



Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

# 0017319 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	300	Skilled (SNF)	300	109,500	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	300	TOTALS	300	109,500	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	36,383	3,439	6,316	46,138	8
9	SNF/PED					9
10	ICF	33,927	1,114		35,041	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	70,310	4,553	6,316	81,179	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.14%

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)

N/A

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

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

YES  NO

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

YES  NO

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

Date started 01/01/72

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

YES  Date \_\_\_\_\_ NO

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

YES  NO  If YES, enter number of beds certified 300 and days of care provided 4,925

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL  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 Lakeland Rehabilitation & Health Car # 0017319 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
	<b>A. General Services</b>										
1	Dietary	317,102	37,358	10,800	365,260	1,476	366,736	8,517	375,253		1
2	Food Purchase		646,350		646,350	(34,704)	611,646	(236,823)	374,823		2
3	Housekeeping	268,382	57,742		326,124	1,266	327,390	7,207	334,597		3
4	Laundry	98,786	30,238	655	129,679	221	129,900		129,900		4
5	Heat and Other Utilities			363,002	363,002		363,002	21,013	384,015		5
6	Maintenance	46,881		226,449	273,330	59	273,389	31,227	304,616		6
7	Other (specify):* Security & Related Pa	115,450			115,450		115,450	13,511	128,961		7
8	<b>TOTAL General Services</b>	<b>846,601</b>	<b>771,688</b>	<b>600,906</b>	<b>2,219,195</b>	<b>(31,682)</b>	<b>2,187,513</b>	<b>(155,348)</b>	<b>2,032,165</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			57,500	57,500		57,500		57,500		9
10	Nursing and Medical Records	3,689,129	411,562	18,769	4,119,460	(172,144)	3,947,316	79,390	4,026,706		10
10a	Therapy	94,343	1,145	8,712	104,200		104,200		104,200		10a
11	Activities	255,871	7,537	2,076	265,484	369	265,853		265,853		11
12	Social Services	31,695			31,695		31,695		31,695		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							12,707	12,707		15
16	<b>TOTAL Health Care and Programs</b>	<b>4,071,038</b>	<b>420,244</b>	<b>87,057</b>	<b>4,578,339</b>	<b>(171,775)</b>	<b>4,406,564</b>	<b>92,097</b>	<b>4,498,661</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	94,462			94,462		94,462	156,321	250,783		17
18	Directors Fees										18
19	Professional Services			970,018	970,018	(17,766)	952,252	(835,693)	116,559		19
20	Dues, Fees, Subscriptions & Promotions			95,857	95,857		95,857	(76,211)	19,646		20
21	Clerical & General Office Expenses	236,604	35,221	143,841	415,666	1,436	417,102	498,785	915,887		21
22	Employee Benefits & Payroll Taxes			980,901	980,901	20,188	1,001,089	(9,809)	991,280		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,821	3,821		3,821	5,476	9,297		24
25	Other Admin. Staff Transportation			3,300	3,300		3,300	18,834	22,134		25
26	Insurance-Prop.Liab.Malpractice			326,553	326,553		326,553	10,660	337,213		26
27	Other (specify):* Related Party Benefits			279,755	279,755		279,755	(180,400)	99,355		27
28	<b>TOTAL General Administration</b>	<b>331,066</b>	<b>35,221</b>	<b>2,804,046</b>	<b>3,170,333</b>	<b>3,858</b>	<b>3,174,191</b>	<b>(412,037)</b>	<b>2,762,154</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,248,705</b>	<b>1,227,153</b>	<b>3,492,009</b>	<b>9,967,867</b>	<b>(199,599)</b>	<b>9,768,268</b>	<b>(475,288)</b>	<b>9,292,980</b>		<b>29</b>

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

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center #0017319 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	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			127,968	127,968		127,968	432,143	560,111			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			122,620	122,620		122,620	686,537	809,157			32
33	Real Estate Taxes			303,227	303,227	(303,227)		312,458	312,458			33
34	Rent-Facility & Grounds			984,945	984,945	303,227	1,288,172	(1,288,172)				34
35	Rent-Equipment & Vehicles			9,529	9,529		9,529	62,922	72,451			35
36	Other (specify):* <b>M.I.P.</b>							56,963	56,963			36
37	<b>TOTAL Ownership</b>			1,548,289	1,548,289		1,548,289	262,851	1,811,140			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,171,308	1,221,721	862,218	3,255,247	199,599	3,454,846	(33,696)	3,421,150			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	1,171,308	1,221,721	1,026,468	3,419,497	199,599	3,619,096	(33,696)	3,585,400			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,420,013	2,448,874	6,066,766	14,935,653		14,935,653	(246,133)	14,689,520			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		(34,704.00)	Employee Meals
	22	34,704.00	Employee Meals
22		(14,516.00)	Uniforms
	10	10,469.00	Uniforms
	1	1,476.00	Uniforms
	3	1,266.00	Uniforms
	4	221.00	Uniforms
	6	59.00	Uniforms
	11	369.00	Uniforms
	21	656.00	Uniforms
10		(199,599.00)	Oxygen - to appropriate cost center
	39	199,599.00	Oxygen - to appropriate cost center
33		(303,227.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	303,227.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>Others, if any:</u>			
19		(16,986.00)	Reclass Clinical Coordinators to Ln 10
	10	16,986.00	Reclass Clinical Coordinators to Ln 10
19		(780.00)	Medi-Com Software Service
	21	780.00	Medi-Com Software Service
Net		-	



**Alden Lakeland Rehabilitation & Health Care Center**

**ID# 0017319**

**Report Period Beginning: 1/1/09**

**Ending: 12/31/09**

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ 16,624	5	1
2	Intercompany Interest	(113,094)	32	2
3	Jury Duty Income	(140)	21	3
4	Food Rebate	(1,373)	2	4
5	Wage Service Fee	(464)	21	5
6	Medical Record Copies	(1,222)	10	6
7	Marketing Manager & Aides	(53,978)	21	7
8	Back out 1% of employee benefits for Mktg Mangr	(9,809)	22	8
9	Back out 30% of PAC fees from IHCA bills	(3,643)	20	9
10	Deming Cost Adj.	(620)	24	10
11	Elim Deprec on Pg 13 < \$2,500 items	(10,335)	30	11
12	Expense Pg 13 items < \$2,500 Curr Year	26,960	6	12
13	Expense Pg 13 items < \$2,500	516	6	13
14	Elim Deprec on Pg 12 < \$2,500 items	(3,813)	30	14
15	Expense Pg 12 items < \$2,500 Curr Yr	3,344	6	15
16	Expense Pg 12 items < \$2,500	270	6	16
17	Adj for ABC related party profit '08 - Pg 12	(130)	30	17
18	Adj for ABC related party profit '09 - Pg 12	(9)	30	18
19	Adj for ABC related party profit '08 - Pg 13	(40)	30	19
20	Adj for ABC related party profit '09 - Pg 13	(2)	30	20
21	Related Party Bank Charges (Lawrence Ave LLC)	(15)	19	21
22	Adjust Depreciation	3,747	30	22
23	Add Back Real Estate Tax Refund for 2000	381	33	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(146,845)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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	9,759	(1,242)	0	0	0	0	0	0	0	8,517	1
2	Food Purchase	(3,170)	0	0	(233,653)	0	0	0	0	0	0	0	(236,823)	2
3	Housekeeping	0	0	7,207	0	0	0	0	0	0	0	0	7,207	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	16,624	0	4,389	0	0	0	0	0	0	0	0	21,013	5
6	Maintenance	27,210	0	4,584	0	0	0	(567)	0	0	0	0	31,227	6
7	Other (specify):*	0	0	9,492	4,019	0	0	0	0	0	0	0	13,511	7
8	<b>TOTAL General Services</b>	<b>40,664</b>	<b>0</b>	<b>35,431</b>	<b>(230,876)</b>	<b>0</b>	<b>0</b>	<b>(567)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(155,348)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,222)	0	76,458	1,195	2,959	0	0	0	0	0	0	79,390	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	12,707	0	0	0	0	0	0	0	0	12,707	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,222)</b>	<b>0</b>	<b>89,165</b>	<b>1,195</b>	<b>2,959</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>92,097</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	156,321	0	0	0	0	0	0	0	0	156,321	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(37,177)	16,979	(815,495)	0	0	0	0	0	0	0	0	(835,693)	19
20	Fees, Subscriptions & Promotions	(43,443)	850	(33,618)	0	0	0	0	0	0	0	0	(76,211)	20
21	Clerical & General Office Expenses	(54,688)	0	409,818	93,180	50,475	0	0	0	0	0	0	498,785	21
22	Employee Benefits & Payroll Taxes	(9,809)	0	0	0	0	0	0	0	0	0	0	(9,809)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(620)	0	6,096	0	0	0	0	0	0	0	0	5,476	24
25	Other Admin. Staff Transportation	0	0	18,834	0	0	0	0	0	0	0	0	18,834	25
26	Insurance-Prop.Liab.Malpractice	0	10,395	265	0	0	0	0	0	0	0	0	10,660	26
27	Other (specify):*	(279,755)	0	84,671	11,553	3,131	0	0	0	0	0	0	(180,400)	27
28	<b>TOTAL General Administration</b>	<b>(425,492)</b>	<b>28,224</b>	<b>(173,108)</b>	<b>104,733</b>	<b>53,606</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(412,037)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(386,050)</b>	<b>28,224</b>	<b>(48,512)</b>	<b>(124,948)</b>	<b>56,565</b>	<b>0</b>	<b>(567)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(475,288)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

# 0017319

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	56,216	371,697	2,864	0	1,366	0	0	0	0	0	0	432,143	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(127,468)	705,939	105,616	0	2,450	0	0	0	0	0	0	686,537	32
33	Real Estate Taxes	381	303,227	8,343	0	507	0	0	0	0	0	0	312,458	33
34	Rent-Facility & Grounds	0	(1,288,172)	0	0	0	0	0	0	0	0	0	(1,288,172)	34
35	Rent-Equipment & Vehicles	0	0	62,922	0	0	0	0	0	0	0	0	62,922	35
36	Other (specify):*	0	56,963	0	0	0	0	0	0	0	0	0	56,963	36
37	<b>TOTAL Ownership</b>	<b>(70,871)</b>	<b>149,654</b>	<b>179,745</b>	<b>0</b>	<b>4,323</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>262,851</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(46,958)	(72,397)	85,659	0	0	0	0	0	(33,696)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(46,958)</b>	<b>(72,397)</b>	<b>85,659</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(33,696)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(456,921)	177,878	131,233	(171,906)	(11,509)	85,659	(567)	0	0	0	0	(246,133)	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 Rental Income	\$ 1,288,172	Lawrence Avenue Building, L.L.C.	0.00%	\$	\$ (1,288,172)	1
2	V	32 Interest Income Repl Reserve	131	Lawrence Avenue Building, L.L.C.			(131)	2
3	V	19 Accounting Fees		Lawrence Avenue Building, L.L.C.		7,376	7,376	3
4	V	19 Legal Fees: Non Collections		Lawrence Avenue Building, L.L.C.		5,988	5,988	4
5	V	19 Professional Fees		Lawrence Avenue Building, L.L.C.		3,600	3,600	5
6	V	19 Bank Charges		Lawrence Avenue Building, L.L.C.		15	15	6
7	V	20 Dues & Subscriptions		Lawrence Avenue Building, L.L.C.		850	850	7
8	V	33 Real Estate Tax Expense		Lawrence Avenue Building, L.L.C.		303,227	303,227	8
9	V	26 General Insurance Expense		Lawrence Avenue Building, L.L.C.		10,395	10,395	9
10	V	36 Mortgage Insurance Premium		Lawrence Avenue Building, L.L.C.		56,963	56,963	10
11	V	32 Interest - Mortgage		Lawrence Avenue Building, L.L.C.		699,537	699,537	11
12	V	30 Depreciation Expense		Lawrence Avenue Building, L.L.C.		371,697	371,697	12
13	V	32 Amortization Expense		Lawrence Avenue Building, L.L.C.		6,533	6,533	13
14	Total		\$ 1,288,303			\$ 1,466,181	\$ * 177,878	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%	\$ 4,389	\$	4,389	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		6,096		6,096	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,834		18,834	17
18	V	26 Insurance		Alden Management Services, Inc.		265		265	18
19	V	20 Dues & Subscriptions	34,512	Alden Management Services, Inc.		894		(33,618)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864		2,864	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		8,343		8,343	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		62,922		62,922	22
23	V	32 Interest		Alden Management Services, Inc.		105,616		105,616	23
24	V	1 Dietary		Alden Management Services, Inc.		9,759		9,759	24
25	V	3 Houskeeping		Alden Management Services, Inc.		7,207		7,207	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		9,492		9,492	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		76,458		76,458	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		12,707		12,707	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		156,321		156,321	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		84,671		84,671	30
31	V	19 Professional Fees	883,200	Alden Management Services, Inc.		67,705		(815,495)	31
32	V	21 General & Administrative		Alden Management Services, Inc.		409,818		409,818	32
33	V	6 Repairs & Maintenance	54,050	Alden Management Services, Inc.		58,634		4,584	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 971,762			\$ 1,102,995	\$ *	131,233	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	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	329,534	Prism Health Care Services, Inc.		95,881	(233,653)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Ancillary Supplies	373,949	Prism Health Care Services, Inc.		215,626	(158,323)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		111,365	111,365
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		60,461	60,461
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		11,553	11,553
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		4,019	4,019
24	V	21 General & Administrative		Prism Health Care Services, Inc.		32,719	32,719
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		\$ 720,943			\$ 549,037	\$ * (171,906)

\* 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>	\$ 356,414	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 488,668	\$ 132,254
16	V	39 <u>I.V.</u>	230,342	<u>Forum Extended Care Services II, Inc.</u>		30,388	(199,954)
17	V	39 <u>Wound Care</u>	22,209	<u>Forum Extended Care Services II, Inc.</u>		17,512	(4,697)
18	V	10 <u>House Stock</u>	27,576	<u>Forum Extended Care Services II, Inc.</u>		25,013	(2,563)
19	V	10 <u>Pharmacy Consultant</u>	9,664	<u>Forum Extended Care Services II, Inc.</u>		15,186	5,522
20	V	27 <u>Employee Vaccination</u>	3,526	<u>Forum Extended Care Services II, Inc.</u>		2,785	(741)
21	V	27 <u>Employee Benefits: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		3,872	3,872
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		32,184	32,184
23	V	21 <u>Gen'l &amp; Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		18,291	18,291
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		2,450	2,450
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		507	507
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	<b>Total</b>		\$ 649,731			\$ 638,222	\$ * (11,509)

\* 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	\$ 849,295	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 934,954	\$ 85,659	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		\$ 849,295			\$ 934,954	\$ *	85,659	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 & Maintenance	\$ 42,924	Alden Bennett Construction Company, Inc.	0.00%	\$ 42,358	\$	(567)	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		\$ 42,924			\$ 42,358	\$ *	(567)	39

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Cent Provider No. 0017319

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 Lakeland Rehabilitation & Health Ca # 0017319 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	172,709	2.656	6.64	Salary	\$ 12,291	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,080	2.656	6.64	Salary	4,560	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	36,894	2.656	6.64	Salary	2,626	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	\$ 19,477		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 Lakeland Rehabilitation & Health Care Center # 0017319 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*	31	\$ 66,061	\$	81,179	\$ 4,389	1
2	24	Travel/Seminar	patient days*	31	91,753		81,179	6,096	2
3	25	Other Admin Travel	patient days*	31	283,487		81,179	18,834	3
4	26	Insurance	patient days*	31	3,990		81,179	265	4
5	20	Dues/Subscriptions	patient days*	31	13,454		81,179	894	5
6	30	Depreciation	no. of providers	31	102,169		1	2,864	6
7	33	Real Estate Tax	patient days*	31	139,876		81,179	8,343	7
8	35	Rent-Equip/Vehicle	patient days*	31	947,116		81,179	62,922	8
9	32	Interest	patient days*	31	1,339,694		81,179	105,616	9
10	1	Dietary Salary	patient days*	31	146,892	146,892	81,179	9,759	10
11	3	Housekeeping Salary	patient days*	31	108,487	108,487	81,179	7,207	11
12	7	Employee Benef-Gen'l Servs	patient days*	31	142,881		81,179	9,492	12
13	10	Nurs/Med Rec Salary	patient days*	31	1,259,741	1,259,741	81,179	76,458	13
14	15	Employee Benef-Health Care	patient days*	31	191,270		81,179	12,707	14
15	17	Administrative Salary	patient days*	31	2,477,865	2,477,865	81,179	156,321	15
16	27	Employee Benef-Administrative	patient days*	31	1,274,479		81,179	84,671	16
17	19	Professional Fees	patient days*	31	1,019,103	624,209	81,179	67,705	17
18	21	Gen'l & Admin	patient days*	31	6,168,666	5,291,904	81,179	409,818	18
19	6	Repair & Mainten.	patient days*	31	882,577	685,666	81,179	58,634	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 16,659,561	\$ 10,594,764		\$ 1,102,995	25

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care # 0017319 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			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Cambridge Realty		x	Mortgage	\$67,072.00	8/27/02	\$ 11,977,000	\$ 11,344,558	8/26/2042	6.1400	\$ 699,537	1							
2												2							
3	Insurance Interest		x	Medical Malpractice							5,453	3							
4	Amortization-Fin/Refin Fee		x	Refinance							6,533	4							
5												5							
<b>Working Capital</b>																			
6	Related party-AMS		x	Working Capital							105,616	6							
7	Related party-FECH		x	Working Capital							2,450	7							
8												8							
9	<b>TOTAL Facility Related</b>				<b>\$67,072.00</b>		<b>\$ 11,977,000</b>	<b>\$ 11,344,558</b>			<b>\$ 819,589</b>	<b>9</b>							
<b>B. Non-Facility Related*</b>																			
10	Interest Income		x	Replacement Reserve							(131)	10							
11	Interest Income (Corp)		x	Patient Interest							(10,301)	11							
12												12							
13												13							
14	<b>TOTAL Non-Facility Related</b>						<b>\$</b>	<b>\$</b>			<b>\$ (10,432)</b>	<b>14</b>							
15	<b>TOTALS (line 9+line14)</b>						<b>\$ 11,977,000</b>	<b>\$ 11,344,558</b>			<b>\$ 809,157</b>	<b>15</b>							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 56,763 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.)





**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 89,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>300 Bed Facility</u>		<u>1995</u>	<u>\$ 1,040,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 1,040,000</b>	<b>3</b>

Facility Name &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300		1978	8,882,363	221,780	40	222,059	(52)	3,448,170	4
5		1995		577		40	14	14	204	5
6		1995		245		40	6	6	87	6
7			1996	13,250	331	40	331		3,946	7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	GENERAL REMODELING		1994	\$ 1,640,753	\$ 46,074	15	\$ 97,879	\$ 51,805	\$ 1,640,753	9
10	NEW AIR CONDITIONER		1994	185,718	4,827	15	12,381	7,554	180,188	10
11	OXYGEN AND SUCTION SYSTEM		1994	89,080	2,315	15	5,939	3,624	88,748	11
12	3RD FLOOR NURSES STATION		1994	14,234	370	15	949	579	13,905	12
13	REBUILD SHOWERS AND STALL		1994	47,131	1,225	15	3,142	1,917	46,480	13
14	PATIENT ROOM LIGHTING		1994	34,763	903	15	2,318	1,415	33,962	14
15	CARPETING		1994	20,688		10			20,688	15
16	NEW DOOR LOCK AND HARDWARE		1994	25,312		10			25,312	16
17	VARIOUS OTHER ITEMS		1994	85,896		10			85,896	17
18	DECORATING		1986	5,000		3			5,000	18
19	DOCORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR		1987	15,543		3-5			15,543	19
20	ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR		1988	15,804		5			15,804	20
21	PUMP REPAIR		1989	2,510		5			2,510	21
22	REPAIR: PUMPS AND COMPRESSOR		1990	32,782		5-10			32,782	22
23	REPAIR: PUMPS, FANS, HEATER,ROOF		1991	16,753		5			16,753	23
24	REPAIR: BOILER,FANS, THERMOSTAT		1992	32,033		5-20			32,033	24
25	COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER		1993	8,916		5-15			8,916	25
26	DRAPERIES AND CUBICLES; COMPRESSOR REPAIR		1994	45,438	487	5-20	487		45,438	26
27	REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO		1995	415,705	17,936	5-20	17,541	(395)	331,821	27
28	NEW ELECTRIC GENERATOR, NEW COOLING TOWER		1996	191,725	9,510	5-20	9,510		133,076	28
29	INSTALL NEW CIRCUITS		1997	2,176		5			2,176	29
30	CLEAN FAN COILS		1997	4,622		5			4,622	30
31	REPAIR LIGHTING CIRCUIT & BALLAST		1997	2,327		5			2,327	31
32	REBUILD COMPRESSOR		1997	4,268		5			4,268	32
33	REPAIR CALL LIGHTS		1997	2,350		5			2,350	33
34	ISTALL NEW SMOKE DETECTOR		1997	2,661		5			2,661	34
35	SPRAYED FIREPROOFING		1997	3,965		5			3,965	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 &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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	Climate Service, Inc (replace fans)	1998	4,725		5			4,725	37
38	**Wigdahl(replaced outlets)	1998	2,300		10			2,300	38
39	Wigdahl(replaced outlets)	1998	334		10			334	39
40	Long Elevator(modify restrictors)	1998	2,200	110	20	110		1,302	40
41	Incorporation(kickplates & correr guards)	1998	2,309		5			2,309	41
42	Incorporation(kickplates & larone)	1998	4,547		5			4,547	42
43	Shine Rite Maintenance (strip and refinish 30 rooms)	1998	6,480		5			6,480	43
44	Star Contractors (install locks)	1998	5,581		10			5,581	44
45	Supreme Sheet Metal (Fire dampers)	1998	10,000	667	15	667		7,668	45
46	CSI (replace fan coil units)	1998	6,340	423	15	423		4,792	46
47	Atash Fire & Safety (install annunciator panel)	1998	5,890	393	15	393		4,550	47
48	CSI (rebuild compressor)	1998	7,056	470	15	470		5,329	48
49	Supreme Sheet Metal (install fire dampers)	1998	11,680		10			11,680	49
50	Alden Bennett Construction (plan of correction)	1998	2,222		10			2,222	50
51	Supreme Sheet Metal (install fire dampers)	1998	7,750		10			7,750	51
52									52
53	Patton (repair generator)	1999	1,702	113	15	113		1,246	53
54	Alden Bennett Construction(general)	1999	11,471	1,147	10	1,147		11,471	54
55	Welding Supply(oxygen piping installed)	1999	13,176	659	20	659		6,754	55
56	ISS/Chicago Sound &Comm.(call system)	1999	28,500	1,900	15	1,900		19,317	56
57	Alden Bennett Construction(general)	1999	23,560	1,571	15	1,571		15,839	57
58	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		4,739	58
59	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		17,580	59
60									60
61	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		2,447	61
62	A&B custom cable-install cable tv	2000	13,824	1,382	10	1,382		13,476	62
63	Fox Valley-install new fire safety pump	2000	4,423	221	20	221		2,155	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,083,710	\$ 317,284		\$ 384,082	\$ 66,467	\$ 6,430,645	70

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

Facility Name &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,083,710	\$ 317,284		\$ 384,082	\$ 66,797	\$ 6,430,645	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		958	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		1,141	3
4	System electric-emergency lighting	2000	5,190	346	15	346		3,316	4
5	System Electric-install circuits	2000	1,570	78	20	78		743	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		666	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		1,282	7
8	ABC-fireproofing	2000	2,503	125	20	125		1,167	8
9	ABC-seal & stripe parking lot	2000	977	98	10	98		897	9
10	Richard G. Radke-color rendering	1993	6,620		5			6,620	10
11	Remodeling-Lawrence Ave Partnership (building)	1994	140,050	3,501	40	3,501		52,518	11
12	ABC-oxygen tank wiring	2000	26,715		3			26,715	12
13	ABC-wallpapering	2000	3,543		3			3,543	13
14	EWS - Oxygen tank repairs	2001	2,157	88	8	88		2,157	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810	121	15	121		1,037	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		875	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		10,088	17
18	Long Elevator-repair elevator	2001	757	76	10	76		639	18
19	Long Elevator-replace boards	2001	4,659	466	10	466		3,922	19
20	Alden Bennett - various	2001	1,720	172	10	172		1,476	20
21	Alden Bennett - various	2001	8,688	579	15	579		4,874	21
22	Alden Bennett - various	2001	11,481	765	15	765		6,313	22
23	Medline Industries	2002	1,205	120	10	120		871	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		848	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		2,763	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		1,736	26
27	Alden Bennett -building improvement	2002	2,478	248	10	248		1,756	27
28	Alden Bennett -building improvement	2002	3,161	316	10	316		2,291	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,347,397	\$ 326,780		\$ 393,577	\$ 66,797	\$ 6,571,857	34

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

Facility Name &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,347,397	\$ 326,780		\$ 393,577	\$ 66,797	\$ 6,571,857	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433	0	2,997	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225	423	10	423	(0)	2,924	3
4	Simplex Grinnell-repair fire pump	2003	2,094	209	10	209	0	1,395	4
5	Simplex Grinnell fire system connection	2003	1,710	171	10	171		1,140	5
6	CSI Coker-Hobart dishwasher	2003	1,522		5			1,522	6
7	Simplex Grinnell-2 duct smoke detectors	2003	1,620	162	10	162	0	1,026	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961	196	10	196	(0)	1,225	8
9	GT Mechanical-repair boiler	2003	1,340		5		0	1,340	9
10	GT Mechanical-replace boiler relief valve	2003	931		5		0	931	10
11	Alden Bennett Cons.-roof repair & rails installed	2003	7,517	752	10	752	(0)	4,699	11
12	GT Mchanical-back up pump bearing	2004	1,713	171	10	171		998	12
13	GT Mchanical-main house pump	2004	1,555	156	10	156		884	13
14	GT Mechanical-cooling towwe repairs	2004	1,259		10			1,259	14
15	CAPPS Plumbing-replaced kitchen faucets, drains	2004							15
16	ABC-repair kitchen,freezer doors and misc repairs	2004	8,038	804	10	804		4,556	16
17	Oak First Signal Circuit-elevator repair	2004	2,075	208	10	208		1,144	17
18	ABC misc repairs	2004	6,005	600	10	600		3,350	18
19	GT Mechanical-laundry motor replacement	2004	2,966	297	10	297		1,633	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181	418	10	418		2,299	20
21	ISS/chicao Sound/ repair address sound	2004	2,092	209	10	209		1,132	21
22	ABC misc repairs	2004	5,832	583	10	583		3,158	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007	101	10	101		547	23
24	System Electric-walk in cooler lights	2004	904	60	15	60		320	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500	650	10	650		3,413	25
26	Top Notch-repaired faucet/drains	2004	1,627	163	10	163		829	26
27	ABC-Medical Gas Revisions	2004	27,009	2,700	10	2,700		15,526	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2005	1,320	66	20	66		396	28
29	Cybor Fire Protection Fire Sprinkler	2005	3,195	456	7	456		2,014	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		35,191	30
31	ABC New water cooling system	2005	12,097	605	20	605		2,672	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,619,745	\$ 345,051		\$ 411,848	\$ 66,798	\$ 6,672,377	34

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

Facility Name &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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	<b>Totals from Page 12C, Carried Forward</b>		\$ 12,619,745	\$ 345,051		\$ 411,848	\$ 66,797	\$ 6,672,377	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	Adjust for ABC Related Party Profit	2008	(782)	(130)		(130)		(130)	28
29	Adjust for ABC Related Party Profit	2009	(415)	(9)		(9)		(9)	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,689,326	\$ 347,526		\$ 414,324	\$ 66,797	\$ 6,732,180	34

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

Facility Name &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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	<b>Totals from Page 12D, Carried Forward</b>		\$ 12,689,326	\$ 347,526		\$ 414,324	\$ 66,797	\$ 6,732,180	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528	853	10	853		2,843	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368	437	10	437		1,639	3
4	New Motor Blower	2007	3,295	330	10	330		935	4
5	Roof Repair	2007	7,020	702	10	702		1,872	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006	3,601	10	3,601		9,302	6
7	Cleaned Tower	2007	3,023	302	10	302		780	7
8	New Carpeting	2007	5,969	597	10	597		1,443	8
9	Chiller Room Exhaust	2007	33,741	3,374	10	3,374		8,154	9
10	Chiller	2007	4,075	408	10	408		986	10
11	Suction System	2007	19,666	1,967	10	1,967		4,590	11
12	Electrical and Plumbing Replacement	2007	3,303	330	10	330		770	12
13	Replaced broken plumbing	2007	3,177	318	10	318		715	13
14	Replaced broken plumbing	2007	2,965	297	10	297		668	14
15	New Concrete Pad	2007	7,076	708	10	708		1,534	15
16	New parts for motors roof fans	2007	4,644	464	10	464		1,005	16
17	New Floor Drain New Supply Lines	2007	8,564	856	10	856		1,783	17
18	New concrete pad and trough basin	2007	5,247	525	10	525		1,094	18
19	New Boiler Tubes-ABC	2007	15,820	1,582	10	1,582		3,164	19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		239	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		2,578	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527	853	10	853		1,493	22
23	Laundry Cart Hardware-ABC	2008	4,301	860	5	860		1,505	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		803	24
25	Generator	2008	2,842	568	5	568		947	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		2,522	26
27	Carpet on 2nd & 3rd Floors-ABC	2008	48,802	9,760	5	9,760		16,267	27
28	Oxygen Wall Outlets-ABC	2008	8,380	419	20	419		698	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480	1,048	10	1,048		1,572	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		381	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		1,139	31
32	Replace Ceiling Tile-ABC	2008	2,916	292	10	292		316	32
33	Boiler Tube-ABC	2008	11,140	1,114	10	1,114		1,857	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,032,667	\$ 384,719		\$ 451,517	\$ 66,797	\$ 6,807,773	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 13,032,667	\$ 384,719		\$ 451,517	\$ 66,798	\$ 6,807,773	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606	230	10	230		230	2
3	Top Notch-Repair Dish Machine	2009	5,075	1,015	5	1,015		1,015	3
4	Central States-Repair Sprinkler System	2009	5,300	1,060	5	1,060		1,060	4
5	GT Mechanical-Repair A/C Fill Pump & Chiller Circuits	2009	5,208	608	5	608		608	5
6	GT Mechanical-Replace & Insulate Leaking Riser	2009	15,164	1,264	5	1,264		1,264	6
7	ABC-Vaccum Pump & Motor for Medical Gas	2009	12,139	253	8	253		253	7
8	ABC-Room Risers	2009	19,288	429	15	429		429	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,099,447	\$ 389,578		\$ 456,376	\$ 66,798	\$ 6,812,632	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	\$ 396,735	\$ 37,446	\$ 37,446	\$		\$ 243,762	71
72	Current Year Purchases	77,445	2,869	2,869			2,869	72
73	Fully Depreciated Assets	1,887,057	63,420	63,420			1,887,057	73
74								74
75	TOTALS	\$ 2,361,237	\$ 103,735	\$ 103,735	\$		\$ 2,133,688	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				3	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)	\$ 16,505,099	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 493,313	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 560,111	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 66,798	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,950,735	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.

**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: \$ 36,212 Description: Copy Machine Lease & Other minor office equip rental.

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related Party-AMS</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>39,284</u>	17
18					18
19			<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>39,284</u>	21

10. Effective dates of current rental agreement:

Beginning 03/31/04

Ending 03/31/14

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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	\$		\$ 278,019	\$		\$ 278,019	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			76,603			76,603	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			308,520			308,520	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				488,668		488,668	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		1,171,308			174,449		1,345,757	12
13	Other (specify): <u>See Pg 16A</u>					85,659	837,924		923,583	13
14	<b>TOTAL</b>			\$ 1,171,308		\$ 748,801	\$ 1,501,041		\$ 3,421,150	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)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$278,019.48
2.	ST	39-3	To Col 5	76,603.22
3.				
4.	PT	39-3	To Col 5	308,519.60
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			356,414.12
	Manual Input from Related Party- Forum Drugs			132,254.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	488,668.12
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	1,171,308.17
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	174,448.74
	Total Exceptional Care (Line 12, Col 8)			1,345,756.91
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	85,659.00
	Other			889,934.00
	Manual Input: Related Party - Prism			(46,958.00)
	Manual Input: Related Party FECII - I.V.			(199,954.00)
	Manual Input: Related Party FECII - Wound Care			(4,697.00)
	Oxygen, from reclass worksheet (Pg 4A)			199,599.00
13.	Col 6: Supplies Total		To Col 6	837,924.00
13.	Total Line 13, Column 8			837,924.00
14.	Total			3,421,150.33

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center # 0017319

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>147,103</u> )	2,752,628	2,752,628	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		9,895	6
7	Other Prepaid Expenses	8,504	50,926	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	157,899	281,340	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,919,031	\$ 3,094,789	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		8,884,435	14
15	Leasehold Improvements, at Historical Cost	1,838,422	5,971,535	15
16	Equipment, at Historical Cost	835,637	906,573	16
17	Accumulated Depreciation (book methods)	(1,953,348)	(7,800,084)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		231,825	21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/holders</u> )			22
23	Other(specify): <u>Net Refinancing Fees</u>		49,001	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 720,711	\$ 9,283,286	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,639,742	\$ 12,378,075	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,390,069	\$ 1,367,975	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	216,028	216,028	28
29	Short-Term Notes Payable		111,405	29
30	Accrued Salaries Payable	483,968	483,968	30
31	Accrued Taxes Payable (excluding real estate taxes)	88,040	88,040	31
32	Accrued Real Estate Taxes(Sch.IX-B)		308,900	32
33	Accrued Interest Payable		58,046	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	79,675	79,675	36
37	<u>Due to Affiliates</u>			37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,257,780	\$ 2,714,037	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,233,154	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>	17,736,873	16,443,643	43
44	<u>S/holder loans, Others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 17,736,873	\$ 27,676,797	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 19,994,653	\$ 30,390,834	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (16,354,911)	\$ (18,012,759)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,639,742	\$ 12,378,075	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>(15,745,114)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>External audit adjustments made after the 2008 cost report</b>		<b>3</b>
<b>4</b>	<b>was submitted. These have no effect on prior years report:</b>		<b>4</b>
<b>5</b>	<b>Fines, Penalties, and Unallowable Cost</b>	<b>(96,637)</b>	<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(15,841,751)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(513,160)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(513,160)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>(16,354,911)</b>	<b>24</b> *

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Cent # 0017319 Report Period Beginning: 1/1/09Ending: 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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,811,299	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 13,811,299	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	181,373	6
7	Oxygen	411,336	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 592,709	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,271	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 3,271	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	10,301	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 10,301	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Pg 19A</u>	4,913	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 4,913	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,422,493	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,219,195	31
32	Health Care	4,578,339	32
33	General Administration	3,170,333	33
<b>B. Capital Expense</b>			
34	Ownership	1,548,289	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,255,247	35
36	Provider Participation Fee	164,250	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,935,653	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(513,160)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (513,160)	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.

**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc Income related to employee jury duty	\$ 140
Misc Income related to vendor food rebates	1,372
Misc Income related to payroll wage service fee	465
Misc Income related to medical record copies	1,222
Gain on Sale of Assets	1,714
Line 28 Total:	<u>4,913</u>

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

# 0017319

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	2,080	2,080	\$ 94,095	\$ 45.24	1
2	Assistant Director of Nursing	288	288	10,373	36.02	2
3	Registered Nurses	60,886	64,581	2,199,070	34.05	3
4	Licensed Practical Nurses	29,902	31,466	892,814	28.37	4
5	CNAs & Orderlies	105,409	112,083	1,205,195	10.75	5
6	CNA Trainees					6
7	Licensed Therapist	9,626	10,242	293,853	28.69	7
8	Rehab/Therapy Aides	4,293	4,607	55,862	12.13	8
9	Activity Director	1,152	1,240	17,493	14.11	9
10	Activity Assistants	5,164	5,578	60,094	10.77	10
11	Social Service Workers	1,840	1,840	31,695	17.23	11
12	Dietician					12
13	Food Service Supervisor	2,375	2,457	56,065	22.82	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,067	24,238	261,037	10.77	15
16	Dishwashers					16
17	Maintenance Workers	1,944	2,042	46,881	22.96	17
18	Housekeepers	24,069	26,095	268,382	10.28	18
19	Laundry	7,239	7,732	98,786	12.78	19
20	Administrator	2,144	2,248	94,462	42.02	20
21	Assistant Administrator					21
22	Other Administrative	9,117	9,195	225,207	24.49	22
23	Office Manager	2,130	2,142	32,089	14.98	23
24	Clerical	1,733	1,798	17,790	9.89	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,176	4,256	137,788	32.38	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,696	1,789	27,249	15.23	31
32	Other Health Care Behavioral Counselor	7,033	7,634	129,158	16.92	32
33	Other(specify Security/Clinical I	11,992	12,952	164,575	12.71	33
34	TOTAL (lines 1 - 33)	318,355	338,583	\$ 6,420,013 *	\$ 18.96	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/Month	\$ 10,800	1-3	35
36	Medical Director	5,500/Month	66,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/Month	7,200	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	25	1,812	11-3	44
45	Social Service Consultant	264/Month	264	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	25	\$ 86,076		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-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
1	Pumps	6/95	\$ 11,976	15	\$ 798	\$ 798	\$ 798	\$ 798	\$ 798	\$ 338										
2	A/C Repair - controls	7/95	1,317	15	88	88	88	88	88	41										
3	Boiler	7/95	2,054	20	103	103	103	103	103	103	103	103	103							
4	Insulation	7/95	496	15	33	33	33	33	33	17										
5	Compressor	8/95	3,508	15	234	234	234	234	234	134										
6	Water Leak	8/95	4,258	15	284	284	284	284	284	164										
7	Pipes	3/96	4,900	15	327	327	327	327	327	327	50									
8	Feeder Pump & Motor	6/96	1,636	15	109	109	109	109	109	109	46									
9	Boiler	6/96	1,389	20	69	69	69	69	69	69	69	69	69							
10	Tinted Paint	4/06	1,430	3	357	477	477	119												
11	Paint	3/09	39,078	3				10,508	13,026	13,026	2,518									
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	<b>TOTALS</b>		\$ 72,042		\$ 2,402	\$ 2,522	\$ 2,522	\$ 12,672	\$ 15,071	\$ 14,328	\$ 2,786	\$ 172	\$ 172							

Facility Name &amp; ID Number Alden Lakeland Rehabilitation &amp; Health Care Center

# 0017319

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=\$3,600
- (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. \$ 25,113 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. \$ 164,250  
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. \$ 34,704 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. \$ N/A**
- (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.