc.				16
17	V	39 Wound Care	3,330	Forum Extended Care Services II, Inc.		2,655	(675)	17
18	V	10 House Stock	9,096	Forum Extended Care Services II, Inc.		8,579	(517)	18
19	V	10 Pharmacy Consultant	2,616	Forum Extended Care Services II, Inc.		3,731	1,115	19
20	V	27 Employee Vaccin.	2,555	Forum Extended Care Services II, Inc.		2,038	(517)	20
21	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		127	127	21
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		1,092	1,092	22
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		714	714	23
24	V	32 Interest		Forum Extended Care Services II, Inc.		148	148	24
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		9	9	25
26	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,348	1,348	26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 22,222			\$ 27,165	\$ * 4,943	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	10a	Therapy	\$ 164,822	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 211,907	\$ 47,085	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			\$ 164,822			\$ 211,907	\$ * 47,085	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	\$ 14,089	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,009	\$ (80)	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			\$ 14,089			\$ 14,009	\$ *	(80) 39

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

STATE OF ILLINIOS

Facility Name & ID Number Alden Village Health Facility

Provider No. 0038455

Report Period Beginning:

1/1/08

Ending: 12/31/08

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 1/1/08 Ending: 12/31/08

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	174,644	1.192	0.03	Salary	\$ 5,356	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,205	1.192	0.03	Salary	2,000	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,936	1.192	0.03	Salary	1,163	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										7
8	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 8,519		13

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

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/08

Ending: 12/31/08

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,216,590	30	\$ 73,771	\$ 36,203	\$ 2,195	1
2	24	Trav & Seminar	Patient Days	1,216,590	30	85,812	36,203	2,554	2
3	25	Other Admin Travel	Patient Days	1,216,590	30	294,582	36,203	8,766	3
4	26	Insurance	Patient Days	1,216,590	30	4,828	36,203	144	4
5	20	Dues & Subscriptions	Patient Days	1,216,590	30	13,344	36,203	397	5
6	30	Depreciation	No of Providers/usage	30	30	98,652	1	2,842	6
7	31	Amortization	Patient Days	1,216,590	30	1,500	36,203	45	7
8	33	Real Estate Tax	Patient Days/ysage	1,216,590	30	125,958	36,203	3,285	8
9	35	Rent-Equip & Vehicle	Patient Days	1,216,590	30	923,032	36,203	27,467	9
10	32	Interest	Patient Days/usage	1,216,590	30	1,783,086	36,203	70,749	10
11	1	Dietary	Patient Days	1,216,590	30	139,689	139,689	4,157	11
12	3	Housekeeping	Patient Days	1,216,590	30	98,076	98,076	2,919	12
13	7	Employee Benefits -Gen'I Servs	Patient Days	1,216,590	30	130,329	36,203	3,938	13
14	10	Nurs & Med Records Salary	Patient Days	1,216,590	30	1,256,694	1,256,694	33,290	14
15	15	Employee Benefits -Health Care	Patient Days	1,216,590	30	188,531	36,203	5,610	15
16	17	Administrative Salary	Patient Days/usage	1,216,590	30	2,118,865	2,118,865	60,071	16
17	27	Employee Benefits - Admin	Patient Days	1,216,590	30	1,163,122	36,203	34,612	17
18	19	Professional fees	Patient Days	1,216,590	30	978,599	605,253	29,121	18
19	21	Gen'I & Admin	Patient Days	1,216,590	30	5,848,424	5,104,656	174,035	19
20	6	Repair & Maint.	Patient Days	1,216,590	30	831,505	644,276	24,744	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,158,399	\$ 9,967,509	\$ 490,941	25

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 1/1/08 Ending: 12/31/08

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		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			
	A. Directly Facility Related																	
	Long-Term																	
1	Cambridge		X	Mortgage	Interest only	8/29/06	\$ 15,170,896	\$ 13,085,583	6/1/2048	6.5000	\$ 405,576	1						
2	Interest on Refinancing Fees		X								45	2						
3												3						
4												4						
5	Insurance Reclass (Interest)		X	Malpractice Insurance							2,227	5						
	Working Capital																	
6												6						
7	Related Party-AMS		X	Working Capital							70,749	7						
8	Related Party-FECII		X	Working Capital							148	8						
9	TOTAL Facility Related						\$ 15,170,896	\$ 13,085,583			\$ 478,745	9						
	B. Non-Facility Related*																	
10	AFCO interest	X		Interest							6,550	10						
11	Interest on Refinancing Fees	X									(2,183)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ 4,367	14						
15	TOTALS (line 9+line14)						\$ 15,170,896	\$ 13,085,583			\$ 483,112	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 28,020 Line # 36

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

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

Facility Name & ID Number Alden Village Health Facility

0038455 Report Period Beginning: 1/1/08

Ending: 12/31/08

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2007 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	54,300	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.)			\$	51,756	2														
3. Under or (over) accrual (line 2 minus line 1).			\$	(2,544)	3														
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	53,300	4														
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5														
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	50,756	7														
		Plus: Related Party Taxes - See Pg 10A		3294															
Real Estate Tax History:			\$	54,050															
Real Estate Tax Bill for Calendar Year:	2003	<u>47,468</u>	8	<table border="1"> <tr> <td colspan="2">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2007 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2007 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2007 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2004	<u>49,415</u>	9																
	2005	<u>50,979</u>	10																
	2006	<u>52,718</u>	11																
	2007	<u>51,756</u>	12																
The current year accrual is based on an estimated 3% increase of the prior year tax.																			

NOTES:

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

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

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Village Health Facility COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0038455

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Serv</u>	\$ <u>295,853.00</u>	\$ <u>3,285.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Professional Cen</u>	\$ <u>28,917.00</u>	\$ <u>9.00</u>
3. <u>02-14-107-027</u>	<u>Nursing Homes Facility</u>	\$ <u>3,452.34</u>	\$ <u>3,452.34</u>
4. <u>02-14-107-028</u>	<u>Nursing Homes Facility</u>	\$ <u>48,303.28</u>	\$ <u>48,303.28</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>376,525.62</u>	\$ <u>55,049.62</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Alden Village Health Facility

0038455 Report Period Beginning:

1/1/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 30,726 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

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

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

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	109		1992	1973	639,042		30			639,042	4
5			1984	1984	706,283	87,555	15		(87,555)	706,283	5
6											6
7											7
8		Related Party-Forum		1978	14,056		25			14,056	8
		Improvement Type**									
9		Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10		Water heater moyor;valve repair		1993	9,288	76	5-15	76		9,288	10
11		Carpentry work, water heater repair		1994	63,064	2,677	3-15	2,677		62,617	11
12		Fire alarm repairs; brickwork; install circuits		1995	185,123	6,314	3-25	6,314		131,016	12
13		Village construction		1996	14,046	562	25	562		7,726	13
14		Install fire door		1996	2,977	198	15	198		2,546	14
15		Replace compressor		1997	1,825		5			1,825	15
16		Roof patching		1998	1,700	57	10	57		1,700	16
17		Replace condensing unit		1998	4,810	321	15	321		3,368	17
18		install damper motor & detector		1998	2,104	140	15	140		1,437	18
19		Replace furnace equipment		1999	1,827	122	15	122		1,219	19
20		install automatic door		1999	8,107	811	10	811		7,567	20
21		Install display and digital phones		2000	1,726	173	10	173		1,454	21
22		Replace HVAC burners		2000	1,607		3			1,607	22
23		Replace 5 ton condensing unit		2000	1,950		5			1,950	23
24		Install 100 amp disconnect and cable		2000	1,920		5			1,920	24
25		Roof repair		2000	1,583		5			1,583	25
26		Door Alarms		2001	19,015	1,902	10	1,902		14,263	26
27		Display phone and digital phone		2001	1,609	161	10	161		1,274	27
28		ABC (misc. repairs)		2002	2,362		5			2,362	28
29		Capps Plumbing (gas regulators for main gas to building)		2002	4,375	438	10	438		3,028	29
30		GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	535	10	535		3,522	30
31		ABC (wall mounted eye wash)		2002	2,507	251	10	251		1,610	31
32		ABC (misc. repairs)		2002	1,800		5			1,800	32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	ABC=-Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 12,438	37
38	ABC- misc construction	2003	7,580	758	10	758		3,980	38
39	Capps basemtn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200	320	10	320		1,867	40
41	GT Mechanical-A/C repair	2003	1,773	177	5	177		1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		315	42
43	ABC- roof repair	2003	10,121	1,012	10	1,012		5,145	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		3,107	44
45	Patton Ind-gernerator repair	2004	2,050	205	10	205		905	45
46	ABC - roof repairs	2004	1,918	192	10	192		864	46
47	GT Mechanical-heater repair	2004	1,506	151	10	151		628	47
48	GT Mechanical-heater repair	2004	1,878	188	10	188		767	48
49	ABC-roof repairs	2004	3,356	336	10	336		1,342	49
50	ABC-new tile	2004	9,043	904	10	904		4,370	50
51	ABC-doors	2004	3,293	220	15	220		1,062	51
52	ABC-roof canopy	2004	3,581	358	10	358		1,701	52
53	ABC-new 2nd water heater	2004	14,644	976	15	976		4,392	53
54	TNS, Inc-rewire for DSL	2004	1,512	151	10	151		743	54
55	ABC-various remodeling	2004	4,661	932	5	932		4,427	55
56	ABC-new water heater for kitchen	2004	14,644	976	15	976		4,392	56
57	ABC-bathroom remodel	2004	1,641	328	5	328		1,367	57
58	ABC-install metal door	2004	1,227	123	10	123		533	58
59	Capps Plumbing-install 2 discharge lines	2005	865	173	5	173		548	59
60	Patton Ind-gernerator repair	2005	1,747	349	5	349		1,222	60
61	Oak Fire-change out 30 detectors	2005	1,885	377	5	377		1,445	61
62	Equipment International-washer repairs	2005	1,905	381	5	381		1,207	62
63	ABC-firestop installation	2005	3,213	321	10	321		1,017	63
64	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		2,105	64
65	GT Mechanical-replace storage tank	2005	8,935	894	10	894		3,427	65
66	ABC-diswasher repairs	2006	6,824	682	10	682		1,990	66
67	ABC - elevator pump	2006	10,042	502	20	502		1,088	67
68	ABC - elevator power supply	2006	4,974	249	20	249		519	68
69	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		554	69
70	TOTAL (lines 4 thru 69)		\$ 1,873,408	\$ 118,176		\$ 30,621	\$ (87,555)	\$ 1,702,404	70

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

Facility Name & ID Number Alden Village Health Facility

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,873,408	\$ 118,176		\$ 30,621	\$ (87,555)	\$ 1,702,404	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		3,983	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		1,860	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		566	4
5	Cable/Satellite America-Install 31 Stations Satellite	2008	7,500	563	10	563		563	5
6	Top Notch Commercial- Install new compressor, filter dryer, Refrig	2008	2,703	135	10	135		135	6
7	JuIAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	83	20	83		83	7
8	ABC-Replace Asphalt in east Lot	2008	5,010	209	8	209		209	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 (lines 1 thru 33)		\$ 1,944,957	\$ 123,812		\$ 36,257	\$ (87,555)	\$ 1,709,802	34

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

Facility Name & ID Number Alden Village Health Facility

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Report Period Beginning:

1/1/08

Ending:

12/31/08

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,944,957	\$ 123,812		\$ 36,257	\$ (87,555)	\$ 1,709,802	1
2	Related Party-Forum Prof Center Building:								2
3	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	3
4	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	4
5	Leasehold Improvement-Tenant Improvement	1987	864		13			864	5
6	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	6
7	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	7
8	Leasehold Improvement-Build.Improv.	1996	1,092	68	16	68		884	8
9	Leasehold Improvement-Asphalting	2000	85		3			85	9
10	Leasehold Improvement-DAI	2001	149	15	10	15		107	10
11	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	11
12	Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	12
13	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,982	375	7	375		1,546	13
14	Leasehold Improvement-sidewalks-City of Chic.	2007	102	20	5	20		41	14
15	Leasehold Improvement-Carpet: Superior Install.	2007	94	19	5	19		37	15
16	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	16
17	Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	17
18	Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	18
19	Leasehold Improvements-fire extinguishers	2007	22	4	5	4		6	19
20	Leasehold Improvements-paving/glasswork/hvac/carpet	2008	392	24	5	24		24	20
21									21
22									22
23	Related Party-AMS:								23
24	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	24
25	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	25
26	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	26
27									27
28									28
29	Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	29
30									30
31	ABC- Adjustment for realted party profit	2008	(29)	(1)		(1)		(1)	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,021,921	\$ 126,466		\$ 38,911	\$ (87,555)	\$ 1,775,313	34

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

Facility Name & ID Number Alden Village Health Facility # 0038455 Report Period Beginning: 1/1/08 Ending: 12/31/08

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 503,108	\$ 36,283	\$ 36,283	\$		\$ 352,968	71
72	Current Year Purchases	67,700	6,470	6,470			6,470	72
73	Fully Depreciated Assets	244,049	1,618	1,618			244,049	73
74								74
75	TOTALS	\$ 814,857	\$ 44,371	\$ 44,371	\$		\$ 603,487	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	Bus Purch-Anrie Yusim		2004	\$ 45,183	\$ 9,037	\$ 9,037	\$	5	\$ 40,665	76
77	Bus Purch AMS transfer		2000	49,938					49,938	77
78	Bus repairs, including 2 in MRs on Vlg II		2006	20,826	4,581	4,581		5	11,852	78
79	Related Party-AMS	Various	98-'04	4,563				3	4,563	79
80	TOTALS			\$ 120,510	\$ 13,618	\$ 13,618	\$		\$ 107,018	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)		\$ 3,093,046	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)		\$ 184,455	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)		\$ 96,900	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)		\$ (87,555)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)		\$ 2,485,817	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	Major Bldg Renovation	9,766,341	93
94			94
95		\$ 9,766,341	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party-cost is backed out

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions		<u>Related party-cost is backed out</u>					4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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

Fiscal Year Ending Annual Rent

12.	<u>/2009</u>	\$ <u>Varies</u>
13.	<u>/2010</u>	\$ <u>Varies</u>
14.	<u>/2011</u>	\$ <u>Varies</u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 6,402 Description: Copy Machine Lease and Various Office Equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party -AMS</u>		\$ <u>#####</u>	\$ <u>15,779</u>	17
18	<u>Vehicle Lease</u>		\$ <u>#####</u>	\$ <u>34,021</u>	18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>49,800</u>	21

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

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nurses on site.</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="10"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>COMMUNITY COLLEGE <input type="text"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="10"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>HOURS PER CNA <u>80</u></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)		3,540		3,540
4	Clinical Wages (b)		7,080		7,080
5	In-House Trainer Wages (c)		4,320		4,320
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 14,940	\$	\$ 14,940
10	SUM OF line 9, col. 1 and 2 (e)	\$	14,940		

C. CONTRACTUAL INCOME

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

\$ Not Applicable

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	<u>10</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	10

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							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				6,724		6,724	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any		0			0			12
13	Other (specify):	See Pg 16A				0	34,111		34,111	13
14	TOTAL			\$		\$	\$ 40,835		\$ 40,835	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.

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$61,054.89
2. ST	39-3	To Col 5	14,785.79
3.			
4. PT	39-3	To Col 5	87,403.69
5.			
6.			
7.			
8.			
			<u>163,244.37</u>
Less: OT, ST, & PT costs - reclassified to 10A for DD facilities			<u>163,244.37</u>
			0.00
Pharmacy Supplies per GL			4,625.16
Manual Input from Related Party- Forum Drugs			2,099.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	<u>6,724.16</u>
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
Total Exceptional Care (Line 12, Col 8)			<u>0.00</u>
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	0.00
Other			57,209.66
Manual Input: Related Party - Prism			(22,424.00)
Manual Input: Related Party FECII - I. V.			0.00
Manual Input: Related Party FECII - Wound Care			(675.00)
Oxygen, from reclass worksheet			0.00
13. Col 6: Supplies Total		To Col 6	<u>34,110.66</u>
13. Total Line 13, Column 8			<u>34,110.66</u>
14. Total			<u>40,834.82</u>

Facility Name & ID Number Alden Village Health Facility# 0038455Report Period Beginning: 1/1/08

Ending:

12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>76,000</u>)	1,964,350	1,964,350	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,710	6
7	Other Prepaid Expenses	5,786	56,961	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	175,050	175,050	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,145,186	\$ 2,208,071	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		3,414,649	14
15	Leasehold Improvements, at Historical Cost	676,875	1,136,048	15
16	Equipment, at Historical Cost	511,011	515,909	16
17	Accumulated Depreciation (book methods)	(835,584)	(2,021,799)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>CIP & FIN Fees</u>)		10,234,664	22
23	Other(specify): <u>Due from Affiliates</u>	2,000,541	1,358,175	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,352,843	\$ 15,217,647	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,498,029	\$ 17,425,718	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,110,710	\$ 1,055,785	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,914	13,914	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	268,814	268,814	30
31	Accrued Taxes Payable (excluding real estate taxes)	44,645	44,645	31
32	Accrued Real Estate Taxes(Sch.IX-B)		53,300	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued expenses</u>	21,780	21,780	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,459,863	\$ 1,458,238	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		13,085,583	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>		422,094	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 13,507,676	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,459,863	\$ 14,965,914	46
47	TOTAL EQUITY (page 18, line 24)	\$ 3,038,166	\$ 2,459,803	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,498,029	\$ 17,425,718	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,199,323	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was	(67,734)	3
4	submitted. These have no effect on prior years report.		4
5	Bad Debt, Medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,131,589	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(93,423)	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)	\$ (93,423)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,038,166	24 *

* This must agree with page 17, line 47.

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

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,422,711	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,422,711	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(82)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	42	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (40)	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Day Training Income	984,836	28
28a	Record Copies, Food Rebate, Wage Fee, Adj to prior yr co:	602	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 985,438	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,408,109	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,394,681	31
32	Health Care	3,264,465	32
33	General Administration	1,578,482	33
B. Capital Expense			
34	Ownership	731,291	34
C. Ancillary Expense			
35	Special Cost Centers	1,121,319	35
36	Provider Participation Fee	411,294	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,501,532	40
41	Income before Income Taxes (line 30 minus line 40)**	(93,423)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (93,423)	43

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

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

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

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/08

Ending:

12/31/08

Details of Page 19, Line 28

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 1/1/08

Ending:

12/31/08

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 81,283	\$ 39.08	1
2	Assistant Director of Nursing	136	136	4,143	30.46	2
3	Registered Nurses	20,086	21,781	620,034	28.47	3
4	Licensed Practical Nurses	10,500	11,259	274,545	24.38	4
5	CNAs & Orderlies					5
6	CNA Trainees	1,200	1,200	14,940	12.45	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,560	1,560	29,890	19.16	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,389	17,591	157,176	8.94	15
16	Dishwashers					16
17	Maintenance Workers	1,560	1,560	35,362	22.67	17
18	Housekeepers	14,098	14,889	165,464	11.11	18
19	Laundry	4,783	5,115	45,293	8.85	19
20	Administrator	2,080	2,080	75,412	36.26	20
21	Assistant Administrator	640	640	17,967	28.07	21
22	Other Administrative	3,250	3,250	113,785	35.01	22
23	Office Manager	2,064	2,080	31,967	15.37	23
24	Clerical	2,595	2,734	23,383	8.55	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)	142,528	150,912	1,819,756	12.06	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) DT Transportation	1,786	2,016	25,611	12.70	33
34	TOTAL (lines 1 - 33)	227,335	240,883	\$ 3,536,011 *	\$ 14.68	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	900/Monthly	\$ 10,800	1-3	35
36	Medical Director	3500/Monthly	42,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/Monthly	2,616	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	3,244	191,404	11-3	44
45	Social Service Consultant	26	1,518	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,270	\$ 248,338		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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	
HARRIS, YVONNE	Assistant Administ	0	\$ 18,259	Workers' Compensation Insurance	\$ 78,233	IDPH License Fee	\$	
MAHLMAN, MARYANN LYNN	Administrator	0	75,120	Unemployment Compensation Insurance	20,833	Advertising: Employee Recruitment	7,592	
				FICA Taxes	268,909	Health Care Worker Background Check		
				Employee Health Insurance	78,860	(Indicate # of checks performed <u>73</u>)	730	
				Employee Meals	23,113			
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,000	
				Dental, Life, Relations, Pension & Misc	15,117	Bloomington Chamber Comm/Other	546	
				Employee Drug Test	1,696	Related Party - AMS	397	
				401k Match	2,616	IHCA dues, less pac fees	4,073	
				Employee Vaccinations	2,555	Related Party - Village, LLC	1,243	
				Offset Benefit Costs with Misc. Income	(126)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,			TOTAL (agree to Sch. V,	
(List each licensed administrator separately.)				line 22, col.8)			line 20, col. 8)	
\$ 93,379				\$ 491,806			\$ 15,581	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
None	\$			Not Applicable		\$	Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL			TOTAL (agree to Sch. V,	
(Attach a copy of any management service agreement)							line 24, col. 8)	
\$				\$			\$ 9,220	
C. Professional Services								
Vendor/Payee	Type	Amount						
AMS	Management Fees	\$ 556,703						
BDO Siedman/Virchow Krause	Accounting Fees	10,250						
Greenberg/Ungarett/AldenMgmtLeg	Legal-Non Collection	8,044						
Kenneth J. Fisch	Legal-Collections	375						
Medi.Com	Billing/Clinical Consultants	357						
First Advantage	Tax Consultants	258						
Ungaretti & Harris, LLP.	Legal-Non Collection	1,728						
Edward J Molloy & Assoc,Ltd	Land&Construction Serv.	740						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			TOTAL	
(If total legal fees exceed \$5,000, attach copy of invoices.)							line 24, col. 8)	
\$ 578,455				\$			\$ 9,220	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Village Health Facility

Report Period Beginning: 1/1/08 Ending:

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Compressor A/C	11/94	2,191	15	146	146	146	146	146	0	0	0
3	Relocating water pipe	7/95	3,545	15	127	127	127	127	127	64	0	
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 5,736		\$ 273	\$ 273	\$ 273	\$ 273	\$ 273	\$ 64	\$	\$

Facility Name & ID Number Alden Village Health Facility

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Il. Health Care Assn. \$4,074
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 46,659 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 411,294
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 23,113 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 88,596
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit is of The Alden Group, LTD.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.