

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683 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	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	9,156	587	7,351	17,094	8	
9	SNF/PED					9	
10	ICF	39,505	1,448	50	41,003	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	48,661	2,035	7,401	58,097	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.18%

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 3/01/1995

J. Was the facility purchased or leased after January 1, 1978?
YES Date 3/01/1995 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 208 and days of care provided 4,630

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 Long Grove Rehabilitation & Health C # 0040683 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	372,097	33,850	10,800	416,747	2,012	418,759	5,742	424,501		1
2	Food Purchase		425,208		425,208	(34,668)	390,540	(5,269)	385,271		2
3	Housekeeping	214,467	43,822		258,289	921	259,210	5,158	264,368		3
4	Laundry	51,964	17,969		69,933	399	70,332		70,332		4
5	Heat and Other Utilities			183,581	183,581		183,581	2,645	186,226		5
6	Maintenance	39,104	910	302,815	342,829	(1,985)	340,844	44,029	384,873		6
7	Other (specify):* Security/Related Part	122,157			122,157		122,157	7,635	129,792		7
8	TOTAL General Services	799,789	521,759	497,196	1,818,744	(33,321)	1,785,423	59,940	1,845,363		8
	B. Health Care and Programs										
9	Medical Director			34,700	34,700		34,700		34,700		9
10	Nursing and Medical Records	3,269,724	284,349	7,017	3,561,090	(75,077)	3,486,013	58,001	3,544,014		10
10a	Therapy	143,523	396	3,139	147,058		147,058		147,058		10a
11	Activities	192,971	10,124	13,011	216,106	202	216,308		216,308		11
12	Social Services	35,969			35,969		35,969		35,969		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							9,094	9,094		15
16	TOTAL Health Care and Programs	3,642,187	294,869	57,867	3,994,923	(74,875)	3,920,048	67,095	3,987,143		16
	C. General Administration										
17	Administrative	154,655			154,655		154,655	111,874	266,529		17
18	Directors Fees										18
19	Professional Services			719,622	719,622	(17,381)	702,241	(645,097)	57,144		19
20	Dues, Fees, Subscriptions & Promotions			99,141	99,141		99,141	(83,208)	15,933		20
21	Clerical & General Office Expenses	248,196	41,239	121,628	411,063	2,722	413,785	241,121	654,906		21
22	Employee Benefits & Payroll Taxes			629,474	629,474	23,751	653,225	(12,433)	640,792		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,558	4,558		4,558	3,942			24
25	Other Admin. Staff Transportation			5,611	5,611		5,611	13,479	19,090		25
26	Insurance-Prop.Liab.Malpractice			279,334	279,334		279,334	190	279,524		26
27	Other (specify):* Realated Party Benefits			73,663	73,663		73,663	(9,167)	64,496		27
28	TOTAL General Administration	402,851	41,239	1,933,031	2,377,121	9,092	2,386,213	(379,299)	1,998,414		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,844,827	857,867	2,488,094	8,190,788	(99,104)	8,091,684	(252,264)	7,830,920		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 Long Grove Rehabilitation & Health Care Center #0040683 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			237,547	237,547		237,547	(15,361)	222,186			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			77,258	77,258		77,258	(1,514)	75,744			32
33	Real Estate Taxes			152,216	152,216		152,216	6,220	158,436			33
34	Rent-Facility & Grounds			1,297,778	1,297,778		1,297,778		1,297,778			34
35	Rent-Equipment & Vehicles			21,571	21,571		21,571	45,031	66,602			35
36	Other (specify):*											36
37	TOTAL Ownership			1,786,370	1,786,370		1,786,370	34,376	1,820,746			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		403,802	703,067	1,106,869	99,104	1,205,973	(178,433)	1,027,540			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		403,802	838,847	1,242,649	99,104	1,341,753	(178,433)	1,163,320			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,844,827	1,261,669	5,113,311	11,219,807		11,219,807	(396,320)	10,814,987			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: 1/1/2009

Report Period Ending: 12/31/2009

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2	22	(34,668.05) 34,668.05	Employee Meals Employee Meals
22	10	(10,917.00) 6,646.00	Uniforms Uniforms
	1	2,012.00	Uniforms
	3	921.00	Uniforms
	4	399.00	Uniforms
	6	252.00	Uniforms
	11	202.00	Uniforms
	21	485.00	Uniforms
10	39	(99,103.93) 99,103.93	Oxygen - to appropriate cost center Oxygen - to appropriate cost center
21	6	2,237.16 (2,237.16)	Vendor Settlements (Cybor Fire Protection) Vendor Settlements (Cybor Fire Protection)
<u>Others, if any:</u>			
19	10	(17,381.44) 17,381.44	Reclass Clinical Coordinators to Line 10 Reclass Clinical Coordinators to Line 10

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	(4,500)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(9,705)	30		9
10	Interest and Other Investment Income	(5,553)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(556)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	15	21		17
18	Fines and Penalties	20,486	32		18
19	Entertainment	(3,691)	20		19
20	Contributions	(10,638)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(23,336)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(73,663)	27		24
25	Fund Raising, Advertising and Promotional	(30,879)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (142,020)		\$	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)	(88,316)	Varies	34
35	Other- Attach Schedule	(165,984)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (254,300)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (396,320)		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 Long Grove Rehabilitation & Health Care Center

ID# 0040683

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (496)	5	1
2	Late Fees on Telephone		21	2
3	Intercompany Interest Not Allowed	(93,236)	32	3
4	Miscellaneous Income (General)	(115)	2	4
5	Miscellaneous Income (Medical Records)	(477)	10	5
6	Miscellaneous Income (Food Vendot Rebate)	(1,078)	2	6
7	Miscellaneous Income (Jury Duty Receipt)	(17)	21	7
8	Marketing Manager & Aides Salaries	(96,503)	21	8
9	Back out % of Employee Benefits -.Mktg Manager	(12,433)	22	9
10	Back Out 30.0% of PAC Fees from IHCA Bills	(3,643)	20	10
11	Deming Leadership Training adjustment	(420)	24	11
12				12
13	Reduce Depreciation exp on pg 13 items <\$2,500	(4,286)	30	13
14				14
15	Expense capital items <\$2,500 on pg13-CY	47,526	6	15
16	Expense capital items <\$2,500 on pg13	516	6	16
17	Expense Pg 12 items < \$2,500	270	6	17
18	Reduce Depreciation exp on pg 12 items <\$2,500	(5,546)	30	18
19	Expense related party CY assets < \$2,500	4,492	6	19
20				20
21				21
22	Adj for ABC related party profit - Page 12 (\$0.27)	(41)	30	22
23	Adj for ABC related party profit - Page 13 (\$0.32)	(12)	30	23
24				24
25				25
26				26
27	Back Out Buffalo Grove Chamber Membership Appl	(485)	20	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	(165,984)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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	6,984	(1,242)	0	0	0	0	0	0	0	5,742	1
2	Food Purchase	(1,749)	0	0	(3,520)	0	0	0	0	0	0	0	(5,269)	2
3	Housekeeping	0	0	5,158	0	0	0	0	0	0	0	0	5,158	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(496)	0	3,141	0	0	0	0	0	0	0	0	2,645	5
6	Maintenance	48,304	0	(3,618)	0	0	0	(657)	0	0	0	0	44,029	6
7	Other (specify):*	0	0	6,793	842	0	0	0	0	0	0	0	7,635	7
8	TOTAL General Services	46,059	0	18,458	(3,920)	0	0	(657)	0	0	0	0	59,940	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	(477)	0	54,718	1,195	2,565	0	0	0	0	0	0	58,001	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	9,094	0	0	0	0	0	0	0	0	9,094	15
16	TOTAL Health Care and Programs	(477)	0	63,812	1,195	2,565	0	0	0	0	0	0	67,095	16
	C. General Administration													
17	Administrative	0	0	111,874	0	0	0	0	0	0	0	0	111,874	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(23,336)	0	(621,761)	0	0	0	0	0	0	0	0	(645,097)	19
20	Fees, Subscriptions & Promotions	(49,336)	0	(33,872)	0	0	0	0	0	0	0	0	(83,208)	20
21	Clerical & General Office Expenses	(96,505)	0	293,293	19,526	24,807	0	0	0	0	0	0	241,121	21
22	Employee Benefits & Payroll Taxes	(12,433)	0	0	0	0	0	0	0	0	0	0	(12,433)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(420)	0	4,362	0	0	0	0	0	0	0	0	3,942	24
25	Other Admin. Staff Transportation	0	0	13,479	0	0	0	0	0	0	0	0	13,479	25
26	Insurance-Prop.Liab.Malpractice	0	0	190	0	0	0	0	0	0	0	0	190	26
27	Other (specify):*	(73,663)	0	60,596	2,421	1,479	0	0	0	0	0	0	(9,167)	27
28	TOTAL General Administration	(255,693)	0	(171,839)	21,947	26,286	0	0	0	0	0	0	(379,299)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(210,111)	0	(89,569)	19,222	28,851	0	(657)	0	0	0	0	(252,264)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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	(19,591)	0	2,864	0	1,366	0	0	0	0	0	0	(15,361)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(78,303)	0	75,585	0	1,204	0	0	0	0	0	0	(1,514)	32
33	Real Estate Taxes	0	0	5,971	0	249	0	0	0	0	0	0	6,220	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	45,031	0	0	0	0	0	0	0	0	45,031	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(97,894)	0	129,451	0	2,819	0	0	0	0	0	0	34,376	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	(49,092)	(21,194)	(108,147)	0	0	0	0	0	(178,433)	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	(49,092)	(21,194)	(108,147)	0	0	0	0	0	(178,433)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(308,004)	0	39,882	(29,870)	10,476	(108,147)	(657)	0	0	0	0	(396,320)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$		0.00%	\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,141	\$ 3,141 15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		4,362	4,362 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		13,479	13,479 17
18	V	26 Insurance		Alden Management Services, Inc.		190	190 18
19	V	20 Dues/Subscriptions	34,512	Alden Management Services, Inc.		640	(33,872) 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,971	5,971 21
22	V	35 Rent-Equip/Vehic		Alden Management Services, Inc.		45,031	45,031 22
23	V	32 Interest		Alden Management Services, Inc.		75,585	75,585 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		6,984	6,984 24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		5,158	5,158 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		6,793	6,793 26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		54,718	54,718 27
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		9,094	9,094 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		111,874	111,874 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		60,596	60,596 30
31	V	19 Professional Fees	670,215	Alden Management Services, Inc.		48,454	(621,761) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		293,293	293,293 32
33	V	6 Repairs & Maintenance	45,580	Alden Management Services, Inc.		41,962	(3,618) 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 750,307			\$ 790,189	\$ * 39,882 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 Salaries		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	29,827	Prism Health Care Services, Inc.		26,307	(3,520)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Supplies	103,786	Prism Health Care Services, Inc.		54,694	(49,092)
20	V	21 Gen'l & Admin Salaries		Prism Health Care Services, Inc.		12,670	12,670
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,421	2,421
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		842	842
23	V	21 Gen'l & Admin Costs		Prism Health Care Services, Inc.		6,856	6,856
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		\$ 151,073			\$ 121,203	\$ * (29,870)

* 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>	\$ 184,228	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 252,589	\$ 68,361	15
16	V	39 <u>I.V.</u>	100,796	<u>Forum Extended Care Services II, Inc.</u>		13,298	(87,498)	16
17	V	39 <u>Wound Care</u>	9,726	<u>Forum Extended Care Services II, Inc.</u>		7,669	(2,057)	17
18	V	10 <u>House Stock</u>	15,547	<u>Forum Extended Care Services II, Inc.</u>		14,102	(1,445)	18
19	V	10 <u>Pharmacy Consultant</u>	7,017	<u>Forum Extended Care Services II, Inc.</u>		11,027	4,010	19
20	V	27 <u>Employee Vaccinations</u>	2,024	<u>Forum Extended Care Services II, Inc.</u>		1,600	(424)	20
21	V	27 <u>Employ. Benefits: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		1,903	1,903	21
22	V	21 <u>Salary - G&A</u>		<u>Forum Extended Care Services II, Inc.</u>		15,818	15,818	22
23	V	21 <u>Gen'l & Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		8,989	8,989	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,204	1,204	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		249	249	25
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,366	1,366	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		\$ 319,338			\$ 329,814	\$ * 10,476	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy Revenue	\$ 686,182	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 578,035	\$ (108,147)
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		\$ 686,182			\$ 578,035	\$ * (108,147)

* 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	\$ 49,781	Alden Bennett Construction Company, Inc.	0.00%	\$ 49,124	\$ (657)	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		\$ 49,781			\$ 49,124	\$ *	(657) 39

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center Provider No. 0040683

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 Long Grove Rehabilitation & Health # 0040683 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	176,204	1.9	4.75	Salary	\$ 8,796	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,376	1.9	4.75	Salary	3,264	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,641	1.9	4.75	Salary	1,879	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	\$ 13,939		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 Long Grove Rehabilitation & Health Care Center # 0040683 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	\$ 58,097	58,097	\$ 3,141	1
2	24	Travel/Seminar	Patient Days	31	91,753		58,097	4,362	2
3	25	Other Admin Travel	Patient Days	31	283,487		58,097	13,479	3
4	26	Insurance	Patient Days	31	3,990		58,097	190	4
5	20	Dues/Subscriptions	Patient Days	31	13,454		58,097	640	5
6	30	Depreciation	No. of Providers	31	102,169		1	2,864	6
7	33	Real Estate Tax	Patient Days	31	139,876		58,097	5,971	7
8	35	Rent-Equip & Vehicles	Patient Days	31	947,116		58,097	45,031	8
9	32	Interest	Patient Days	31	1,339,694		58,097	75,585	9
10	1	Dietary Salary	Patient Days	31	146,892	146,892	58,097	6,984	10
11	3	Housekeeping Salary	Patient Days	31	108,487	108,487	58,097	5,158	11
12	7	Employee Benef-Gen'l Servs	Patient Days	31	142,881		58,097	6,793	12
13	10	Nurs/Med Records Salary	Patient Days	31	1,259,741	1,259,741	58,097	54,718	13
14	15	Employee Benef-Health Care	Patient Days	31	191,270		58,097	9,094	14
15	17	Administrative Salary	Patient Days	31	2,477,865	2,477,865	58,097	111,874	15
16	27	Employee Benef-Administrative	Patient Days	31	1,274,479		58,097	60,596	16
17	19	Professional Fees	Patient Days	31	1,019,103	624,209	58,097	48,454	17
18	21	Gen'l & Administrative	Patient Days	31	6,168,666	5,291,904	58,097	293,293	18
19	6	Repairs & Maintenance	Patient Days	31	882,577	685,666	58,097	41,962	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 16,659,561	\$ 10,594,764		\$ 790,189	25

Facility Name & ID Number Alden Long Grove Rehabilitation & Health C # 0040683 Report Period Beginning: 1/1/09 Ending: 12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6		8	9	10									
						Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES							NO	Original				Balance
	A. Directly Facility Related																		
	Long-Term																		
1							\$	\$			\$	1							
2												2							
3												3							
4												4							
5												5							
	Working Capital																		
6	Related party-AMS		X	Working Capital							75,585	6							
7	Related party-FECH		X	Working Capital							1,204	7							
8												8							
9	TOTAL Facility Related						\$	\$			\$ 76,789	9							
	B. Non-Facility Related*																		
10	AFCO Interest (GL 7053)										4,508	10							
11	Int Income(corp)GL 4975/4646										(5,553)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (1,045)	14							
15	TOTALS (line 9+line14)						\$	\$			\$ 75,744	15							

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

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

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

Report Period Beginning:

1/1/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,632 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

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

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a numbered column (1-3). Row 1: Use, Square Feet, Year Acquired, Cost, 1. Row 2: 2, 2. Row 3: 3, TOTALS, 3.

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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				\$	\$		\$	\$	\$
5									
6									
7									
8	Related Party-Forum		1978	13,669		25			13,669
	Improvement Type**								
9	SHELVING		1995	5,122	256	20	256		3,777
10	ROOF REPAIR		1995	3,000		10			3,000
11	STEAMER REPAIR		1995	2,686		10			2,686
12	EXIT DOOR-FIRE		1995	4,225	282	15	282		4,062
13	REPAIR BOILER/HVAC-MAJ.REP.		1995	4,712		5			4,712
14	PIPE/VALVE/THERMOSTAT		1996	1,460	73	20	73		1,040
15	ELECTRICAL REPAIR/INSTALLATION		1996	2,110	106	20	106		1,470
16	SIGN		1996	7,233		5			7,233
17	WATER HEATER ON DISHWASHER		1996	7,464		10			7,464
18	WALLGUARD		1996	2,096	140	15	140		1,888
19	INSTALL BOILER-MAJ.REP.		1996	33,750	1,688	20	1,688		22,643
20	REPLACE CONDENSOR WALK IN COOLER		1996	5,514		10			5,514
21	INSTALL ALUM. LOGO		1996	1,995		12			1,995
22	DESIGN SERVICE		1996	8,100	405	20	405		5,366
23	WASHROOM IMPROVEMENTS		1996	2,186	109	20	109		1,456
24	PIPING-MAJ.REP.		1996	4,000	267	15	267		3,490
25	PIPING-MAJ.REP.		1996	3,500	233	15	233		3,090
26	ATASH(replaced heat detector&fire dampers)		1997	959		5			959
27	ATASH(installed access panels)		1997	924		5			924
28	ATASH(fire alarm repairs)		1997	2,212		5			2,212
29	CLIMATE(installation of water heaters)		1997	7,342		5			7,342
30	CLIMATE(replced hydro.boiler)		1997	4,568		5			4,568
31	Wally's flooring(install new tiles).		1997	2,659		5			2,659
32	ATASH(SPRINKLER WORK)INV.#9120&9121		1997	3,072		5			3,072
33	ATASH(SPRINKLER WORKS)		1997	2,062		5			2,062
34	Climate srvc(two water heater)		1997	15,600		5			15,600
35									
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 Long Grove Rehabilitation & Health Care Center

0040683

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	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109		10			3,109	44
45	INSTALL NEW DROP CEILING	1997	2,175	46	12	46		2,175	45
46	DESIGN SERVICES	1997	931	47	20	47		603	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		6,436	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,253	212	20	212		2,527	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534		10			2,534	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510		10			1,510	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273		10			273	53
54	REPLAC E COMPRESSOR	1998	1,301		10			1,301	54
55	REPLACE SEAVES ON ROOF	1998	10,500	700	15	700		7,992	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		3,952	57
58	REPLACE BEARING IN WASHER	1998	1,296	65	20	65		740	58
59	PATTEN-REPAIR GENERATOR	1998	655	33	20	33		375	59
60	Equipment International (replace bearings in washer)	1998	1,738	116	15	116		1,295	60
61	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		14,341	61
62	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720	48	10	48		5,720	62
63	Climate Service (pipework for boiler and storage tank)	1999	2,032		5			2,032	63
64	D.B.S. Contracting (need invoice)	1999	3,425	141	10	141		3,425	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131		10			4,131	66
67	AMC Sprinklers	1999	3,853		10			3,853	67
68	System Electric(generator repair)	1999	2,720	204	10	204		2,720	68
69	Patten Industries(install starter)	1999	5,495	410	10	410		5,495	69
70	TOTAL (lines 4 thru 69)		\$ 300,473	\$ 7,781		\$ 7,781	\$	\$ 254,927	70

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 300,473	\$ 7,781		\$ 7,781		\$ 254,927	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803	120	15	120		1,221	3
4	Alden Bennet Cons.install tank	1999	6,281	576	10	576		6,281	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		13,793	5
6	AMC Security system	1999	7,273	668	10	668		7,273	6
7	AMC carpentry	1999	8,577		10			8,577	7
8	Climate Service (repair HVAC)	1999	9,358	857	10	857		9,358	8
9	ABC-construction mainten. Adjustment-various	1999	1,129		10			1,129	9
10									10
11	Climate services (A/C REPAIR)	2000	2,482		5			2,482	11
12	B&L Locksmith (knob set)	2000	3,750	250	15	250		2,458	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	D.B.S. Contracting (repair lawn sprikler system)	2000	1,635		5			1,635	14
15	D.B.S. Contracting (repair lawn sprikler system)	2000	2,285		5			2,285	15
16	Alden Bennett Construction (major repairs)	2000	2,643	291	10	264	(27)	2,640	16
17	Alden Bennett Construction (time & material billing per fac)	2000	2,105	231	10	211	(21)	2,105	17
18	alden design-architectural/designing	2000	2,628	131	20	131		1,236	18
19	alden design-architectural/designing	2000	3,300	165	20	165		1,554	19
20	ABC-time & materials-maj. Leasehold improv-various	2000	1,918	141	15	128	(13)	1,280	20
21									21
22	Patten industries 1137844(major repair for electric starting motor)	2001	4,103	410	10	410		3,691	22
23	Alden bennett construction (drive way improvement)	2001	1,096	80	15	73	(7)	657	23
24	T & T irrigation (lawn sprinkler system)	2001	2,064	206	10	206		1,701	24
25	Alden bennett construction	2001	9,690	1,066	10	969	(97)	8,721	25
26	New horizons commu1884(installation hardware phone)	2001	1,986	199	10	199		1,772	26
27	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	231,273	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856		5			1,856	28
29	CSI-Coker	2002	2,502		5			2,502	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628		5			1,628	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000	900	10	900		6,300	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324		5			4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417		5			5,417	33
34	TOTAL (lines 1 thru 33)		\$ 1,081,438	\$ 43,159		\$ 40,973	\$ (2,186)	\$ 593,580	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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 12B, Carried Forward		\$ 1,081,438	\$ 43,159		\$ 40,973	\$ (2,186)	\$ 593,580	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public sp	2003	22,250	2,781	8	2,781		18,309	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289		5			4,289	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments	2003	12,949	1,619	8	1,619		10,254	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	709	8	709		4,491	5
6	Controlled Irrigation (repair sprinkler system)	2003	2,137		5			2,137	6
7	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025	1,873	10	1,703	(170)	11,921	7
8	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		1,938	8
9	Alden Bennett Constr (roof repairs)	2003	12,754	1,403	10	1,275	(128)	8,925	9
10	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2003	3,927	288	15	262	(26)	1,834	10
11	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	2,990	8	2,990		19,435	11
12	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		1,624	12
13	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	30,401	8	30,401		197,606	13
14	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PI	2003	6,175	710	10	618	(93)	4,326	14
15	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	33,234	4,154	8	4,154		26,309	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	20,151	2,519	8	2,519		15,743	16
17	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393	9,821	8	5,799	(4,022)	40,593	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477	25,871	8	23,560	(2,311)	164,920	18
19	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		2,778	19
20									20
21	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		1,491	21
22	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	2,628	22
23	CSI Coker -1 Walkin cooler replacement	2004	2,980		5			2,980	23
24	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	111	15	111		583	24
25	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		3,270	25
26	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		1,190	26
27	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		1,235	27
28	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		1,545	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		798	29
30	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)	(2,757)	8	(2,757)		(16,313)	30
31	TNS Inc. (DSL cable)	2004	1,725	29	5	29		1,725	31
32	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recl	2004	13,902	2,228	8	1,738	(491)	10,428	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,762,045	\$ 131,159		\$ 121,709	\$ (9,450)	\$ 1,142,572	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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		\$ 1,762,045	\$ 131,159		\$ 121,709	\$ (9,450)	\$ 1,142,572	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	Adjust for ABC related party profit	2008	(33)	(1)		(1)		(1)	32
33	Adjust for ABC related party profit	2009	(2,179)	(40)		(40)		(40)	33
34	TOTAL (lines 1 thru 33)		\$ 1,830,612	\$ 133,733		\$ 124,283	\$ (9,450)	\$ 1,202,473	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,830,612	\$ 133,733		\$ 124,283	\$ (9,450)	\$ 1,202,473	1
2									2
3									3
4									4
5	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2004	(33,234)	(4,154)	8	(4,154)		(26,309)	5
6	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2004	(20,151)	(2,519)	8	(2,519)		(15,743)	6
7	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	2,301	132	20	115	(17)	690	7
8	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	264	8
9	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,	2004	15,285	1,758	10	1,529	(229)	9,174	9
10	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PE	2004	3,755	376	10	376		2,224	10
11	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PE	2004	7,160	716	10	716		4,236	11
12	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PE	2004	969	97	10	97		574	12
13	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/	2004	5,512	551	10	551		3,306	13
14	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		1,003	14
15	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107	3,013	8	3,013		17,828	15
16	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generat	2004	10,656	426	25	426		2,272	16
17	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		2,952	17
18									18
19	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PE	2005	7,347	735	10	735		3,307	19
20	Alden Bennett Comstruction(Passage on door)	2005	3,662	732	5	732		3,599	20
21	ABC(piping and electrical work)	2005	4,619	462	10	462		1,887	21
22	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler	2005	9,514	381	25	381		1,841	22
23	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		517	23
24	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		372	24
25	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151		717	25
26	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		423	26
27	CSI Coker(Refridgerator Repairs)	2005	3,971	397	10	397		1,886	27
28	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139	828	5	828		3,864	28
29	Cybor Fire Protection(Sprinkler repair)	2005	4,660	466	10	466		2,175	29
30	Cybor Fire Protection(Sprinkler repair)	2005	2,000	200	10	200		900	30
31	GT Mechanical(Dining room AC Repairs)	2005	1,922	192	10	192		848	31
32	Capps Plumbing (Drainage Major repairs)	2005	1,755	176	10	176		748	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,915,028	\$ 139,869		\$ 130,166	\$ (9,703)	\$ 1,228,028	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

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Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,915,028	\$ 139,869		\$ 130,166	\$ (9,703)	\$ 1,228,028	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		1,390	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		1,891	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		908	4
5	GT Mechanical Repair work on Heaters	2005	1,665	333	5	333		1,360	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758	352	5	352		1,437	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	174	10	174		711	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		7,292	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		6,940	10
11	Replace Multiple Doors	2006	4,949	495	10	495		1,567	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		1,332	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		995	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		2,037	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		1,865	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	187	(2)	706	16
17	Installed Water Heater	2006	11,078	739	15	739		2,585	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		732	18
19	Installed new piping	2006	4,470	179	25	179		701	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		385	20
21									21
22	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		2,799	22
23	Aldben electrical secutity system	2007	11,248	750	15	750		2,250	23
24	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		1,458	24
25	Censau replaced broken pipe in attic	2007	3,807	381	10	381		1,111	25
26	Topnot Installed booster heater	2007	4,970	497	10	497		1,408	26
27	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		3,711	27
28	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		932	28
29	ALDBEN Construct	2007	17,231	1,723	10	1,723		4,595	29
30	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		5,740	30
31	Topnot new kitchen freezer door	2007	4,655	466	10	466		1,203	31
32	ALDBEN new wiring for fire and phone system	2007	(8,745)	(1,749)	5	(1,749)		(4,373)	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,117,322	\$ 157,282		\$ 147,577	\$ (9,705)	\$ 1,283,696	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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 12F, Carried Forward		\$ 2,117,322	\$ 157,282		\$ 147,577	\$ (9,705)	\$ 1,283,696	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606		1,465	2
3	Masland contract carpet	2007	4,623	925	5	925		2,158	3
4	Installed Cable wiring	2007	6,639	1,328	5	1,328		3,099	4
5	Resident room carpet	2007	5,390	1,078	5	1,078		2,515	5
6	Central States Automaition A/C	2007	15,203	1,520	10	1,520		3,420	6
7	New Carpet	2007	5,392	539	10	539		1,168	7
8	Seal and stripe parking Lot	2007	7,229	904	8	904		1,958	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		880	9
10	Parking lot sealed	2007	8,308	831	10	831		1,662	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	286	10	286		548	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		314	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	574	10	574		622	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	634	20	634		634	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	684	20	684		684	17
18	ABC - Unit 50 Wing Remodel	2009	5,957	265	15	265		265	18
19	ABC - Unit 50 Wing Remodel	2009	25,351	845	15	845		845	19
20	Central States - New Spinkler Mains	2009	20,986	280	25	280		280	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	105	15	105		105	21
22	ABC - Straiwell Remodel to meet Life Safety Code	2009	22,543	282	20	282		282	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	45	20	45		45	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	166	15	166		166	24
25	ABC - Straiwell Remodel to meet Life Safety Code	2009	12,129	101	20	101		101	25
26	ABC - Straiwell Remodel to meet Life Safety Code	2009	60,966	254	20	254		254	26
27	ABC - Straiwell Remodel to meet Life Safety Code	2009	6,058		20				27
28	Central States - New Sprinklers	2009	3,429	400	5	400		400	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	171	15	171		171	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	177	15	177		177	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505	42	5	42		42	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,421,645	\$ 170,971		\$ 161,267	\$ (9,705)	\$ 1,307,955	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	\$ 475,878	\$ 50,413	\$ 50,413	\$		\$ 298,027	71
72	Current Year Purchases	104,064	4,390	4,390			4,390	72
73	Fully Depreciated Assets	276,778	6,117	6,117			276,778	73
74								74
75	TOTALS	\$ 856,720	\$ 60,920	\$ 60,920	\$		\$ 579,195	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Car engine/bus/van	DodgeVan/variou	'98-'04	\$ 8,164	\$	\$	\$		\$ 8,164	76
77										77
78										78
79	Related Party - AMS	Various	'98 - '02	4,415				3	4,415	79
80	TOTALS			\$ 12,579	\$	\$	\$		\$ 12,579	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,290,944	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 231,891	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 222,186	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (9,705)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,899,729	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 Long Grove Rehabilitation & Health Care Center # 0040683 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: T. L. Enterprises

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

If NO, see instructions. YES NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>248</u>	<u>3/1/1995</u>	\$ <u>1,297,778</u>	<u>15</u>	<u>15</u>	3
4	Additions						4
5							5
6							6
7	TOTAL	<u>248</u>		\$ <u>1,297,778</u>			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: Purchase Option/Deposits *

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: \$ 19,165 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>28,114</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>910.60</u>	<u>10,927</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>39,041</u>	21

10. Effective dates of current rental agreement:

Beginning 3/1/1995

Ending 2/28/2013

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

Fiscal Year Ending Annual Rent

12. 12/31/2010 \$ 1,297,778

13. 12/31/2011 \$ 1,297,778

14. 12/31/2012 \$ 1,297,778

* 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	\$		\$ 200,264	\$		\$ 200,264	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			49,589			49,589	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			434,554			434,554	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				252,589		252,589	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					58		58	12
13	Other (specify): <u>See Pg 16A</u>					(108,147)	198,633		90,486	13
14	TOTAL			\$		\$ 576,260	\$ 451,280		\$ 1,027,540	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.

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$0.00	\$200,263.92
2.	ST	39-3	To Col 5	0.00	49,588.76
3.					
4.	PT	39-3	To Col 5	0.00	434,554.08
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			0.00	184,227.77
	Manual Input from Related Party- Forum Drugs				68,361.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	252,588.77
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	58.00
	Total Exceptional Care (Line 12, Col 8)			0.00	58.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(108,147.00)
	Other			0.00	238,176.72
	Manual Input: Related Party - Prism				(49,093.00)
	Manual Input: Related Party FECII - I.V.				(87,498.00)
	Manual Input: Related Party FECII - Wound Care				(2,056.50)
	Oxygen, from reclass worksheet (Pg 4A)				99,103.93
13.	Col 6: Supplies Total		To Col 6	0.00	198,633.15
13.	Total Line 13, Column 8			0.00	90,486.15
14.	Total			0.00	1,027,539.68

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center # 0040683

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>95,000</u>)	<u>1,520,803</u>		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	<u>8,784</u>		6
7	Other Prepaid Expenses	<u>23,588</u>		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>203,434</u>		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,756,609	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	<u>2,704,021</u>		15
16	Equipment, at Historical Cost	<u>817,753</u>		16
17	Accumulated Depreciation (book methods)	<u>(1,949,076)</u>		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	<u>93,685</u>		21
22	Other Long-Term Assets (spe <u>Purchase Opt</u>)	<u>744,000</u>		22
23	Other(specify): <u>Due from Affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,410,383	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,166,992	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ <u>1,209,283</u>	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>93,528</u>		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>359,689</u>		30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>66,469</u>		31
32	Accrued Real Estate Taxes(Sch.IX-B)	<u>149,900</u>		32
33	Accrued Interest Payable			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>587,509</u>		36
37	<u>Due to Affiliates</u>			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,466,378	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	<u>17,280,275</u>		43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 17,280,275	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 19,746,653	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (15,579,661)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,166,992	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (13,706,011)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2008 cost report was		3
4	submitted. These have no effect on prior year's report.		4
5	Fines & Penalties - adj. to an unallowable cost:	(75,377)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (13,781,388)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,798,273)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,798,273)	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)	\$ (15,579,661)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Ct # 0040683 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	\$ 8,949,214	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,949,214	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	400,869	6
7	Oxygen	52,984	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 453,854	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,033	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	380	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	9,813	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 11,226	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,553	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,553	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg 19A	1,688	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,688	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,421,534	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,818,744	31
32	Health Care	3,994,923	32
33	General Administration	2,377,121	33
B. Capital Expense			
34	Ownership	1,786,370	34
C. Ancillary Expense			
35	Special Cost Centers	1,106,869	35
36	Provider Participation Fee	135,780	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,219,807	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,798,273)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,798,273)	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 - Long Grove Rehabilitation and Health Car # 004-0683 Report Period Beginning: 1/1/09 Ending: 12/31/09

Details of Page 19, Line 28

Miscellaneous Income - Garnishment	115.00
Miscellaneous Income - Medical records	477.28
Miscellaneous Income - Jury Duty Receipt	17.20
Miscellaneous Income - Food Vendor Rebate	1,078.31
Total Page 19A	<u><u>1,687.79</u></u>

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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	2,129	2,197	\$ 92,609	\$ 42.15	1
2	Assistant Director of Nursing	528	528	18,320	34.70	2
3	Registered Nurses	33,784	35,935	1,273,129	35.43	3
4	Licensed Practical Nurses	21,005	21,887	635,915	29.05	4
5	CNAs & Orderlies	83,045	89,717	1,139,617	12.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,942	3,162	57,721	18.25	8
9	Activity Director	4,112	4,112	37,360	9.09	9
10	Activity Assistants	6,213	6,613	74,081	11.20	10
11	Social Service Workers	2,080	2,080	35,969	17.29	11
12	Dietician					12
13	Food Service Supervisor	752	752	19,428	25.84	13
14	Head Cook	640	640	8,014	12.52	14
15	Cook Helpers/Assistants	32,838	34,768	344,654	9.91	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	39,104	18.80	17
18	Housekeepers	21,882	23,245	214,468	9.23	18
19	Laundry	5,432	5,795	51,964	8.97	19
20	Administrator	1,999	2,023	138,144	68.29	20
21	Assistant Administrator	520	520	16,511	31.75	21
22	Other Administrative	9,729	9,861	284,559	28.86	22
23	Office Manager	2,000	2,062	27,103	13.14	23
24	Clerical	2,487	2,519	22,337	8.87	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,376	2,376	67,023	28.21	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	4,801	4,953	81,530	16.46	32
33	Other(specify) Security/ALZ Sup	13,282	13,810	165,267	11.97	33
34	TOTAL (lines 1 - 33)	256,656	271,635	\$ 4,844,827 *	\$ 17.84	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	900Monthly	\$ 10,800	1-3	35
36	Medical Director	2,892/Monthly	34,700	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	496Monthly	5,952	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	257/month	2,588	11-3	44
45	Social Service Consultant	66/month	1,332	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 55,372		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			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
Marie P Rosete	Administrator		\$ 112,548	Workers' Compensation Insurance	\$ 117,672	IDPH License Fee	\$	
Janet M Mound	Administrator		42,107	Unemployment Compensation Insurance	360,931	Advertising: Employee Recruitment	3,304	
				FICA Taxes	27,705	Health Care Worker Background Check	720	
				Employee Health Insurance	96,390	(Indicate # of checks performed 72)		
				Employee Meals	34,668	Patient Background Checks	193	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee	838	
				Dental & Life Insurance	1,359	IL Health Care Association	8,501	
				Employee Relations	5,694			
				Misc Payroll Costs/401K Match	4,556			
				Employee Drug Test/Vaccinations	3,720	Related party - AMS	640	
				Employee Dishonesty	530	Less: Public Relations Expense	()	
				Back Out % of Employee Benefits	(12,433)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 154,655	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)								
B. Administrative - Other								
Description			Amount					
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting Fees		\$ 670,215				Out-of-State Travel	\$
BDO Seidman/Ava Daley	Accounting Fees		1,662					
Virchow Krause/KPMG	Accounting Fees		5,374					
Barry Green/Maple Hill/Ungaretti	Legal Fees-Non Collections		909				In-State Travel	
Pathway	Clinical Consultant		17,381					
Medifax//Behavioral Counselor	Billing Consultant		745				Deming Related Adj	(420)
Kenneth J Fisch	Legal Fees-Collections		23,336				Related party - AMS	4,362
							Seminar Expense	
							Deming Leadership Training	2,000
							Tox Rtinshp/Senior Cit Expo/Life Service	770
							ILLHCA/Illinois Council Seminar	1,788
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)			\$ 719,622	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)							TOTAL	

* Attach copy of IMRF notifications

**See instructions.

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Maj Serv Cleveland Mach	2/02	3,373	10	337	337	337	337	337	337	28	
3	Chemical Filter	11/96	2,229	15	149	149	149	149	149	149	0	
4	GTMECH-Compressor	5/04	3,120	5	624	624	624	208	0	0	0	
5	TOPNOT-Cooler Repair	10/05	1,590	5	318	318	318	318	265	0	0	
6												
7												
8												
9												
10												
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20	TOTALS		\$ 10,312		\$ 1,428	\$ 1,428	\$ 1,428	\$ 1,012	\$ 751	\$ 486	\$ 28	\$

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

0040683

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=\$0
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 39,389 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. \$ 135,780
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. \$ 34,668 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
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? No
Attach invoices and a summary of services for all architect and appraisal fees.