

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640 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	207	Skilled (SNF)	207	75,555	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	207	TOTALS	207	75,555	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	Private Pay	4 Other	Total	
8	SNF	9,213	2,565	13,422	25,200	8
9	SNF/PED					9
10	ICF	32,339	3,338	427	36,104	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,552	5,903	13,849	61,304	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.14%

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)

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 02/01/91

J. Was the facility purchased or leased after January 1, 1978?
YES Date 02/01/91 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 207 and days of care provided 5,161

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 Valley Ridge Rehabilitation & Health (# 0036640 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	444,402	32,911	10,800	488,113	1,341	489,454	6,128	495,582		1
2	Food Purchase		380,532		380,532	(13,580)	366,952	(25,799)	341,153		2
3	Housekeeping	249,454	40,209		289,663	598	290,261	5,443	295,704		3
4	Laundry	58,693	19,879		78,572	238	78,810		78,810		4
5	Heat and Other Utilities			271,322	271,322		271,322	1,706	273,028		5
6	Maintenance	35,553		217,018	252,571	(205)	252,366	29,649	282,015		6
7	Other (specify):* Related party benf.							8,335	8,335		7
8	TOTAL General Services	788,102	473,531	499,140	1,760,773	(11,608)	1,749,165	25,462	1,774,627		8
	B. Health Care and Programs										
9	Medical Director			20,295	20,295		20,295		20,295		9
10	Nursing and Medical Records	3,262,504	283,055	5,537	3,551,096	(30,512)	3,520,584	60,049	3,580,633		10
10a	Therapy	131,472	478	8,744	140,694		140,694		140,694		10a
11	Activities	84,904	2,017	5,563	92,484	152	92,636		92,636		11
12	Social Services	41,442			41,442		41,442		41,442		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related party benf.							9,596	9,596		15
16	TOTAL Health Care and Programs	3,520,322	285,550	40,139	3,846,011	(30,360)	3,815,651	69,645	3,885,296		16
	C. General Administration										
17	Administrative	180,694			180,694		180,694	118,049	298,743		17
18	Directors Fees										18
19	Professional Services			809,837	809,837	(18,047)	791,790	(699,840)	91,950		19
20	Dues, Fees, Subscriptions & Promotions			80,165	80,165		80,165	(61,588)	18,577		20
21	Clerical & General Office Expenses	214,382	25,317	103,823	343,522	2,158	345,680	322,751	668,431		21
22	Employee Benefits & Payroll Taxes			651,032	651,032	3,164	654,196	(5,939)	648,257		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,511	5,511		5,511	3,905	9,416		24
25	Other Admin. Staff Transportation			10,359	10,359		10,359	14,223	24,582		25
26	Insurance-Prop.Liab.Malpractice			255,102	255,102		255,102	9,468	264,570		26
27	Other (specify):* Related party benf.			77,894	77,894		77,894	(8,157)	69,737		27
28	TOTAL General Administration	395,076	25,317	1,993,723	2,414,116	(12,725)	2,401,391	(307,128)	2,094,263		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,703,500	784,398	2,533,002	8,020,900	(54,693)	7,966,207	(212,021)	7,754,186		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 Valley Ridge Rehabilitation & Health Care Center #0036640 Report Period Beginning: 1/1/09 Ending: 12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			59,542	59,542		59,542	310,501	370,043			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			132,322	132,322		132,322	504,163	636,485			32
33	Real Estate Taxes			184,330	184,330	(184,330)		191,016	191,016			33
34	Rent-Facility & Grounds			822,821	822,821	184,330	1,007,151	(1,007,151)				34
35	Rent-Equipment & Vehicles			28,873	28,873		28,873	47,517	76,390			35
36	Other (specify):* Mortgage Ins.							41,857	41,857			36
37	TOTAL Ownership			1,227,888	1,227,888		1,227,888	87,903	1,315,791			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		627,210	473,609	1,100,819	54,693	1,155,512	(143,875)	1,011,637			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,333	113,333		113,333		113,333			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		627,210	586,942	1,214,152	54,693	1,268,845	(143,875)	1,124,970			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,703,500	1,411,608	4,347,832	10,462,940		10,462,940	(267,993)	10,194,947			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>
19		(18,047.08)	Pathway
	10	18,047.08	Pathway
2		(13,580.31)	Employee Meals
	22	13,580.31	Employee Meals
22		(10,416.00)	Uniforms
	10	6,135.00	Uniforms
	1	1,341.00	Uniforms
	3	598.00	Uniforms
	4	238.00	Uniforms
	6	43.00	Uniforms
	11	152.00	Uniforms
	21	1,909.00	Uniforms
10		(54,693.00)	Oxygen - to appropriate cost center
	39	54,693.00	Oxygen - to appropriate cost center
33		(184,330.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	184,330.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		249.00	Vendor Settlements
	6	(249.00)	Vendor Settlements (may effect more than one line)
26		-	Interest - old policy/curr yr portion
	32	-	Interest - old policy/curr yr portion

Others, if any:

Net _____
-

Alden Valley Ridge Rehabilitation & Health Care Center

ID# 0036640

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees Utilities	\$ (1,608)	5	1
2	Intercompany Interest	(3,762)	32	2
3	Misc. Income-Record Copies	(393)	21	3
4	Misc. Income-Food Rebate	(1,575)	2	4
5	Garnishment Processing	(46)	21	5
6	Marketing Manager Salary	(42,906)	21	6
7	Back out % of employee benefits for Mktg Manger	(5,939)	22	7
8	Back out 30% (for 2009) of PAC fees	(3,428)	20	8
9	Deming Adjustment	(698)	24	9
10	Elim. Landowner Bank Charges	(237)	19	10
11	Elim Deprec on Pg 12 < \$2,500 items-VR	(295)	30	11
12	Elim Deprec on Pg 12 < \$2,500 items-VR Ass.	(2,429)	30	12
13	Expense Pg 12 items< \$2,500 Curr Yr-VR	3,589	6	13
14	Expense Pg 13 items< \$2,500	516	6	14
15	Elim Deprec on Pg 13 < \$2,500 items	(11,386)	30	15
16	Expense Pg 13 items< \$2,500 Curr Yr	22,147	6	16
17	Adj for ABC related profit-Pg 12(Prior Yr)	(28)	30	17
18	Adj for ABC related profit-Pg 12(Current Yr)	(22)	30	18
19	Adj for ABC related party profit -Pg 13 items	(77)	30	19
20	Expense Pg 12 items< \$2,500	270	6	20
21	Aj YTD Deprec Exp to Detail	1,790	30	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(46,517)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

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	7,370	(1,242)	0	0	0	0	0	0	0	6,128	1
2	Food Purchase	(2,965)	0	0	(22,834)	0	0	0	0	0	0	0	(25,799)	2
3	Housekeeping	0	0	5,443	0	0	0	0	0	0	0	0	5,443	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,608)	0	3,314	0	0	0	0	0	0	0	0	1,706	5
6	Maintenance	26,522	0	3,433	0	0	0	(306)	0	0	0	0	29,649	6
7	Other (specify):*	0	0	7,168	1,167	0	0	0	0	0	0	0	8,335	7
8	TOTAL General Services	21,949	0	26,728	(22,909)	0	0	(306)	0	0	0	0	25,462	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	0	0	57,739	1,195	1,115	0	0	0	0	0	0	60,049	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,596	0	0	0	0	0	0	0	0	9,596	15
16	TOTAL Health Care and Programs	0	0	67,335	1,195	1,115	0	0	0	0	0	0	69,645	16
	C. General Administration													
17	Administrative	0	0	118,049	0	0	0	0	0	0	0	0	118,049	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,663)	13,522	(705,699)	0	0	0	0	0	0	0	0	(699,840)	19
20	Fees, Subscriptions & Promotions	(28,401)	650	(33,837)	0	0	0	0	0	0	0	0	(61,588)	20
21	Clerical & General Office Expenses	(52,409)	252	309,483	27,049	38,376	0	0	0	0	0	0	322,751	21
22	Employee Benefits & Payroll Taxes	(5,939)	0	0	0	0	0	0	0	0	0	0	(5,939)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(698)	0	4,603	0	0	0	0	0	0	0	0	3,905	24
25	Other Admin. Staff Transportation	0	0	14,223	0	0	0	0	0	0	0	0	14,223	25
26	Insurance-Prop.Liab.Malpractice	0	9,268	200	0	0	0	0	0	0	0	0	9,468	26
27	Other (specify):*	(77,894)	0	63,941	3,354	2,442	0	0	0	0	0	0	(8,157)	27
28	TOTAL General Administration	(173,004)	23,692	(229,037)	30,403	40,818	0	0	0	0	0	0	(307,128)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(151,055)	23,692	(134,974)	8,689	41,933	0	(306)	0	0	0	0	(212,021)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

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	2,265	304,006	2,864	0	1,366	0	0	0	0	0	0	310,501	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(78,105)	500,647	79,758	0	1,863	0	0	0	0	0	0	504,163	32
33	Real Estate Taxes	0	184,330	6,300	0	386	0	0	0	0	0	0	191,016	33
34	Rent-Facility & Grounds	0	(1,007,151)	0	0	0	0	0	0	0	0	0	(1,007,151)	34
35	Rent-Equipment & Vehicles	0	0	47,517	0	0	0	0	0	0	0	0	47,517	35
36	Other (specify):*	0	41,857	0	0	0	0	0	0	0	0	0	41,857	36
37	TOTAL Ownership	(75,840)	23,689	136,439	0	3,615	0	0	0	0	0	0	87,903	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	(77,078)	(36,938)	(29,859)	0	0	0	0	0	(143,875)	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	(77,078)	(36,938)	(29,859)	0	0	0	0	0	(143,875)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(226,895)	47,381	1,465	(68,389)	8,610	(29,859)	(306)	0	0	0	0	(267,993)	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
		See Pg 6K		See Pg 6K		
The Alden Group, Ltd.	100					

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 Rent Income	\$ 1,007,151	Valley Ridge Associates, L.L.C.		\$	\$ (1,007,151)	1
2	V	32 Interest Income	144	Valley Ridge Associates, L.L.C.			(144)	2
3	V	19 Accounting Fees/Prof. Fees		Valley Ridge Associates, L.L.C.		8,780	8,780	3
4	V	19 Legal Fees: Non-Collections		Valley Ridge Associates, L.L.C.		4,505	4,505	4
5	V	19 Bank Charges		Valley Ridge Associates, L.L.C.		237	237	5
6	V	21 Licenses & Inspections		Valley Ridge Associates, L.L.C.		252	252	6
7	V	20 Dues & Subscription		Valley Ridge Associates, L.L.C.		650	650	7
8	V	33 Real Estate Taxes		Valley Ridge Associates, L.L.C.		184,330	184,330	8
9	V	26 General Insurance Expense		Valley Ridge Associates, L.L.C.		9,268	9,268	9
10	V	36 Mortgage insurance Premium		Valley Ridge Associates, L.L.C.		41,857	41,857	10
11	V	32 Interest Mortgage		Valley Ridge Associates, L.L.C.		493,941	493,941	11
12	V	30 Depreciation		Valley Ridge Associates, L.L.C.		304,006	304,006	12
13	V	32 Amortization Expense		Valley Ridge Associates, L.L.C.		6,850	6,850	13
14	Total		\$ 1,007,295			\$ 1,054,676	\$ * 47,381	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%	\$ 3,314	\$	3,314	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,603		4,603	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,223		14,223	17
18	V	26 Insurance		Alden Management Services, Inc.		200		200	18
19	V	20 Dues & Subscriptions	34,512	Alden Management Services, Inc.		675		(33,837)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864		2,864	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,300		6,300	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		47,517		47,517	22
23	V	32 Interest		Alden Management Services, Inc.		79,758		79,758	23
24	V	1 Dietary		Alden Management Services, Inc.		7,370		7,370	24
25	V	3 Housekeeping		Alden Management Services, Inc.		5,443		5,443	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		7,168		7,168	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		57,739		57,739	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		9,596		9,596	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		118,049		118,049	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		63,941		63,941	30
31	V	19 Professional Fees	756,827	Alden Management Services, Inc.		51,128		(705,699)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		309,483		309,483	32
33	V	6 Repair & Maint	40,846	Alden Management Services, Inc.		44,279		3,433	33
34	V			Alden Management Services, Inc.					34
35	V			Alden Management Services, Inc.					35
36	V								36
37	V								37
38	V								38
39	Total		\$ 832,185			\$ 833,650	\$ *	1,465	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 <u>Diet. Consultant</u>	\$ 10,800	<u>Prism Health Care Services, Inc.</u>	0.00%	\$ 2,711	\$ (8,089)
16	V	1 <u>Dietary Salary</u>		<u>Prism Health Care Services, Inc.</u>		6,847	6,847
17	V	2 <u>Tube Feeding</u>	35,388	<u>Prism Health Care Services, Inc.</u>		12,554	(22,834)
18	V	10 <u>Equip. Rental</u>	6,660	<u>Prism Health Care Services, Inc.</u>		7,855	1,195
19	V	39 <u>Ancillary Services</u>	156,438	<u>Prism Health Care Services, Inc.</u>		79,360	(77,078)
20	V	21 <u>Gen'l & Admin Salary</u>		<u>Prism Health Care Services, Inc.</u>		17,551	17,551
21	V	27 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		3,354	3,354
22	V	7 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		1,167	1,167
23	V	21 <u>Gen'l & Admin</u>		<u>Prism Health Care Services, Inc.</u>		9,498	9,498
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		\$ 209,286			\$ 140,897	\$ * (68,389)

* 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>	\$ 286,240	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 392,455	\$ 106,215	15
16	V	39 <u>I.V.</u>	160,763	<u>Forum Extended Care Services II, Inc.</u>		21,209	(139,554)	16
17	V	39 <u>Wound Care</u>	17,019	<u>Forum Extended Care Services II, Inc.</u>		13,420	(3,599)	17
18	V	10 <u>House Stock</u>	22,046	<u>Forum Extended Care Services II, Inc.</u>		19,997	(2,049)	18
19	V	10 <u>Pharm Consult</u>	5,537	<u>Forum Extended Care Services II, Inc.</u>		8,701	3,164	19
20	V	27 <u>Employee Vaccin.</u>	2,383	<u>Forum Extended Care Services II, Inc.</u>		1,882	(501)	20
21	V	27 <u>Employee Benef: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,943	2,943	21
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		24,470	24,470	22
23	V	21 <u>Gen'l & Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		13,906	13,906	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,863	1,863	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		386	386	25
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,366	1,366	26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 493,988			\$ 502,598	\$ * 8,610	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 452,831	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 422,972	\$ (29,859)
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		\$ 452,831			\$ 422,972	\$ * (29,859)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 23,189	Alden Bennett Construction Company, Inc.	0.00%	\$ 22,883	\$	(306)	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		\$ 23,189			\$ 22,883	\$ *	(306)	39

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care C Provider No. 0036640

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 Valley Ridge Rehabilitation & Health # 0036640 Report Period Beginning: 1/1/09 Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,719	2.008	5.02	Salary	\$ 9,281	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,196	2.008	5.02	Salary	3,444	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,537	2.008	5.02	Salary	1,983	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	\$ 14,708		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 Valley Ridge Rehabilitation & Health Care Center # 0036640 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	\$	61,304	\$ 3,314	1
2	24	Trav & Seminar	Patient Days	31	91,753		61,304	4,603	2
3	25	Other Admin Travel	Patient Days	31	283,487		61,304	14,223	3
4	26	Insurance	Patient Days	31	3,990		61,304	200	4
5	20	Dues & Subscriptions	Patient Days	31	13,454		61,304	675	5
6	30	Depreciation	No of Providers/usage	31	102,169		1	2,864	6
7	33	Real Estate Tax	Patient Days/ysage	31	139,876		61,304	6,300	7
8	35	Rent-Equip & Vehicle	Patient Days	31	947,116		61,304	47,517	8
9	32	Interest	Patient Days/usage	31	1,339,694		61,304	79,758	9
10	1	Dietary Salary	Patient Days	31	146,892	146,892	61,304	7,370	10
11	3	Housekeeping Salary	Patient Days	31	108,487	108,487	61,304	5,443	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	31	142,881		61,304	7,168	12
13	10	Nurs & Med Records Salary	Patient Days	31	1,259,741	1,259,741	61,304	57,738	13
14	15	Employee Benefits -Health Care	Patient Days	31	191,270		61,304	9,596	14
15	17	Administrative Salary	Patient Days/usage	31	2,477,865	2,477,865	61,304	118,049	15
16	27	Employee Benefits - Admin	Patient Days	31	1,274,479		61,304	63,941	16
17	19	Professional fees	Patient Days	31	1,019,103	624,209	61,304	51,129	17
18	21	Gen'I & Admin	Patient Days	31	6,168,666	5,291,904	61,304	309,483	18
19	6	Repair & Maint.	Patient Days	31	882,577	685,666	61,304	44,279	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 16,659,561	\$ 10,594,764		\$ 833,650	25

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health C # 0036640 Report Period Beginning: 1/1/09 Ending: 12/31/09

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge Realty (GL 7055)		x	Mortgage	\$50,767.00	09/02	\$ 9,009,300	\$ 8,318,748	08/20/1937	5.9000	\$ 493,941	1							
2												2							
3												3							
4												4							
5												5							
Working Capital																			
6	Bank Leumi		x	Working Capital		12/12/08	1,135,173	1,135,173	Various		50,033	6							
7	Related party-AMS		x								79,758	7							
8	Related party-FECH		x								1,863	8							
9	TOTAL Facility Related				\$50,767.00		\$ 10,144,473	\$ 9,453,921			\$ 625,595	9							
B. Non-Facility Related*																			
10	Interest Income on R.R.										(144)	10							
11	Int Income (GL#4646/4975)										(1,566)	11							
12												12							
13	Amortization-Fin/Refin Fee		x								12,600	13							
14	TOTAL Non-Facility Related						\$	\$			\$ 10,890	14							
15	TOTALS (line 9+line14)						\$ 10,144,473	\$ 9,453,921			\$ 636,485	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 41,857 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 Valley Ridge Rehabilitation & Health Care Center COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0036640

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>298,822.00</u>	\$ <u>6,300.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>29,714.00</u>	\$ <u>386.00</u>
3. <u>02-23-301-019</u>	<u>Alden Valley Ridge</u>	\$ <u>3,188.46</u>	\$ <u>3,188.46</u>
4. <u>02-23-301-020</u>	<u>Alden Valley Ridge</u>	\$ <u>186,241.64</u>	\$ <u>186,241.64</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>517,966.10</u>	\$ <u>196,116.10</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.

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

Report Period Beginning:

1/1/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 72,046 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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>72,046</u>	<u>1990</u>	<u>\$ 317,233</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	72,046		\$ 317,233	3

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	207	1991		6,027,235	191,340	30	200,908	9,568	3,849,761	4
5										5
6										6
7										7
8	Related Party-Forum		1978	14,056		25			14,056	8
	Improvement Type**									
9	LEASEHOLD IMPROVEMENTS		1991	1,644,299	58,820	VARIOUS	64,007	5,187	1,206,183	9
10	REPAIR A/C,CONTROL SYSTEM & PUMP/MISC.		1991	18,611		5			18,611	10
11	EXHAUST FAN/HVAC/BURNISHER/MISC.		1992	32,815		5,10 & 15			32,815	11
12	PIPE INSULATION/HVAC/MISC.		1993	31,308		5,10,15 & 17			31,308	12
13	SEWER WORK/CARPETING/ROOFING/INJECTOR PUMP		1994	28,814	261	5,10 & 25	261		26,265	13
14	REPAIR PUMPS/FAUCETS/HVAC/REGROUT SHOWERS/MSC		1995	28,634	743	10,15 & 20	743		27,065	14
15	ROOF REPAIR		1996	3,200		10			3,200	15
16	ROOF REPAIR		1996	2,500		10			2,500	16
17	PARKING LOT LIGHTING		1996	3,716	248	15	248		3,325	17
18	PARKING LOT LIGHTING,EMRGNCY SERVICE-POWER OUT		1997	8,767		5			8,767	18
19	REPAIR PUMP		1997	1,800		5			1,800	19
20	ROOF REPAIRS		1997	2,590		5			2,590	20
21	REPLACE COMPRESSOR		1997	6,885		5			6,885	21
22	REPLACE MIXING VALVE		1997	2,763		5			2,763	22
23	REPAIR PUMP		1997	2,161		5			2,161	23
24	REPLACE PUMP		1997	6,293		5			6,293	24
25	REPLACED COMPRESSOR		1997	5,000		5			5,000	25
26	ROOF REPAIRS		1997	1,800		5			1,800	26
27	DOOR HOLDER		1997	4,088		10			4,088	27
28	PARKING LOT		1997	131,918	6,596	20	6,596		78,628	28
29	INSTALL WALL PLATES/OUTLETS		1997	4,968		10			4,968	29
30	INSTALL CABLE		1998	5,244		10			5,244	30
31	PAINTING		1998	52,000	2,600	20	2,600		29,683	31
32	CARPETING		1998	59,500	2,975	20	2,975		33,965	32
33	DRAPERIES		1998	13,000	650	20	650		7,421	33
34	ROOF		1998	79,000	3,950	20	3,950		45,096	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	OIL/DRIER ON STAGE COMPRESSOR	1998	\$ 2,900	\$ 193	15	\$ 193	\$	\$ 2,270	37
38	REPAIR TOWER	1998	2,727	182	15	182		2,092	38
39	REPLACE PRESSURE RELIEF VALVE	1998	1,940	129	15	129		1,486	39
40	CARPETING	1998	1,667		5			1,667	40
41	CARPETING	1998	15,858		5			15,858	41
42	CARPETING	1998	5,000		5			5,000	42
43	REPAIR FUEL PUMP ON GENERATOR	1998	2,532	127	20	127		1,436	43
44	FLOOR TILE	1998	4,876		10			4,876	44
45	REPAIR SHAFT AND GEAR REDUCER ON DRYER	1998	2,058		10			2,058	45
46	REPAIR VALVE IN THERAPY ROOM	1998	1,505	100	15	100		1,119	46
47	REPLACE HEAT PUMP	1998	3,773	252	15	252		2,811	47
48	CARPETING	1998	20,000		5			20,000	48
49	CARPETING	1998	18,082		5			18,082	49
50	Alden Bennet Construction (tank replacement)	1999	12,409	827	15	827		9,030	50
51	Northtown (repair dishwasher)	1999	1,695		10			1,695	51
52	Climate Service (replace hot water heater)	1999	9,561	637	15	637		6,851	52
53	Taylor Plumbing (pump repair)	1999	1,728		5			1,728	53
54	Ashland Plumbing & Heating Co. (furnished and installed ejector pump)	1999	6,658	444	15	444		4,735	54
55	Rykoff-Sexton (booster heater)	1999	1,893		10			1,893	55
56	Climate Service (cleaned condenser and tower)	1999	2,642		10			2,642	56
57	Patten Industries(generator repair)	1999	2,870		10			2,870	57
58	Fox Valley Fire & Safety(nurse call system repair)	1999	1,510	101	15	101		1,033	58
59	Fox Valley Fire & Safety(nurse call system repair)	1999	1,632	109	15	109		1,116	59
60	Climate Service(repair tower fan)	1999	4,733		10			4,733	60
61	Climate Service(repair tower fan)	1999	2,405		10			2,405	61
62	New Horizons(replace power supply for phone system)	1999	3,767		10			3,767	62
63	Patten Industries(rebuild generator)	1999	7,884	394	20	394		3,974	63
64	Alco(nuts, bolts, lock extensions, tube cap,head screw)	1999	1,779		5			1,779	64
65	System Electric(repair dedicated circuits)	2000	2,461	164	15	164		1,627	65
66	Capps Plumbing (repair ejector pumps)	2000	4,970	331	15	331		3,284	66
67	Fox Valley (re-wire smoke detectors)	2000	14,576	1,458	10	1,458		14,213	67
68	Harold(repair dish machaine)	2000	962		5			962	68
69	Harold(repair dish machaine)	2000	1,328		5			1,328	69
70	TOTAL (lines 4 thru 69)		\$ 8,393,346	\$ 273,631		\$ 288,386	\$ 14,755	\$ 5,612,661	70

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,393,346	\$ 273,631		\$ 288,386	\$ 14,755	\$ 5,612,661	1
2	new horizons-install phone line	2000	2,742	274	10	274		2,604	2
3	CSI -Coker Service (new motor)	2001	3,865	387	10	387		3,416	3
4	State mandated tank removal	2001	12,242	816	15	816		7,345	4
5	Water Pump repair	2001	1,706		5			1,706	5
6	GT (new shaft)	2001	2,491		5			2,491	6
7	new horizons-install phone line	2001	1,572		5			1,572	7
8	GT (replace fan blade)	2001	3,534		5			3,534	8
9	Alco sales & service (beds)	2001	2,324	233	10	233		1,939	9
10	Alco sales & service (beds)	2001	233	23	10	23		191	10
11	GT (repalace motor)	2001	791	79	10	79		652	11
12	GT (replace heat exchanger)	2001	1,332		5			1,332	12
13	GT (repair leaking piping)	2001	1,381		5			1,381	13
14	GT (refund for shaft)	2002	(2,491)		5			(2,491)	14
15	ABC (misc. repair)	2002	2,126		5			2,126	15
16	GT (compressor)	2002	4,290	286	15	286		2,097	16
17	Capps (install drain)	2002	2,585	43	5			2,585	17
18	SMT healthcare system(body lift)	2002	10,132	676	15	676		5,124	18
19	ABC --(carpet in two elevators))	2002	1,279	128	10	128		1,002	19
20	ABC (new gate)	2002	3,362	336	10	336		2,521	20
21	ABC-New door	2003	2,102	210	10	210		1,383	21
22	ABC-Southland-New Floor	2003	857	86	10	86		601	22
23	ABC- Bathroom	2003	735	73	10	73		457	23
24	CSI-repair dishwasher	2003	2,111		5			2,111	24
25	ABC-GT Mech. Repair gas regulators	2003	2,369	237	10	237		1,639	25
26	ABC GTMech-repair water heater	2003	1,818	182	10	182		1,243	26
27	TSN Inc - DSL Cable	2004	990	99	10	99		586	27
28	Aquarium Main Serv-replace mixing valves	2004	10,501		5			10,501	28
29	ABC-new flooring	2004	2,100	210	10	210		1,207	29
30	Aqua Service-boiler mixing valve/storage tank prep	2004	1,205		5			1,205	30
31	Aqua Service-boiler mixing valve/storage tank prep	2004	2,906		5			2,906	31
32	Aqua Service-rebuilt valves,plumbing	2004	3,002		5			3,002	32
33	ABC-new flooring	2004	2,276	228	10	228		1,253	33
34	TOTAL (lines 1 thru 33)		\$ 8,481,814	\$ 278,237		\$ 292,949	\$ 14,755	\$ 5,681,882	34

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,481,814	\$ 278,237		\$ 292,949	\$ 14,712	\$ 5,681,882	1
2	ABC-hot water heater/valve repair	2004	2,215		5			2,215	2
3	Equipment Int'l-repair laundry equipment	2004	2,305		5			2,305	3
4	ABC-elevator repairs	2004	3,260	326	10	326		1,739	4
5									5
6	Capps-Furnish/Install 1 1/2 RPZ Boiler	2005	1,940	97	20	97		461	6
7	A&B Custom Cable-Install TV Cabling/Master Antenna for 1st fl	2005	6,020	602	10	602		2,809	7
8	DBS Contracting, Inc-Bore Underground for TV	2005	5,750	575	10	575		2,492	8
9									9
10	Cybor Fire Protection-Sprinkler System Pipe Work	2005	4,500	900	5	900		3,900	10
11	A&B Custom Cable-Install 70 rms antennas	2005	8,120	812	10	812		3,383	11
12	ABC-Patten Repair Generator	2006	5,210	521	10	521		2,041	12
13	ABC-Firestopping & Tree Removal due to storm	2006	10,713	714	15	714		2,678	13
14	ABC-Replaced Concrete Sidewalk	2006	3,809	254	15	254		931	14
15	ABC-Window Replacement	2006	31,829	3,183	10	3,183		10,665	15
16	TopNotch Cooler Door	2006	4,300	430	10	430		1,433	16
17	ABC-Bathroom Repairs	2006	20,841	4,168	5	4,168		14,241	17
18	Repared Parking Lot	2007	32,783	2,186	15	2,186		4,554	18
19	Install TV Cabeling/Master Antenna	2007	(3,020)	(302)	10	(302)		(805)	19
20	Chiller Repair	2007	7,225	723	10	723		1,867	20
21	Installed Compressor	2007	9,517	952	10	952		2,301	21
22	Freezer Door Repair	2007	4,533	453	10	453		1,095	22
23									23
24									24
25	Regraded Detention Pond	2007	6,302	630	10	630		1,470	25
26	Replaced water pump motors	2007	4,095	410	10	410		922	26
27	New TV Lines	2007	5,750	575	10	575		1,438	27
28									28
29									29
30	Replace Sprinkler System	2007	4,500	450	10	450		1,125	30
31									31
32	Ceiling, Tiling, Motors, Cabinets, Plumbing	2007	8,034	803	10	803		2,008	32
33	Thermo Pane Windows, Bathroom mirrors	2007	7,371	737	10	737		1,843	33
34	TOTAL (lines 1 thru 33)		\$ 8,679,715	\$ 298,435		\$ 313,147	\$ 14,712	\$ 5,750,993	34

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

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		\$ 8,679,715	\$ 298,435		\$ 313,147	\$ 14,712	\$ 5,750,993	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28	Adj for ABC related party profit	2008	(632)	(28)		(28)		(28)	28
29	Adj for ABC related party profit	2009	(1,021)	(22)		(22)		(22)	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,748,841	\$ 301,001		\$ 315,712	\$ 14,712	\$ 5,810,885	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		\$ 8,748,841	\$ 301,001		\$ 315,712	\$ 14,712	\$ 5,810,885	1
2	Parking Lot Paving	2007	12,323	1,232	10	1,232		2,772	2
3									3
4	ABC-Windows	2008	3,387		10				4
5	ABC-Cooling tower/compressor	2008	73,033	4,869	15	4,869		6,898	5
6	ABC-Ceiling tile/electrical/door	2008	5,518	552	10	552		690	6
7	ABC-Water main	2008	18,186	727	25	727		848	7
8	ABC-Carpeting	2008	7,252	1,450	5	1,450		1,571	8
9	ABC-Thermal pane windows	2008	3,280	328	10	328		355	9
10	ABC-Landscap/masonry/irrig/lighting	2009	32,194		15				10
11	ADG-Replace solar screen window shades	2009	2,583	387	5	387		387	11
12	G.T.Mech-Repair/clean water cooled condenser	2009	3,521	469	5	469		469	12
13	G.T.Mech-Replaced busted ball valves on cooling tower	2009	3,218	429	5	429		429	13
14	Top Notch-Relaced Freezer Compressor	2009	5,581	744	5	744		744	14
15	Equ. International-Reducer Gearkit Spider Panel Front	2009	4,794	120	10	120		120	15
16	ABC-Plumbing replaced Broken & damaged	2009	4,902	245	5	245		245	16
17	ABC-Windows Replaced Broken	2009	7,852	131	10	131		131	17
18	ABC-Hvac motors with new motors	2009	4,773	40	10	40		40	18
19	ABC-Repaved bad parking lot with new paving	2009	24,646	1,232	10	1,232		1,232	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)		\$ 8,965,883	\$ 313,956		\$ 328,668	\$ 14,712	\$ 5,827,816	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	\$ 361,186	\$ 30,891	\$ 30,891	\$		\$ 177,785	71
72	Current Year Purchases	214,292	7,028	7,028			7,028	72
73	Fully Depreciated Assets	889,668	3,456	3,456			889,668	73
74								74
75	TOTALS	\$ 1,465,146	\$ 41,375	\$ 41,375	\$		\$ 1,074,481	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	Busses	Midwest Transit	1/1/2001	\$ 49,825	\$	\$	\$		\$ 49,825	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	4,415				3	4,415	79
80	TOTALS			\$ 54,240	\$	\$	\$		\$ 54,240	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)	\$ 10,802,502	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 355,331	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 370,043	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,712	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,956,537	85

**

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640 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?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			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: \$ 21,384 Description: Copy Machine Lease & 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- AMS</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>29,666</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>19,501</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>49,167</u>	21

10. Effective dates of current rental agreement:

Beginning 06/00

Ending 07/10

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

Fiscal Year Ending Annual Rent

12. /2010 \$ Varies

13. /2011 \$ Varies

14. /2012 \$ Varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 164,146	\$		\$ 164,146	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			33,655			33,655	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			255,031			255,031	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				392,454		392,454	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>					(29,859)	196,210		166,351	13
14	TOTAL			\$		\$ 422,973	\$ 588,664		\$ 1,011,637	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.

	Page 16
	Col 5: PT,OT, & ST
XIV. Special Services (Direct Cost)	Col 6: Supplies

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$164,145.76
2. ST	39-3	To Col 5	33,654.50
3.			
4. PT	39-3	To Col 5	255,030.93
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			286,239.51
Manual Input from Related Party- Forum Drugs			106,215.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	392,454.51
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	(29,859.00)
Other			361,748.39
Manual Input: Related Party - Prism			(77,078.00)
Manual Input: Related Party FECII - I.V.			(139,554.00)
Manual Input: Related Party FECII - Wound care			(3,599.00)
Oxygen, from reclass worksheet			54,693.00
13. Col 6: Supplies Total		To Col 6	196,210.39
13. Total Line 13, Column 8			166,351.39
14. Total			1,011,637.09

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center # 0036640

Report Period Beginning: 1/1/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

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

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>82,466</u>)	<u>1,424,770</u>	<u>1,424,770</u>	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		<u>8,823</u>	6
7	Other Prepaid Expenses	<u>5,726</u>		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>46,746</u>	<u>183,163</u>	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ <u>1,477,242</u>	\$ <u>1,616,756</u>	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		<u>290,687</u>	13
14	Buildings, at Historical Cost		<u>7,880,053</u>	14
15	Leasehold Improvements, at Historical Cost	<u>716,799</u>	<u>1,060,824</u>	15
16	Equipment, at Historical Cost	<u>667,189</u>	<u>1,685,933</u>	16
17	Accumulated Depreciation (book methods)	<u>(1,005,107)</u>	<u>(6,515,240)</u>	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		<u>55,673</u>	21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/holders</u>)		<u>39,103</u>	22
23	Other(specify): <u>Due from Affiliates</u>	<u>2,770,077</u>	<u>2,997,807</u>	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ <u>3,148,958</u>	\$ <u>7,494,840</u>	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ <u>4,626,200</u>	\$ <u>9,111,596</u>	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ <u>804,933</u>	\$ <u>783,979</u>	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>139,885</u>	<u>139,885</u>	28
29	Short-Term Notes Payable	<u>1,135,173</u>	<u>1,256,820</u>	29
30	Accrued Salaries Payable	<u>391,034</u>	<u>391,034</u>	30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>58,088</u>	<u>58,088</u>	31
32	Accrued Real Estate Taxes(Sch.IX-B)		<u>195,100</u>	32
33	Accrued Interest Payable	<u>537,233</u>	<u>578,134</u>	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	<u>42,106</u>	<u>105,086</u>	36
37	<u>Due to Affiliates</u>			37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ <u>3,108,452</u>	\$ <u>3,508,126</u>	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		<u>8,197,102</u>	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>	<u>537,649</u>	<u>537,649</u>	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ <u>537,649</u>	\$ <u>8,734,751</u>	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ <u>3,646,101</u>	\$ <u>12,242,877</u>	46
47	TOTAL EQUITY(page 18, line 24)	\$ <u>980,099</u>	\$ <u>(3,131,281)</u>	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ <u>4,626,200</u>	\$ <u>9,111,596</u>	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,231,476	1
2	Restatements (describe):		2
3	external audit adjustments made after 2006 cost report	(8,485)	3
4	was submitted. These have no effect on prior years report		4
5	Bad debt, Medicare revenues (non allowables)		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,222,991	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(242,892)	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)	\$ (242,892)	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)	\$ 980,099	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care C # 0036640 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	\$ 9,969,817	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,969,817	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	157,472	6
7	Oxygen	58,696	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 216,168	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,078	13
14	Non-Patient Meals	8	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	694	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	22,657	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 24,437	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,566	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,566	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28		8,060	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,060	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,220,048	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,760,773	31
32	Health Care	3,846,011	32
33	General Administration	2,414,116	33
B. Capital Expense			
34	Ownership	1,227,888	34
C. Ancillary Expense			
35	Special Cost Centers	1,100,819	35
36	Provider Participation Fee	113,333	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,462,940	40
41	Income before Income Taxes (line 30 minus line 40)**	(242,892)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (242,892)	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 Valley Ridge Rehabilitation & Health Care # 0036640 Report Period Beginning: 1/1/09 Ending: 12/31/09

Details of Page 19, Line 28

Misc. Income GL#4977 (discrube) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 22-Pg 5A	393.00
Food Rebate-Backed out with Ln ref 2-Pg 5A	1,575.00
Wage Service Fee-Backed out with Ln ref 22-Pg 5A	46.00
Recovery of Bad Debts (private only, is not offset on Sch.# V)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	6,046.00
Total of Line 28	<u>8,060.00</u>

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

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	1,999	2,080	\$ 88,286	\$ 42.45	1
2	Assistant Director of Nursing	2,995	3,019	122,786	40.67	2
3	Registered Nurses	29,861	32,202	1,061,752	32.97	3
4	Licensed Practical Nurses	26,255	27,707	750,806	27.10	4
5	CNAs & Orderlies	77,051	81,946	1,029,815	12.57	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,505	3,938	72,000	18.28	8
9	Activity Director	2,080	2,080	39,500	18.99	9
10	Activity Assistants	3,992	4,351	45,405	10.44	10
11	Social Service Workers	2,080	2,080	41,442	19.92	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	76,270	36.67	13
14	Head Cook	6,240	6,240	85,541	13.71	14
15	Cook Helpers/Assistants	26,476	28,299	282,590	9.99	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	35,553	17.09	17
18	Housekeepers	21,022	22,866	249,454	10.91	18
19	Laundry	5,278	6,088	58,693	9.64	19
20	Administrator	2,080	2,080	126,848	60.98	20
21	Assistant Administrator	1,920	1,920	53,846	28.04	21
22	Other Administrative	7,528	7,801	189,260	24.26	22
23	Office Manager	2,072	2,080	50,951	24.50	23
24	Clerical	3,012	3,325	33,643	10.12	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,192	2,192	76,085	34.71	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	2,179	2,179	35,473	16.28	32
33	Other(specify) Alzheimer Sup&Aid	6,267	6,739	97,501	14.47	33
34	TOTAL (lines 1 - 33)	240,244	255,372	\$ 4,703,500 *	\$ 18.42	34

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

** See instructions.

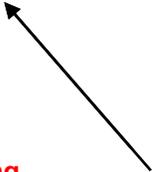
B. CONSULTANT SERVICES

		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	1500/monthly	20,295	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	414/Monthly	4,968		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	259/Monthly	3,108	11-3	44
45	Social Service Consultant	67/Monthly	800		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 39,971		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ 0		50
51	Licensed Practical Nurses		0		51
52	Certified Nurse Assistants/Aides		0		52
53	TOTAL (lines 50 - 52)		\$		53

Alden Valley Ridge Legal Fee Support 2009	
Legal Fees Reported on Pg 21, Section C:	\$ 13,089.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(7,426.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	-
Allowable Legal Fees	<u>\$ 5,663.00</u>



Total Allow. Legal Fees should be the sum of the invoices you are providing.

Facility Name & ID Number Alden Valley Ridge Rehabilitation & Health Care Center

0036640

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. Health Care Assn. \$ 7799.00
- (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. \$ 49,594 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. N/A
- (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. \$ 113,333
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. \$ 13,580 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.