

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

0041277 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	198	Skilled (SNF)	198	72,270	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	198	TOTALS	198	72,270	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	Private Pay	4 Other			
8	SNF	7,634	1,607	9,115	18,356	8	
9	SNF/PED					9	
10	ICF	40,852	6,106		46,958	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	48,486	7,713	9,115	65,314	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.37%

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 3/29/1996

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/01/1996 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 198 and days of care provided 7,610

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden Northmoor Rehabilitation & Health C: # 0041277 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	562,468	36,288	10,800	609,556	1,477	611,033	6,610	617,643		1
2	Food Purchase		414,635		414,635	(17,254)	397,381	(18,544)	378,837		2
3	Housekeeping	195,376	51,183		246,559	1,613	248,172	5,799	253,971		3
4	Laundry	53,255	16,904	90	70,249	316	70,565		70,565		4
5	Heat and Other Utilities			306,568	306,568		306,568	3,163	309,731		5
6	Maintenance	35,130		196,621	231,751	(60)	231,691	69,608	301,299		6
7	Other (specify):* Related Party Benefits							8,665	8,665		7
8	TOTAL General Services	846,229	519,010	514,079	1,879,318	(13,908)	1,865,410	75,301	1,940,711		8
	B. Health Care and Programs										
9	Medical Director			20,400	20,400		20,400		20,400		9
10	Nursing and Medical Records	3,136,043	264,087	11,745	3,411,875	(26,591)	3,385,284	64,459	3,449,743		10
10a	Therapy	80,758	602	8,776	90,136		90,136		90,136		10a
11	Activities	100,154	3,073	5,734	108,961	499	109,460		109,460		11
12	Social Services	43,304			43,304		43,304		43,304		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							10,224	10,224		15
16	TOTAL Health Care and Programs	3,360,259	267,762	46,655	3,674,676	(26,092)	3,648,584	74,683	3,723,267		16
	C. General Administration										
17	Administrative	173,173			173,173		173,173	125,771	298,944		17
18	Directors Fees										18
19	Professional Services			992,766	992,766	(16,529)	976,237	(891,906)	84,331		19
20	Dues, Fees, Subscriptions & Promotions			88,710	88,710		88,710	(73,004)	15,706		20
21	Clerical & General Office Expenses	195,126	47,002	90,163	332,291	1,304	333,595	347,221	680,816		21
22	Employee Benefits & Payroll Taxes			739,531	739,531	3,379	742,910	(6,096)	736,814		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,706	5,706		5,706	4,161	9,867		24
25	Other Admin. Staff Transportation			5,119	5,119		5,119	15,153	20,272		25
26	Insurance-Prop.Liab.Malpractice			215,525	215,525		215,525	11,725	227,250		26
27	Other (specify):* Related Party Benefits			74,645	74,645		74,645	(1,684)	72,961		27
28	TOTAL General Administration	368,299	47,002	2,212,165	2,627,466	(11,846)	2,615,620	(468,659)	2,146,961		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,574,787	833,774	2,772,899	8,181,460	(51,846)	8,129,614	(318,675)	7,810,939		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 Northmoor Rehabilitation & Health Care Center #0041277 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			44,829	44,829		44,829	303,197	348,026			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			135,439	135,439		135,439	482,155	617,594			32
33	Real Estate Taxes			362,621	362,621	(362,621)		369,648	369,648			33
34	Rent-Facility & Grounds			586,108	586,108	362,621	948,729	(948,729)				34
35	Rent-Equipment & Vehicles			10,381	10,381		10,381	50,625	61,006			35
36	Other (specify):* MIP							53,064	53,064			36
37	TOTAL Ownership			1,139,378	1,139,378		1,139,378	309,960	1,449,338			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		521,140	773,820	1,294,960	51,846	1,346,806	(243,463)	1,103,343			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			108,405	108,405		108,405		108,405			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		521,140	882,225	1,403,365	51,846	1,455,211	(243,463)	1,211,748			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,574,787	1,354,914	4,794,502	10,724,203		10,724,203	(252,178)	10,472,025			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		(17,254.36)	Employee Meals
	22	17,254.36	Employee Meals
22		(13,875.00)	Uniforms
	10	8,726.00	Uniforms
	1	1,477.00	Uniforms
	3	1,613.00	Uniforms
	4	316.00	Uniforms
	6	228.00	Uniforms
	11	499.00	Uniforms
	21	1,016.00	Uniforms
19		(16,529.00)	Clinical Coordinators-Pathway
	10	16,529.00	Clinical Coordinators-Pathway
10		(51,846.00)	Oxygen - to appropriate cost center
	39	51,846.00	Oxygen - to appropriate cost center
33		(362,621.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	362,621.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		288.00	Vendor Settlements
	6	(288.00)	Vendor Settlements (may effect more than one line)

Others, if any:

Net _____
-

Alden Northmoor Rehabilitation & Health Care Center

ID# 0041277

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2	Late fees on utilities	(368)	5	2
3	Intercompany Interest (7031)	(74,438)	32	3
4	Record Copies (g/l 4977-100-001)	(465)	10	4
5	Jury Duty (g/l 4977-100-002)	(35)	21	5
6	Food Rebate (g/l 4977-100-005)	(1,802)	2	6
7	Wage Service Fee (g/l 4977-100-006)	(127)	21	7
8	Marketing Manager Salaries (GL6701-100-009)	(37,711)	21	8
9	Employee Benefits for Marketing Manager	(6,096)	22	9
10	IL Health Care Assoc Dues (PAC: 30%)	(3,279)	20	10
11	Deming Leadership Training (.31)	(853)	24	11
12	"Pg 12" assets<\$2,500 to be expensed ('09 purchs)	1,750	6	12
13	Elimin Pg 12 deprec on assets<\$2,500	(885)	30	13
14	Elimin Pg 13 deprec on assets<\$2,500	(9,464)	30	14
15	"Pg 13" assets<\$2,500 to be expensed('09 purchs)	34,955	6	15
16	Related Party Pg 13	786	6	16
17	Adj for 2008 ABC related party profit - Pg 12	(39)	30	17
18	Adj for 2009 ABC related party profit - Pg 12	(3)	30	18
19	Adjust depreciation to Pg 13's	2,383	30	19
20	Add back Seminar Invoice Credit relating to 2006	110	24	20
21	Cham of Commerce fee	(130)	20	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				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	(95,711)		49

STATE OF ILLINOIS

Summary A

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

0041277

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	7,852	(1,242)	0	0	0	0	0	0	0	6,610	1
2	Food Purchase	(3,476)	0	0	(15,068)	0	0	0	0	0	0	0	(18,544)	2
3	Housekeeping	0	0	5,799	0	0	0	0	0	0	0	0	5,799	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(368)	0	3,531	0	0	0	0	0	0	0	0	3,163	5
6	Maintenance	37,308	6,667	25,798	0	0	0	(165)	0	0	0	0	69,608	6
7	Other (specify):*	0	0	7,637	1,028	0	0	0	0	0	0	0	8,665	7
8	TOTAL General Services	33,464	6,667	50,617	(15,282)	0	0	(165)	0	0	0	0	75,301	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	(465)	0	61,516	1,195	2,213	0	0	0	0	0	0	64,459	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,224	0	0	0	0	0	0	0	0	10,224	15
16	TOTAL Health Care and Programs	(465)	0	71,740	1,195	2,213	0	0	0	0	0	0	74,683	16
	C. General Administration													
17	Administrative	0	0	125,771	0	0	0	0	0	0	0	0	125,771	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(22,523)	17,228	(886,611)	0	0	0	0	0	0	0	0	(891,906)	19
20	Fees, Subscriptions & Promotions	(39,211)	0	(33,793)	0	0	0	0	0	0	0	0	(73,004)	20
21	Clerical & General Office Expenses	(38,389)	850	329,726	23,828	31,206	0	0	0	0	0	0	347,221	21
22	Employee Benefits & Payroll Taxes	(6,096)	0	0	0	0	0	0	0	0	0	0	(6,096)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(743)	0	4,904	0	0	0	0	0	0	0	0	4,161	24
25	Other Admin. Staff Transportation	0	0	15,153	0	0	0	0	0	0	0	0	15,153	25
26	Insurance-Prop.Liab.Malpractice	0	11,512	213	0	0	0	0	0	0	0	0	11,725	26
27	Other (specify):*	(74,645)	0	68,123	2,954	1,884	0	0	0	0	0	0	(1,684)	27
28	TOTAL General Administration	(181,607)	29,590	(376,514)	26,782	33,090	0	0	0	0	0	0	(468,659)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(148,608)	36,257	(254,157)	12,695	35,303	0	(165)	0	0	0	0	(318,675)	29

STATE OF ILLINOIS

Summary B

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

0041277

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	(15,212)	314,179	2,864	0	1,366	0	0	0	0	0	0	303,197	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(106,855)	502,520	84,975	0	1,515	0	0	0	0	0	0	482,155	32
33	Real Estate Taxes	0	362,621	6,713	0	314	0	0	0	0	0	0	369,648	33
34	Rent-Facility & Grounds	0	(948,729)	0	0	0	0	0	0	0	0	0	(948,729)	34
35	Rent-Equipment & Vehicles	0	0	50,625	0	0	0	0	0	0	0	0	50,625	35
36	Other (specify):*	0	53,064	0	0	0	0	0	0	0	0	0	53,064	36
37	TOTAL Ownership	(122,067)	283,655	145,177	0	3,195	0	0	0	0	0	0	309,960	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	(59,788)	(72,330)	(111,345)	0	0	0	0	0	(243,463)	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	(59,788)	(72,330)	(111,345)	0	0	0	0	0	(243,463)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(270,675)	319,912	(108,980)	(47,093)	(33,832)	(111,345)	(165)	0	0	0	0	(252,178)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent revenue	\$ 948,729	Alden Northmoor Associates LLC	0.00%	\$	\$ (948,729)	1
2	V	32 Interest income	54,723	Alden Northmoor Associates LLC			(54,723)	2
3	V	32 Replacement Reserve interest	797	Alden Northmoor Associates LLC			(797)	3
4	V	19 Professional & Legal fees		Alden Northmoor Associates LLC		17,228	17,228	4
5	V	21 Licenses & inspections		Alden Northmoor Associates LLC		850	850	5
6	V	33 Real estate taxes		Alden Northmoor Associates LLC		362,621	362,621	6
7	V	26 Property/liability insurance		Alden Northmoor Associates LLC		11,512	11,512	7
8	V	36 Mortgage insurance premium		Alden Northmoor Associates LLC		53,064	53,064	8
9	V	32 Mortgage interest		Alden Northmoor Associates LLC		455,661	455,661	9
10	V	32 Interest-Operating loss loan		Alden Northmoor Associates LLC		96,213	96,213	10
11	V	30 Depreciation		Alden Northmoor Associates LLC		314,179	314,179	11
12	V	32 Amortization		Alden Northmoor Associates LLC		6,166	6,166	12
13	V	6 Repairs & Maintenance		Alden Northmoor Associates LLC		6,667	6,667	13
14	Total		\$ 1,004,249			\$ 1,324,161	\$ * 319,912	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	19 Professional Fees	\$ 941,084	Alden Management Services, Inc.	0.00%	\$	\$ (941,084) 15
16	V	21 Gen'l & Admin		Alden Management Services, Inc.		329,726	329,726 16
17	V	5 Utilities		Alden Management Services, Inc.		3,531	3,531 17
18	V	6 Repair/Mainten.	21,377	Alden Management Services, Inc.		47,175	25,798 18
19	V	24 Travel/Seminar		Alden Management Services, Inc.		4,904	4,904 19
20	V	25 Other admin travel		Alden Management Services, Inc.		15,153	15,153 20
21	V	26 Insurance		Alden Management Services, Inc.		213	213 21
22	V	20 Dues/Subscriptions		Alden Management Services, Inc.		719	719 22
23	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864 23
24	V	32 Amortization		Alden Management Services, Inc.			
25	V	33 Real Estate Taxes		Alden Management Services, Inc.		6,713	6,713 25
26	V	35 Rent-Equip & Vehic		Alden Management Services, Inc.		50,625	50,625 26
27	V	32 Interest		Alden Management Services, Inc.		84,975	84,975 27
28	V	7 Employee Benefits-Gen Service		Alden Management Services, Inc.		7,637	7,637 28
29	V	15 Employee Benefits Health Care		Alden Management Services, Inc.		10,224	10,224 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		68,123	68,123 30
31	V	1 Dietary Aide Coordinator Sal.		Alden Management Services, Inc.		7,852	7,852 31
32	V	3 Housekeeping Coordinator Sal		Alden Management Services, Inc.		5,799	5,799 32
33	V	10 Nusre & Med Records Sal		Alden Management Services, Inc.		61,516	61,516 33
34	V	17 Administrative Sal		Alden Management Services, Inc.		125,771	125,771 34
35	V	19 Professional Salary & Non-Salary		Alden Management Services, Inc.		54,473	54,473 35
36	V	20 MKT Management Fees	34,512	Alden Management Services, Inc.			(34,512) 36
37	V						
38	V						
39	Total		\$ 996,973			\$ 887,993	\$ * (108,980) 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	41,253	Prism Health Care Services, Inc.		26,185	(15,068)
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Ancillary supplies	125,642	Prism Health Care Services, Inc.		65,854	(59,788)
20	V	21 G & A salaries		Prism Health Care Services, Inc.		15,461	15,461
21	V	21 G & A expenses		Prism Health Care Services, Inc.		8,367	8,367
22	V	27 Emp. Benefits-G & A		Prism Health Care Services, Inc.		2,954	2,954
23	V	7 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		1,028	1,028
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		\$ 184,355			\$ 137,262	\$ * (47,093)

* 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>	\$ 205,094	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 281,198	\$ 76,104
16	V	39 <u>I.V.</u>	168,938	<u>Forum Extended Care Services II, Inc.</u>		22,287	(146,651)
17	V	39 <u>Wound Vac</u>	8,430	<u>Forum Extended Care Services II, Inc.</u>		6,647	(1,783)
18	V	10 <u>House Stock</u>	11,129	<u>Forum Extended Care Services II, Inc.</u>		10,095	(1,034)
19	V	10 <u>Pharm Consult</u>	5,682	<u>Forum Extended Care Services II, Inc.</u>		8,929	3,247
20	V	27 <u>Employ Vaccin</u>	2,430	<u>Forum Extended Care Services II, Inc.</u>		1,920	(510)
21	V	27 <u>Employ Benefits-G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,394	2,394
22	V	21 <u>G & A Salaries</u>		<u>Forum Extended Care Services II, Inc.</u>		19,898	19,898
23	V	21 <u>Gen'l & Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		11,308	11,308
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,515	1,515
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		314	314
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,366	1,366
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 401,703			\$ 367,871	\$ * (33,832)

* 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	\$ 753,342	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 641,997	\$ (111,345)
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		\$ 753,342			\$ 641,997	\$ * (111,345)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 12,515	Alden Bennett Construction Company, Inc.	0.00%	\$ 12,350	\$	(165)	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		\$ 12,515			\$ 12,350	\$ *	(165)	39

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

Facility Name & ID Number Alden Northmoor Rehabilitation & Health Care Ce Provider No. 0041277

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 Northmoor Rehabilitation & Health C # 0041277 Report Period Beginning: 1/1/09 Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,111	2.14	5.35	Salary	\$ 9,889	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,971	2.14	5.35	Salary	3,669	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,408	2.14	5.35	Salary	2,112	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 15,670		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 Northmoor Rehabilitation & Health Care Center # 0041277 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	Utilites	Patient Days	1,221,923	31	\$ 66,061	\$ 65,314	\$ 3,531	1
2	24	Travel & Seminar	Patient Days	1,221,923	31	91,753	65,314	4,904	2
3	25	Other Admin Travel	Patient Days	1,221,923	31	283,487	65,314	15,153	3
4	26	Insurance	Patient Days	1,221,923	31	3,990	65,314	213	4
5	20	Dues & Subscription	Patient Days	1,221,923	31	13,454	65,314	719	5
6	30	Depreciation	No. of Providers	31	31	102,169	1	2,864	6
7	33	Real estates Tax	Patient Days	1,221,923	31	139,876	65,314	6,713	7
8	35	Rent - Equip & Vehicles	Patient Days	1,221,923	31	947,116	65,314	50,625	8
9	32	Interest	Patient Days	1,221,923	31	1,339,694	65,314	84,975	9
10	1	Dietary	Patient Days	1,221,923	31	146,892	146,892	7,852	10
11	3	Housekeeping	Patient Days	1,221,923	31	108,487	108,487	5,799	11
12	7	Employee benefits - Gen'l Srvc	Patient Days	1,221,923	31	142,881	65,314	7,637	12
13	10	Nurs & Med Records Salary	Patient Days	1,221,923	31	1,259,741	1,259,741	61,516	13
14	15	Employee benefits - Health care	Patient Days	1,221,923	31	191,270	65,314	10,224	14
15	17	Administrative Salary	Patient Days	1,221,923	31	2,477,865	2,477,865	125,771	15
16	27	Employee benefits - Admin	Patient Days	1,221,923	31	1,274,479	65,314	68,123	16
17	19	Professional Fees	Patient Days	1,221,923	31	1,019,103	624,209	54,473	17
18	21	Gen'l & Admin	Patient Days	1,221,923	31	6,168,666	5,291,904	329,726	18
19	6	Repair & Maintenance	Patient Days	1,221,923	31	882,577	685,666	47,175	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,659,561	\$ 10,594,764	\$ 887,993	25

Facility Name & ID Number Alden Northmoor Rehabilitation & Health Ca # 0041277 Report Period Beginning: 1/1/09 Ending: 12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge Realty		x	Mortgage	\$45,562.32	12/1/03	\$ 9,194,900	\$ 8,720,753	1/1/2044	5.2000	\$ 455,661	1							
2	Cambridge Realty		x	Operating Loss Loan	\$9,620.47	12/1/03	1,941,500	1,841,384	1/1/2044	5.2000	96,213	2							
3	Ani Insurance		x								3,599	3							
4												4							
5												5							
Working Capital																			
6	Related party-AMS	x									84,975	6							
7	Related party-FECH	x									1,515	7							
8												8							
9	TOTAL Facility Related				\$55,182.79		\$ 11,136,400	\$ 10,562,137			\$ 641,963	9							
B. Non-Facility Related*																			
10	Northmoor Associates LLC		x	Interest-Replacement Res							(797)	10							
11	Patient interest income		x	Non-care interest revenue							(212)	11							
12	Interest Income		x	HCFS Prompt Pmt Interest							(29,526)	12							
13	Amortization-Fin/Refin Fee		x								6,166	13							
14	TOTAL Non-Facility Related						\$	\$			\$ (24,369)	14							
15	TOTALS (line 9+line14)						\$ 11,136,400	\$ 10,562,137			\$ 617,594	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,064 Line # 36

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2009 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2008 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Northmoor Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041277

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2008 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2008.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>298,822.00</u>	\$ <u>6,713.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>29,714.00</u>	\$ <u>314.00</u>
3. <u>13-06-409-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>5,220.11</u>	\$ <u>5,220.11</u>
4. <u>13-06-409-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,120.58</u>	\$ <u>3,120.58</u>
5. <u>13-06-409-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,059.80</u>	\$ <u>3,059.80</u>
6. <u>13-06-409-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,978.02</u>	\$ <u>2,978.02</u>
7. <u>13-06-409-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>68,692.58</u>	\$ <u>68,692.58</u>
8. <u>13-06-409-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>68,359.80</u>	\$ <u>68,359.80</u>
9. <u>13-06-409-023-0000</u>	<u>Nursing Home Facility</u>	\$ <u>68,359.80</u>	\$ <u>68,359.80</u>
10. <u>13--06-409-024, 025-000</u>	<u>Nursing Home Facility</u>	\$ <u>139,620.18</u>	\$ <u>139,620.18</u>
TOTALS		\$ <u>687,946.87</u>	\$ <u>366,437.87</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,872 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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>53,009</u>	<u>1996</u>	<u>\$ 1,429,683</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	53,009		\$ 1,429,683	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	198		1994	\$ 8,796,651	\$ 227,120	40	\$ 219,916	\$ (7,204)	\$ 3,061,474	4
5										5
6										6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	Cable installation		1996	5,704		5			5,704	9
10	Cable installation		1996	3,286		5			3,286	10
11	Fire alarm		1996	17,753	1,184	15	1,184		15,683	11
12	Install additional outlet		1997	2,108		10			2,319	12
13	Install additional outlet		1997	1,116		10			1,116	13
14	Install additional outlet		1997	2,668		10			2,668	14
15	Access control materials		1997	4,714		10			4,714	15
16	HVAC repair		1997	6,413		5			6,413	16
17	Phone line installation		1997	2,768		5			2,768	17
18	Phone line installation		1997	3,096		5			3,096	18
19	Equipment for security system		1998	4,170		10			4,170	19
20	Change belt on fans & airhandlers		1998	2,012		5			2,012	20
21	Wire third floor & twenty bed jacks		1998	7,189		10			7,189	21
22	Repair pump motor on elevator		1998	3,500	175	20	175		1,837	22
23	Install pump motor on dishwasher		1998	2,029		10			2,029	23
24	Install door locks		1998	8,157		10			8,157	24
25	Door system work		1998	775		10			775	25
26	Repair nurse call system		1998	275		10			275	26
27	Repair nurse call system		1998	1,032		10			1,032	27
28	Repair nurse call system		1998	982		10			982	28
29	Chiller		1998	52,667	3,511	15	3,511		38,915	29
30	Computer & training & installation		1998	3,158		5			3,158	30
31	Canopy construction		1998	73,120	4,875	15	4,875		57,278	31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

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

0041277

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 - replace compressor	1999	\$ 2,603	\$ 173	15	\$ 173	\$	\$ 1,907	37
38	Washtown equipment - dryer installation	1999	2,875	71	10	71		2,875	38
39	Climate Service - repair chiller pump	1999	2,940		5			2,940	39
40	Equipment INT - dryer repair	1999	130		5			130	40
41	Rykoff Sexton - coffee machine	1999	2,021		5			2,021	41
42	Equipment INT - dryer repair	1999	1,891		5			1,891	42
43	Climate Service - chiller maint	1999	3,071		5			3,071	43
44	United Communication group-phone repair	1999	1,593	134	10	134		1,593	44
45	Long elevator	1999	2,168	108	20	108		1,101	45
46	Climate service - ice machine repair	1999	1,885	174	10	174		1,885	46
47	Climate service - condensor repair	1999	3,579	239	15	239		3,501	47
48	ABC -misc. Work	2000	16,003	1,600	10	1,600		14,535	48
49	CSI-change exhausst belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		1,006	50
51	ABC - misc. const. Work	2000	2,059		5			2,059	51
52	GT mechanical - gas line	2001	1,563	156	10	156		1,419	52
53	Coker services-repair washer	2001	2,013	201	10	201		1,777	53
54	Coker services -install gas unit	2001	4,125	413	10	413		3,645	54
55	DBS contracting -lawn sprinkler	2001	2,215	148	15	148		1,404	55
56	DBS contracting -lawn sprinkler	2001	2,575	172	15	172		1,575	56
57	GT mechanical -condensor fan motors	2001	1,867	124	15	124		1,076	57
58	CSI Corker - service on cleveland MD2224CGA1	2001	1,582	158	10	158		1,291	58
59	GT Mech- chiller repair (both chillers)	2002	1,435		5			1,435	59
60	GT Mech- credit for 5/01 inv 18186	2002	(1,259)	(84)	15	(84)		(659)	60
61	Action Fence Contractors-install 3 steel bollards	2002	1,725	172	10	172		1,321	61
62	ABC- Efficient Insulation Systems- insulation	2002	769	51	15	51		384	62
63	ABC- Joseph Stanger corian top repair	2002	1,632	163	10	163		1,169	63
64	ABC- 30' flagpole and installation	2002	2,215	111	20	111		841	64
65	ABC- Action Fence install 3 steel bollards	2002	2,011	201	10	201		1,458	65
66	ABC- Action Fence dumpster gate	2002	2,332		5			2,332	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,092,374	\$ 241,452		\$ 234,248	\$ (7,204)	\$ 3,313,397	70

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

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

0041277

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		\$ 9,092,374	\$ 241,452		\$ 234,248	\$ (7,204)	\$ 3,313,397	1
2	ABC-fire/smoker dampers	2003	6,390	639	10	639		4,153	2
3	ABC-rooftop compressor	2003	8,411	561	15	561		3,692	3
4	ABC-securitron DK 26	2003	1,087	72	15	72		482	4
5	GT Mechanical - H/V/A/C	2004	2,594	259	10	259		1,447	5
6	CSI Coker - Oven (flame spreader)	2004	3,378	338	10	338		1,859	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		970	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		925	8
9	Top Notch Service - Steam wells (2)	2004	2,153	215	10	215		1,094	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	110	20	110		504	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007	201	10	201		988	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	355	15	355		1,686	12
13	Lees (The Floor Source)-4th floor dining room tiling	2005	5,702	570	10	570		2,565	13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029	203	10	203		896	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	288	15	288		1,248	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	40	20	40		167	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	68	15	68		283	17
18	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931	1,393	10	1,393		3,483	18
19	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	410	10	410		866	19
20	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		855	20
21	Oak Fire & Security - Smoke Detectors	2007	3,020	302	10	302		529	21
22	ABC Electrical Work	2007	24,463	1,223	20	1,223		1,733	22
23	Tarkett flooring	2008	8,745	1,749	5	1,749		3,207	23
24	Plumbing work & fixtures combined	2008	9,526	476	20	476		754	24
25	Replaced numerous plumbing fixtures	2008	9,806	490	20	490		613	25
26	Heating Vent	2008	8,838	589	15	589		736	26
27	Replaced numerous plumbing fixtures	2008	8,440	422	20	422		528	27
28	Replaced plumbing fixtures	2008	7,520	376	20	376		470	28
29	Repair of major water leak	2008	8,213	821	10	821		958	29
30	Replaced paio doors (automatic)	2008	3,012	301	10	301		326	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,260,991	\$ 254,618		\$ 247,414	\$ (7,204)	\$ 3,351,414	34

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

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

0041277

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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,260,991	\$ 254,618		\$ 247,414	\$ (7,204)	\$ 3,351,414	1
2	ABC - Heating/Vent	2009	8,838	246	15	246		246	2
3	RE-UPHOLSTERED 1ST FL Furniture	2009	7,445	62	10	62		62	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,277,274	\$ 254,926		\$ 247,722	\$ (7,204)	\$ 3,351,722	34

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

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

0041277

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		\$ 9,277,274	\$ 254,926		\$ 247,722	\$ (7,204)	\$ 3,351,722	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	Adj for ABC related party profit	2008	(319)	(26)		(26)		(39)	28
29	Adj for ABC related party profit	2009	(117)	(3)		(3)		(3)	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,347,617	\$ 257,512		\$ 250,308	\$ (7,204)	\$ 3,411,622	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	\$ 1,219,804	\$ 89,065	\$ 89,065	\$	various	\$ 1,047,910	71
72	Current Year Purchases	194,120	6,862	6,862		various	6,862	72
73	Fully Depreciated Assets	155,953	1,791	1,791		various	155,953	73
74								74
75	TOTALS	\$ 1,569,877	\$ 97,718	\$ 97,718	\$		\$ 1,210,725	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	Buses	Ford Eldorado	10/1/2000	\$ 49,863	\$	\$	\$	3	\$ 49,863	76
77										77
78										78
79	Related Party-AMS	Various	'98-'02	4,415					4,415	79
80	TOTALS			\$ 54,278	\$	\$	\$		\$ 54,278	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)	\$ 12,401,455	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 355,230	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 348,026	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (7,204)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,676,625	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		\$ N/A	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 Northmoor Rehabilitation & Health Care Center # 0041277 Report Period Beginning: 1/1/09 Ending: 12/31/09

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party cost eliminated

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: \$ 18,559 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-AMS</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>31,607</u>	17
18					18
19			<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>31,607</u>	21

10. Effective dates of current rental agreement:

Beginning 4/1/2006

Ending 3/31/2016

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

Fiscal Year Ending Annual Rent

12. /2010 \$ 1,196,700

13. /2011 \$ 1,196,700

14. /2012 \$ 1,196,700

* 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	\$		\$ 333,256	\$		\$ 333,256	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			57,387			57,387	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			362,699			362,699	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				281,198		281,198	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					(111,345)	180,148		68,803	13
14	TOTAL			\$		\$ 641,997	\$ 461,346		\$ 1,103,343	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.

Reporting Period Beginning

1/1/2009

Reporting Period Ending

12/31/2009

Page 16

Col 5: PT,OT, & ST

Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$333,256.21
2.	ST	39-3	To Col 5	57,386.71
3.				
4.	PT	39-3	To Col 5	362,698.63
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			205,094.09
	Manual Input from Related Party- Forum Drugs			76,104.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	281,198.09
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(111,345.00)
	Other			336,523.67
	Manual Input: Related Party - Prism			(59,788.00)
	Manual Input: Related Party FECII - I.V.			(146,651.00)
	Manual Input: Related Party FECII - Wound Care			(1,783.00)
	Oxygen, from reclass worksheet (Pg 4A)			51,846.00
13.	Col 6: Supplies Total		To Col 6	180,147.67
13.	Total Line 13, Column 8			180,147.67
14.	Total			1,103,342.31

Facility Name & ID Number Alden Northmoor Rehabilitation & Health Care Center # 0041277

Report Period Beginning: 1/1/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

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

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>94,144</u>)	1,654,494	1,654,494	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		11,472	5
6	Prepaid Insurance		10,952	6
7	Other Prepaid Expenses	3,785	8,203	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	231,027	399,262	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,889,306	\$ 2,084,384	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,084,793	14
15	Leasehold Improvements, at Historical Cost	412,318	612,256	15
16	Equipment, at Historical Cost	350,841	1,477,657	16
17	Accumulated Depreciation (book methods)	(552,766)	(4,637,716)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		372,876	21
22	Other Long-Term Assets (spe <u>CIP,S/Holders</u>)		51,964	22
23	Other(specify): <u>Due from Affiliates</u>	14,642,451	15,802,109	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,852,844	\$ 24,193,623	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,742,150	\$ 26,278,007	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,236,522	\$ 1,236,217	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	242,953	242,953	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	378,386	378,386	30
31	Accrued Taxes Payable (excluding real estate taxes)	63,390	63,390	31
32	Accrued Real Estate Taxes(Sch.IX-B)		370,200	32
33	Accrued Interest Payable	4,538	50,307	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>	230,956	230,956	36
37	<u>ST part of LT debt</u>		115,694	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,156,745	\$ 2,688,103	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		1,821,214	39
40	Mortgage Payable		8,625,229	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>			43
44	<u>S/holder loans, Others</u>		69,927	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 10,516,369	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,156,745	\$ 13,204,472	46
47	TOTAL EQUITY(page 18, line 24)	\$ 14,585,405	\$ 13,073,535	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 16,742,150	\$ 26,278,007	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 12,605,343	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report	(58,840)	3
4	was submitted. These have no effect on prior year's report.		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 12,546,503	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	2,038,902	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)	\$ 2,038,902	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)	\$ 14,585,405	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Northmoor Rehabilitation & Health Care Ce # 0041277 Report Period Beginning: 1/1/09

Ending: 12/31/09

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,462,584	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,462,584	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	218,678	6
7	Oxygen	27,224	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 245,902	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	2,864	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	218	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	78	19
20	Radiology and X-Ray		20
21	Other Medical Services	12,119	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 15,279	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	29,738	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 29,738	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc Income & Gain on Sale of Assets</u>	9,602	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,602	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,763,105	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,879,318	31
32	Health Care	3,674,676	32
33	General Administration	2,627,466	33
B. Capital Expense			
34	Ownership	1,139,378	34
C. Ancillary Expense			
35	Special Cost Centers	1,294,960	35
36	Provider Participation Fee	108,405	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,724,203	40
41	Income before Income Taxes (line 30 minus line 40)**	2,038,902	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,038,902	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 Northmoor Rehabilitation & Health Care Cent # 0041277 Report Period Beginning: 1/1/09 Ending: 12/31/09

Details of Page 19, Line 28

Misc Income (Record copies)	465.24
Misc Income (Jury Duty)	34.40
Misc Income (Food vendor rebate)	1,802.42
Misc Income (Wage Service fees)	126.94
Gain on Sale of Assets	7,173.03
Total	<u><u>9,602.03</u></u>

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

0041277

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	\$ 100,275	\$ 48.21	1
2	Assistant Director of Nursing	1,784	1,956	82,429	42.14	2
3	Registered Nurses	25,110	26,866	866,378	32.25	3
4	Licensed Practical Nurses	26,938	28,252	697,496	24.69	4
5	CNAs & Orderlies	87,850	94,286	1,144,374	12.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,058	2,319	28,826	12.43	8
9	Activity Director	2,080	2,080	37,348	17.96	9
10	Activity Assistants	6,163	6,565	62,806	9.57	10
11	Social Service Workers	2,048	2,080	43,304	20.82	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	44,997	21.63	13
14	Head Cook	4,600	4,624	115,138	24.90	14
15	Cook Helpers/Assistants	31,484	35,301	402,332	11.40	15
16	Dishwashers					16
17	Maintenance Workers	2,040	2,040	35,130	17.22	17
18	Housekeepers	18,040	19,403	195,376	10.07	18
19	Laundry	5,319	5,793	53,255	9.19	19
20	Administrator	2,080	2,080	117,434	56.46	20
21	Assistant Administrator	2,040	2,040	55,739	27.32	21
22	Other Administrative	8,128	8,152	186,705	22.90	22
23	Office Manager	1,464	1,512	23,935	15.83	23
24	Clerical	3,377	3,558	36,419	10.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,000	4,160	106,720	25.65	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	2,080	2,080	39,955	19.21	32
33	Other(specify) Alz Staff	7,006	8,031	98,416	12.25	33
34	TOTAL (lines 1 - 33)	249,849	267,338	\$ 4,574,787 *	\$ 17.11	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 10,800	1-3	35
36	Medical Director	Monthly	26,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,752	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	Varies	1,036	11-3	44
45	Social Service Consultant	Varies	1,068	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 44,056		49

C. CONTRACT NURSES

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

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

0041277

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. Il. Assoc. of HC=\$7,651, IHCA = \$2,376
- (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. \$ 56,650 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? _____
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. \$ 108,405
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. \$ 17,254 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.