

Facility Name & ID Number Alden Alma Nelson Manor

0044891 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	268	Skilled (SNF)	268	97,820	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	268	TOTALS	268	97,820	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	21,268	5,237	15,074	41,579	8
9	SNF/PED					9
10	ICF	22,875	521	0	23,396	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,143	5,758	15,074	64,975	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.42%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 08/01/2000

J. Was the facility purchased or leased after January 1, 1978?
YES Date 08/01/2000 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 128 and days of care provided 10,123

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden Alma Nelson Manor # 0044891 Report Period Beginning: 1/1/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	353,216	49,990	10,800	414,006	927	414,933	6,569	421,502		1
2	Food Purchase		479,724		479,724	(38,080)	441,644	(39,716)	401,928		2
3	Housekeeping	354,448	77,964		432,412	815	433,227	5,769	438,996		3
4	Laundry	101,557	39,277		140,834	298	141,132		141,132		4
5	Heat and Other Utilities			258,518	258,518		258,518	2,836	261,354		5
6	Maintenance	94,509		231,594	326,103	(312)	325,791	47,438	373,229		6
7	Other (specify):* Related Party Benefit							9,271	9,271		7
8	TOTAL General Services	903,730	646,955	500,912	2,051,597	(36,352)	2,015,245	32,167	2,047,412		8
	B. Health Care and Programs										
9	Medical Director			28,000	28,000		28,000		28,000		9
10	Nursing and Medical Records	4,152,409	342,074	6,570	4,501,053	(88,492)	4,412,561	64,189	4,476,750		10
10a	Therapy	110,257	2,030	8,776	121,063		121,063		121,063		10a
11	Activities	243,998	12,886	2,860	259,744	148	259,892		259,892		11
12	Social Services	109,798			109,798		109,798		109,798		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefit							10,171	10,171		15
16	TOTAL Health Care and Programs	4,616,462	356,990	46,206	5,019,658	(88,344)	4,931,314	74,360	5,005,674		16
	C. General Administration										
17	Administrative	194,132			194,132		194,132	125,118	319,250		17
18	Directors Fees										18
19	Professional Services			981,125	981,125	(14,264)	966,861	(865,743)	101,118		19
20	Dues, Fees, Subscriptions & Promotions			120,604	120,604		120,604	(102,560)	18,044		20
21	Clerical & General Office Expenses	394,264	40,990	115,376	550,630	610	551,240	285,080	836,320		21
22	Employee Benefits & Payroll Taxes			971,404	971,404	26,294	997,698	(20,836)	976,862		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,879	8,879		8,879	3,639	12,518		24
25	Other Admin. Staff Transportation			10,488	10,488		10,488	15,074	25,562		25
26	Insurance-Prop.Liab.Malpractice			291,721	291,721		291,721	10,174	301,895		26
27	Other (specify):* Related Party Benefit			181,074	181,074		181,074	(105,233)	75,841		27
28	TOTAL General Administration	588,396	40,990	2,680,671	3,310,057	12,640	3,322,697	(655,288)	2,667,409		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,108,588	1,044,935	3,227,789	10,381,312	(112,056)	10,269,256	(548,761)	9,720,495		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 Alma Nelson Manor

#0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			62,414	62,414		62,414	282,657	345,071		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			233,124	233,124		233,124	538,750	771,874		32
33	Real Estate Taxes							230,301	230,301		33
34	Rent-Facility & Grounds			1,017,596	1,017,596		1,017,596	(1,017,596)			34
35	Rent-Equipment & Vehicles			25,899	25,899		25,899	50,362	76,261		35
36	Other (specify):* MIP							61,733	61,733		36
37	TOTAL Ownership			1,339,033	1,339,033		1,339,033	146,206	1,485,239		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		889,904	1,281,047	2,170,951	112,056	2,283,007	(161,117)	2,121,890		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			146,730	146,730		146,730		146,730		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		889,904	1,427,777	2,317,681	112,056	2,429,737	(161,117)	2,268,620		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,108,588	1,934,839	5,994,599	14,038,026		14,038,026	(563,672)	13,474,354		45

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

Alden Alma Nelson Manor
 Reclassifications on Pgs 3 & 4 - Column 5
 Report Period Beginning: 1/1/2009
 Report Period Ending: 12/31/2009

IDPH Facility ID Number: #0044891

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(38,080)	Employee Meals
	22	38,080	Employee Meals
22		(11,786.00)	Uniforms
	10	9,300.00	Uniforms
	1	927.00	Uniforms
	3	815.00	Uniforms
	4	298.00	Uniforms
	6	-	Uniforms
	11	148.00	Uniforms
	21	298.00	Uniforms
10		(112,056.00)	Oxygen - to appropriate cost center
	39	112,056.00	Oxygen - to appropriate cost center
33		-	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	-	Rent - Real Estate Tax on associated landowner (Pg 6)
21		312.00	Vendor Settlements
	6	(312.00)	Vendor Settlements
19		(14,264.36)	Reclass Clinical Coordinators to Ln 10
	10	14,264.36	Reclass Clinical Coordinators to Ln 10
<u>Others, if any:</u>			
Net		-	

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	(16)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,680)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(14,242)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,398)	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	(10,462)	21		17
18	Fines and Penalties	(59,100)	32		18
19	Entertainment	(3,290)	20		19
20	Contributions	(8,928)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,689)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(181,074)	27		24
25	Fund Raising, Advertising and Promotional	(51,776)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(46)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (341,701)		\$	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)	(24,617)	Various	34
35	Other- Attach Schedule	(197,354)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (221,971)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (563,672)		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					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					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 Alma Nelson ManorID# 0044891Report Period Beginning: 1/1/09Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on utilities	\$ (677)	5	1
2	Intercompany interest	(4,871)	32	2
3	Back Out Rockford Area Chamber/	(1,330)	20	3
4	Misc Income - Garnishment Processing	(112)	22	4
5	Misc Income - Record Copies	(1,611)	21	5
6	Misc Income - Jury Duty	(112)	22	6
7	Misc Income - Vending Machine	(972)	2	7
8	Misc Income - Food Rebate	(376)	2	8
9	Misc Income - Interest	(29)	32	9
10	Reduce Employee Benefit for Marketing	(19,386)	22	10
11	Marketing Manager & Aides	(121,906)	21	11
12	Reduce deprec exp on Pg 12 items under \$2500 -Alma,LL	(7,801)	30	12
13	Reduce deprec exp on Pg 12 items under \$2500-Alma	(2,587)	30	13
14	Eliminate Depreciation on Building Goodwill	(42,973)	30	14
15	Expense capital items < \$2500 on Pg 12 items-Alma	7,768	6	15
16	Reduce deprec exp on Pg 13 items under \$2500	(5,995)	30	16
17	Expense capital items Current Yrs < \$2500 on Pg 13 item:	27,263	6	17
18	Expenses Related Party Items < 2,500	786	6	18
19	30% Backout PAC fees -IHCA	(3,643)	20	19
20	Bank Fees paid by LLC	(43)	21	20
21	Deming Adjustment	(1,240)	24	21
22	Backout Employee Benefits Charitable Salaries	(1,226)	22	22
23	Related Party Int on Alma LLC with Rock Inv	(18,800)	32	23
24	Prior Year Interest Adj on Related Pary Loan	(2,230)	32	24
25	To correct YTD depreciation expense to detail	3,989	30	25
26	Record Depreciation for Deferred Maint.	1,000	6	26
27	Adj for ABC related party profit -prior yrs-Pg 12 items	(16)	30	27
28	Adj for ABC related party profit -curt yrs-Pg 12 items	(25)	30	28
29	Adj for ABC related party profit -Curt Yr-Pg 13 items	(121)	30	29
30	Adj for ABC related party profit -Prior yr-Pg 13 items	(78)	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	(197,354)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	7,811	(1,242)	0	0	0	0	0	0	0	6,569	1
2	Food Purchase	(4,762)	0	0	(34,954)	0	0	0	0	0	0	0	(39,716)	2
3	Housekeeping	0	0	5,769	0	0	0	0	0	0	0	0	5,769	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(677)	0	3,513	0	0	0	0	0	0	0	0	2,836	5
6	Maintenance	32,137	4,741	10,846	0	0	0	(286)	0	0	0	0	47,438	6
7	Other (specify):*	0	0	7,598	1,673	0	0	0	0	0	0	0	9,271	7
8	TOTAL General Services	26,698	4,741	35,537	(34,523)	0	0	(286)	0	0	0	0	32,167	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	0	0	61,196	1,195	1,798	0	0	0	0	0	0	64,189	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,171	0	0	0	0	0	0	0	0	10,171	15
16	TOTAL Health Care and Programs	0	0	71,367	1,195	1,798	0	0	0	0	0	0	74,360	16
	C. General Administration													
17	Administrative	0	0	125,118	0	0	0	0	0	0	0	0	125,118	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,689)	6,205	(867,259)	0	0	0	0	0	0	0	0	(865,743)	19
20	Fees, Subscriptions & Promotions	(69,013)	250	(33,797)	0	0	0	0	0	0	0	0	(102,560)	20
21	Clerical & General Office Expenses	(134,022)	43	328,015	38,794	52,249	0	0	0	0	0	0	285,080	21
22	Employee Benefits & Payroll Taxes	(20,836)	0	0	0	0	0	0	0	0	0	0	(20,836)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,240)	0	4,879	0	0	0	0	0	0	0	0	3,639	24
25	Other Admin. Staff Transportation	0	0	15,074	0	0	0	0	0	0	0	0	15,074	25
26	Insurance-Prop.Liab.Malpractice	0	9,962	212	0	0	0	0	0	0	0	0	10,174	26
27	Other (specify):*	(181,074)	0	67,770	4,810	3,261	0	0	0	0	0	0	(105,233)	27
28	TOTAL General Administration	(410,874)	16,460	(359,988)	43,604	55,510	0	0	0	0	0	0	(655,288)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(384,176)	21,201	(253,084)	10,276	57,308	0	(286)	0	0	0	0	(548,761)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Alma Nelson Manor# 0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	(55,606)	334,033	2,864	0	1,366	0	0	0	0	0	0	282,657	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(99,272)	623,872	11,614	0	2,536	0	0	0	0	0	0	538,750	32
33	Real Estate Taxes	0	223,098	6,678	0	525	0	0	0	0	0	0	230,301	33
34	Rent-Facility & Grounds	0	(1,017,596)	0	0	0	0	0	0	0	0	0	(1,017,596)	34
35	Rent-Equipment & Vehicles	0	0	50,362	0	0	0	0	0	0	0	0	50,362	35
36	Other (specify):*	0	61,733	0	0	0	0	0	0	0	0	0	61,733	36
37	TOTAL Ownership	(154,879)	225,140	71,518	0	4,427	0	0	0	0	0	0	146,206	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	(107,344)	(128,791)	75,018	0	0	0	0	0	(161,117)	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	(107,344)	(128,791)	75,018	0	0	0	0	0	(161,117)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(539,055)	246,341	(181,566)	(97,068)	(67,056)	75,018	(286)	0	0	0	0	(563,672)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
<u>Alden Rockford Investments, LLC</u>	<u>100</u>	<u>See Pg 6K</u>		<u>See Pg 6K</u>		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	<u>34 Rent Income</u>	\$ <u>1,017,596</u>	<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	\$	\$ <u>(1,017,596)</u>	1
2	V	<u>32 Investment Income - RR</u>	<u>369</u>	<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>		<u>(369)</u>	2
3	V	<u>32 Interest on Alma Note</u>	<u>75,437</u>	<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>		<u>(75,437)</u>	3
4	V	<u>19 Accounting Fee/Professional Fees</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>6,205</u>	<u>6,205</u>	4
5	V	<u>21 Bank Charges</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>43</u>	<u>43</u>	5
6	V	<u>33 Real Estate Tax</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>223,098</u>	<u>223,098</u>	6
7	V	<u>26 General Insurance Expenses</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>9,962</u>	<u>9,962</u>	7
8	V	<u>36 Mortgage Insurance Premium</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>61,733</u>	<u>61,733</u>	8
9	V	<u>32 Interest On Mortg. Note/ Other Interest</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>658,817</u>	<u>658,817</u>	9
10	V	<u>6 Repairs & Maintenance</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>4,741</u>	<u>4,741</u>	10
11	V	<u>30 Depreciation</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>334,033</u>	<u>334,033</u>	11
12	V	<u>32 Amortization</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>40,861</u>	<u>40,861</u>	12
13	V	<u>20 Dues & Subscriptions</u>		<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>	<u>250</u>	<u>250</u>	13
14	Total		\$ <u>1,093,402</u>			\$ <u>1,339,743</u>	\$ * <u>246,341</u>	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,513	\$	3,513	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,879		4,879	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		15,074		15,074	17
18	V	26 Insurance		Alden Management Services, Inc.		212		212	18
19	V	20 Dues & Subscriptions	34,512	Alden Management Services, Inc.		715		(33,797)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864		2,864	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,678		6,678	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		50,362		50,362	22
23	V	32 Interest		Alden Management Services, Inc.		11,614		11,614	23
24	V	1 Dietary		Alden Management Services, Inc.		7,811		7,811	24
25	V	3 Housekeeping		Alden Management Services, Inc.		5,769		5,769	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		7,598		7,598	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		61,196		61,196	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		10,171		10,171	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		125,118		125,118	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		67,770		67,770	30
31	V	19 Professional Fees	921,449	Alden Management Services, Inc.		54,190		(867,259)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		328,015		328,015	32
33	V	6 Repair & Maint.	36,084	Alden Management Services, Inc.		46,930		10,846	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 992,045			\$ 810,479	\$ *	(181,566)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	58,784	Prism Health Care Services, Inc.		23,830	(34,954)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Ancillary Supplies	223,915	Prism Health Care Services, Inc.		116,571	(107,344)
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		25,172	25,172
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		4,810	4,810
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,673	1,673
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		13,622	13,622
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 300,159			\$ 203,091	\$ * (97,068)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 335,844	Forum Extended Care Services II, Inc.	0.00%	\$ 460,465	\$ 124,621
16	V	39 <u>IV</u>	287,218	Forum Extended Care Services II, Inc.		37,891	(249,327)
17	V	39 <u>Wound Care</u>	19,318	Forum Extended Care Services II, Inc.		15,233	(4,085)
18	V	10 <u>House Stock</u>	20,202	Forum Extended Care Services II, Inc.		18,325	(1,877)
19	V	10 <u>Pharmacy Consultant</u>	6,432	Forum Extended Care Services II, Inc.		10,107	3,675
20	V	27 <u>Employee Vaccin.</u>	3,557	Forum Extended Care Services II, Inc.		2,810	(747)
21	V	27 <u>Employee Benefits: G&A</u>		Forum Extended Care Services II, Inc.		4,008	4,008
22	V	21 <u>Gen'l & Admin. Salary</u>		Forum Extended Care Services II, Inc.		33,316	33,316
23	V	21 <u>Gen'l & Admin</u>		Forum Extended Care Services II, Inc.		18,933	18,933
24	V	32 <u>Interest</u>		Forum Extended Care Services II, Inc.		2,536	2,536
25	V	33 <u>Real Estate Tax</u>		Forum Extended Care Services II, Inc.		525	525
26	V	30 <u>Depreciation</u>		Forum Extended Care Services II, Inc.		1,366	1,366
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 672,571			\$ 605,515	\$ * (67,056)

* 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	\$ 1,250,310	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,325,328	\$ 75,018	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		\$ 1,250,310			\$ 1,325,328	\$ * 75,018	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	\$ 21,704	Alden Bennett Construction Company, Inc.	0.00%	\$ 21,418	\$ (286)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 21,704			\$ 21,418	\$ * (286)

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

Facility Name & ID Number Alden Alma Nelson Manor

Provider No. 0044891

Report Period Beginning:

1/1/09

Ending: 12/31/09

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

Facility Name & ID Number Alden Alma Nelson Manor # 0044891 Report Period Beginning: 1/1/09 Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,163	2.128	5.32	Salary	\$ 9,837	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,990	2.128	5.32	Salary	3,650	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,419	2.128	5.32	Salary	2,101	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 15,588		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 Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,221,923	31	\$ 66,061	\$ 64,975	\$ 3,513	1
2	24	Trav & Seminar	Patient Days	1,221,923	31	91,753	64,975	4,879	2
3	25	Other Admin Travel	Patient Days	1,221,923	31	283,487	64,975	15,074	3
4	26	Insurance	Patient Days	1,221,923	31	3,990	64,975	212	4
5	20	Dues & Subscriptions	Patient Days	1,221,923	31	13,454	64,975	715	5
6	30	Depreciation	No of Providers/usage	31	31	102,169	1	2,864	6
7	33	Real Estate Tax	Patient Days/ysage	1,221,923	31	139,876	64,975	6,678	7
8	35	Rent-Equip & Vehicle	Patient Days	1,221,923	31	947,116	64,975	50,362	8
9	32	Interest	Patient Days/usage	1,221,923	31	1,339,694	64,975	11,614	9
10	1	Dietary Salary	Patient Days	1,221,923	31	146,891	146,892	7,811	10
11	3	Housekeeping Salary	Patient Days	1,221,923	31	108,487	108,487	5,769	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,221,923	31	142,881	64,975	7,598	12
13	10	Nurs & Med Records Salary	Patient Days	1,221,923	31	1,259,741	1,259,741	61,196	13
14	15	Employee Benefits -Health Care	Patient Days	1,221,923	31	191,270	64,975	10,171	14
15	17	Administrative Salary	Patient Days/usage	1,221,923	31	2,477,865	2,477,865	125,118	15
16	27	Employee Benefits - Admin	Patient Days	1,221,923	31	1,274,479	64,975	67,770	16
17	19	Professional fees	Patient Days	1,221,923	31	1,019,103	624,209	54,190	17
18	21	Gen'I & Admin	Patient Days	1,221,923	31	6,168,666	5,291,904	328,015	18
19	6	Repair & Maint.	Patient Days	1,221,923	31	882,577	685,666	46,930	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,659,560	\$ 10,594,764	\$ 810,479	25

Facility Name & ID Number

Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6		8	9	10										
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	A. Directly Facility Related																			
	Long-Term																			
1	Cambridge		X	Mortgage		09/04	\$ 12,036,800	\$ 11,360,532	09/39	5.6000	\$ 640,017	1								
2												2								
3	Related Party-Alden Design Grp		X	Working Capital		03/06	109,000	109,000	12'08	Variable	306	3								
4	Amortization-Fin/Refin Fee		X								49,191	4								
5												5								
	Working Capital																			
6	Related party-AMS		X	Working Capital							11,614	6								
7	Related party-FECH		X	Working Capital							2,536	7								
8	Gemino Healthcare Finance		X	Revolver		12/07	3,000,000	1,034,620	Revolver		82,850	8								
9	TOTAL Facility Related						\$ 15,145,800	\$ 12,504,152			\$ 786,514	9								
	B. Non-Facility Related*																			
10	Int Income on Repl Reserve										(369)	10								
11	Interest and Other Investment Income										(14,271)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (14,640)	14								
15	TOTALS (line 9+line14)						\$ 15,145,800	\$ 12,504,152			\$ 771,874	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 61,733 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 Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,952 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).

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>	<u>60,952</u>	<u>2000</u>	<u>\$ 835,364</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	60,952		\$ 835,364	3

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	268	2000		\$ 7,000,000	\$ 222,222	31.5	\$ 222,222	\$	\$ 2,092,591	4
5										5
6										6
7										7
8	Related Party-Forum		1978	14,056		25			14,056	8
	Improvement Type**									
9	GT Mechanical - replace 75 ton compressor		2000	23,550	2,355	10	2,355		21,980	9
10	Building Improvements		2000	5,142	257	20	257		2,378	10
11	Alden Design - HVAC		2000	3,089	154	20	154		1,427	11
12	Alden Bennett Const.		2001	16,737	1,674	10	1,674		14,925	12
13	Pro com systems		2001	4,055	406	10	406		3,618	13
14	Alden Bennett Const.		2001	2,098	210	10	210		1,836	14
15	New Horz. Comm		2001	1,701	170	10	170		1,474	15
16	Alden Bennett Const.		2001	1,816	182	10	182		1,576	16
17	Alden Bennett Const.		2001	2,263	226	10	226		1,941	17
18	Alden Bennett Const.		2001	2,828	283	10	283		2,405	18
19	Seams -rebuild engine		2001	4,938	494	10	494		4,157	19
20	Alden Bennett Const.		2001	1,632	163	10	163		1,373	20
21	CSI Coker - belt/heating element		2001	5,256	526	10	526		4,294	21
22	Alden Bennett Const.		2001	3,198	320	10	320		2,612	22
23	GT Mechanical - heater		2001	2,406	241	10	241		1,947	23
24	Alden Design - elect. /plumbing		2001	22,472	1,124	20	1,124		10,112	24
25	Alden Design - misc		2001	22,412	1,121	20	1,121		10,085	25
26	Alden Design - misc		2001	94,243	4,712	20	4,712		42,016	26
27	ABC - laundry room repairs		2001	11,608	580	20	580		4,982	27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	GT Mechanical, Inc. - Repair Air Conditioner	2002	\$ 11,519	\$ 1,152	10	\$ 1,152	\$	\$ 8,640	37
38	Pro Com Systems - Repair Nurse Call System	2002	1,862	186	10	186		1,427	38
39	GT Mechanical, Inc. - Repair Heater	2002	1,996	200	10	200		1,580	39
40	FE Moran - Repair - Fire Alarm System	2002	1,825	183	10	183		1,354	40
41	Nelson Carlson - Repair Water Main	2002	2,407	241	10	241		1,905	41
42	ABC - Carpet	2002	1,231	82	15	82		602	42
43	ABC - Chimney	2002	3,032	152	20	152		1,099	43
44	Medline - Window Blinds	2003	1,706	244	7	244		1,686	44
45	Tyco - installation of smoke detectors	2003	6,753	450	15	450		3,151	45
46	Code Alert - Update system	2003	5,007	334	15	334		2,170	46
47	ABC - 4 doors	2003	2,449	245	10	245		1,490	47
48	ABC - Light Fixtures	2003	2,283		5			2,283	48
49	GT Mech - Replace Pump	2003	1,532	153	10	153		1,021	49
50	Simplex - Repair Smoke Detector system	2003	4,238	424	10	424		2,825	50
51	ABC - Roof Repair	2003	3,953	264	15	264		1,757	51
52	CSI Coker - Repair Dishwasher	2003	3,291	470	7	470		3,017	52
53	ABC - Repair C wing main A/C power	2003	2,177	218	10	218		1,397	53
54	ABC - Repair Boiler	2003	23,646	1,576	15	1,576		9,589	54
55	ABC-Roof repairs	2004	3,102	310	10	310		1,732	55
56	ABC-Roof repairs	2004	3,486	349	10	349		2,034	56
57	ABC-Roof repairs	2004	4,565	457	10	457		2,587	57
58	Equipment Int'l LTD-repair laundry	2004	1,714	171	10	171		1,014	58
59	CSI Coker - Repair Dishwasher	2004	2,387	239	10	239		1,392	59
60	CSI Coker - Repair Dishwasher	2004	2,915	292	10	292		1,676	60
61	GT Mechanical-furnace repair	2004	1,765	177	10	177		1,002	61
62	GT Mechanical-a/c repair	2004	2,128	213	10	213		1,206	62
63	ABC-boiler repairs	2004	1,877	188	10	188		1,033	63
64	GT Mechanical-Expansion tank replacement	2004	5,925	593	10	593		3,061	64
65	GT Mechanical-heater repair	2004	5,536	554	10	554		2,814	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,361,807	\$ 247,533		\$ 247,533	\$	\$ 2,308,329	70

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,361,807	\$ 247,533		\$ 247,533	\$	\$ 2,308,329	1
2	ABC-hotwater tank reparis	2006	3,000	600	10	600		2,150	2
3	GT Mechanical-heater repairs	2005	5,310	531	10	531		2,257	3
4	GT Mech-water pump repair	2005	2,032	203	10	203		964	4
5	Long Elevator-elevator repairs	2005	2,138	214	10	214		963	5
6	GT Mech-compressor replacement	2005	1,957	196	10	196		848	6
7	ABC-boiler tube replacement	2005	4,240	424	10	424		1,802	7
8	GT Mech-heater motor replacement	2005	1,591	159	10	159		676	8
9	GT Mech-laundry room repairs	2005	741	74	10	74		315	9
10	Top Notch-kitchen boiler repairs	2005	3,853	385	10	385		1,572	10
11	ABC-fire alarm panel replacements	2005	11,532	1,153	10	1,153		4,709	11
12	ABC-door locks	2005	2,203	220	10	220		991	12
13	ABC-door locks	2005	2,203	220	10	220		973	13
14	ABC-door locks	2005	1,825	183	10	183		806	14
15	ABC-replace boiler tubes	2007	3,834	383	10	383		831	15
16	November AMS Maint Alloc	2007	32,048	3,205	10	3,205		6,677	16
17	Patten Ind-generator repairs metal.	2007	2,735	547	5	547		1,641	17
18	Top Notch Services- replace boiler assembly	2007	3,853	385	10	385		1,156	18
19	ABC -new automatic door	2007	5,644	564	10	564		1,693	19
20	ABC -new water heater	2007	13,771	918	15	918		2,754	20
21	ABC - repaire roof	2007	4,926	493	10	493		1,479	21
22	ABC -Paving	2007	27,958	3,495	8	3,495		7,864	22
23	ABC -replace boiler tubes	2007	2,798	280	10	280		606	23
24	ABC -replace boiler tubes	2007	3,834	383	10	383		830	24
25	Top Notch -kichen appliance repairs	2007	3,452	690	5	690		1,496	25
26	ABC-Boiler repair	2008	7,668	767	10	767		1,363	26
27	TopNotch Commerc. Kitchen-Freezer Door	2008	4,553	911	5	911		1,138	27
28	ABC-new paving	2008	55,917	2,796	20	2,796		3,728	28
29	ABC Repl Plumbing Electrical Hardware & Fix	2008	4,065	407	10	407		508	29
30	ABC-New Gasketing Fire Doors	2008	2,981	298	10	298		373	30
31	ABC-New Flooring CarpentryCabintrySecurityDoor	2008	21,812	1,454	15	1,454		1,575	31
32	ABC-New SecurityHardware/Doors/FramesCameras	2008	22,312	1,487	15	1,487		1,487	32
33	ABC - Parking Lot Construction	2008	17,808	890	20	890		1,632	33
34	TOTAL (lines 1 thru 33)		\$ 7,646,401	\$ 272,449		\$ 272,449	\$	\$ 2,366,186	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,646,401	\$ 272,449		\$ 272,449	\$	\$ 2,366,186	1
2	ABC-roof leak	2008	10,686	1,069	10	1,069		1,336	2
3	Gt Mechanical Inc.-HVAC repairs	2008	3,625	363	10	363		634	3
4	Equipment international, Ltd.- washer major repair	2008	3,230	646	5	646		808	4
5	ABC -Install worn, cilling tile, floor tile, roofing & Plumbing	2008	5,603	560	10	560		700	5
6	Gt Mechanical, Inc.- Refri Cooling Start Up	2008	2,838	284	10	284		426	6
7	ABC- new egress hardware Fire safety code	2008	8,344	834	10	834		973	7
8	OctAMS Maint Allocation	2008	5,006	1,001	5	1,001		1,168	8
9	GT Mechanical- Instld flame safe guard	2008	2,829	283	10	283		283	9
10	ABC- fire proof/repl boiler-Job #7031	2008	5,888	589	10	589		589	10
11	ABC- Install alarm monitor to control Oxygen level	2008	10,240	1,024	10	1,024		1,280	11
12	GTMECH- main AH Electronic Starter	2009	2,787	465	5	465		465	12
13	GTMECH- repairs for Kitchen area HVAC	2009	5,682	947	5	947		947	13
14	ABC-Repl/leaky tubes boiler heating tubes	2009	4,312	575	5	575		575	14
15	ABC- New MI unit-Job # 2839	2009	53,402	2,967	15	2,967		2,967	15
16	ABC-Job#2846-Carpentary-Rough & Finish	2009	14,068	391	15	391		391	16
17	ABCnew MIunit-Job#2839 Iv#9909	2009	7,144	357	15	357		357	17
18	AugAMSI/C-AMEEXP Harold-Patten -filter, valve,cap dust	2009	3,407	341	5	341		341	18
19	JulAMSI/C-WRIEXP Harold-Rock ValleyWater-Install Parts for	2009	3,213	321	5	321		321	19
20	EQUINT inverter for washer	2009	3,183	53	10	53		53	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)		\$ 7,801,890	\$ 285,518		\$ 285,518	\$	\$ 2,380,798	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,801,890	\$ 285,518		\$ 285,518	\$	\$ 2,380,798	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28	ABC- Adjustment for realted party profit	2008	(424)	(8)		(8)		(16)	28
29	ABC- Adjustment for realted party profit	2009	(1,859)	(25)		(25)		(25)	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,870,386	\$ 288,101		\$ 288,101	\$	\$ 2,440,700	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	\$ 346,431	\$ 37,145	\$ 37,145	\$	various	\$ 123,742	71
72	Current Year Purchases	343,327	15,183	15,183		various	15,183	72
73	Fully Depreciated Assets	690,390	4,642	4,642		various	690,390	73
74								74
75	TOTALS	\$ 1,380,148	\$ 56,970	\$ 56,970	\$		\$ 829,315	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	4,415					4,415	79
80	TOTALS			\$ 4,415	\$	\$	\$		\$ 4,415	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,090,313	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 345,071	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 345,071	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,274,430	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Renovation	\$ 109,425	92
93			93
94			94
95		\$ 109,425	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

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: \$ 22,338 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(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- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>31,442</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>12,461</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>43,903</u>	21

10. Effective dates of current rental agreement:

Beginning 08/01/2000

Ending 07/31/2010

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

Fiscal Year Ending Annual Rent

12. /2010 \$ Varies

13. /2011 \$ _____

14. /2012 \$ _____

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 479,295	\$		\$ 479,295	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			34,750			34,750	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			733,464			733,464	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				460,464		460,464	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any					4		4	12
13	Other (specify): <u>See Pg 16A</u>					75,018	338,894		413,912	13
14	TOTAL			\$		\$ 1,322,527	\$ 799,362		\$ 2,121,890	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)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.	
1.	OT		39-3	To Col 5		\$479,295.12
2.	ST		39-3	To Col 5		34,750.24
3.						
4.	PT		39-3	To Col 5		733,464.09
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL					335,843.71
	Manual Input from Related Party- Forum Drugs					124,620.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		460,463.71
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		4.22
	Total Exceptional Care (Line 12, Col 8)					4.22
13.	Other:		See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		75,018.00
	Other					587,594.22
	Manual Input: Related Party - Prism					(107,344.00)
	Manual Input: Related Party FECII - I.V.					(249,327.00)
	Manual Input: Related Party FECII - Wound Care					(4,085.00)
	Oxygen, from reclass worksheet (Pg 4A)					112,056.00
13.	Col 6: Supplies Total			To Col 6		338,894.22
13.	Total Line 13, Column 8					413,912.22
14.	Total					2,121,889.60

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning: 1/1/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/09 (last day of reporting year)

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

		1 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>172,738</u>)	1,893,566	1,893,566	3
4	Supply Inventory (priced at)	848	848	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,457	6
7	Other Prepaid Expenses	7,309	45,031	7
8	Accounts Receivable (owners or related parties)		6,243	8
9	Other(specify): <u>Due from 3rd parties</u>	248,989	346,481	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,150,712	\$ 2,301,626	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		700,000	13
14	Buildings, at Historical Cost		7,000,000	14
15	Leasehold Improvements, at Historical Cost	477,393	1,427,103	15
16	Equipment, at Historical Cost	262,128	664,544	16
17	Accumulated Depreciation (book methods)	(406,075)	(3,553,123)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		1,489,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		286,604	21
22	Other Long-Term Assets (spe <u>Fin Fees, net</u>)	28,990	348,638	22
23	Other(specify): <u>CIP</u>		109,425	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 362,436	\$ 8,472,191	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,513,148	\$ 10,773,818	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,089,590	\$ 1,197,336	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	144,671	144,671	28
29	Short-Term Notes Payable	1,103,621	1,103,621	29
30	Accrued Salaries Payable	519,178	519,178	30
31	Accrued Taxes Payable (excluding real estate taxes)	82,770	82,770	31
32	Accrued Real Estate Taxes(Sch.IX-B)		216,200	32
33	Accrued Interest Payable	13,955	184,520	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	59,440	321,722	36
37	<u>Due to Affiliates & DHFS</u>	5,862,153	4,586,424	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,875,378	\$ 8,356,442	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,207,675	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 11,207,675	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,875,378	\$ 19,564,117	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,362,230)	\$ (8,790,299)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,513,148	\$ 10,773,818	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,180,879)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,180,879)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,181,350)	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)	\$ (1,181,350)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,362,230)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning: 1/1/09

Ending: 12/31/09

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,479,259	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,479,259	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	311,184	6
7	Oxygen	24,463	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 335,646	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	669	13
14	Non-Patient Meals	16	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	6,965	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	54	20
21	Other Medical Services	9,847	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 17,551	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	14,242	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 14,242	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page -19A	9,976	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,976	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,856,676	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,051,597	31
32	Health Care	5,019,658	32
33	General Administration	3,310,057	33
B. Capital Expense			
34	Ownership	1,339,033	34
C. Ancillary Expense			
35	Special Cost Centers	2,170,951	35
36	Provider Participation Fee	146,730	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,038,026	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,181,350)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,181,350)	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 Alma Nelson Manor, Inc.# 004-4891

Report Period Beginning:

1/1/2009

Ending:

12/31/2009**Details of Page 19, Line 28**

Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	3,212
Wage Service Fee- Backed out with line reference 22 on page 5A	
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Food Rebates- Backed out with line reference 2 on page 5A	
Recovery of Bad Debts (private only, is not offset on Schld V)	2,730
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	4,034
	<hr/>
	9,976
	<hr/>
Total of line 28	

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,096	2,096	\$ 95,543	\$ 45.58	1
2	Assistant Director of Nursing	2,074	2,090	71,705	34.31	2
3	Registered Nurses	16,824	17,743	549,460	30.97	3
4	Licensed Practical Nurses	57,687	61,144	1,627,036	26.61	4
5	CNAs & Orderlies	116,396	126,236	1,574,582	12.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,884	5,755	87,886	15.27	8
9	Activity Director	2,016	2,016	34,241	16.98	9
10	Activity Assistants	8,621	10,008	101,401	10.13	10
11	Social Service Workers	5,688	5,957	109,798	18.43	11
12	Dietician					12
13	Food Service Supervisor	1,904	2,081	41,153	19.78	13
14	Head Cook					14
15	Cook Helpers/Assistants	28,705	30,885	312,063	10.10	15
16	Dishwashers					16
17	Maintenance Workers	3,495	3,559	94,509	26.55	17
18	Housekeepers	31,323	34,075	354,448	10.40	18
19	Laundry	8,754	9,638	101,557	10.54	19
20	Administrator	2,080	2,392	106,266	44.43	20
21	Assistant Administrator	2,968	3,032	87,866	28.98	21
22	Other Administrative	11,168	11,168	279,953	25.07	22
23	Office Manager	2,080	2,080	33,036	15.88	23
24	Clerical	8,527	8,916	95,933	10.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,256	4,280	122,877	28.71	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Clinica	5,215	5,435	108,357	19.94	32
33	Other(specify) Unit Manager Sub	6,768	7,594	118,918	15.66	33
34	TOTAL (lines 1 - 33)	333,529	358,180	\$ 6,108,588 *	\$ 17.05	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	2333/Monthly	28,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	536/Monthly	6,432		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	35	2,072	11-3	44
45	Social Service Consultant	66/Monthly	788	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	35	\$ 48,092		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	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$		53

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

1	2	3	4	5	6	7	8	9	10	11	12	13	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	
2	Painting>\$1500 YTD 2004	03/04	1,753	10	175	175	175	175	175	175	175	175	
3	Patton-generator repairs	08/05	1,615	5	323	323	323	323	323	0	0	0	
4	Patton-generator repairs	08/05	1,656	5	331	331	331	331	331	0	0	0	
5	Patton-generator repairs	08/05	1,728	5	346	346	346	344	344	0	0	0	
6	SeptAMS -Painting	09/08	2,550	5	0	0	170	510	510	510	510	340	
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 9,302		\$ 1,175	\$ 1,175	\$ 1,345	\$ 1,685	\$ 1,683	\$ 685	\$ 685	\$ 515	\$ 175

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

1/1/09

Ending: 12/31/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA=\$8,501 Il. Assoc. of HC=\$3,216
- (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? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 35,969 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. \$ 146,730
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. \$ 38,080 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? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (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.