

Facility Name & ID Number Alden Village Health Facility

0038455 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 7/15/09

	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		Skilled (SNF)			1
2	109	Skilled Pediatric (SNF/PED)	119	41,485	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	109	TOTALS	119	41,485	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED	37,197	296	148	37,641	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	37,197	296	148	37,641	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.73%

D. How many bed-hold days during this year were paid by the Department? 865 (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 11/01/92

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/01/92 NO

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

Medicare Intermediary _____

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 Village Health Facility # 0038455 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	191,615	17,217	10,800	219,632	2,058	221,690	3,283	224,973		1
2	Food Purchase		606,211		606,211	(22,765)	583,446	(333,131)	250,315		2
3	Housekeeping	195,282	37,984		233,266	1,830	235,096	3,342	238,438		3
4	Laundry	44,367	14,480		58,847		58,847		58,847		4
5	Heat and Other Utilities			167,185	167,185		167,185	260	167,445		5
6	Maintenance	36,164		163,239	199,403	(52)	199,351	37,984	237,335		6
7	Other (specify):* Related Party Benefit							7,539	7,539		7
8	TOTAL General Services	467,428	675,892	341,224	1,484,544	(18,929)	1,465,615	(280,723)	1,184,892		8
	B. Health Care and Programs										
9	Medical Director			47,700	47,700		47,700		47,700		9
10	Nursing and Medical Records	2,497,345	198,950	4,726	2,701,021	(36,724)	2,664,297	81,705	2,746,002		10
10a	Therapy					189,206	189,206	45,135	234,341		10a
11	Activities		4,548	194,374	198,922		198,922		198,922		11
12	Social Services	130,547			130,547		130,547		130,547		12
13	CNA Training	14,021			14,021		14,021		14,021		13
14	Program Transportation	31,431			31,431		31,431		31,431		14
15	Other (specify):* Related Party Benefit							5,892	5,892		15
16	TOTAL Health Care and Programs	2,673,344	203,498	246,800	3,123,642	152,482	3,276,124	132,732	3,408,856		16
	C. General Administration										
17	Administrative	110,896			110,896		110,896	87,320	198,216		17
18	Directors Fees										18
19	Professional Services			620,372	620,372		620,372	(563,294)	57,078		19
20	Dues, Fees, Subscriptions & Promotions			33,070	33,070		33,070	(25,089)	7,981		20
21	Clerical & General Office Expenses	163,494	15,836	55,655	234,985	393	235,378	277,445	512,823		21
22	Employee Benefits & Payroll Taxes			512,538	512,538	17,465	530,003	(98)	529,905		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,044	5,044		5,044	1,973	7,017		24
25	Other Admin. Staff Transportation			18,025	18,025		18,025	8,733	26,758		25
26	Insurance-Prop.Liab.Malpractice			123,800	123,800		123,800	123	123,923		26
27	Other (specify):* Related Party Benefit			3,216	3,216		3,216	44,672	47,888		27
28	TOTAL General Administration	274,390	15,836	1,371,720	1,661,946	17,858	1,679,804	(168,215)	1,511,589		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,415,162	895,226	1,959,744	6,270,132	151,411	6,421,543	(316,206)	6,105,337		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 Village Health Facility

#0038455

Report Period Beginning:

1/1/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			50,761	50,761		50,761	424,089	474,850			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			58,140	58,140		58,140	904,690	962,830			32
33	Real Estate Taxes							60,329	60,329			33
34	Rent-Facility & Grounds			1,323,562	1,323,562		1,323,562	(1,323,312)	250			34
35	Rent-Equipment & Vehicles			32,756	32,756		32,756	29,176	61,932			35
36	Other (specify):* M.I.P./Loss on Abandoned Assets							971,933	971,933			36
37	TOTAL Ownership			1,465,219	1,465,219		1,465,219	1,066,905	2,532,124			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	240,024	165,791	433,747	839,562	(151,411)	688,151	83,957	772,108			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			412,538	412,538		412,538		412,538			42
43	Other (specify):* DD Day Training			962,057	962,057		962,057		962,057			43
44	TOTAL Special Cost Centers	240,024	165,791	1,808,342	2,214,157	(151,411)	2,062,746	83,957	2,146,703			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,655,186	1,061,017	5,233,305	9,949,508		9,949,508	834,655	10,784,163			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Alden Village Health Facility
 Reclassifications on Pgs 3 & 4 - Column 5
 Report Period Beginning: 1/1/2009
 Report Period Ending: 12/31/2009

IDPH Facility ID Number: #0038455

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(22,764.73)	Employee Meals
	22	22,764.73	Employee Meals
22		(5,300.00)	Uniforms
	10	1,071.00	Uniforms
	1	2,058.00	Uniforms
	3	1,830.00	Uniforms
	4	-	Uniforms
	6	-	Uniforms
	11	-	Uniforms
	21	341.00	Uniforms
10		(37,795.00)	Oxygen - to appropriate cost center
	39	37,795.00	Oxygen - to appropriate cost center
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)
21		52.00	Vendor Settlements
	6	(52.00)	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
<u>DD Providers Only:</u>			
39		(189,206.41)	PT, OT, & ST CPT Therapy Costs
	10A	189,206.41	PT, OT, & ST CPT Therapy Costs
Net		<u>-</u>	

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(2,700)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(139)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(35)	21		17
18	Fines and Penalties	(11,337)	32		18
19	Entertainment	(989)	20		19
20	Contributions	(3,714)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(3,216)	27		24
25	Fund Raising, Advertising and Promotional	(19,170)	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)	\$ (41,300)		\$	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)	911,036	Various	34
35	Other- Attach Schedule	(35,081)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 875,955		36
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 834,655		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 Village Health Facility

ID# 0038455

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (1,775)	5	1
2	Intercompany Interest with AMS	(44,738)	32	2
3	Misc Income - Garnishment Processing	(66)	22	3
4	Misc Income - Record Copies	(40)	21	4
5	Misc Income - Food Vendor Rebate	(477)	2	5
6	Misc Income - Jury Duty	(32)	22	6
7	Reduce deprec exp on Pg 12 items under \$2500-VL,LLC	(2,236)	30	7
8	Reduce deprec exp on Pg 12 items under \$2500-VL	(1,758)	30	8
9	Expense capital items > \$2500 on Pg 12 items-VL	6,519	6	9
10	Reduce deprec exp on Pg 13 items under \$2500	(6,129)	30	10
11	Expense capital items > \$2500 on Pg 13 items	20,049	6	11
12	Expenses on Pg-12 & Pg-13 -Related Party	786	6	12
13	30% Backout PAC fees	(1,805)	20	13
14	Record Depreciation for Deffered Maint.	(92)	6	14
15	Bank Fees Paid by LLC	(494)	21	15
16	Deming Adjustment	(853)	24	16
17	Fines & Penalties	(3,658)	32	17
18	Adj Deprec to equal detail	2,226	30	18
19	Adj for ABC related party profit -Pg 12 items	(4)	30	19
20	Adj for ABC related party profit -Pg 12 items	(3)	30	20
21	Adj for ABC related party profit -Pg 13 items	(0)	30	21
22	Back out Bloomingdale Chamber Comm	(500)	20	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	(35,081)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Health Facility

0038455

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	4,525	(1,242)	0	0	0	0	0	0	0	3,283	1
2	Food Purchase	(616)	0	0	(332,515)	0	0	0	0	0	0	0	(333,131)	2
3	Housekeeping	0	0	3,342	0	0	0	0	0	0	0	0	3,342	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,775)	0	2,035	0	0	0	0	0	0	0	0	260	5
6	Maintenance	24,562	0	13,631	0	0	0	(209)	0	0	0	0	37,984	6
7	Other (specify):*	0	0	4,401	3,138	0	0	0	0	0	0	0	7,539	7
8	TOTAL General Services	22,171	0	27,934	(330,619)	0	0	(209)	0	0	0	0	(280,723)	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	80,183	1,195	327	0	0	0	0	0	0	81,705	10
10a	Therapy	0	0	0	0	0	45,135	0	0	0	0	0	45,135	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	5,892	0	0	0	0	0	0	0	0	5,892	15
16	TOTAL Health Care and Programs	0	0	86,075	1,195	327	45,135	0	0	0	0	0	132,732	16
	C. General Administration													
17	Administrative	0	0	87,320	0	0	0	0	0	0	0	0	87,320	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	12,500	(575,794)	0	0	0	0	0	0	0	0	(563,294)	19
20	Fees, Subscriptions & Promotions	(26,178)	675	414	0	0	0	0	0	0	0	0	(25,089)	20
21	Clerical & General Office Expenses	(569)	13,243	190,024	72,766	1,981	0	0	0	0	0	0	277,445	21
22	Employee Benefits & Payroll Taxes	(98)	0	0	0	0	0	0	0	0	0	0	(98)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(853)	0	2,826	0	0	0	0	0	0	0	0	1,973	24
25	Other Admin. Staff Transportation	0	0	8,733	0	0	0	0	0	0	0	0	8,733	25
26	Insurance-Prop.Liab.Malpractice	0	0	123	0	0	0	0	0	0	0	0	123	26
27	Other (specify):*	(3,216)	0	39,260	9,022	(394)	0	0	0	0	0	0	44,672	27
28	TOTAL General Administration	(30,914)	26,418	(247,094)	81,788	1,587	0	0	0	0	0	0	(168,215)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(8,743)	26,418	(133,085)	(247,636)	1,914	45,135	(209)	0	0	0	0	(316,206)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Health Facility

0038455

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	(7,905)	427,763	2,864	0	1,366	0	0	0	0	0	0	424,089	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(59,733)	915,355	48,972	0	96	0	0	0	0	0	0	904,690	32
33	Real Estate Taxes	0	56,440	3,869	0	20	0	0	0	0	0	0	60,329	33
34	Rent-Facility & Grounds	0	(1,323,312)	0	0	0	0	0	0	0	0	0	(1,323,312)	34
35	Rent-Equipment & Vehicles	0	0	29,176	0	0	0	0	0	0	0	0	29,176	35
36	Other (specify):*	0	971,933	0	0	0	0	0	0	0	0	0	971,933	36
37	TOTAL Ownership	(67,638)	1,048,179	84,881	0	1,482	0	0	0	0	0	0	1,066,905	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	(1,038)	357	84,638	0	0	0	0	0	83,957	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	(1,038)	357	84,638	0	0	0	0	0	83,957	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(76,381)	1,074,597	(48,204)	(248,674)	3,753	129,773	(209)	0	0	0	0	834,655	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.		See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 1,323,312	Village II, Inc.	0.00%	\$	\$ (1,323,312)	1
2	V	32 Interest On Loans -Leumi		Village II, Inc.		18,813	18,813	2
3	V	19 Accounting Fee		Village II, Inc.		12,500	12,500	3
4	V	33 Real Estate Tax		Village II, Inc.		56,440	56,440	4
5	V	20 Dues & Subscriptions		Village II, Inc.		675	675	5
6	V	32 Interest On Mortg. Note		Village II, Inc.		879,796	879,796	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.		91,403	91,403	7
8	V	30 Depreciation		Village II, Inc.		427,763	427,763	8
9	V	32 Amortization		Village II, Inc.		13,088	13,088	9
10	V	21 General Insurance expense		Village II, Inc.		12,723	12,723	10
11	V	21 Bank Fees		Village II, Inc.		520	520	11
12	V	36 Loss on Abandoned Assets		Village II, Inc.		880,530	880,530	12
13	V	32 Fines and Penalties		Village II, Inc.		3,658	3,658	13
14	Total		\$ 1,323,312			\$ 2,397,909	\$ * 1,074,597	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%	\$ 2,035	\$ 2,035 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		2,826	2,826 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		8,733	8,733 17
18	V	26 Insurance		Alden Management Services, Inc.		123	123 18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		414	414 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,869	3,869 21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		29,176	29,176 22
23	V	32 Interest		Alden Management Services, Inc.		48,972	48,972 23
24	V	1 Dietary		Alden Management Services, Inc.		4,525	4,525 24
25	V	3 Housekeeping		Alden Management Services, Inc.		3,342	3,342 25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		4,401	4,401 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		80,183	80,183 27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		5,892	5,892 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		87,320	87,320 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		39,260	39,260 30
31	V	19 Professional Fees	607,187	Alden Management Services, Inc.		31,393	(575,794) 31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		190,024	190,024 32
33	V	6 Repair & Maint.	13,557	Alden Management Services, Inc.		27,188	13,631 33
34	V			Alden Management Services, Inc.			
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 620,744			\$ 572,540	\$ * (48,204) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Diet. Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)	15
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		6,847	6,847	16
17	V	2 Tube Feeding	439,663	Prism Health Care Services, Inc.		107,148	(332,515)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195	18
19	V	39 Ancillary Supplies	105,872	Prism Health Care Services, Inc.		66,527	(39,345)	19
20	V	39 Vent Rent		Prism Health Care Services, Inc.		38,307	38,307	20
21	V	21 Gen'L & Admin Salary		Prism Health Care Services, Inc.		47,215	47,215	21
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		9,022	9,022	22
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		3,138	3,138	23
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		25,551	25,551	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		\$ 562,995			\$ 314,321	\$ * (248,674)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 3,414	Forum Extended Care Services II, Inc.	0.00%	\$ 4,681	\$ 1,267	15
16	V	39 Wound Care	4,302	Forum Extended Care Services II, Inc.		3,392	(910)	16
17	V	10 House Stock	12,572	Forum Extended Care Services II, Inc.		11,404	(1,168)	17
18	V	10 Pharmacy Consultant	2,616	Forum Extended Care Services II, Inc.		4,111	1,495	18
19	V	27 Employee Vaccin.	2,597	Forum Extended Care Services II, Inc.		2,051	(546)	19
20	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		152	152	20
21	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		1,263	1,263	21
22	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		718	718	22
23	V	32 Interest		Forum Extended Care Services II, Inc.		96	96	23
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		20	20	24
25	V	30 Depreciation		Forum Extended Care Services II, Inc.		1,366	1,366	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		\$ 25,501			\$ 29,254	\$ * 3,753	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	10a Therapy	\$ 189,206	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 234,341	\$ 45,135	15
16	V	39 Respiratory Therapy	244,541	Community Physical Therapy & Associates, Ltd.		329,179	84,638	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		\$ 433,747			\$ 563,520	\$ * 129,773	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	6 Repairs and Maintenance	\$ 15,853	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,644	\$	(209)	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		\$ 15,853			\$ 15,644	\$ *	(209)	39

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

Facility Name & ID Number Alden Village Health Facility

Provider No. 0038455

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 Village Health Facility

0038455

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	179,301	1.232	3.08	Salary	\$ 5,699	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,526	1.232	3.08	Salary	2,114	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,303	1.232	3.08	Salary	1,217	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	\$ 9,030		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 Village Health Facility

0038455

Report Period Beginning:

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VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,221,923	31	\$ 66,061	\$ 37,641	\$ 2,035	1	
2	24	Trav & Seminar	Patient Days	1,221,923	31	91,753	37,641	2,826	2	
3	25	Other Admin Travel	Patient Days	1,221,923	31	283,487	37,641	8,733	3	
4	26	Insurance	Patient Days	1,221,923	31	3,990	37,641	123	4	
5	20	Dues & Subscriptions	Patient Days	1,221,923	31	13,454	37,641	414	5	
6	30	Depreciation	No of Providers/usage	31	31	102,169	1	2,864	6	
7	33	Real Estate Tax	Patient Days	1,221,923	31	139,876	37,641	3,869	7	
8	35	Rent-Equip & Vehicle	Patient Days/ysage	1,221,923	31	947,116	37,641	29,176	8	
9	32	Interest	Patient Days	1,221,923	31	1,339,694	37,641	48,972	9	
10	1	Dietary	Patient Days/usage	1,221,923	31	146,891	146,892	37,641	4,525	10
11	3	Housekeeping	Patient Days	1,221,923	31	108,487	108,487	37,641	3,342	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,221,923	31	142,881	37,641	4,401	12	
13	10	Nurs & Med Records Salary	Patient Days	1,221,923	31	1,259,741	1,259,741	37,641	80,183	13
14	15	Employee Benefits -Health Care	Patient Days	1,221,923	31	191,270	37,641	5,892	14	
15	17	Administrative Salary	Patient Days	1,221,923	31	2,477,865	2,477,865	37,641	87,320	15
16	27	Employee Benefits - Admin	Patient Days/usage	1,221,923	31	1,274,479	37,641	39,260	16	
17	19	Professional fees	Patient Days	1,221,923	31	1,019,103	624,209	37,641	31,393	17
18	21	Gen'I & Admin	Patient Days	1,221,923	31	6,168,666	5,291,904	37,641	190,024	18
19	6	Repair & Maint.	Patient Days	1,221,923	31	882,577	685,666	37,641	27,188	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 16,659,560	\$ 10,594,764	\$ 572,540	25	

Facility Name & ID Number

Alden Village Health Facility

0038455

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		x	Mortgage		8/29/06	\$ 15,183,700	\$ 15,125,884	6/1/2048	6.5000	\$ 879,796	1							
2	Bank Leumi Loan		X	Line of Credit		2/4/09	500,000		11/30/09		18,813	2							
3	Insurance Reclass (Interest)		X								2,065	3							
4	Amortization-Fin/Refin Fee		x								13,088	4							
5												5							
Working Capital																			
6	Related party-AMS		X	Working Capital							48,972	6							
7	Related party-FECH		X	Working Capital							96	7							
8												8							
9	TOTAL Facility Related						\$ 15,683,700	\$ 15,125,884			\$ 962,830	9							
B. Non-Facility Related*																			
10												10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$	14							
15	TOTALS (line 9+line14)						\$ 15,683,700	\$ 15,125,884			\$ 962,830	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 91,403 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.)

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X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,462 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 1

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>1992</u>	<u>\$ 580,000</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 580,000	3

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4									4
5		1998		2,216,218	56,839		56,839		640,756
6	119	2009	2009	11,600,002	272,650	39	272,650		272,650
7									7
8	Related Party-Forum		1978	14,056		25			14,056
	Improvement Type**								
9	Repair Heater pump, replace temp controller		1992	2,131		10			2,131
10	Water heater moyor;valve repair		1993	9,288		5-15			9,288
11	Carpentry work, water heater repair		1994	63,064	447	3-15	447		63,064
12	Fire alarm repairs; brickwork; install circuits		1995	185,123	5,752	3-25	5,752		130,561
13	Village construction		1996	14,046	562	25	562		8,288
14	Install fire door		1996	2,977	198	15	198		2,745
15	Replace compressor		1997	1,825		5			1,825
16	Roof patching		1998	1,700		10			1,700
17	Replace condensing unit		1998	4,810	321	15	321		3,688
18	install damper motor &detector		1998	2,104	140	15	140		1,578
19	Replace furnace equipment		1999	1,827	122	15	122		1,340
20	install automatic door		1999	8,107	540	10	540		8,107
21	Install display and digital phones		2000	1,726	173	10	173		1,626
22	Replace HVAC burners		2000	1,607		3			1,607
23	Replace 5 ton condensing unit		2000	1,950		5			1,950
24	Install 100 amp disconnect and cable		2000	1,920		5			1,920
25	Roof repair		2000	1,583		5			1,583
26	Door Alarms		2001	19,015	1,902	10	1,902		16,163
27	Display phone and digital phone		2001	1,609	161	10	161		1,435
28	ABC (misc. repairs)		2002	2,362		5			2,362
29	Capps Plumbing (gas regulators for main gas to building)		2002	4,375	438	10	438		3,464
30	GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	535	10	535		4,056
31	ABC (wall mounted eye wash)		2002	2,507	251	10	251		1,859
32	ABC (misc. repairs)		2002	1,800		5			1,800
33									33
34									34
35									35
36									36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village Health Facility

0038455

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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	ABC--Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 14,511	37
38	ABC- misc constrction	2003	7,580	758	10	758		4,738	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200	320	10	320		2,187	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		375	42
43	ABC- roof repair	2003	10,121	1,012	10	1,012		6,157	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		3,739	44
45	Patton Ind-gerenerator repair	2004	2,050	205	10	205		1,110	45
46	ABC - roof repairs	2004	1,918	192	10	192		1,056	46
47	GT Mechanical-heater repair	2004	1,506	151	10	151		778	47
48	GT Mechanical-heater repair	2004	1,878	188	10	188		955	48
49	ABC-roof repairs	2004	3,356	336	10	336		1,678	49
50	ABC-new tile	2004	9,043	904	10	904		5,274	50
51	ABC-doors	2004	3,293	220	15	220		1,282	51
52	ABC-roof canopy	2004	3,581	358	10	358		2,059	52
53	INS, Inc-rewire for DSL	2004	1,512	151	10	151		894	53
54	ABC-various remodeling	2004	4,661	234	5	234		4,661	54
55	ABC-new water heater for kitchen	2004	14,644	976	15	976		5,369	55
56	ABC-bathroom remodel	2004	1,641	274	5	274		1,641	56
57	ABC-install metal door	2004	1,227	123	10	123		656	57
58	Capps Plumbing-install 2 discharge lines	2005	865	173	5	173		721	58
59	Patton Ind-gerenerator repair	2005	1,747	349	5	349		1,571	59
60	Oak Fire-change out 30 detectors	2005	1,885	377	5	377		1,822	60
61	Equipment International-washer repairs	2005	1,905	381	5	381		1,588	61
62	ABC-firestop installation	2005	3,213	321	10	321		1,339	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		2,721	63
64	GT Mechanical-replace storage tank	2005	8,935	894	10	894		4,321	64
65	ABC-diswasher repairs	2006	6,824	682	10	682		2,672	65
66	ABC - elevator pump	2006	10,042	502	20	502		1,590	66
67	ABC - elevator power supply	2006	4,974	249	20	249		768	67
68	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		820	68
69	ABC-Repave parking lot	2006	3,600	450	8	450		1,725	69
70	TOTAL (lines 4 thru 69)		\$ 14,333,259	\$ 355,459		\$ 355,459	\$	\$ 1,287,123	70

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

Facility Name & ID Number Alden Village Health Facility

0038455

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		\$ 14,333,259	\$ 355,459		\$ 355,459	\$	\$ 1,287,123	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		6,970	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		3,035	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		1,051	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refr	2008	2,703	270	10	270		405	5
6	JulAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		283	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	626	8	626		835	7
8	ABC- Installed new railings	2009	4,540	177	15	177		177	8
9	ALDBEN -Roof Installation	2009	14,288	79	15	79		79	9
10	ALDBEN- RoofTop Screening fire protect	2009	8,436		10				10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106	821	5	821		821	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	188	10	188		188	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)		\$ 14,431,181	\$ 362,466		\$ 362,466	\$	\$ 1,300,966	34

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

Facility Name & ID Number Alden Village Health Facility

0038455

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		\$ 14,431,181	\$ 362,466		\$ 362,466	\$	\$ 1,300,966	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	ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(4)	28
29	ABC- Adjustment for realted party profit	2009	(209)	(3)		(3)		(3)	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,501,722	\$ 365,076		\$ 365,076	\$	\$ 1,360,902	34

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

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning:

1/1/09

Ending:

12/31/09

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	\$ 491,778	\$ 34,713	\$ 34,713	\$		\$ 355,709	71
72	Current Year Purchases	758,030	64,135	64,135			64,135	72
73	Fully Depreciated Assets	284,979	1,827	1,827			284,979	73
74								74
75	TOTALS	\$ 1,534,787	\$ 100,675	\$ 100,675	\$		\$ 704,823	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	Bus Purch-Anrie Yusim		2004	\$ 45,183	\$ 4,518	\$ 4,518	\$	5	\$ 45,183	76
77	Bus Purch AMS transfer		2000	49,938					49,938	77
78	Bus repairs, including 2 in MRs on Vlg II		2006	20,826	4,581	4,581		5	16,433	78
79	Related Party-AMS	Various	98-'02	4,415				3	4,415	79
80	TOTALS			\$ 120,362	\$ 9,099	\$ 9,099	\$		\$ 115,969	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)	\$ 16,736,871	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 474,850	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 474,850	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,181,694	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		<u>Related party-cost is backed out</u>		\$			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: \$ 12,254 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>18,215</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>26,068</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>44,283</u>	21

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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 checked="" type="checkbox"/> YES <input 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>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/> <u>15</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>28</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/> <u>15</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>55</u></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)		4,718		4,718
4	Clinical Wages (b)	463	8,840		9,303
5	In-House Trainer Wages (c)			655	655
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 463	\$ 13,558	\$ 655	\$ 14,676
10	SUM OF line 9, col. 1 and 2 (e)	\$ 14,021			

C. CONTRACTUAL INCOME

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

\$ Not Applicable

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	<u>13</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	<u>2</u>
2. From other facilities (f)	
TOTAL TRAINED	15

- (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
					Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39-3	hrs							4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	See Pg 16A	# of prescripts				4,681		4,681	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		240,024			52,203		292,227	12	
13	Other (specify): <u>See Pg 16A</u>					84,638	390,562		475,200	13	
14	TOTAL			\$ 240,024		\$ 84,638	\$ 447,446		\$ 772,108	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

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$62,390.11
2.	ST	39-3	To Col 5	23,780.95
3.				
4.	PT	39-3	To Col 5	103,035.35
5.				
6.				
7.				
8.				
				189,206.41
	Less: OT, ST, & PT costs - reclassified to 10A for DD facilities			(189,206.41)
				0.00
	Pharmacy Supplies per GL			3,413.76
	Manual Input from Related Party- Forum Drugs			1,267.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	4,680.76
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	240,023.91
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	52,203.45
	Total Exceptional Care (Line 12, Col 8)			292,227.36
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	84,638.00
	Other			354,714.27
	Manual Input: Related Party - Prism			(1,037.00)
	Manual Input: Related Party FECII - I.V.			0.00
	Manual Input: Related Party FECII - Wound Care			(910.00)
	Oxygen, from reclass worksheet (Pg 4A)			37,795.00
13.	Col 6: Supplies Total		To Col 6	390,562.27
13.	Total Line 13, Column 8			475,200.27
14.	Total			772,108.39

Facility Name & ID Number Alden Village Health Facility

0038455

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>1,000</u>)	1,795,814	1,795,814	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,149	6
7	Other Prepaid Expenses	9,447	61,129	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	26,030	89,467	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,831,291	\$ 1,957,560	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	706,469	1,783,697	15
16	Equipment, at Historical Cost	499,830	617,141	16
17	Accumulated Depreciation (book methods)	(886,873)	(2,183,453)	17
18	Deferred Charges	118,009	118,009	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		69,602	21
22	Other Long-Term Assets (spe <u>Fin Fees, net</u>)		519,206	22
23	Other(specify): <u>Due from Affiliates</u>	714,691	714,691	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,152,126	\$ 16,035,614	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,983,417	\$ 17,993,174	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,210,118	\$ 832,194	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	21,817	21,817	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	288,619	288,619	30
31	Accrued Taxes Payable (excluding real estate taxes)	43,982	43,982	31
32	Accrued Real Estate Taxes(Sch.IX-B)		55,700	32
33	Accrued Interest Payable		81,932	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>	15,933	15,933	36
37	<u>Due to IDPA & S.T. portion of L.T. debt</u>	104,414	195,961	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,684,883	\$ 1,536,138	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		15,034,337	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>		355,564	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 15,389,901	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,684,883	\$ 16,926,039	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,298,534	\$ 1,067,135	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,983,417	\$ 17,993,174	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,038,166	1
2	Restatements (describe):		2
3	Adjustment for prior years Federal and State Tax	(178,094)	3
4	Liabilities incurred	(1,026,764)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,833,308	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(534,774)	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)	\$ (534,774)	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)	\$ 1,298,534	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village Health Facility

0038455

Report Period Beginning: 1/1/09

Ending:

12/31/09

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 8,023,123	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,023,123	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	13,222	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 13,222	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	26,031	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(271)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,771	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 27,531	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Day Training Income	1,050,653	28
28a	Record Copies, Food Rebate, Wage Fee, Adj to prior yr cos	615	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,051,268	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,115,144	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,484,544	31
32	Health Care	3,123,642	32
33	General Administration	1,661,946	33
B. Capital Expense			
34	Ownership	1,465,219	34
C. Ancillary Expense			
35	Special Cost Centers	1,801,619	35
36	Provider Participation Fee	412,538	36
D. Other Expenses (specify):			
37	Reclass Salary	56,450	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,005,958	40
41	Income before Income Taxes (line 30 minus line 40)**	(890,814)	41
42	Income Taxes	356,040	42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (534,774)	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.

Facility Name & ID Number Alden Village Health Facility

0038455

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	1,232	1,315	\$ 53,535	\$ 40.71	1
2	Assistant Director of Nursing	1,840	1,840	59,599	32.39	2
3	Registered Nurses	26,574	28,458	824,087	28.96	3
4	Licensed Practical Nurses	13,192	13,990	346,608	24.78	4
5	CNAs & Orderlies					5
6	CNA Trainees	1,650	1,650	14,021	8.50	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,542	1,560	31,027	19.89	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,362	17,692	160,588	9.08	15
16	Dishwashers					16
17	Maintenance Workers	1,560	1,560	36,164	23.18	17
18	Housekeepers	18,918	19,875	195,282	9.83	18
19	Laundry	4,375	4,828	44,367	9.19	19
20	Administrator	1,512	1,641	57,557	35.07	20
21	Assistant Administrator	1,768	1,768	53,340	30.17	21
22	Other Administrative	3,228	3,403	108,156	31.78	22
23	Office Manager	2,080	2,080	33,046	15.89	23
24	Clerical	2,313	2,374	22,293	9.39	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	128,476	136,043	1,584,085	11.64	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) DT Transportation	2,048	2,180	31,431	14.42	33
34	TOTAL (lines 1 - 33)	228,670	242,257	\$ 3,655,186 *	\$ 15.09	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	3975/Monthly	47,700	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/Monthly	2,616	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	3,291	194,146	11-3	44
45	Social Service Consultant	3	198	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,294	\$ 255,460		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Village Health Facility

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Report Period Beginning: 1/1/09

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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	
Harris, Yvonne	Assistant Administ	0	\$ 53,340	Workers' Compensation Insurance	\$ 91,282	IDPH License Fee	\$	
Longo, Laurie M	Administrator	0	42,265	Unemployment Compensation Insurance	27,938	Advertising: Employee Recruitment	204	
Mahlmna, Maryann Lynn	Administrator	0	15,291	FICA Taxes	275,219	Health Care Worker Background Check		
				Employee Health Insurance	100,350	(Indicate # of checks performed 62)	620	
				Employee Meals	22,765	Patient Background Checks	9 90	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,025	
				Dental, Life, Relations, Pension & Misc	5,944	Related Party-Village, LLC	675	
				Employee Drug Test	1,808	Alliance for Quality Nursing	741	
				401k Match	2,100	IHCA dues, less pac fees	4,212	
				Employee Vaccinations	2,597	Related Party-AMS	414	
				Offset Benefit Costs with Misc. Income	(98)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 110,896	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)				\$ 529,905		\$ 7,981		
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
None	\$			Not Applicable		\$	Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	In-State Travel	
(Attach a copy of any management service agreement)							IL Health Care Association	290
C. Professional Services							IL Health Care Convention	1,130
Vendor/Payee	Type	Amount					Related party -AMS	2,826
Alden Management Services	Consulting Fees	\$ 607,187					Seminar Expense	
BDO Siedman/Virchow Krause	Accounting Fees	9,472					Deming Training	1,898
Kenneth J. Fisch	Legal-Non Collection	1,275					Senior Living Conference	804
Medi.Com	Billing/Consultants	297					Petty Cash for Conference	70
First Advantage	Tax Consultants	2,383					Entertainment Expense	()
Ungaretti & Harris, LLP/MISC	Legal-Non Collection	(242)					(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 7,017
TOTAL (agree to Schedule V, line 19, column 3)			\$ 620,372					
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

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

1	2	3	4	5	6	7	8	9	10	11	12	13														
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year									
																	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	
1	Compressor A/C	11/94	\$ 2,191	15	\$ 146	\$ 146	\$ 146	\$ 146	\$ 0																	
2	Relocating water pipe	7/95	3,545	15	127	127	127	127	64																	
3	Painting	5/09	839	3				163	280	279	117	0	0													
4																										
5																										
6																										
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17																										
18																										
19																										
20	TOTALS		\$ 6,575		\$ 273	\$ 273	\$ 273	\$ 436	\$ 344	\$ 279	\$ 117	\$														

Facility Name & ID Number Alden Village Health Facility

0038455

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=\$4,212 Il. Assoc. of HC=\$0
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 38,959 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. \$ 412,538
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 22,765 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
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? Yes
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 88,596
- (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.