

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

0042010 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	110	Skilled (SNF)	110	40,150	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	110	TOTALS	110	40,150	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	1,763	4,427	16,853	23,043	8
9	SNF/PED					9
10	ICF	717	171		888	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	2,480	4,598	16,853	23,931	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.60%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
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 10/31/2000

J. Was the facility purchased or leased after January 1, 1978?
YES Date 10/31/2000 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 110 and days of care provided 16,776

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 Des Plaines Rehabilitation & Health C: # 0042010 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	526,903	26,368	7,618	560,889	942	561,831	2,001	563,832		1
2	Food Purchase		212,219		212,219	(23,158)	189,061	(6,852)	182,209		2
3	Housekeeping	165,112	28,293		193,405	798	194,203	2,125	196,328		3
4	Laundry	29,368	12,052	48	41,468	50	41,518		41,518		4
5	Heat and Other Utilities			216,300	216,300		216,300	(3,592)	212,708		5
6	Maintenance	35,112		174,737	209,849	80	209,929	9,745	219,674		6
7	Other (specify):* Security/Rel. Party Ben.			704	704		704	3,183	3,887		7
8	TOTAL General Services	756,495	278,932	399,407	1,434,834	(21,288)	1,413,546	6,610	1,420,156		8
	B. Health Care and Programs										
9	Medical Director			54,000	54,000		54,000		54,000		9
10	Nursing and Medical Records	2,208,880	182,590	8,640	2,400,110	17,164	2,417,274	24,033	2,441,307		10
10a	Therapy	40,006			40,006		40,006		40,006		10a
11	Activities	118,685	1,521	1,683	121,889	108	121,997		121,997		11
12	Social Services	42,322			42,322		42,322		42,322		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Rel. Party Ben.							3,746	3,746		15
16	TOTAL Health Care and Programs	2,409,893	184,111	64,323	2,658,327	17,272	2,675,599	27,779	2,703,378		16
	C. General Administration										
17	Administrative	89,901			89,901		89,901	46,082	135,983		17
18	Directors Fees										18
19	Professional Services			860,123	860,123	(12,929)	847,194	(790,713)	56,481		19
20	Dues, Fees, Subscriptions & Promotions			89,050	89,050		89,050	(76,099)	12,951		20
21	Clerical & General Office Expenses	246,586	30,238	80,067	356,891	410	357,301	75,835	433,136		21
22	Employee Benefits & Payroll Taxes			527,665	527,665	15,623	543,288	(17,085)	526,203		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,391	5,391		5,391	867	6,258		24
25	Other Admin. Staff Transportation			2,320	2,320		2,320	5,552	7,872		25
26	Insurance-Prop.Liab.Malpractice			119,736	119,736		119,736	10,563	130,299		26
27	Other (specify):* Rel. Party Ben.			(48,986)	(48,986)		(48,986)	79,643	30,657		27
28	TOTAL General Administration	336,487	30,238	1,635,366	2,002,091	3,104	2,005,195	(665,355)	1,339,840		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,502,875	493,281	2,099,096	6,095,252	(912)	6,094,340	(630,966)	5,463,374		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 Des Plaines Rehabilitation & Health Care Center #0042010 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			59,431	59,431		59,431	242,331	301,762			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			140,226	140,226		140,226	421,223	561,449			32
33	Real Estate Taxes			347,685	347,685	(347,685)		350,810	350,810			33
34	Rent-Facility & Grounds			789,760	789,760	347,685	1,137,445	(1,137,445)				34
35	Rent-Equipment & Vehicles			8,687	8,687		8,687	18,549	27,236			35
36	Other (specify):* MIP							45,366	45,366			36
37	TOTAL Ownership			1,345,789	1,345,789		1,345,789	(59,166)	1,286,623			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		889,947	1,740,594	2,630,541	912	2,631,453	(415,028)	2,216,425			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			60,225	60,225		60,225		60,225			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		889,947	1,800,819	2,690,766	912	2,691,678	(415,028)	2,276,650			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,502,875	1,383,228	5,245,704	10,131,807		10,131,807	(1,105,160)	9,026,647			45

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

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2008

Report Period Ending: 12/31/2008

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(23,158.00)	Employee Meals
	22	23,158.00	Employee Meals
22		(7,535.00)	Uniforms
	10	5,147.00	Uniforms
	1	942.00	Uniforms
	3	798.00	Uniforms
	4	50.00	Uniforms
	6	137.00	Uniforms
	11	108.00	Uniforms
	21	353.00	Uniforms
10		(912.00)	Oxygen - to appropriate cost center
	39	912.00	Oxygen - to appropriate cost center
33		(347,685.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	347,685.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		57.00	Vendor Settlements
	6	(57.00)	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(12,929.00)	Clinical Coordinators (Pathway Billing)
	10	12,929.00	Clinical Coordinators (Pathway Billing)

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				4
5	Telephone, TV & Radio in Resident Rooms	(4,209)	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	(90,935)	30		9
10	Interest and Other Investment Income	(3,447)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,332)	2		13
14	Non-Care Related Interest	(9,874)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(7,321)	21		17
18	Fines and Penalties	(2,356)	32		18
19	Entertainment	(2,757)	20		19
20	Contributions	(3,843)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,712)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	48,986	27		24
25	Fund Raising, Advertising and Promotional	(32,058)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(272)	21		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)	\$ (122,130)		\$	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)	(679,421)	Various	34
35	Other- Attach Schedule	(303,609)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (983,030)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,105,160)		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 Des Plaines Rehabilitation & Health Care Center

ID# 0042010

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (4,886)	5	1
2	Flu Shots	(25)	21	2
3	Record Copies (g/l 4977-100-001)	(106)	10	3
4	Jury Duty (g/l 4977-100-002)	(138)	21	4
5	Food Rebate (g/l 4977-100-005)	(1,720)	2	5
6	Wage Service Fee (g/l 4977-100-006)	(146)	21	6
7	Marketing Mgr (g/l 6701-100-009)	(112,543)	21	7
8	Mktg Mgr employee benefits reduction	(17,085)	22	8
9	IL Health Care Assoc Dues (PAC: 30%)	(1,822)	20	9
10	Deming Leadership Training (0.31)	(930)	24	10
11	Back out LLC bank charges	(99)	21	11
12	Back out LLC mtge int > CON asset limit	(144,901)	32	12
13	Back out LLC MIP exp > CON asset limit	(17,642)	36	13
14	Expense Related Party items < \$2500	786	6	14
15	Back out depreciation Pg 12 on assets < \$2,500	(2,158)	30	15
16	Eliminate Deprec on Pg 13 < \$2,500 items	(9,567)	30	16
17	Expense Pg 13 items < \$2500	11,024	6	17
18	Adjust depreciation to Pg 13's	(97)	30	18
19	Eliminate Alliance for Quality Nursing	(550)	20	19
20	Adj for 2008 ABC related party profit-Pg 12	(9)	30	20
21	Adj for ABC related party-Pg 13	(175)	30	21
22	Elim chamber of commerce fees in Dues/subsc.	(820)	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	(303,609)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

0042010

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	2,877	(876)	0	0	0	0	0	0	0	2,001	1
2	Food Purchase	(3,052)	0	0	(3,800)	0	0	0	0	0	0	0	(6,852)	2
3	Housekeeping	0	0	2,125	0	0	0	0	0	0	0	0	2,125	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,886)	0	1,294	0	0	0	0	0	0	0	0	(3,592)	5
6	Maintenance	7,601	0	2,369	0	0	0	(225)	0	0	0	0	9,745	6
7	Other (specify):*	0	0	2,798	385	0	0	0	0	0	0	0	3,183	7
8	TOTAL General Services	(337)	0	11,463	(4,291)	0	0	(225)	0	0	0	0	6,610	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	(106)	0	22,539	1,195	405	0	0	0	0	0	0	24,033	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	3,746	0	0	0	0	0	0	0	0	3,746	15
16	TOTAL Health Care and Programs	(106)	0	26,285	1,195	405	0	0	0	0	0	0	27,779	16
	C. General Administration													
17	Administrative	0	0	46,082	0	0	0	0	0	0	0	0	46,082	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(12,712)	12,130	(790,131)	0	0	0	0	0	0	0	0	(790,713)	19
20	Fees, Subscriptions & Promotions	(41,850)	0	(34,249)	0	0	0	0	0	0	0	0	(76,099)	20
21	Clerical & General Office Expenses	(120,544)	449	120,812	8,920	66,198	0	0	0	0	0	0	75,835	21
22	Employee Benefits & Payroll Taxes	(17,085)	0	0	0	0	0	0	0	0	0	0	(17,085)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(930)	0	1,797	0	0	0	0	0	0	0	0	867	24
25	Other Admin. Staff Transportation	0	0	5,552	0	0	0	0	0	0	0	0	5,552	25
26	Insurance-Prop.Liab.Malpractice	0	10,485	78	0	0	0	0	0	0	0	0	10,563	26
27	Other (specify):*	48,986	0	24,960	1,106	4,591	0	0	0	0	0	0	79,643	27
28	TOTAL General Administration	(144,135)	23,064	(625,099)	10,026	70,789	0	0	0	0	0	0	(665,355)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(144,578)	23,064	(587,351)	6,930	71,194	0	(225)	0	0	0	0	(630,966)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

0042010

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(102,941)	341,042	2,864	0	1,366	0	0	0	0	0	0	242,331	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(160,578)	547,453	31,135	0	3,213	0	0	0	0	0	0	421,223	32
33	Real Estate Taxes	0	347,685	2,459	0	666	0	0	0	0	0	0	350,810	33
34	Rent-Facility & Grounds	0	(1,137,445)	0	0	0	0	0	0	0	0	0	(1,137,445)	34
35	Rent-Equipment & Vehicles	0	0	18,549	0	0	0	0	0	0	0	0	18,549	35
36	Other (specify):*	(17,642)	63,008	0	0	0	0	0	0	0	0	0	45,366	36
37	TOTAL Ownership	(281,161)	161,743	55,007	0	5,245	0	0	0	0	0	0	(59,166)	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	(19,769)	(205,326)	(189,933)	0	0	0	0	0	(415,028)	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	(19,769)	(205,326)	(189,933)	0	0	0	0	0	(415,028)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(425,739)	184,807	(532,344)	(12,839)	(128,887)	(189,933)	(225)	0	0	0	0	(1,105,160)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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	\$ 1,137,445	Alden-Des Plaines Rehabilitation and Health Care Center, LLC	0.00%	\$	\$ (1,137,445)	1
2	V	32 Interest-Replacement reserve	1,290	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(1,290)	2
3	V	32 Interest - facility loan	67,195	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(67,195)	3
4	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		99	99	4
5	V	21 Licenses, etc		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		350	350	5
6	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		347,685	347,685	6
7	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		10,485	10,485	7
8	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		63,008	63,008	8
9	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		517,503	517,503	9
10	V	32 Interest on IOD loan		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		81,252	81,252	10
11	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		341,042	341,042	11
12	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		17,183	17,183	12
13	V	19 Professional & Accounting fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		12,130	12,130	13
14	Total		\$ 1,205,930			\$ 1,390,737	\$ * 184,807	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%	\$ 1,294	\$ 1,294 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,797	1,797 16
17	V	25 Other admin travel		Alden Management Services, Inc.		5,552	5,552 17
18	V	26 Insurance		Alden Management Services, Inc.		78	78 18
19	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		263	263 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		2,459	2,459 21
22	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		18,549	18,549 22
23	V	32 Interest		Alden Management Services, Inc.		31,135	31,135 23
24	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		2,877	2,877 24
25	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		2,125	2,125 25
26	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		2,798	2,798 26
27	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		22,539	22,539 27
28	V	15 Employee Benefits-health care		Alden Management Services, Inc.		3,746	3,746 28
29	V	17 Salaries-Total Admin		Alden Management Services, Inc.		46,082	46,082 29
30	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		24,960	24,960 30
31	V	19 Professional fees	810,090	Alden Management Services, Inc.		19,959	(790,131) 31
32	V	21 Clerical and G & A		Alden Management Services, Inc.		120,812	120,812 32
33	V	6 Maintenance	14,916	Alden Management Services, Inc.		17,285	2,369 33
34	V	20 MKT Management Fees	34,512				(34,512) 34
35	V						35
36	V						36
37	V						37
38	V						38
39	Total		\$ 859,518			\$ 327,174	\$ * (532,344) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary consultant	\$ 7,618	Prism Health Care Services, Inc.	0.00%	\$ 1,912	\$ (5,706)
16	V	1 Dietary salaries		Prism Health Care Services, Inc.		4,830	4,830
17	V	2 Tube feeding	13,415	Prism Health Care Services, Inc.		9,615	(3,800)
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Ancillary supplies	41,323	Prism Health Care Services, Inc.		21,554	(19,769)
20	V	21 G & A salaries		Prism Health Care Services, Inc.		5,788	5,788
21	V	27 Emp. Benefits-G & A		Prism Health Care Services, Inc.		1,106	1,106
22	V	7 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		385	385
23	V	21 G & A expenses		Prism Health Care Services, Inc.		3,132	3,132
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		\$ 69,016			\$ 56,177	\$ * (12,839)

* 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>	\$ 418,184	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 573,359	\$ 155,175
16	V	39 <u>I.V.</u>	414,702	<u>Forum Extended Care Services II, Inc.</u>		54,710	(359,992)
17	V	39 <u>Wound Vac</u>	2,406	<u>Forum Extended Care Services II, Inc.</u>		1,897	(509)
18	V	10 <u>House Stock</u>	11,876	<u>Forum Extended Care Services II, Inc.</u>		10,772	(1,104)
19	V	10 <u>Pharm Consult</u>	2,640	<u>Forum Extended Care Services II, Inc.</u>		4,149	1,509
20	V	27 <u>Employ Vaccin</u>	2,313	<u>Forum Extended Care Services II, Inc.</u>		1,827	(486)
21	V	27 <u>Employ Benefits-G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		5,077	5,077
22	V	21 <u>G & A Salaries</u>		<u>Forum Extended Care Services II, Inc.</u>		42,210	42,210
23	V	21 <u>Gen'l & Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		23,988	23,988
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		3,213	3,213
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		666	666
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,366	1,366
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 852,121			\$ 723,234	\$ * (128,887)

* 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 Revenue - therapy	\$ 1,668,007	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,478,074	\$ (189,933)
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		\$ 1,668,007			\$ 1,478,074	\$ * (189,933)

* 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 Repair & Maintenance	\$ 17,065	Alden Bennett Construction Company, Inc.	0.00%	\$ 16,840	\$	(225)	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		\$ 17,065			\$ 16,840	\$ *	(225)	39

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

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care C Provider No. 0042010

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 Des Plaines Rehabilitation & Health C # 0042010 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	181,377	0.784	1.96	Salary	\$ 3,623	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,296	0.784	1.96	Salary	1,344	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,746	0.784	1.96	Salary	774	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	\$ 5,741		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 Des Plaines Rehabilitation & Health Care Center # 0042010 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

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

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

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	\$ 23,931	\$ 1,294	1	
2	24	Travel & Seminar	Patient Days	1,221,923	31	91,753	23,931	1,797	2	
3	25	Other admin travel	Patient Days	1,221,923	31	283,487	23,931	5,552	3	
4	26	Insurance	Patient Days	1,221,923	31	3,990	23,931	78	4	
5	20	Dues/subscriptions/fees etc	Patient Days	1,221,923	31	13,454	23,931	263	5	
6	30	Depreciation	No. of Providers	31	31	102,169	1	2,864	6	
7	33	Real estate taxes	Patient Days	1,221,923	31	139,876	23,931	2,459	7	
8	35	Rent-equipment/vehicles	Patient Days	1,221,923	31	947,116	23,931	18,549	8	
9	32	Interest	Patient Days	1,221,923	31	1,339,694	23,931	31,135	9	
10	1	Salaries-Dietary Aide	Patient Days	1,221,923	31	146,892	146,892	23,931	2,877	10
11	3	Salaries-Housekeeping Coord.	Patient Days	1,221,923	31	108,487	108,487	23,931	2,125	11
12	7	Employee Benefits-general Svcs	Patient Days	1,221,923	31	142,881		23,931	2,798	12
13	10	Salaries-Nurse & Med. Records	Patient Days	1,221,923	31	1,259,741	1,259,741	23,931	22,539	13
14	15	Employee Benefits-health care	Patient Days	1,221,923	31	191,270		23,931	3,746	14
15	17	Salaries-Total Admin	Patient Days	1,221,923	31	2,477,865	2,477,865	23,931	46,082	15
16	27	Employee Benefits-general admin	Patient Days	1,221,923	31	1,274,479		23,931	24,960	16
17	19	Professional fees	Patient Days	1,221,923	31	1,019,103	624,209	23,931	19,959	17
18	21	Clerical and G & A	Patient Days	1,221,923	31	6,168,666	5,291,904	23,931	120,812	18
19	6	Maintenance	Patient Days	1,221,923	31	882,577	685,666	23,931	17,285	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 16,659,561	\$ 10,594,764	\$ 327,174	25	

Facility Name & ID Number

Alden Des Plaines Rehabilitation & Health Ca

0042010

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	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 Realty		X	Mortgage		9/1/2005	\$ 10,390,300	\$ 10,014,522	4/1/2044	5.4000	\$ 517,503	1									
2	Cambridge Realty		X	Operating loss loan		3/1/2004	1,690,000	1,583,415	6/1/2040	5.1000	81,252	2									
3				Int exp in excess of CON cap							(144,901)	3									
4	Amortization-Fin/Refin Fee		X								23,258	4									
5	Bank Leumi		X	Working capital	varies	12/12/2008	1,192,668	1,192,668	12/11/2009	5.0000	52,727	5									
	Working Capital																				
6	Related party-AMS										31,135	6									
7	Related party-FECH										3,213	7									
8												8									
9	TOTAL Facility Related						\$ 13,272,968	\$ 12,790,604			\$ 564,187	9									
	B. Non-Facility Related*																				
10	DP Rehab & HCC, LCC	X		Interest-Replacement Res							(1,290)	10									
11	Patient interest income		X								(3,447)	11									
12	Ani Insurance		X								1,999	12									
13												13									
14	TOTAL Non-Facility Related						\$	\$			\$ (2,738)	14									
15	TOTALS (line 9+line14)						\$ 13,272,968	\$ 12,790,604			\$ 561,449	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 40,884 Line # 36

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 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 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 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 2009 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.

2008 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Des Plaines Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042010

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 2008 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 2008.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>298,822.00</u>	\$ <u>2,459.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>29,714.00</u>	\$ <u>666.00</u>
3. <u>09-17-200-128-0000</u>	<u>Nursing Home Facility</u>	\$ <u>200,152.86</u>	\$ <u>200,152.86</u>
4. <u>09-17-200-129-0000</u>	<u>Nursing Home Facility</u>	\$ <u>139,132.30</u>	\$ <u>139,132.30</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>667,821.16</u>	\$ <u>342,410.16</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 and 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 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	51,490		\$ 1,016,045	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	110	2000	2000	9,685,956	242,149	40	174,652	(67,497)	\$ 1,683,838	4
5	Adjustment to correct to CON costs (net=-6,986,060)			(2,699,896)						5
6										6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	ISS/Chicago Sound & Communication(vent alarm interface)		2000	3,400	340	10	340		3,287	9
10	Alden Bennett Construction(multiple wireless install)		2001	4,894	489	10	489		4,240	10
11	Owners extras (change orders)		2000	524,876	26,244	20	26,244		247,130	11
12	Owners extras (change orders)		2000	12,972	648	20	648		6,106	12
13	ABC-parking lot sealcoat/stripe		2002	3,852	321	7	321		3,852	13
14	ABC-screened patio enclosure		2002	10,069	241	7	241		10,069	14
15	EWS Welding-alarm		2002	1,076	108	10	108		862	15
16	New Horizons-residents phones		2002	1,646	165	10	165		1,263	16
17	New Horizons-residents phones		2002	3,161	316	10	316		2,397	17
18	ABC-owners extras		2003	2,571	171	15	171		1,198	18
19	ABC-owners extras		2003	5,511	367	15	367		2,570	19
20	ABC [GT Mechanical]-Replace B1 compressor		2007	3,383	677	5	677		2,425	20
21	Mohawk-Calhoun Carpet Admin area		2007	2,747	549	5	549		1,190	21
22	ABC-New carpeting Nile Room		2007	6,053	1,211	5	1,211		2,926	22
23	ABC-New patio door operator		2007	4,046	405	10	405		979	23
24	GTMECH-Exhaust motor & wheel blade		2007	4,791	479	10	479		1,078	24
25	ABC-Removal & repair of hot water piping		2007	4,170	167	25	167		362	25
26	Replace Gas Oxygen Units		2008	9,275	928	10	928		1,469	26
27	GTMECH-Repair Boiler Pumps		2008	3,242	324	10	324		459	27
28	Adj for ABC related party profit		2008	(53)	(6)		(6)		(9)	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 Des Plaines Rehabilitation & Health Care Center

0042010

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		\$ 7,611,411	\$ 276,293		\$ 208,796	\$ (67,497)	\$ 1,991,360	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,682,189	\$ 278,908		\$ 211,411	\$ (67,497)	\$ 2,051,302	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 689,477	\$ 97,329	\$ 73,891	\$ (23,438)	Various	\$ 571,036	71
72	Current Year Purchases	152,850	15,804	15,804		Various	15,804	72
73	Fully Depreciated Assets	91,865	656	656		Various	91,865	73
74								74
75	TOTALS	\$ 934,192	\$ 113,789	\$ 90,351	\$ (23,438)		\$ 678,705	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	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78										78
79	Related Party - AMS	Various	98-'02	4,415				3	4,415	79
80	TOTALS			\$ 54,241	\$	\$	\$		\$ 54,241	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)	\$ 9,686,667	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 392,697	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 301,762	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (90,935)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,784,248	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			93
94			94
95		\$	95

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

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

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center # 0042010 Report Period Beginning: 1/1/09 Ending: 12/31/09

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 14,704 Description: Copy machine lease & 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- Pg 6A</u>	<u>various</u>	\$ <u>965.08</u>	\$ <u>11,581</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>965.08</u>	\$ <u>11,581</u>	21

10. Effective dates of current rental agreement:

Beginning 7/1/2008

Ending _____

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

Fiscal Year Ending Annual Rent

12. /2010 \$ Varies

13. /2011 \$ Varies

14. /2012 \$ Varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 536,945	\$		\$ 536,945	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			36,468			36,468	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,094,150			1,094,150	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				573,359		573,359	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					(189,933)	165,436		(24,497)	13
14	TOTAL			\$		\$ 1,477,630	\$ 738,795		\$ 2,216,425	14

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

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.	
1.	OT		39-3	To Col 5		\$536,944.88
2.	ST		39-3	To Col 5		36,467.91
3.						
4.	PT		39-3	To Col 5		1,094,149.95
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL					418,184.36
	Manual Input from Related Party- Forum Drugs					155,175.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		573,359.36
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		0.00
	Total Exceptional Care (Line 12, Col 8)					0.00
13.	Other:		See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		(189,933.00)
	Other					544,793.95
	Manual Input: Related Party - Prism					(19,769.00)
	Manual Input: Related Party FECII - I.V.					(359,992.00)
	Manual Input: Related Party FECII - Wound Care					(509.00)
	Oxygen, from reclass worksheet (Pg 4A)					912.00
13.	Col 6: Supplies Total			To Col 6		165,435.95
13.	Total Line 13, Column 8					165,435.95
14.	Total					2,216,425.05

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center # 0042010

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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>50,000</u>)	<u>1,069,776</u>	<u>1,069,776</u>	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		<u>18,369</u>	5
6	Prepaid Insurance		<u>55,786</u>	6
7	Other Prepaid Expenses	<u>4,836</u>	<u>4,836</u>	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>(10)</u>	<u>154,253</u>	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,074,602	\$ 1,303,020	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		<u>1,003,985</u>	13
14	Buildings, at Historical Cost		<u>9,685,956</u>	14
15	Leasehold Improvements, at Historical Cost	<u>589,608</u>	<u>628,163</u>	15
16	Equipment, at Historical Cost	<u>332,759</u>	<u>1,551,422</u>	16
17	Accumulated Depreciation (book methods)	<u>(493,207)</u>	<u>(3,452,501)</u>	17
18	Deferred Charges	<u>70,416</u>	<u>70,416</u>	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		<u>754,250</u>	21
22	Other Long-Term Assets (spe <u>S/holders</u>)		<u>181,955</u>	22
23	Other(specify): <u>Due from Affiliates</u>	<u>2,290,582</u>	<u>5,074,007</u>	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,790,158	\$ 15,497,652	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,864,760	\$ 16,800,672	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ <u>822,249</u>	\$ <u>822,566</u>	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>81,261</u>	<u>81,261</u>	28
29	Short-Term Notes Payable	<u>89,797</u>	<u>89,797</u>	29
30	Accrued Salaries Payable	<u>299,714</u>	<u>299,714</u>	30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>55,910</u>	<u>55,910</u>	31
32	Accrued Real Estate Taxes(Sch.IX-B)		<u>349,500</u>	32
33	Accrued Interest Payable	<u>11,076</u>	<u>62,871</u>	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>	<u>20,403</u>	<u>20,403</u>	36
37	<u>ST part of LT debt/Deferred Revenue</u>		<u>517,385</u>	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,380,410	\$ 2,299,407	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	<u>1,192,668</u>	<u>2,753,871</u>	39
40	Mortgage Payable		<u>9,911,071</u>	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>			43
44	<u>S/holder loans, Others</u>	<u>98,369</u>	<u>98,369</u>	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,291,037	\$ 12,763,311	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,671,447	\$ 15,062,718	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,193,314	\$ 1,737,954	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,864,760	\$ 16,800,672	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 539,452	1
2	Restatements (describe):		2
3	Allocate Personnel Director Salary	(38,550)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 500,902	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	692,412	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)	\$ 692,412	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)	\$ 1,193,314	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Ce # 0042010 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	\$ 10,765,865	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,765,865	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	33,242	6
7	Oxygen	1,868	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 35,110	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	328	12
13	Barber and Beauty Care	1,429	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	8,408	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,330	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 13,494	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,447	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,447	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income & Gain on Sale of Assets	6,591	28
28a	Adj. to prior yr. Expense	(288)	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,303	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,824,219	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,434,834	31
32	Health Care	2,658,327	32
33	General Administration	2,002,091	33
B. Capital Expense			
34	Ownership	1,345,789	34
C. Ancillary Expense			
35	Special Cost Centers	2,630,541	35
36	Provider Participation Fee	60,225	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,131,807	40
41	Income before Income Taxes (line 30 minus line 40)**	692,412	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 692,412	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 Des Plaines Rehabilitation & Health Care Cc # 0042010 Report Period Beginning: 1/1/09 Ending: 12/31/09

Details of Page 19, Line 28

Misc Income (Record copies)	105.50
Misc Income (Jury Duty)	137.60
Misc Income (Food vendor rebate)	1,720.43
Misc Income (Wage Service fees)	146.00
Gain on Sale of Assets	4,481.80
Total	<u><u>6,591.33</u></u>

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

0042010

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	2,064	2,064	\$ 84,691	\$ 41.03	1
2	Assistant Director of Nursing					2
3	Registered Nurses	24,099	25,364	826,475	32.58	3
4	Licensed Practical Nurses	13,201	13,972	362,239	25.93	4
5	CNAs & Orderlies	50,459	53,670	778,934	14.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,102	2,322	40,006	17.23	8
9	Activity Director	2,080	2,080	45,479	21.86	9
10	Activity Assistants	6,094	6,671	73,206	10.97	10
11	Social Service Workers	2,080	2,080	42,322	20.35	11
12	Dietician					12
13	Food Service Supervisor	1,864	1,912	40,131	20.99	13
14	Head Cook	2,912	2,918	53,992	18.50	14
15	Cook Helpers/Assistants	37,562	39,904	432,780	10.85	15
16	Dishwashers					16
17	Maintenance Workers	1,467	1,467	35,111	23.93	17
18	Housekeepers	15,716	16,647	165,116	9.92	18
19	Laundry	2,808	3,009	29,368	9.76	19
20	Administrator	2,072	2,080	89,901	43.22	20
21	Assistant Administrator					21
22	Other Administrative	6,648	6,720	189,845	28.25	22
23	Office Manager	2,080	2,080	27,194	13.07	23
24	Clerical	3,276	3,409	29,545	8.67	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,400	3,536	112,343	31.77	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	3,012	3,036	44,197	14.56	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	184,996	194,941	\$ 3,502,875 *	\$ 17.97	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 7,618	1-3	35
36	Medical Director	Monthly	60,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	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	4	244	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	4	\$ 70,502		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Nicky Kamaris	Administrator		\$ 89,901	Workers' Compensation Insurance	\$ 80,024	IDPH License Fee	\$	
				Unemployment Compensation Insurance	19,750	Advertising: Employee Recruitment	948	
				FICA Taxes	268,098	Health Care Worker Background Check		
				Employee Health Insurance	56,576	(Indicate # of checks performed 36)	360	
				Employee Meals	23,158	Patient Background Checks	5,510	
				Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees	300	
				Union health & welfare	67,560	IL Health Care Assoc	4,250	
				Union pension	24,115	IL Assoc of Health Care	1,320	
				Dental/Life/401k match/Empl rel/Misc pr	8,827			
				EE drug tests/Vaccinations	3,353	Related party - AMS	263	
				Mktg Mgr employee benefit deduction	(17,085)	Less: Public Relations Expense	()	
				Gardens/Crts Personnel Dir. e/b deduction	(8,173)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 89,901	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 526,203		\$ 12,951		
B. Administrative - Other			E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							Related party - AMS	1,797
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	Seminar Expense	
							Leadership training	2,070
							ILLHCA & Tradeshow	1,190
							IL Council & Others	1,201
							Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 860,123	\$			TOTAL	\$ 6,258

* Attach copy of IMRF notifications

**See instructions.

Legal Fees Reported on Pg 21, Section C:	17,203.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(12,712.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<hr/>
Allowable Legal Fees	<hr/> <u>4,491.00</u>

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

0042010

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=\$4250 IL Assoc. of HC=\$1320
- (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. \$ 19,806 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. \$ 60,225
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. \$ 23,158 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.