

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000 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 06/11/09

	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	249	Skilled (SNF)	237	88,437	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	249	TOTALS	237	88,437	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	13,926	3,128	8,400	25,454	8
9	SNF/PED					9
10	ICF	39,576	1,998		41,574	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	53,502	5,126	8,400	67,028	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.79%

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 06/15/93

J. Was the facility purchased or leased after January 1, 1978?
YES Date 06/01/92 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 237 and days of care provided 6,234

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health # 0038000 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	428,572	37,704	10,800	477,076	1,198	478,274	6,816	485,090		1
2	Food Purchase		499,539		499,539	(45,749)	453,790	(64,341)	389,449		2
3	Housekeeping	274,370	80,577		354,947	1,383	356,330	(3,610)	352,720		3
4	Laundry	79,696	39,287		118,983	135	119,118		119,118		4
5	Heat and Other Utilities			305,693	305,693		305,693	(12,701)	292,992		5
6	Maintenance	46,799		187,024	233,823	34	233,857	67,135	300,992		6
7	Other (specify):* Related Party Benefit							9,289	9,289		7
8	TOTAL General Services	829,437	657,107	503,517	1,990,061	(42,999)	1,947,062	2,588	1,949,650		8
	B. Health Care and Programs										
9	Medical Director			38,400	38,400		38,400		38,400		9
10	Nursing and Medical Records	3,530,979	369,259	12,175	3,912,413	(74,887)	3,837,526	66,258	3,903,784		10
10a	Therapy	109,396	936	8,744	119,076		119,076		119,076		10a
11	Activities	91,893	3,984	2,218	98,095	81	98,176		98,176		11
12	Social Services	34,461			34,461		34,461		34,461		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefit							10,492	10,492		15
16	TOTAL Health Care and Programs	3,766,729	374,179	61,537	4,202,445	(74,806)	4,127,639	76,750	4,204,389		16
	C. General Administration										
17	Administrative	148,947			148,947		148,947	129,072	278,019		17
18	Directors Fees										18
19	Professional Services			966,866	966,866	(15,802)	951,064	(867,173)	83,891		19
20	Dues, Fees, Subscriptions & Promotions			97,349	97,349		97,349	(78,546)	18,803		20
21	Clerical & General Office Expenses	190,371	44,466	74,447	309,284	468	309,752	354,931	664,683		21
22	Employee Benefits & Payroll Taxes			812,712	812,712	32,143	844,855	(7,987)	836,868		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,803	3,803		3,803	4,335	8,138		24
25	Other Admin. Staff Transportation			5,789	5,789		5,789	15,551	21,340		25
26	Insurance-Prop.Liab.Malpractice			271,039	271,039		271,039	11,633	282,672		26
27	Other (specify):* Related Party Benefit			67,584	67,584		67,584	8,167	75,751		27
28	TOTAL General Administration	339,318	44,466	2,299,589	2,683,373	16,809	2,700,182	(430,017)	2,270,165		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,935,484	1,075,752	2,864,643	8,875,879	(100,996)	8,774,883	(350,679)	8,424,204		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.

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			75,780	75,780		75,780	326,589	402,369			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			237,807	237,807		237,807	555,146	792,953			32
33	Real Estate Taxes							777,063	777,063			33
34	Rent-Facility & Grounds			1,687,173	1,687,173		1,687,173	(1,687,173)				34
35	Rent-Equipment & Vehicles			11,135	11,135		11,135	51,954	63,089			35
36	Other (specify):* MIP							59,142	59,142			36
37	TOTAL Ownership			2,011,895	2,011,895		2,011,895	82,721	2,094,616			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		488,423	895,989	1,384,412	100,996	1,485,408	(217,213)	1,268,195			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			132,657	132,657		132,657		132,657			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		488,423	1,028,646	1,517,069	100,996	1,618,065	(217,213)	1,400,852			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,935,484	1,564,175	5,905,184	12,404,843		12,404,843	(485,171)	11,919,672			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		(45,749.00)	Employee Meals
	22	45,749.00	Employee Meals
22		(13,606.00)	Uniforms
	1	1,198.00	Uniforms
	3	1,383.00	Uniforms
	4	135.00	Uniforms
	6	34.00	Uniforms
	10	10,307.00	Uniforms
	11	81.00	Uniforms
	21	468.00	Uniforms
10		(100,996.00)	Oxygen - to appropriate cost center
	39	100,996.00	Oxygen - to appropriate cost center
19		(15,802.00)	Reclass - Clinical Coordinator (Pathway) to Line 10
	10	15,802.00	Reclass - Clinical Coordinator (Pathway) to Line 10

Net _____

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(12)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,451	30		9
10	Interest and Other Investment Income	(324)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,808)	2		13
14	Non-Care Related Interest	(104,419)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(3,420)	21		17
18	Fines and Penalties	(25,907)	32		18
19	Entertainment	(2,418)	20		19
20	Contributions	(8,377)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(16,675)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(67,584)	27		24
25	Fund Raising, Advertising and Promotional	(30,334)	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)	\$ (246,827)		\$	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)	(75,072)	various	34
35	Other- Attach Schedule	(163,272)	pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (238,344)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (485,171)		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 Town Manor Rehabilitation & Health Care Center

ID# 0038000

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (8,091)	5	1
2	Late fees on telephone	(92)	21	2
3	Intercompany interest	(98,138)	32	3
4	Misc Income (medical records)	(250)	10	4
5	Misc Income (jury duty)	(17)	21	5
6	Misc Income (food rebate)	(1,591)	2	6
7	Marketing Manager Salaries (6701-100-009)	(48,503)	21	7
8	back out employee benefit for Mktg Manager	(7,987)	22	8
9	back out Bank Charges - TM LLC	(442)	21	9
10	Deming Leadership Training adj	(698)	24	10
11	add back prior year tax refund	31,499	33	11
12				12
13	reduce depreciation exp on pg12 items<\$2,500 TM	(2,355)	30	13
14	reduce depreciation exp on pg12 items<\$2,500 Cicero	(2,770)	30	14
15	expense capital item<\$2,500 related to pg12 type items	399	6	15
16				16
17	adjustment on depreciation	2,581	30	17
18	back out IHCA PAC fees 2009	(3,643)	20	18
19	adj for ABC related party profit - pg12	(8)	30	19
20	adj for ABC related party profit - pg12	(2)	30	20
21	Risk Management Exp adj	5,104	19	21
22				22
23				23
24	reduce depreciation exp on pg13 items<\$2,500	(22,888)	30	24
25	expense pg13 related items<\$2,500	38,548	6	25
26	expense capital item<\$2,500 on pg13 Rel Party	786	6	26
27	eliminate Housekeeping - Hospice portion 2009	(9,561)	3	27
28	eliminate Utilities - Hospice Portion 2009	(8,234)	5	28
29	eliminate Maintenance - Hospice Portion 2009	(6,298)	6	29
30	eliminate Real Estate Tax - Hospice Portion 2009	(20,044)	33	30
31	eliminate Depreciation - Hospice Portion 2009	(577)	30	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	(163,272)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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	8,058	(1,242)	0	0	0	0	0	0	0	6,816	1
2	Food Purchase	(3,411)	0	0	(60,930)	0	0	0	0	0	0	0	(64,341)	2
3	Housekeeping	(9,561)	0	5,951	0	0	0	0	0	0	0	0	(3,610)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(16,325)	0	3,624	0	0	0	0	0	0	0	0	(12,701)	5
6	Maintenance	33,435	0	33,839	0	0	0	(139)	0	0	0	0	67,135	6
7	Other (specify):*	0	0	7,838	1,451	0	0	0	0	0	0	0	9,289	7
8	TOTAL General Services	4,138	0	59,310	(60,721)	0	0	(139)	0	0	0	0	2,588	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	(250)	0	63,130	1,195	2,183	0	0	0	0	0	0	66,258	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	10,492	0	0	0	0	0	0	0	0	10,492	15
16	TOTAL Health Care and Programs	(250)	0	73,622	1,195	2,183	0	0	0	0	0	0	76,750	16
	C. General Administration													
17	Administrative	0	0	129,072	0	0	0	0	0	0	0	0	129,072	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,571)	8,630	(864,232)	0	0	0	0	0	0	0	0	(867,173)	19
20	Fees, Subscriptions & Promotions	(44,772)	0	(33,774)	0	0	0	0	0	0	0	0	(78,546)	20
21	Clerical & General Office Expenses	(52,474)	7,700	338,379	33,641	27,685	0	0	0	0	0	0	354,931	21
22	Employee Benefits & Payroll Taxes	(7,987)	0	0	0	0	0	0	0	0	0	0	(7,987)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(698)	0	5,033	0	0	0	0	0	0	0	0	4,335	24
25	Other Admin. Staff Transportation	0	0	15,551	0	0	0	0	0	0	0	0	15,551	25
26	Insurance-Prop.Liab.Malpractice	0	11,414	219	0	0	0	0	0	0	0	0	11,633	26
27	Other (specify):*	(67,584)	0	69,911	4,171	1,669	0	0	0	0	0	0	8,167	27
28	TOTAL General Administration	(185,086)	27,744	(339,841)	37,812	29,354	0	0	0	0	0	0	(430,017)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(181,198)	27,744	(206,909)	(21,714)	31,537	0	(139)	0	0	0	0	(350,679)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center# 0038000

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	(11,568)	320,543	16,249	0	1,365	0	0	0	0	0	0	326,589	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(228,788)	695,385	87,205	0	1,344	0	0	0	0	0	0	555,146	32
33	Real Estate Taxes	11,455	744,148	21,182	0	278	0	0	0	0	0	0	777,063	33
34	Rent-Facility & Grounds	0	(1,687,173)	0	0	0	0	0	0	0	0	0	(1,687,173)	34
35	Rent-Equipment & Vehicles	0	0	51,954	0	0	0	0	0	0	0	0	51,954	35
36	Other (specify):*	0	59,142	0	0	0	0	0	0	0	0	0	59,142	36
37	TOTAL Ownership	(228,901)	132,045	176,590	0	2,987	0	0	0	0	0	0	82,721	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	(59,205)	(47,329)	(110,679)	0	0	0	0	0	(217,213)	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	(59,205)	(47,329)	(110,679)	0	0	0	0	0	(217,213)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(410,099)	159,789	(30,319)	(80,919)	(12,805)	(110,679)	(139)	0	0	0	0	(485,171)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 1,687,173	Town Manor Associates, L.L.C.	0.00%	\$	\$ (1,687,173)	1
2	V	32 Investment Income RR	38	Town Manor Associates, L.L.C.		801	763	2
3	V	19 Accounting Fees		Town Manor Associates, L.L.C.		8,330	8,330	3
4	V	33 Real Estate Tax		Town Manor Associates, L.L.C.		744,148	744,148	4
5	V	26 Property & Liability Insurance		Town Manor Associates, L.L.C.		11,414	11,414	5
6	V	32 Interest on Mortgage		Town Manor Associates, L.L.C.		570,449	570,449	6
7	V	32 Interest on Operating Loss Loan		Town Manor Associates, L.L.C.		113,235	113,235	7
8	V	30 Depreciation		Town Manor Associates, L.L.C.		320,543	320,543	8
9	V	32 Amortization		Town Manor Associates, L.L.C.		10,938	10,938	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, L.L.C.		59,142	59,142	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, L.L.C.		7,700	7,700	11
12	V	19 Professional Fees		Town Manor Associates, L.L.C.		300	300	12
13	V							13
14	Total		\$ 1,687,211			\$ 1,847,000	\$ * 159,789	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,624	\$ 3,624 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		5,033	5,033 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		15,551	15,551 17
18	V	26 Insurance		Alden Management Services, Inc.		219	219 18
19	V	20 Dues and Subscription	34,512	Alden Management Services, Inc.		738	(33,774) 19
20	V	30 Depreciation		Alden Management Services, Inc.		16,249	16,249 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		21,182	21,182 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		51,954	51,954 22
23	V	32 Interest		Alden Management Services, Inc.		87,205	87,205 23
24	V	1 Dietary		Alden Management Services, Inc.		8,058	8,058 24
25	V	3 Housekeeping		Alden Management Services, Inc.		5,951	5,951 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		7,838	7,838 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		63,130	63,130 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		10,492	10,492 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		129,072	129,072 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		69,911	69,911 30
31	V	19 Professional Fee	920,134	Alden Management Services, Inc.		55,902	(864,232) 31
32	V	21 General and Administrative		Alden Management Services, Inc.		338,379	338,379 32
33	V	6 Repairs and Maintenance	14,574	Alden Management Services, Inc.		48,413	33,839 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 969,220			\$ 938,901	\$ * (30,319) 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)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	113,408	Prism Health Care Services, Inc.		52,478	(60,930)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Ancillary Supplies	129,405	Prism Health Care Services, Inc.		70,200	(59,205)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		21,827	21,827
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		4,171	4,171
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,451	1,451
23	V	21 General and Administrative		Prism Health Care Services, Inc.		11,814	11,814
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		\$ 260,273			\$ 179,354	\$ * (80,919)

* 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>	\$ 188,378	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 258,279	\$ 69,901
16	V	39 <u>IV</u>	131,626	<u>Forum Extended Care Services II, Inc.</u>		17,365	(114,261)
17	V	39 <u>Wound Care</u>	14,041	<u>Forum Extended Care Services II, Inc.</u>		11,072	(2,969)
18	V	10 <u>House Stock</u>	14,055	<u>Forum Extended Care Services II, Inc.</u>		12,749	(1,306)
19	V	10 <u>Pharmacy Consultant</u>	6,105	<u>Forum Extended Care Services II, Inc.</u>		9,594	3,489
20	V	27 <u>Employee Vaccination</u>	2,162	<u>Forum Extended Care Services II, Inc.</u>		1,708	(454)
21	V	27 <u>Employee Benefit: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,123	2,123
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		17,653	17,653
23	V	21 <u>General and Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		10,032	10,032
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,344	1,344
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		278	278
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,365	1,365
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		\$ 356,367			\$ 343,562	\$ * (12,805)

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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	\$ 883,421	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 772,742	\$ (110,679)
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		\$ 883,421			\$ 772,742	\$ * (110,679)

* 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 and maintenance	\$ 10,536	Alden Bennett Construction Company, Inc.	0.00%	\$ 10,397	\$ (139)	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		\$ 10,536			\$ 10,397	\$ * (139)	39

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care C Provider No. 0038000

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 Town Manor Rehabilitation & Health # 0038000 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	174,852	2.196	5.49	Salary	\$ 10,148	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,875	2.196	5.49	Salary	3,765	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,352	2.196	5.49	Salary	2,168	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	\$ 16,081		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 Town Manor Rehabilitation & Health Care Center # 0038000 Report Period Beginning: 1/1/09 Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	31	\$ 66,061	\$	67,038	\$ 3,624	1
2	24	Travel/Seminar	Patient days	31	91,753		67,038	5,033	2
3	25	Other Admin Travel	Patient days	31	283,487		67,038	15,551	3
4	26	Insurance	Patient days	31	3,990		67,038	219	4
5	20	Dues/Subscriptions	Patient days	31	13,454		67,038	738	5
6	30	Depreciation	No. of Providers	31	102,169		1	16,249	6
7	33	Real Estate Tax	Patient days	31	139,876		67,038	21,182	7
8	35	Rent-Equip & Vehicles	Patient days	31	947,116		67,038	51,954	8
9	32	Interest	Patient days	31	1,339,694		67,038	87,205	9
10	1	Diet. Salary	Patient days	31	146,892	146,892	67,038	8,058	10
11	3	Housekeeping Salary	Patient days	31	108,487	108,487	67,038	5,951	11
12	7	Employee Benefits-Gen'l Servs	Patient days	31	142,881		67,038	7,838	12
13	10	Nurs & Med Record Salary	Patient days	31	1,259,741	1,259,741	67,038	63,130	13
14	15	Employee Benefits-Health Care	Patient days	31	191,270		67,038	10,492	14
15	17	Administrative Salary	Patient days	31	2,477,865	2,477,865	67,038	129,072	15
16	27	Employee Benefits-Administr.	Patient days	31	1,274,479		67,038	69,911	16
17	19	Professional Fees	Patient days	31	1,019,103	624,209	67,038	55,902	17
18	21	Gen'l & Administrative	Patient days	31	6,168,666	5,291,904	67,038	338,379	18
19	6	Repairs & Maniten.	Patient days	31	882,577	685,666	67,038	48,413	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 16,659,561	\$ 10,594,764		\$ 938,901	25

Facility Name & ID Number Alden Town Manor Rehabilitation & Health (# 0038000 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 GL 7055		x	Mortgage	\$58,980.00	11/2002	\$ 10,617,600	\$ 9,808,388	12/2037	6.7500	\$ 570,449	1							
2	Cambridge GL 7057		x	Operating Loss Loan	\$11,691.00	11/2002	2,104,700	1,944,291	10/2038	6.7500	113,235	2							
3												3							
4	Amortization-Refin Fee GL7105		x								9,343	4							
5												5							
Working Capital																			
6	Related party-AMS		x	working capital							87,205	6							
7	Related party-FECH		x	working capital							1,344	7							
8	Capital Lease Obligation (LLC)		x	Capital Lease							10,938	8							
9	TOTAL Facility Related				\$70,671.00		\$ 12,722,300	\$ 11,752,679			\$ 792,514	9							
B. Non-Facility Related*																			
10	Interest Income - Repl Reserve										763	10							
11	Interest Income - GL 4646/4975										(324)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ 439	14							
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 11,752,679			\$ 792,953	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 59,142 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 Town Manor Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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>	<u>Tax</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>296,503.00</u>	\$ <u>21,182.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>30,513.00</u>	\$ <u>278.00</u>
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,968.58</u>	\$ <u>1,968.58</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,968.58</u>	\$ <u>1,968.58</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>64,816.95</u>	\$ <u>64,816.95</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>90,431.10</u>	\$ <u>90,431.10</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>342,370.43</u>	\$ <u>342,370.43</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>152,606.60</u>	\$ <u>152,606.60</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>64,117.41</u>	\$ <u>64,117.41</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>64,117.41</u>	\$ <u>64,117.41</u>
TOTALS		\$ <u>1,109,413.06</u>	\$ <u>803,857.06</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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 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 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 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 Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven 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 2000 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 2000.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. _____	Total from PG 10a	\$ 1,109,413.06	\$ 803,857.06
2. <u>16-32-116-023-0000</u>	<u>Nursing Home Facility</u>	\$ 4,505.33	\$ 4,505.33
3. <u>16-32-116-024-0000</u>	<u>Nursing Home Facility</u>	\$ 3,944.98	\$ 3,944.98
4. <u>16-32-116-006-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 1,847.29	\$ 1,847.29
5. <u>16-32-116-007-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 1,524.52	\$ 1,524.52
6. <u>16-32-116-008-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 2,803.92	\$ 2,803.92
7. <u>16-32-116-009-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 4,305.17	\$ 4,305.17
8. <u>16-32-116-010-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 2,933.31	\$ 2,933.31
9. <u>16-32-116-011-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 1,655.33	\$ 1,655.33
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>1,132,932.91</u>	\$ <u>827,376.91</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 & 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 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning:

1/1/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	<u>66,775</u>		<u>\$ 1,137,260</u>	<u>3</u>

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning:

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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	249		1992	1992	9,104,204	289,022	30	303,473	14,451	5,141,588	4
5											5
6											6
7											7
8		Related Party-Forum		1978	13,669		25			13,669	8
		Improvement Type**									
9		Window glass repair		1992	1,600		10			1,600	9
10		CSI - boiler repair		1994	3,268		3			3,268	10
11		Tower cleaners - drapery		1995	1,557		5			1,557	11
12		Bartlett heating -pipe insulation		1995	3,700	247	15	247		3,618	12
13		CSI - a/c repair		1995	4,093		10			4,093	13
14		CSI - a/c repair		1995	4,027		10			4,027	14
15		CSI - pipe insulation		1995	1,981	132	15	132		1,936	15
16		CSI - chiller HVAC		1996	6,042		10			6,042	16
17		The floor source - carpet installation		1996	5,345		10			5,345	17
18		Ward door specialist, Inc. - metal door		1996	1,385	92	15	92		1,245	18
19		Shalom landscaping - planting		1996	8,000		10			8,000	19
20		The floor source - carpet installation		1996	6,049		10			6,049	20
21		Bartlett heating -pipe insulation		1996	18,526	1,235	15	1,235		17,702	21
22		Over charged by Bartlett		1996	(10,500)					(10,500)	22
23		Alden Bennett const. - heating, vent , a/c		1996	69,300	3,465	20	3,465		46,489	23
24		Alden Bennett construction - sanitary sewer lift station		1996	23,921	1,196	20	1,196		16,047	24
25		Arrigo enterprises, Inc. - heating and cooling sys. Corridor		1996	10,931	547	20	547		7,378	25
26		Misco shawnee, Inc. - tile		1996	9,232	462	20	462		6,193	26
27		Misco shawnee, Inc. - tile		1996	9,020	451	20	451		6,051	27
28		General parts - repair dishwasher		1997	2,139		5			2,139	28
29		System Electric - 120 volt circuit installed and replaced		1997	2,085		5			2,085	29
30		Climate - freon into a/c		1997	6,221		5			6,221	30
31		Long elevator - install new eyes on elevator door		1997	3,180		5			3,180	31
32		A&B cable - outlets installation		1997	11,520		5			11,520	32
33		Arrigo enterprises, Inc. - corridor renovation		1997	24,366	1,218	20	1,218		16,039	33
34		ABC - hvac repairs		1998	39,300	1,965	20	1,965		23,089	34
35		ABC - sanitary sewer lift station		1998	1,259	63	20	63		740	35
36		Coit drapery		1998	12,976		5			12,976	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 Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$	10	\$	\$	\$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071	138	15	138		1,530	40
41	Kraft paper - extractor	1999	10,000	500	10	500		10,000	41
42	New horizons - phone system	1999	3,332	251	10	251		3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		1,335	43
44	Chicago cooling corp - cleaned condensor	1999	1,483	50	10	50		1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		1,179	46
47	Climater service - repair rooftop exhaust	1999	1,864	157	10	157		1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		3,529	48
49	ABC - excavation work	1999	2,571	172	10	172		2,571	49
50	Alden design	2000	9,940	994	10	994		9,360	50
51	ABC	2000	8,502	850	10	850		8,359	51
52	Fox valley fire & safety	2000	1,887	189	10	189		1,840	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		2,136	53
54	ABC reverse accruals	2000	(2,571)	(257)	10	(257)		(2,528)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		1,104	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109	311	10	311		2,851	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529	1,553	10	1,553		12,165	59
60	Patten (service elevator)	2001	1,547	77	20	77		694	60
61	Patten (water pump)	2001	2,325	116	20	116		1,035	61
62	CSI coker services (speed reduction unit)	2001	3,779	378	10	378		3,339	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		1,200	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		2,123	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		780	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784	378	10	378		3,340	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,532,400	\$ 307,363		\$ 321,814	\$ 14,451	\$ 5,484,886	70

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

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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 12A, Carried Forward		\$ 9,532,400	\$ 307,363		\$ 321,814	\$ 14,451	\$ 5,484,886	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		1,164	3
4	Alden Bennett Construction (carpet material)	2001	6,636	664	10	664		5,974	4
5	Alden Bennett Construction (repair cabinets and tip in various arc	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844	284	10	284		2,107	11
12	GT Mechanical (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	180	10	180		1,216	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		633	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	496	10	496		3,390	17
18	Thybonny Wallcoverings (Design works)	2003	2,098	210	10	210		1,365	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,522	10	2,522		14,712	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	271	10	271		1,378	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222	2	5	2		1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958	96	5	96		1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000	133	5	133		2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703	179	5	179		2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		2,862	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064	406	5	406		4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682	2	5	2		1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960	528	5	528		3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		1,887	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		982	33
34	TOTAL (lines 1 thru 33)		\$ 9,645,061	\$ 314,606		\$ 329,057	\$ 14,451	\$ 5,569,393	34

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning:

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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 12B, Carried Forward		\$ 9,645,061	\$ 314,606		\$ 329,057	\$ 14,451	\$ 5,569,393	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946	4,789	5	4,789		23,546	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146	630	5	630		3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewar	2005	6,931	1,387	5	1,387		6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		1,425	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320	264	5	264		1,232	7
8	TOPNOT (replace tank heat)	2005	2,298	460	5	460		2,146	8
9	TOPNOT (replace motor)	2005	1,935	387	5	387		1,806	9
10	Oak Fire and Security (Replace nurses call station)	2005	750	150	5	150		675	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925	1,985	5	1,985		8,271	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856	971	5	971		3,965	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509	302	5	302		1,233	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186	1,037	5	1,037		4,234	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277	455	5	455		1,858	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		2,334	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		6,299	17
18	ABC - exhaust fan	2006	5,662	566	10	566		1,840	18
19	ABC - paints and repairs	2006	5,171	1,034	5	1,034		3,189	19
20	ABC - insulation	2006	5,880	588	10	588		1,813	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072	1,014	5	1,014		2,282	22
23	Topnotch - new motor, speed reducer	2007	3,613	361	10	361		1,053	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592	1,918	5	1,918		5,115	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	457	10	457		1,181	25
26	ABC - New HVAC motor	2007	3,188	638	5	638		1,488	26
27	ABC - new ceiling tiles	2007	4,289	858	5	858		1,859	27
28	ABC - new plumbing faucet	2007	6,344	1,269	5	1,269		2,749	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,792,180	\$ 338,753		\$ 353,204	\$ 14,451	\$ 5,662,950	34

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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		\$ 9,792,180	\$ 338,753		\$ 353,204	\$ 14,451	\$ 5,662,950	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	Adj for ABC related party profit	2008	(111)	(8)		(8)		(12)	29
30	Adj for ABC related party profit	2009	(139)	(2)		(2)		(2)	30
31									31
32									32
33	TM - Pkg Lot	1/1/1994	334,637	13,385	25	13,385		214,168	33
34	TOTAL (lines 1 thru 33)		\$ 10,197,346	\$ 354,743		\$ 369,194	\$ 14,451	\$ 5,937,046	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,197,346	\$ 354,743		\$ 369,194	\$ 14,451	\$ 5,937,046	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		255	2
3									3
4	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		2,028	4
5	ABC - new tiles	2008	4,802	480	10	480		760	5
6	Oak Fire - fire alarm fuseable links	2009	7,561	63	10	63		63	6
7	ABC - masonry work for patio piers	2009	5,256	350	10	350		350	7
8	ABC - replaced patio door	2009	2,852	190	1	190		190	8
9	ABC - receiving door	2009	6,451	430	10	430		430	9
10									10
11	In-patient hospice unit (12 beds decertified)	2009	(12,363)	(577)		(577)		(577)	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)		\$ 10,227,502	\$ 357,099		\$ 371,550	\$ 14,451	\$ 5,940,545	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	\$ 636,858	\$ 23,508	\$ 23,508	\$		\$ 269,855	71
72	Current Year Purchases	125,421	8,061	8,061			8,061	72
73	Fully Depreciated Assets	1,198,482	(750)	(750)			1,198,482	73
74								74
75	TOTALS	\$ 1,960,761	\$ 30,819	\$ 30,819	\$		\$ 1,476,398	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	Midwest Transit	Bus/Passenger	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77	Bus/Van	Ford/2000 various	2005-2006	5,599				5	3,416	77
78										78
79	Rel Party AMS	various	98-02	4,415				3	4,415	79
80	TOTALS			\$ 59,840	\$	\$	\$		\$ 57,657	80

E. Summary of Care-Related Assets

	1	2		
	Reference	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)	\$ 13,385,363	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 387,918	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 402,369	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,474,600	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	In-patient Hospice Unit (12 beds decert)	\$ 12,363	\$ 577	\$ 577	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 12,363	\$ 577	\$ 577	91

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center # 0038000 Report Period Beginning: 1/1/09 Ending: 12/31/09

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

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

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 16,570 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>32,436</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>32,436</u>	21

10. Effective dates of current rental agreement:

Beginning 06/30/02

Ending 06/29/12

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?</p> <p><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	\$		\$ 423,816	\$		\$ 423,816	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			58,902			58,902	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			400,260			400,260	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				258,279		258,279	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>					(110,679)	237,617		126,938	13
14	TOTAL			\$		\$ 772,299	\$ 495,896		\$ 1,268,195	14

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

XIV. Special Services (Direct Cost)

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

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$423,816.00
2. ST	39-3	To Col 5	58,902.00
3.			
4. PT	39-3	To Col 5	400,260.00
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			188,378.00
Manual Input from Related Party- Forum Drugs			69,901.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	----- 258,279.00 -----
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	(110,679.00)
Other			313,056.00
Manual Input: Related Party - Prism			(59,205.00)
Manual Input: Related Party FECII - I.V.			(114,261.00)
Manual Input: Related Party FECII - Wound Care			(2,969.00)
Oxygen, from reclass worksheet			100,996.00
13. Col 6: Supplies Total		To Col 6	----- 237,617.00 -----
13. Total Line 13, Column 8			----- 126,938.00 -----
14. Total			----- 1,268,195.00 =====
			1,268,195.00

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center # 0038000

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>133,900</u>)	1,692,628	1,692,628	3
4	Supply Inventory (priced at)	21,486	21,486	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,865	6
7	Other Prepaid Expenses	1,686	1,686	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties/Escrows</u>	242,005	577,742	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,957,805	\$ 2,304,407	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	261,613	261,613	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	763,169	768,241	15
16	Equipment, at Historical Cost	518,908	1,778,963	16
17	Accumulated Depreciation (book methods)	(974,961)	(7,050,191)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		509,891	21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/holders</u>)		64,427	22
23	Other(specify): <u>Due from Affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 568,729	\$ 6,574,408	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,526,534	\$ 8,878,815	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,157,968	\$ 1,151,702	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	283,387	283,387	28
29	Short-Term Notes Payable		173,295	29
30	Accrued Salaries Payable	396,464	396,464	30
31	Accrued Taxes Payable (excluding real estate taxes)	69,248	69,248	31
32	Accrued Real Estate Taxes(Sch.IX-B)		814,600	32
33	Accrued Interest Payable		56,609	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>	25,130	25,130	36
37	<u>Due to Affiliates</u>			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,932,197	\$ 2,970,435	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		1,915,623	39
40	Mortgage Payable		9,663,761	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	3,711,409	2,544,635	43
44	<u>S/holder loans, Interest, Others</u>	1,793,794	1,793,794	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,505,203	\$ 15,917,813	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,437,400	\$ 18,888,248	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,910,866)	\$ (10,009,433)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,526,534	\$ 8,878,815	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,128,569)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2008 cost report was		3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables)	(10,207)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,138,776)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	227,910	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)	\$ 227,910	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)	\$ (4,910,866)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care (# 0038000 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	\$ 12,136,423	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,136,423	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	286,214	6
7	Oxygen	66,717	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 352,931	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	323	13
14	Non-Patient Meals	12	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	4,485	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	47	19
20	Radiology and X-Ray		20
21	Other Medical Services	12,665	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 17,532	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	325	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 325	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Gain on Sale of Fixed Assets/miscellaneous	11,012	28
28a	Rent Income - FHH (non Oper revenue - new acct)	114,530	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 125,542	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,632,753	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,990,061	31
32	Health Care	4,202,445	32
33	General Administration	2,683,373	33
B. Capital Expense			
34	Ownership	2,011,895	34
C. Ancillary Expense			
35	Special Cost Centers	1,384,412	35
36	Provider Participation Fee	132,657	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,404,843	40
41	Income before Income Taxes (line 30 minus line 40)**	227,910	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 227,910	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 Town Manor Rehabilitation & Health Care (# 0038000 Report Period Beginning: 1/1/09 Ending: 12/31/09

Details of Page 19, Line 28

Jury Duty	17.00
Food rebate	1,591.00
Medical records/miscellaneous	250.00
Gain on Sale of Fixed Assets	<u>9,154.00</u>
Total	<u><u>11,012.00</u></u>

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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	2,105	2,105	\$ 86,563	\$ 41.12	1
2	Assistant Director of Nursing	2,108	2,108	76,723	36.40	2
3	Registered Nurses	17,312	18,247	581,556	31.87	3
4	Licensed Practical Nurses	42,736	45,440	1,139,716	25.08	4
5	CNAs & Orderlies	98,136	106,646	1,262,579	11.84	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,058	2,118	29,357	13.86	8
9	Activity Director	2,096	2,096	38,166	18.21	9
10	Activity Assistants	4,743	5,260	53,727	10.21	10
11	Social Service Workers	1,792	1,792	34,461	19.23	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	46,923	22.56	13
14	Head Cook	1,976	1,976	28,274	14.31	14
15	Cook Helpers/Assistants	31,857	34,380	353,374	10.28	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	46,799	22.50	17
18	Housekeepers	23,988	26,138	274,370	10.50	18
19	Laundry	5,543	6,186	79,696	12.88	19
20	Administrator	2,080	2,080	92,754	44.59	20
21	Assistant Administrator	2,080	2,080	56,193	27.02	21
22	Other Administrative	8,504	8,567	221,402	25.84	22
23	Office Manager	1,976	2,046	26,775	13.09	23
24	Clerical	2,577	2,734	22,234	8.13	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,622	4,685	136,906	29.22	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	5,960	6,040	91,530	15.15	32
33	Other(specify) Alzheimer unit	9,668	10,396	155,406	14.95	33
34	TOTAL (lines 1 - 33)	278,077	297,280	\$ 4,935,484 *	\$ 16.60	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	3700/monthly	44,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	498/monthly	2,490	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	129/monthly	256	11-3	44
45	Social Service Consultant	65/monthly	268	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,214		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Michael Stoudt	Administrator	0	\$ 92,754	Workers' Compensation Insurance	\$ 127,942	IDPH License Fee	\$		
Susan Jones	Asst Administrator	0	56,193	Unemployment Compensation Insurance	76,857	Advertising: Employee Recruitment	5,743		
				FICA Taxes	375,612	Health Care Worker Background Check			
				Employee Health Insurance	50,790	(Indicate # of checks performed 115)	1,150		
				Employee Meals	45,749	Patient Background Checks	116 1,160		
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,511		
				Union, Health and Welfare	122,078	IL Health Care Association	8,501		
				Dental & Life	1,105				
				Pension	35,656				
				Relations, Misc Payroll Costs, Drug Tests,		Related party - AMS	738		
				Vaccinations, 401k match	9,066	Less: Public Relations Expense	()		
				Back out Benefits for Marketing	(7,987)	Non-allowable advertising	()		
						Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
(List each licensed administrator separately.)			\$ 148,947	\$ 836,868		\$ 18,803			
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
							Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL			Related party - AMS	5,033	
(Attach a copy of any management service agreement)							Seminar Expense		
C. Professional Services							Deming Leadership Training		1,552
Vendor/Payee	Type		Amount				Service Training/Dementia/LSN/Social		
Alden Management Services	Consulting Fees		\$ 920,134				Work/Psychosocial Survey		1,553
Ken Fisch	Legal Fees		17,293				Entertainment Expense		()
Pathway (reclassified to Nursing)	Clinical Support		15,802				(agree to Sch. V, line 24, col. 8)		
Virchow Krause	Accounting Fees		5,201				TOTAL		\$ 8,138
First Advantage	Tax Consulting		2,347						
IL Associations of Health Care	Union Matters		2,988						
BDO Seidmann	Accounting Fees		2,221						
Medifax	Billing Consultant		648						
KPMG	Accounting Fees		123						
Ava Daly	Accounting Fees		109						
TOTAL (agree to Schedule V, line 19, column 3)									
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 966,866						

* Attach copy of IMRF notifications

**See instructions.

Legal Fees Reported on Pg 21, Section C:	17,293.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(16,675.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<hr/>
Allowable Legal Fees	<hr/> <u>618.00</u>

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning: 1/1/09

Ending: 12/31/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$8,501, II Assoc of HCF \$2,988
- (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. \$ 56,352 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. \$ 132,657
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. \$ 45,749 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.