

Facility Name & ID Number Alden of Waterford

0042036 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	<u>99</u>	Skilled (SNF)	<u>99</u>	<u>36,135</u>	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	<u>99</u>	TOTALS	<u>99</u>	<u>36,135</u>	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
		3 Medicaid Recipient	4 Private Pay	4 Other	5 Total	
8	SNF	<u>854</u>	<u>4,769</u>	<u>12,871</u>	<u>18,494</u>	8
9	SNF/PED					9
10	ICF	<u>7,189</u>	<u>3,076</u>		<u>10,265</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>8,043</u>	<u>7,845</u>	<u>12,871</u>	<u>28,759</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.59%

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 12/29/2001

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 99 and days of care provided 12,340

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 of Waterford # 0042036 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	471,563	31,254	10,800	513,617	570	514,187	2,215	516,402		1
2	Food Purchase		254,635		254,635	(22,710)	231,925	(18,772)	213,153		2
3	Housekeeping	126,892	29,834		156,726	747	157,473	2,553	160,026		3
4	Laundry	27,901	13,531		41,432	90	41,522		41,522		4
5	Heat and Other Utilities			231,281	231,281		231,281	1,094	232,375		5
6	Maintenance	29,495		270,615	300,110	(284)	299,826	36,583	336,409		6
7	Other (specify):* Related Party Benef.			1,546	1,546		1,546	4,104	5,650		7
8	TOTAL General Services	655,851	329,254	514,242	1,499,347	(21,587)	1,477,760	27,777	1,505,537		8
	B. Health Care and Programs										
9	Medical Director			47,400	47,400		47,400		47,400		9
10	Nursing and Medical Records	2,236,312	219,283	2,633	2,458,228	4,532	2,462,760	28,326	2,491,086		10
10a	Therapy		989	8,776	9,765		9,765		9,765		10a
11	Activities	92,026	3,964	5,837	101,827	113	101,940		101,940		11
12	Social Services	44,686			44,686		44,686		44,686		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benef.							4,502	4,502		15
16	TOTAL Health Care and Programs	2,373,024	224,236	64,646	2,661,906	4,645	2,666,551	32,828	2,699,379		16
	C. General Administration										
17	Administrative	109,451			109,451		109,451	55,379	164,830		17
18	Directors Fees										18
19	Professional Services			549,531	549,531	(14,805)	534,726	(487,955)	46,771		19
20	Dues, Fees, Subscriptions & Promotions			95,327	95,327		95,327	(84,969)	10,358		20
21	Clerical & General Office Expenses	250,567	31,523	73,131	355,221	368	355,589	145,545	501,134		21
22	Employee Benefits & Payroll Taxes			544,288	544,288	17,401	561,689	(10,392)	551,297		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,099	5,099		5,099	1,462	6,561		24
25	Other Admin. Staff Transportation			3,771	3,771		3,771	6,672	10,443		25
26	Insurance-Prop.Liab.Malpractice			107,763	107,763		107,763	8,996	116,759		26
27	Other (specify):* Related Party Benef.			70,602	70,602		70,602	(34,717)	35,885		27
28	TOTAL General Administration	360,018	31,523	1,449,512	1,841,053	2,964	1,844,017	(399,980)	1,444,037		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,388,893	585,013	2,028,400	6,002,306	(13,978)	5,988,328	(339,375)	5,648,953		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 of Waterford

#0042036

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			20,259	20,259		20,259	280,925	301,184			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			174,684	174,684		174,684	646,305	820,989			32
33	Real Estate Taxes			64,313	64,313	(64,313)		67,816	67,816			33
34	Rent-Facility & Grounds			1,099,504	1,099,504	64,313	1,163,817	(1,163,817)				34
35	Rent-Equipment & Vehicles			10,456	10,456		10,456	22,291	32,747			35
36	Other (specify):* M.I.P.							59,204	59,204			36
37	TOTAL Ownership			1,369,216	1,369,216		1,369,216	(87,276)	1,281,940			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		794,367	1,579,799	2,374,166	13,978	2,388,144	(316,386)	2,071,758			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,203	54,203		54,203		54,203			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		794,367	1,634,002	2,428,369	13,978	2,442,347	(316,386)	2,125,961			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,388,893	1,379,380	5,031,618	9,799,891		9,799,891	(743,036)	9,056,855			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	(22,710.00) 22,710.00	Employee Meals Employee Meals
22	10	(5,309.00) 3,705.00	Uniforms Uniforms
	1	570.00	Uniforms
	3	747.00	Uniforms
	4	90.00	Uniforms
	6	(8.00)	Uniforms
	11	113.00	Uniforms
	21	92.00	Uniforms
10	39	(13,978.00) 13,978.00	Oxygen - to appropriate cost center Oxygen - to appropriate cost center
33	34	(64,313.00) 64,313.00	Rent - Real Estate Tax on associated landowner (Pg 6) Rent - Real Estate Tax on associated landowner (Pg 6)
21	6	276.00 (276.00)	Vendor Settlements Vendor Settlements
<u>Others, if any:</u>			
19	10	(14,805.00) 14,805.00	Clinical Coordinators (Pathway) Clinical Coordinators (Pathway)

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	(32)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,021)	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	(193,644)	30		9
10	Interest and Other Investment Income	(6,317)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,432)	2		13
14	Non-Care Related Interest	(6,196)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,363)	21		17
18	Fines and Penalties	(16,766)	32		18
19	Entertainment	(3,179)	20		19
20	Contributions	(2,434)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(18,780)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(70,602)	27		24
25	Fund Raising, Advertising and Promotional	(43,522)	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)	\$ (369,288)		\$	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)	22,552	Various	34
35	Other- Attach Schedule	(396,300)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (373,748)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (743,036)		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 of Waterford

ID# 0042036
 Report Period Beginning: 1/1/09
 Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (461)	5	1
2	Misc income - record copies [g/l 4977-100-001]	(567)	10	2
3	Misc income - wage service fee [g/l 4977-100-006]	(2,282)	21	3
4	Misc income - food rebate [g/l 4977-100-005]	(262)	2	4
5	Marketing Mgr & Aides (g/l 6701 sub 009 & 015)	(64,703)	21	5
6	Mktg Mgr & Aides employee benefits deduction	(10,392)	22	6
7	IL Health Care Assoc. dues (30%)	(1,639)	20	7
8	Leadership (Deming) training cost [2,250 x 31%]	(698)	24	8
9				9
10	Back out LP mtg int in excess of CON asset limit	(316,397)	32	10
11	Back out LP MIP in excess of CON asset limit	(20,293)	36	11
12				12
13	Add back credit posted for prior yr legal fees	398	19	13
14	Add back related party (AMS) f/a's < \$2,500	786	6	14
15	Expense fixed assets < \$2,500	2,643	6	15
16	Eliminate deprec on f/s < \$2,500	(876)	30	16
17				17
18				18
19	Expense fixed assets < \$2,500 [Pg 13]	24,103	6	19
20	Back out depreciation on assets < \$2,500 [Pg 13]	(6,653)	30	20
21	Correct YTD depreciation	1,049	30	21
22	ABC related party profit Pg 13	(57)	30	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	(396,300)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Waterford

0042036

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	3,457	(1,242)	0	0	0	0	0	0	0	2,215	1
2	Food Purchase	(2,726)	0	0	(16,046)	0	0	0	0	0	0	0	(18,772)	2
3	Housekeeping	0	0	2,553	0	0	0	0	0	0	0	0	2,553	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(461)	0	1,555	0	0	0	0	0	0	0	0	1,094	5
6	Maintenance	26,511	1,366	9,614	0	0	0	(188)	(720)	0	0	0	36,583	6
7	Other (specify):*	0	0	3,363	741	0	0	0	0	0	0	0	4,104	7
8	TOTAL General Services	23,324	1,366	20,542	(16,547)	0	0	(188)	(720)	0	0	0	27,777	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	(567)	0	27,087	1,195	611	0	0	0	0	0	0	28,326	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	4,502	0	0	0	0	0	0	0	0	4,502	15
16	TOTAL Health Care and Programs	(567)	0	31,589	1,195	611	0	0	0	0	0	0	32,828	16
	C. General Administration													
17	Administrative	0	0	55,379	0	0	0	0	0	0	0	0	55,379	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(18,382)	4,881	(474,454)	0	0	0	0	0	0	0	0	(487,955)	19
20	Fees, Subscriptions & Promotions	(50,774)	0	(34,195)	0	0	0	0	0	0	0	0	(84,969)	20
21	Clerical & General Office Expenses	(71,348)	163	145,185	17,178	54,367	0	0	0	0	0	0	145,545	21
22	Employee Benefits & Payroll Taxes	(10,392)	0	0	0	0	0	0	0	0	0	0	(10,392)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(698)	0	2,159	0	0	0	0	0	0	0	0	1,462	24
25	Other Admin. Staff Transportation	0	0	6,672	0	0	0	0	0	0	0	0	6,672	25
26	Insurance-Prop.Liab.Malpractice	0	8,902	94	0	0	0	0	0	0	0	0	8,996	26
27	Other (specify):*	(70,602)	0	29,997	2,130	3,758	0	0	0	0	0	0	(34,717)	27
28	TOTAL General Administration	(222,196)	13,946	(269,163)	19,308	58,125	0	0	0	0	0	0	(399,980)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(199,439)	15,312	(217,032)	3,956	58,736	0	(188)	(720)	0	0	0	(339,375)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(200,181)	476,876	2,864	0	1,366	0	0	0	0	0	0	280,925	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(345,676)	984,202	5,140	0	2,639	0	0	0	0	0	0	646,305	32
33	Real Estate Taxes	0	64,313	2,956	0	547	0	0	0	0	0	0	67,816	33
34	Rent-Facility & Grounds	0	(1,163,817)	0	0	0	0	0	0	0	0	0	(1,163,817)	34
35	Rent-Equipment & Vehicles	0	0	22,291	0	0	0	0	0	0	0	0	22,291	35
36	Other (specify):*	(20,293)	79,497	0	0	0	0	0	0	0	0	0	59,204	36
37	TOTAL Ownership	(566,150)	441,071	33,251	0	4,552	0	0	0	0	0	0	(87,276)	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	(44,866)	(158,310)	(113,210)	0	0	0	0	0	(316,386)	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	(44,866)	(158,310)	(113,210)	0	0	0	0	0	(316,386)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(765,588)	456,383	(183,781)	(40,910)	(95,022)	(113,210)	(188)	(720)	0	0	0	(743,036)	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
Alden of Waterford Investments, LLC See Pg6L	100	See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:			
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)			
1	V	34	Rental income	\$ 1,163,817	Waterford Rehab and Courts, LLC	100.00%	\$	\$ (1,163,817)	1	
2	V	32	Interest income-R/R	16,333	Waterford Rehab and Courts, LLC			(16,333)	2	
3	V	32	Interest income	112,247	Waterford Rehab and Courts, LLC			(112,247)	3	
4	V	19	Accounting fees		Waterford Rehab and Courts, LLC		4,881	4,881	4	
5	V	19	Professional fees		Waterford Rehab and Courts, LLC				5	
6	V	6	Repairs & Maintenance		Waterford Rehab and Courts, LLC		1,366	1,366	6	
7	V	21	Other administrative		Waterford Rehab and Courts, LLC		163	163	7	
8	V	33	Real estate taxes		Waterford Rehab and Courts, LLC		64,313	64,313	8	
9	V	26	Property & liability insurance		Waterford Rehab and Courts, LLC		8,902	8,902	9	
10	V	36	Mortgage insurance premium		Waterford Rehab and Courts, LLC		79,497	79,497	10	
11	V	32	Mortgage interest		Waterford Rehab and Courts, LLC		1,108,180	1,108,180	11	
12	V	30	Depreciation		Waterford Rehab and Courts, LLC		476,876	476,876	12	
13	V	32	Amortization		Waterford Rehab and Courts, LLC		4,602	4,602	13	
14	Total		\$ 1,292,397				\$ 1,748,780	\$ *	456,383	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,555	\$	1,555	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		2,159		2,159	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,672		6,672	17
18	V	26 Insurance		Alden Management Services, Inc.		94		94	18
19	V	20 Dues & Subscriptions	34,512	Alden Management Services, Inc.		317		(34,195)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864		2,864	20
21	V								21
22	V	33 Real Estate tax		Alden Management Services, Inc.		2,956		2,956	22
23	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		22,291		22,291	23
24	V	32 Interest		Alden Management Services, Inc.		5,140		5,140	24
25	V	1 Dietary		Alden Management Services, Inc.		3,457		3,457	25
26	V	3 Housekeeping		Alden Management Services, Inc.		2,553		2,553	26
27	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		3,363		3,363	27
28	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		27,087		27,087	28
29	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		4,502		4,502	29
30	V	17 Administrative Salary		Alden Management Services, Inc.		55,379		55,379	30
31	V	27 Employee Benefits-Admin.		Alden Management Services, Inc.		29,997		29,997	31
32	V	19 Professional Fees	498,439	Alden Management Services, Inc.		23,985		(474,454)	32
33	V	21 Gen'l & Admin.		Alden Management Services, Inc.		145,185		145,185	33
34	V	6 Repair & Maint.	11,158	Alden Management Services, Inc.		20,772		9,614	34
35	V			Alden Management Services, Inc.					35
36	V			Alden Management Services, Inc.					36
37	V			Alden Management Services, Inc.					37
38	V			Alden Management Services, Inc.					38
39	Total		\$ 544,109			\$ 360,328	\$ *	(183,781)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Diet. Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		6,847	6,847	16
17	V	2 Tube Feeding	24,621	Prism Health Care Services, Inc.		8,575	(16,046)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195	18
19	V	39 Ancillary Supplies	90,823	Prism Health Care Services, Inc.		45,957	(44,866)	19
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		11,146	11,146	20
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,130	2,130	21
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		741	741	22
23	V	21 Gen'l & Admin.		Prism Health Care Services, Inc.		6,032	6,032	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		\$ 132,904			\$ 91,994	\$ * (40,910)	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 Drugs	\$ 350,451	Forum Extended Care Services II, Inc.	0.00%	\$ 480,492	\$ 130,041
16	V	39 IV	331,206	Forum Extended Care Services II, Inc.		43,694	(287,512)
17	V	39 Wound Care	3,967	Forum Extended Care Services II, Inc.		3,128	(839)
18	V	10 House Stock	9,620	Forum Extended Care Services II, Inc.		8,726	(894)
19	V	10 Pharmacy Consultant	2,633	Forum Extended Care Services II, Inc.		4,138	1,505
20	V	27 Employee Vaccin.	1,959	Forum Extended Care Services II, Inc.		1,547	(412)
21	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		4,170	4,170
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		34,666	34,666
23	V	21 Gen'l & Admin.		Forum Extended Care Services II, Inc.		19,701	19,701
24	V	32 Interest		Forum Extended Care Services II, Inc.		2,639	2,639
25	V	33 Real Estate tax		Forum Extended Care Services II, Inc.		547	547
26	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,366	1,366
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 699,836			\$ 604,814	\$ * (95,022)

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 1/1/09

Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 1,524,104	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,410,894	\$ (113,210)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,524,104			\$ 1,410,894	\$ * (113,210)

* 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	\$ 14,262	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,074	\$ (188)
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		\$ 14,262			\$ 14,074	\$ * (188)

* 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 Grounds maintenance	\$ 100,980	Waterford Management Services, Inc.	0.00%	\$ 100,260	\$ (720)	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		\$ 100,980			\$ 100,260	\$ * (720)	39

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

Facility Name & ID Number Alden of Waterford

Provider No. 0042036

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			

Alden of Waterford LLC
IDPH Facility ID Number
Reporting Period Beginning
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Owners of Alden of Waterford Investments, LLC

1	Floyd Schlossberg		40.72%
2	AMS		26.00%
3	Hilda Dworiki	Class "B" Partner	2.08%
4	Josef Dembo	Class "B" Partner	3.12%
5	Edward & Paulina Osser	Class "B" Partner	3.12%
6	Robert & Charlotte Traverso Family Trust	Class "B" Partner	6.24%
7	Max Fisch	Class "B" Partner	2.08%
8	Joan & Sam Carl	Class "B" Partner	3.12%
9	David Sezonov	Class "B" Partner	3.12%
10	Joe & Goldie Dembo	Class "B" Partner	1.04%
11	Edward & Paulina Osser	Class "B" Partner	1.04%
12	Joe & Goldie Dembo	Class "B" Partner	1.04%
13	Edward & Paulina Osser	Class "B" Partner	1.04%
14	Joan & Sam Carl	Class "B" Partner	3.12%
15	John Vercillo	Class "B" Partner	3.12%
			<hr/> 100.00%

Facility Name & ID Number

Alden of Waterford

#

0042036

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	40.72	180,646	0.94	2.35	Salary	\$ 4,354	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,024	0.94	2.35	Salary	1,616	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,590	0.94	2.35	Salary	930	6-7	3
4	Joan Carl	Secretary	Vice-President	6.24	180,646	0.94	2.35	Salary	4,354	17-7	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	D. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Waterford. She has an equity interest in										10
11	the real estate of Alma Nelson, Park Strathmoor and Meadow Park.										11
12											12
13								TOTAL	\$ 11,254		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 of Waterford

0042036

Report Period Beginning:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,221,923	31	\$ 66,061	\$ 28,759	\$ 1,555	1	
2	24	Travel/Seminar	Patient Days	1,221,923	31	91,753	28,759	2,159	2	
3	25	Other Admin Travel	Patient Days	1,221,923	31	283,487	28,759	6,672	3	
4	26	Insurance	Patient Days	1,221,923	31	3,990	28,759	94	4	
5	20	Dues/Subscriptions	Patient Days	1,221,923	31	13,454	28,759	317	5	
6	30	Depreciation	No. of Providers	31	31	102,169	1	2,864	6	
7	33	Real Estate Tax	Patient Days	1,221,923	31	139,876	28,759	2,956	7	
8	35	Rent-Equip & Vehicles	Patient Days	1,221,923	31	947,116	28,759	22,291	8	
9	32	Interest	Patient Days	1,221,923	31	1,339,694	28,759	5,140	9	
10	1	Diet. Salary	Patient Days	1,221,923	31	146,892	146,892	28,759	3,457	10
11	3	Housekeeping Salary	Patient Days	1,221,923	31	108,487	108,487	28,759	2,553	11
12	7	Employee Benefits-Gen'l Servs	Patient Days	1,221,923	31	142,881	28,759	3,363	12	
13	10	Nurs & Med Record Salary	Patient Days	1,221,923	31	1,259,741	1,259,741	28,759	27,087	13
14	15	Employee Benefits-Health Care	Patient Days	1,221,923	31	191,270	28,759	4,502	14	
15	17	Administrative Salary	Patient Days	1,221,923	31	2,477,865	2,477,865	28,759	55,379	15
16	27	Employee Benefits-Administr.	Patient Days	1,221,923	31	1,274,479	28,759	29,997	16	
17	19	Professional Fees	Patient Days	1,221,923	31	1,019,103	624,209	28,759	23,985	17
18	21	Gen'l & Administrative	Patient Days	1,221,923	31	6,168,666	5,291,904	28,759	145,185	18
19	6	Repairs & Maintenance	Patient Days	1,221,923	31	882,577	685,666	28,759	20,772	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 16,659,561	\$ 10,594,764	\$ 360,328	25	

Facility Name & ID Number

Alden of Waterford

0042036

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	Heartland Bank of IL		x	Mortgage	\$79,386.00	1/1/02	\$ 12,667,104	\$ 12,140,470	4/1/41	7.7500	\$ 944,125	1								
2	Int related to f/a > CON limit			Mortgage							(316,397)	2								
3	Cambridge Realty		x	Operating loss loan (OLL)	\$16,318.00	5/1/08	2,870,223	2,823,682	4/1/41	5.7800	164,055	3								
4	First Bank		x	Working capital	Varies	7/30/09	800,000	665,000	7/29/10	Varies	39,474	4								
5	Amortization-Fin/Refin Fee		x	Operating loss loan (OLL)							4,602	5								
	Working Capital																			
6	Related party-AMS		x	working capital							5,140	6								
7	Related party-FECH		x								2,639	7								
8												8								
9	TOTAL Facility Related				\$95,704.00		\$ 16,337,327	\$ 15,629,152			\$ 843,638	9								
	B. Non-Facility Related*																			
10	Interest Inc on LLC		x	Patient interest income							(6,317)	10								
11	Waterford LP revenue		x	Replacement Reserve int							(16,332)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (22,649)	14								
15	TOTALS (line 9+line14)						\$ 16,337,327	\$ 15,629,152			\$ 820,989	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 59,204 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.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and			
1. Real Estate Tax accrual used on 2008 report.		\$	47,160		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	54,893		2
3. Under or (over) accrual (line 2 minus line 1).		\$	7,733		3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	56,580		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	64,313		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg 10A		
		\$	3,503		
		\$	67,816		
Real Estate Tax Bill for Calendar Year:	2004	82,054			
	2005	87,598			
	2006	72,841			
	2007	76,324			
	2008	91,489			
The current year accrual is based on an estimated 3% increase of the prior year tax.					
Bill reflects total cost. In this case, the bill is split between two entities (shared bill).					
\$91,489.10 x 60% = \$54,893.46					
				FOR BHF USE ONLY	
				13	13
				FROM R. E. TAX STATEMENT FOR 2008	\$
				14	14
				PLUS APPEAL COST FROM LINE 5	\$
				15	15
				LESS REFUND FROM LINE 6	\$
				16	16
				AMOUNT TO USE FOR RATE CALCULATION	\$

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number Alden of Waterford

0042036 Report Period Beginning:

1/1/09 Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,206 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>	<u>152,896</u>	<u>1994</u>	<u>\$ 662,733</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	152,896		\$ 662,733	3

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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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	99			2001	\$ 11,880,012	\$ 297,000	40	\$ 171,168	\$ (125,832)	\$ 1,591,435	4
5		Adjustment to correct to CON costs (net=6,846,713)			(5,033,299)						5
6											6
7											7
8		Related Party-Forum		1978	13,669		25			13,669	8
		Improvement Type**									
9		storm/sewer-ltd p/s		2001	218,336	8,733	25	8,733		72,776	9
10		concrete/curbs/gutters-ltd p/s		2001	21,491	1,433	15	1,433		11,941	10
11		concrete walks-ltd p/s		2001	46,391	3,093	15	3,093		25,775	11
12		asphalt paving-ltd p/s		2001	40,929	4,093	10	4,093		34,108	12
13		street lighting-ltd p/s		2001	129,677	8,645	15	8,645		72,042	13
14		wrought iron fencing-ltd p/s		2001	60,821	2,433	25	2,433		20,275	14
15		piers-ltd p/s		2001	64,296	4,286	15	4,286		35,717	15
16		exterior signs-ltd p/s		2001	20,853	1,738	12	1,738		14,483	16
17		brick pavers-ltd p/s		2001	5,213	521	10	521		4,342	17
18		waterfalls-ltd p/s		2001	53,870	2,693	20	2,693		22,442	18
19		gate house-ltd p/s		2001	26,066	1,738	15	1,738		14,483	19
20		retaining walls-ltd p/s		2001	19,115	956	20	956		7,966	20
21		external roads-ltd p/s		2001	261,213	26,121	10	26,121		217,675	21
22											22
23		storm/sewer-ltd p/s		2003	16,853	674	25	674		4,718	23
24		concrete/curbs/gutters-ltd p/s		2003	1,659	111	15	111		777	24
25		concrete walks-ltd p/s		2003	3,581	239	15	239		1,673	25
26		asphalt paving-ltd p/s		2003	3,159	316	10	316		2,212	26
27		street lighting-ltd p/s		2003	10,009	667	15	667		4,669	27
28		wrought iron fencing-ltd p/s		2003	4,695	188	25	188		1,163	28
29		piers-ltd p/s		2003	4,963	331	15	331		2,317	29
30		exterior signs-ltd p/s		2003	1,610	134	12	134		938	30
31		brick pavers-ltd p/s		2003	402	40	10	40		280	31
32		waterfalls-ltd p/s		2003	4,158	208	20	208		1,456	32
33		gate house-ltd p/s		2003	2,012	134	15	134		938	33
34		retaining walls-ltd p/s		2003	1,475	74	20	74		518	34
35		external roads-ltd p/s		2003	20,163	2,016	10	2,016		14,112	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

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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	
37	Mech. Projects- install exhaust,gas line, electric to steamer-corp	2002	4,254	213	20	213		1,702	37
38	Long elevator- correct elevator problem-corp	2001	882	88	10	88		712	38
39	Affcus- repair fire alarm-corp	2002	1,552		5			1,552	39
40	GT Mech- chiller repair-corp	2002	1,924		5			1,924	40
41	ISS replace nurses station	2003	1,956	65	5	65		1,956	41
42	CSI Coker-filter system (boiler)	2004	1,723	86	20	86		509	42
43	ABC-medical gas repair	2004	2,291	229	10	229		1,355	43
44	CSI Coker-filter system (boiler)	2004	2,050	103	20	103		599	44
45	ABC-sod yards/parkway/etc	2004	9,189	919	10	919		5,207	45
46	ISS/Chicago Sound-power supply call light	2004	2,084	139	15	139		741	46
47	Central States-Adapters/valve caps	2005	1,243	83	15	83		408	47
48	ABC [Stripe-It-Right] - Sealcoat, crackfill & stripe asphalt	2005	3,079	308	10	308		1,360	48
49	Cybor Fire Protection - Sprinkler head replacement	2005	2,900	193	15	193		853	49
50	ABC [ISS/Chicago Sound]-8 Jeron provider 680 vent alarms	2005	3,381	225	15	225		976	50
51	GT Mechanical - Compressor & chiller circuit	2005	8,600	573	15	573		2,388	51
52	ABC - Replace ceiling tiles	2005	952	79	12	79		316	52
53	ABC - Emergency outlets vent	2007	4,268	213	20	213		639	53
54	Wtrfd Inv - Montgomery Road expansion	2006	16,186	405	40	405		1,249	54
55									55
56									56
57	ABC-[Cobra Concrete&Stripe It]-Replace walk/curb concrete with wire	2007	1,694	113	15	113		282	57
58	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		1,190	58
59	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		1,118	59
60	GT Mechanical-HVAC parts(bearing assembliescouplemotor)	2008	5,171	517	10	517		876	60
61									61
62	GT Mechanical - Replace bearing assembly/seal/motor	2009	2,773	462	5	462		462	62
63	GT Mechanical - HVAC bearing assembly seal & coupler	2009	3,210	54	5	54		54	63
64	GT Mechanical - Pump elect. (bearing assembly)	2009	2,823	47	5	47		47	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,996,226	\$ 374,595		\$ 248,763	\$ (125,832)	\$ 2,223,375	70

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 7,996,226	\$ 374,595		\$ 248,763	\$ (125,832)	\$ 2,223,375	1
2								2
3								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		\$ 7,996,226	\$ 374,595		\$ 248,763	\$ (125,832)	\$ 2,223,375	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 7,996,226	\$ 374,595		\$ 248,763	\$ (125,832)	\$ 2,223,375	1
2								2
3								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		\$ 7,996,226	\$ 374,595		\$ 248,763	\$ (125,832)	\$ 2,223,375	34

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

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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 12C, Carried Forward		\$ 7,996,226	\$ 374,595		\$ 248,763	\$ (125,832)	\$ 2,223,375	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,067,005	\$ 377,210		\$ 251,378	\$ (125,832)	\$ 2,283,317	34

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

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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	\$ 470,656	\$ 108,844	\$ 41,032	\$ (67,812)		\$ 262,193	71
72	Current Year Purchases	147,377	7,900	7,900			7,900	72
73	Fully Depreciated Assets	93,002	874	874			93,002	73
74								74
75	TOTALS	\$ 711,035	\$ 117,618	\$ 49,806	\$ (67,812)		\$ 363,095	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	Passenger bus	2001 Ford Eldorado	2001	\$ 50,888	\$	\$	\$	4	\$ 50,888	76
77										77
78										78
79	Related Party - AMS	Various	98 - '02	4,415				3	4,415	79
80	TOTALS			\$ 55,303	\$	\$	\$		\$ 55,303	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,496,076	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 494,828	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 301,184	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (193,644)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,701,716	85

**

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

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

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 19,098 Description: copy mach lease + postage meter rental, & various office equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>13,917</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>13,917</u>	21

10. Effective dates of current rental agreement:

Beginning 5/1/2001

Ending 4/30/2011

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

Fiscal Year Ending Annual Rent

12. 12/31/2010 \$ varies

13. 12/31/2011 \$ varies

14. 12/31/2012 \$ varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		Contract	Total
		1 Drop-outs	2 Completed		
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	\$		\$ 638,104	\$		\$ 638,104	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			129,182			129,182	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			756,670			756,670	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				480,492		480,492	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>					(113,210)	180,521		67,311	13
14	TOTAL			\$		\$ 1,410,746	\$ 661,013		\$ 2,071,758	14

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$638,103.78
2. ST	39-3	To Col 5	129,181.87
3.			
4. PT	39-3	To Col 5	756,669.98
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			350,451.26
Manual Input from Related Party- Forum Drugs			130,041.00 See PG 6C
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	480,492.26
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	(113,210.00) See PG 6D
Other			499,759.52
Manual Input: Related Party - Prism			(44,866.00) See PG 6B
Manual Input: Related Party FECII - I.V.			(287,512.00) See PG 6C
Manual Input: Related Party FECII - Wound Care			(839.00) See PG 6C
Oxygen, from reclass worksheet			13,978.00 See PG 4A
13. Col 6: Supplies Total		To Col 6	180,520.52
13. Total Line 13, Column 8			67,310.52
14. Total			2,071,758.41

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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>85,000</u>)	1,183,426	1,183,426	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		95,250	5
6	Prepaid Insurance		24,807	6
7	Other Prepaid Expenses	1,968	1,968	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	178,674	178,674	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,364,068	\$ 1,484,125	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		662,733	13
14	Buildings, at Historical Cost		11,880,012	14
15	Leasehold Improvements, at Historical Cost	77,978	1,121,064	15
16	Equipment, at Historical Cost	190,644	1,877,750	16
17	Accumulated Depreciation (book methods)	(139,796)	(4,024,074)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		995,004	21
22	Other Long-Term Assets (spe <u>Finance fees (net)</u>)		82,094	22
23	Other(specify): <u>Due from Affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 128,826	\$ 12,594,583	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,492,894	\$ 14,078,708	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 815,024	\$ 703,384	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	87,984	87,984	28
29	Short-Term Notes Payable	665,000	665,000	29
30	Accrued Salaries Payable	293,465	293,465	30
31	Accrued Taxes Payable (excluding real estate taxes)	59,072	59,072	31
32	Accrued Real Estate Taxes(Sch.IX-B)		56,580	32
33	Accrued Interest Payable	9,306	101,314	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>	29,139	159,787	36
37	<u>Due to Affiliates</u>	6,710,556	4,773,738	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 8,669,546	\$ 6,900,324	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		2,790,183	39
40	Mortgage Payable		12,043,321	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>	26,987	26,987	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 26,987	\$ 14,860,491	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,696,533	\$ 21,760,815	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,203,640)	\$ (7,682,108)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,492,894	\$ 14,078,708	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,458,271)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2008 cost report	(2,030)	3
4	was submitted. These have no effect on prior year's		4
5	report: bad debt, medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,460,301)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	256,661	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)	\$ 256,661	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)	\$ (7,203,640)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Waterford

0042036

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	\$ 9,923,366	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,923,366	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	88,110	6
7	Oxygen	18,744	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 106,854	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	95	12
13	Barber and Beauty Care	2,968	13
14	Non-Patient Meals	32	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(4)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	4,692	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 7,784	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	6,317	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,317	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	12,232	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 12,232	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,056,552	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,499,347	31
32	Health Care	2,661,906	32
33	General Administration	1,841,053	33
B. Capital Expense			
34	Ownership	1,369,216	34
C. Ancillary Expense			
35	Special Cost Centers	2,374,166	35
36	Provider Participation Fee	54,203	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,799,891	40
41	Income before Income Taxes (line 30 minus line 40)**	256,661	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 256,661	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 of Waterford, LLC

004-2036

Report Period Beginning:

1/1/2009

Ending:

12/31/2009

Details of Page 19, Line 28

Ref Line

Record Copies (g/l 4977-100-001)	566.90	10
Food Rebate (g/l 4977-100-005)	262.00	2
Wage/Service Fees (g/l 4977-100-006)	2,281.92	21
Gain on sale of assets (g/l 4985)	9,121.49	
Total of PG 19, Line 28	<u>12,232.31</u>	

Facility Name & ID Number Alden of Waterford

0042036

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	\$ 95,817	\$ 46.07	1
2	Assistant Director of Nursing	2,080	2,080	81,382	39.13	2
3	Registered Nurses	26,106	27,119	877,022	32.34	3
4	Licensed Practical Nurses	13,250	14,112	366,107	25.94	4
5	CNAs & Orderlies	50,941	54,771	690,067	12.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	40,677	19.56	9
10	Activity Assistants	5,859	6,054	51,350	8.48	10
11	Social Service Workers	2,080	2,080	44,686	21.48	11
12	Dietician					12
13	Food Service Supervisor	129	129	2,697	20.91	13
14	Head Cook	3,515	3,515	66,075	18.80	14
15	Cook Helpers/Assistants	36,014	37,941	402,790	10.62	15
16	Dishwashers					16
17	Maintenance Workers	1,232	1,232	29,495	23.94	17
18	Housekeepers	12,466	13,118	126,892	9.67	18
19	Laundry	2,545	2,778	27,901	10.04	19
20	Administrator	2,080	2,080	109,451	52.62	20
21	Assistant Administrator					21
22	Other Administrative	8,560	8,560	197,039	23.02	22
23	Office Manager	2,080	2,080	30,159	14.50	23
24	Clerical	2,813	2,825	23,370	8.27	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,056	2,080	67,161	32.29	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	3,808	3,840	58,755	15.30	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	181,774	190,554	\$ 3,388,893 *	\$ 17.78	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	900/monthly	\$ 10,800	1-3	35
36	Medical Director	3,950/monthly	47,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	198/monthly	2,376	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	86/monthly	1,032	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 61,608		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 of Waterford

0042036

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 HCAsse \$5,213 IL Asse of HC \$1,188
- (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. \$ 27,342 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. \$ 54,203
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. \$ 22,710 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. \$ 0
- (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.