

Facility Name & ID Number Alden Village North

0049122 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		Skilled (SNF)			1
2	150	Skilled Pediatric (SNF/PED)	150	54,750	2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,750	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED	31,813	368		32,181	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	31,813	368		32,181	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 58.78%

D. How many bed-hold days during this year were paid by the Department? 1,378 (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 1/3/08

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1/3/08 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 Not Applicable

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 North # 0049122 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	239,857	25,368	10,800	276,025	3,248	279,273	2,627	281,900		1
2	Food Purchase		469,472		469,472	(24,111)	445,361	(223,284)	222,077		2
3	Housekeeping	145,578	44,723		190,301	2,888	193,189	2,857	196,046		3
4	Laundry	107,760	21,583		129,343		129,343		129,343		4
5	Heat and Other Utilities			133,925	133,925		133,925	(4,166)	368		5
6	Maintenance	45,641		148,193	193,834		193,834	1,973	195,807		6
7	Other (specify):* Related Party Benefit							6,425	6,425		7
8	TOTAL General Services	538,836	561,146	292,918	1,392,900	(17,975)	1,374,925	(213,568)	1,031,966		8
	B. Health Care and Programs										
9	Medical Director			60,200	60,200		60,200		60,200		9
10	Nursing and Medical Records	2,451,715	135,861	5,283	2,592,859	1,690	2,594,549	97,474	2,692,023		10
10a	Therapy					472,808	472,808	111,978	584,786		10a
11	Activities	10,405	2,050	172,298	184,753		184,753		184,753		11
12	Social Services	100,250			100,250		100,250		100,250		12
13	CNA Training	20,197			20,197		20,197		20,197		13
14	Program Transportation										14
15	Other (specify):* Related Party Benefit							5,037	5,037		15
16	TOTAL Health Care and Programs	2,582,567	137,911	237,781	2,958,259	474,498	3,432,757	214,489	3,647,246		16
	C. General Administration										
17	Administrative	66,470			66,470		66,470	62,016	128,486		17
18	Directors Fees										18
19	Professional Services			327,234	327,234		327,234	(265,125)	62,109		19
20	Dues, Fees, Subscriptions & Promotions			25,770	25,770		25,770	(11,667)	14,103		20
21	Clerical & General Office Expenses	147,574	16,983	76,887	241,444	539	241,983	190,455	432,438		21
22	Employee Benefits & Payroll Taxes			584,642	584,642	15,746	600,388	(352)	600,036		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,468	2,468		2,468	2,072	4,540		24
25	Other Admin. Staff Transportation			1,229	1,229		1,229	7,466	8,695		25
26	Insurance-Prop.Liab.Malpractice			163,277	163,277		163,277	105	163,382		26
27	Other (specify):* Related Party Benefit			3,838	3,838		3,838	37,431	41,269		27
28	TOTAL General Administration	214,044	16,983	1,185,345	1,416,372	16,285	1,432,657	22,401	1,455,058		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,335,447	716,040	1,716,044	5,767,531	472,808	6,240,339	23,322	6,134,270		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 North

#0049122

Report Period Beginning:

1/1/09

Ending:

12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			41,868	41,868		41,868	142,754	184,622			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			126,818	126,818		126,818	412,093	538,911			32
33	Real Estate Taxes							107,435	107,435			33
34	Rent-Facility & Grounds			462,804	462,804		462,804	(462,046)	758			34
35	Rent-Equipment & Vehicles			7,340	7,340		7,340	24,944	32,284			35
36	Other (specify):* Mortg Insurance							3,078	3,078			36
37	TOTAL Ownership			638,830	638,830		638,830	228,258	867,088			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	71,578	233,532	472,808	777,918	(472,808)	305,110	(10,020)	295,090			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			418,639	418,639		418,639		418,639			42
43	Other (specify):* Day Training			500,910	500,910		500,910		500,910			43
44	TOTAL Special Cost Centers	71,578	233,532	1,392,357	1,697,467	(472,808)	1,224,659	(10,020)	1,214,639			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,407,025	949,572	3,747,231	8,103,828		8,103,828	241,560	8,215,997			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: 1/1/2008

Report Period Ending: 12/31/2008

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(24,111)	Employee Meals
	22	24,111	Employee Meals
22		(8,365)	Uniforms
	1	3,248	Uniforms
	3	2,888	Uniforms
	10	1,690	Uniforms
	21	539	Uniforms
 <u>Others, if any:</u>			
39		(472,808.00)	PT, OT, ST, & RT CPT Therapy Costs
	10A	472,808.00	PT, OT, ST, & RT CPT Therapy Costs
Net		-	

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning:

1/1/09

Ending:

12/31/09

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				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	(547)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(103)	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	(39,265)	21		17
18	Fines and Penalties	(8,234)	32		18
19	Entertainment	(94)	20		19
20	Contributions	(895)	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	(3,838)	27		24
25	Fund Raising, Advertising and Promotional	(5,198)	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)	\$ (58,174)		\$	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)	422,522	Various	34
35	Other- Attach Schedule	(122,788)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 299,734		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 241,560		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 NorthID# 0049122Report Period Beginning: 1/1/09Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Utility late fees	\$ (5,906)	5	1
2	Misc Income - Food Rebate	(525)	2	2
3	Misc Income - Wage Service Fees	(352)	22	3
4	Deming training fees	(310)	24	4
5	Eliminate PAC Fees from dues	(2,484)	20	5
6	Loan Termination Fees - Landowner	(107,500)	21	6
7	Late fees - Landowner	(6,072)	32	7
8	Adj for Related Party Profit-Pg 12	(70)	30	8
9	Pg 13 Elim Depr on Assets < 2500	(5,119)	30	9
10	Pg 13 Expense 2009 Assets < 2500	6,716	6	10
11	Pg 13 Expense 2009 Assets < 2500	516	6	11
12	Pg 12 Elim Depr on Assets < 2500	(2,809)	30	12
13	Pg 12 Expense 2009 Assets < 2500	4,491	6	13
14	Pg 12 Expense 2009 Assets < 2500	270	6	14
15	PAC Fee - Alliance for Quality Nursing	(3,600)	20	15
16	Reclass Rent / RE Tax Expense	(758)	33	16
17	Reclass Rent / RE Tax Expense	758	34	17
18	Eliminate marketing exp from seminars	(34)	24	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				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	(122,788)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,869	(1,242)	0	0	0	0	0	0	0	2,627	1
2	Food Purchase	(628)	0	0	(222,656)	0	0	0	0	0	0	0	(223,284)	2
3	Housekeeping	0	0	2,857	0	0	0	0	0	0	0	0	2,857	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,906)	0	1,740	0	0	0	0	0	0	0	0	(4,166)	5
6	Maintenance	11,993	0	(9,768)	0	0	0	(252)	0	0	0	0	1,973	6
7	Other (specify):*	0	0	3,763	2,662	0	0	0	0	0	0	0	6,425	7
8	TOTAL General Services	5,459	0	2,461	(221,236)	0	0	(252)	0	0	0	0	(213,568)	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	94,456	1,195	1,823	0	0	0	0	0	0	97,474	10
10a	Therapy	0	0	0	0	0	111,978	0	0	0	0	0	111,978	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	5,037	0	0	0	0	0	0	0	0	5,037	15
16	TOTAL Health Care and Programs	0	0	99,493	1,195	1,823	111,978	0	0	0	0	0	214,489	16
	C. General Administration													
17	Administrative	0	47	61,969	0	0	0	0	0	0	0	0	62,016	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	4,025	(269,150)	0	0	0	0	0	0	0	0	(265,125)	19
20	Fees, Subscriptions & Promotions	(12,271)	250	354	0	0	0	0	0	0	0	0	(11,667)	20
21	Clerical & General Office Expenses	(146,765)	111,085	162,460	61,732	1,943	0	0	0	0	0	0	190,455	21
22	Employee Benefits & Payroll Taxes	(352)	0	0	0	0	0	0	0	0	0	0	(352)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(344)	0	2,416	0	0	0	0	0	0	0	0	2,072	24
25	Other Admin. Staff Transportation	0	0	7,466	0	0	0	0	0	0	0	0	7,466	25
26	Insurance-Prop.Liab.Malpractice	0	0	105	0	0	0	0	0	0	0	0	105	26
27	Other (specify):*	(3,838)	0	33,565	7,654	50	0	0	0	0	0	0	37,431	27
28	TOTAL General Administration	(163,570)	115,407	(815)	69,386	1,993	0	0	0	0	0	0	22,401	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(158,111)	115,407	101,139	(150,655)	3,816	111,978	(252)	0	0	0	0	23,322	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village North

0049122

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	(7,998)	146,522	2,864	0	1,366	0	0	0	0	0	0	142,754	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(14,853)	384,984	41,868	0	94	0	0	0	0	0	0	412,093	32
33	Real Estate Taxes	(758)	104,866	3,307	0	20	0	0	0	0	0	0	107,435	33
34	Rent-Facility & Grounds	758	(462,804)	0	0	0	0	0	0	0	0	0	(462,046)	34
35	Rent-Equipment & Vehicles	0	0	24,944	0	0	0	0	0	0	0	0	24,944	35
36	Other (specify):*	0	3,078	0	0	0	0	0	0	0	0	0	3,078	36
37	TOTAL Ownership	(22,851)	176,646	72,983	0	1,480	0	0	0	0	0	0	228,258	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	(12,298)	2,278	0	0	0	0	0	0	(10,020)	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	(12,298)	2,278	0	0	0	0	0	0	(10,020)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(180,962)	292,053	174,122	(162,953)	7,574	111,978	(252)	0	0	0	0	241,560	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	\$ 462,804	Alden Village North II, LLC	0.00%	\$	(462,804)	1	
2	V	17 Administrative		Alden Village North II, LLC		47	47	2	
3	V	19 Professional Fees		Alden Village North II, LLC		4,025	4,025	3	
4	V	33 Real Estate Tax		Alden Village North II, LLC		104,866	104,866	4	
5	V	20 Dues & Subscriptions		Alden Village North II, LLC		250	250	5	
6	V	32 Fines & Penalties		Alden Village North II, LLC		6,072	6,072	6	
7	V	21 General Insurance		Alden Village North II, LLC		3,585	3,585	7	
8	V	36 Mortgage Insurance Premium		Alden Village North II, LLC		3,078	3,078	8	
9	V	32 Mortgage Interest		Alden Village North II, LLC		334,912	334,912	9	
10	V	30 Depreciation		Alden Village North II, LLC		146,522	146,522	10	
11	V	32 Amortization		Alden Village North II, LLC		44,000	44,000	11	
12	V	21 Loan Termination Fees		Alden Village North II, LLC		107,500	107,500	12	
13	V							13	
14	Total		\$ 462,804			\$ 754,857	\$ *	292,053	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,740	\$	1,740	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		2,416		2,416	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,466		7,466	17
18	V	26 Insurance		Alden Management Services, Inc.		105		105	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		354		354	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,864		2,864	20
21	V	32 Amortization		Alden Management Services, Inc.					21
22	V	33 Real Estate Tax		Alden Management Services, Inc.		3,307		3,307	22
23	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		24,944		24,944	23
24	V	32 Interest		Alden Management Services, Inc.		41,868		41,868	24
25	V	1 Dietary		Alden Management Services, Inc.		3,869		3,869	25
26	V	3 Housekeeping		Alden Management Services, Inc.		2,857		2,857	26
27	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		3,763		3,763	27
28	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		94,456		94,456	28
29	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		5,037		5,037	29
30	V	17 Administrative Salary		Alden Management Services, Inc.		61,969		61,969	30
31	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		33,565		33,565	31
32	V	19 Professional Fees	295,989	Alden Management Services, Inc.		26,839		(269,150)	32
33	V	21 Gen'I & Admin		Alden Management Services, Inc.		162,460		162,460	33
34	V	6 Repair & Maint.	33,012	Alden Management Services, Inc.		23,244		(9,768)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 329,001			\$ 503,123	\$ *	174,122	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	309,448	Prism Health Care Services, Inc.		86,792	(222,656)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Ancillary Supplies	150,720	Prism Health Care Services, Inc.		80,566	(70,154)
20	V	39 Vent Rental		Prism Health Care Services, Inc.		57,856	57,856
21	V	21 Gen'L & Admin Salary		Prism Health Care Services, Inc.		40,056	40,056
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		7,654	7,654
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		2,662	2,662
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		21,676	21,676
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		\$ 477,628			\$ 314,675	\$ * (162,953)

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 1/1/09

Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 <u>Drugs</u>	\$ 8,013	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 10,986	\$ 2,973	15
16	V	39 <u>IV</u>		<u>Forum Extended Care Services II, Inc.</u>				16
17	V	39 <u>Wound Care</u>	3,285	<u>Forum Extended Care Services II, Inc.</u>		2,590	(695)	17
18	V	10 <u>House Stock</u>	8,643	<u>Forum Extended Care Services II, Inc.</u>		7,840	(803)	18
19	V	10 <u>Pharmacy Consultant</u>	4,596	<u>Forum Extended Care Services II, Inc.</u>		7,222	2,626	19
20	V	27 <u>Employee Vaccin.</u>	469	<u>Forum Extended Care Services II, Inc.</u>		370	(99)	20
21	V	27 <u>Employee Benefits: G&A</u>		<u>Forum Extended Care Services II, Inc.</u>		149	149	21
22	V	21 <u>Gen'l & Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		1,239	1,239	22
23	V	21 <u>Gen'l & Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		704	704	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		94	94	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		20	20	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		\$ 25,006			\$ 32,580	\$ * 7,574	39

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 1/1/09

Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	10a Ancillary	\$ 472,808	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 584,786	\$	111,978	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		\$ 472,808			\$ 584,786	\$ *	111,978	39

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning: 1/1/09

Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 19,120	Alden Bennett Construction Company, Inc.	0.00%	\$ 18,868	\$ (252)	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		\$ 19,120			\$ 18,868	\$ *	(252)	39

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

Facility Name & ID Number Alden Village North

Provider No. 0049122

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 North

0049122

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	181,250	1.05	2.63	Salary	\$ 4,872	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,832	1.05	2.63	Salary	1,808	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,479	1.05	2.63	Salary	1,041	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	\$ 7,721		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 North

0049122

Report Period Beginning:

1/1/09

Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,221,923	31	\$ 66,061	\$ 32,181	\$ 1,740	1
2	24	Trav & Seminar	Patient Days	1,221,923	31	91,753	32,181	2,416	2
3	25	Other Admin Travel	Patient Days	1,221,923	31	283,487	32,181	7,466	3
4	26	Insurance	Patient Days	1,221,923	31	3,990	32,181	105	4
5	20	Dues & Subscriptions	Patient Days	1,221,923	31	13,454	32,181	354	5
6	30	Depreciation	No of Providers	31	31	102,169	1	2,864	6
7	33	Real Estate Tax	Patient Days	1,221,923	31	139,876	32,181	3,307	7
8	35	Rent-Equip & Vehicle	Patient Days	1,221,923	31	947,116	32,181	24,944	8
9	32	Interest	Patient Days	1,221,923	31	1,339,694	32,181	41,868	9
10	1	Dietary	Patient Days	1,221,923	31	146,892	146,892	3,869	10
11	3	Housekeeping	Patient Days	1,221,923	31	108,487	108,487	2,857	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,221,923	31	142,881	32,181	3,763	12
13	10	Nurs & Med Records Salary	Patient Days	1,221,923	31	1,259,741	1,259,741	94,456	13
14	15	Employee Benefits -Health Care	Patient Days	1,221,923	31	191,270	32,181	5,037	14
15	17	Administrative Salary	Patient Days	1,221,923	31	2,477,865	2,477,865	61,969	15
16	27	Employee Benefits - Admin	Patient Days	1,221,923	31	1,274,479	32,181	33,565	16
17	19	Professional fees	Patient Days	1,221,923	31	1,019,103	624,209	26,839	17
18	21	Gen'I & Admin	Patient Days	1,221,923	31	6,168,666	5,291,904	162,460	18
19	6	Repair & Maint.	Patient Days	1,221,923	31	882,577	685,666	23,244	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,659,561	\$ 10,594,764	\$ 503,123	25

Facility Name & ID Number

Alden Village North

0049122

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	Gemino Healthcare Finance		X	Term Loan-Mortgage	Interest only Un	1/3/08	\$ 3,500,000	\$	Paid Off 200	9.0000	\$ 305,042	1							
2	Gemino Healthcare Finance		X	Term Loan-Mortgage	Interest only Un	3/12/09	250,000		Paid Off 200	10.0000	20,651	2							
3	Cambridge Realty Capital Ltd		X	Mortgage	Interest only un	12/1/09	12,960,000	6,134,881	7/1/2051	5.9000	9,219	3							
4	Amortization-Fin/Refin Fee		X								67,275	4							
5	Insurance Financing Interest		X	Malpractice Insurance							2,726	5							
Working Capital																			
6	Related party-AMS										41,868	6							
7	Related party-FECH										94	7							
8	Gemino Healthcare Finance		X	Revolving line of credit	Interest Only	1/3/08	2,000,000		Paid Off 200	7.7500	92,583	8							
9	TOTAL Facility Related						\$ 18,710,000	\$ 6,134,881			\$ 539,458	9							
B. Non-Facility Related*																			
10	Interest Income on utility security depe		X								(547)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (547)	14							
15	TOTALS (line 9+line14)						\$ 18,710,000	\$ 6,134,881			\$ 538,911	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 3,078 Line # 36

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and

1. Real Estate Tax accrual used on 2008 report.		\$	104,200	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	102,208	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(1,992)	3
4. Real Estate Tax accrual used for 2009 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	106,100	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	104,108	7
			Plus: Related Party Taxes (2) - See Pg 10A	
Real Estate Tax History:		\$	107,435	
Real Estate Tax Bill for Calendar Year:	2004		8	
	2005		9	
	2006		10	
	2007	101,192	11	
	2008	102,208	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.				
			FOR BHF USE ONLY	
	13	FROM R. E. TAX STATEMENT FOR 2008	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

Facility Name & ID Number Alden Village North

0049122

Report Period Beginning:

1/1/09

Ending:

12/31/09

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,708 B. General Construction Type: Exterior Load Bearing CMU, B Frame Steel Stud Number of Stories 3+ Basement

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>	<u>33,315</u>	<u>2008</u>	<u>\$ 358,296</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	33,315		\$ 358,296	3

Facility Name & ID Number Alden Village North

0049122

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	150		2008	1968	\$ 2,984,341	\$ 76,522	39	\$ 76,522	\$	\$ 153,044	4
5											5
6											6
7											7
8	Related Party-Forum		1978		13,669		25			14,056	8
	Improvement Type**										
9	ABC-Doors		2008		5,996	600	10	600		1,149	9
10	ABC-Doors		2008		3,091	309	10	309		567	10
11	A&B Cable-Cable lines		2008		4,230	423	10	423		776	11
12	ABC-Remodel - plumbing		2008		4,635	927	5	927		1,468	12
13	ABC-Door entry system		2008		2,850	285	10	285		380	13
14	ABC-Hvac- major repair to system		2008		4,583	917	5	917		1,834	14
15	Capps-Drains - major repairs		2008		3,875	775	5	775		1,421	15
16	Renovate-gen'l labor AMS		2008		10,664	2,133	5	2,133		3,555	16
17	Renovate-gen'l labor AMS		2008		11,352	2,270	5	2,270		3,595	17
18	Capps-Repipe shower lines		2008		4,585	917	5	917		1,223	18
19	ABCPlumbing - major repair		2008		4,885	977	5	977		1,058	19
20	Adj for ABC Related Party Profit		2008		(173)	(32)		(32)		(48)	20
21	Wire building for cable		2009		6,518	597	10	597		597	21
22	Wire building for cable		2009		6,240	572	10	572		572	22
23	Wire building for cable		2009		2,800	163	10	163		163	23
24	ABCPlumbing - major repair		2009		17,539	804	20	804		804	24
25	ABC-Replace elevator shaft		2009		9,794	408	20	408		408	25
26	ABC-Replace elevator shaft		2009		39,178	1,632	20	1,632		1,632	26
27	Central States-Replace sprinkler alarm panel		2009		2,650	486	5	486		486	27
28	Patten-Major generator repair		2009		2,992	549	5	549		549	28
29	Patten-Major generator repair		2009		10,604	1,414	5	1,414		1,414	29
30	Adj for ABC Related Party Profit		2009		(878)	(38)		(38)		(38)	30
31											31
32											32
33											33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village North

0049122

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	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		\$	\$		\$	\$	\$	37
38								38
39								39
40								40
41								41
42								42
43								43
44								44
45								45
46								46
47								47
48								48
49								49
50								50
51								51
52								52
53								53
54								54
55								55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70	TOTAL (lines 4 thru 69)	\$ 3,156,020	\$ 93,609		\$ 93,609	\$	\$ 190,665	70

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

Facility Name & ID Number Alden Village North

0049122

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	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		\$ 3,156,020	\$ 93,609		\$ 93,609	\$	\$ 190,665	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,156,020	\$ 93,609		\$ 93,609	\$	\$ 190,665	34

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

Facility Name & ID Number Alden Village North

0049122

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	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		\$ 3,156,020	\$ 93,609		\$ 93,609	\$	\$ 190,665	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,156,020	\$ 93,609		\$ 93,609	\$	\$ 190,665	34

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

Facility Name & ID Number Alden Village North

0049122

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		\$ 3,156,020	\$ 93,609		\$ 93,609	\$	\$ 190,665	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,226,799	\$ 96,224		\$ 96,224	\$	\$ 250,607	34

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

Facility Name & ID Number Alden Village North

0049122

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	\$ 453,787	\$ 84,074	\$ 84,074	\$	various	\$ 167,011	71
72	Current Year Purchases	37,394	3,874	3,874		various	3,874	72
73	Fully Depreciated Assets	71,132	450	450		various	71,132	73
74								74
75	TOTALS	\$ 562,313	\$ 88,398	\$ 88,398	\$		\$ 242,017	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	Related Party-AMS	various	98-02	\$ 4,415	\$	\$	\$	3	\$ 4,415	76
77										77
78										78
79										79
80	TOTALS			\$ 4,415	\$	\$	\$		\$ 4,415	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)	\$ 4,151,823	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 184,622	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 184,622	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)	\$ 497,039	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	Building Modification	\$ 1,433,918	92
93			93
94			94
95		\$ 1,433,918	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 eliminated.

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

If NO, see instructions.

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

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 8,843 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>15,573</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>15,573</u>	21

10. Effective dates of current rental agreement:

Beginning 1/2/08

Ending 1/2/18

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

Fiscal Year Ending Annual Rent

12. /2010 \$ 424,098

13. /2011 \$ 424,098

14. /2012 \$ 424,098

* 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><u>Skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <u>16</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <u>16</u></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</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)		5,440		5,440
4	Clinical Wages (b)		10,880		10,880
5	In-House Trainer Wages (c)		3,877		3,877
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$ 20,197	\$	\$ 20,197
10	SUM OF line 9, col. 1 and 2 (e)	\$	20,197		

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>16</u>
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	16

- (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	\$		\$			\$	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 prescrpts				10,986		10,986	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		71,578			71,514		143,092	12
13	Other (specify): <u>See Pg 16A</u>						141,012		141,012	13
14	TOTAL			\$ 71,578		\$	\$ 223,512		\$ 295,090	14

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

XIV. Special Services (Direct Cost)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	32,199
2. ST	39-3	To Col 5	67,219
3.			
4. PT	39-3	To Col 5	77,067
5.			
6.			
7.			
8.			
Less: OT, ST, & PT costs - reclassified to 10A for DD facilities			(176,485)
Total Lines 1,2 & 4			0.00
Pharmacy Supplies per GL			8,013
Manual Input from Related Party- Forum Drugs			2,973
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	10,986
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	71,578
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	71,514
Total Exceptional Care (Line 12, Col 8)			143,092
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	-
Other			450,328
Less: Respiratory Therapy Costs reclassified to line 10A			(296,323)
Manual Input: Related Party - Prism			(12,298)
Manual Input: Related Party FECII - I.V.			-
Manual Input: Related Party FECII - Wound Care			(695)
Oxygen, from reclass worksheet			-
13. Col 6: Supplies Total		To Col 6	141,012
13. Total Line 13, Column 8			141,012
14. Total			295,090

Facility Name & ID Number Alden Village North

0049122

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	\$ 171,589	\$ 1,149,797	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 4,500)	1,564,700	1,564,700	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		76,812	6
7	Other Prepaid Expenses	41,278	107,946	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	21,861	21,861	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,799,428	\$ 2,921,116	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		358,296	13
14	Buildings, at Historical Cost		2,984,341	14
15	Leasehold Improvements, at Historical Cost	277,314	277,314	15
16	Equipment, at Historical Cost	169,513	519,513	16
17	Accumulated Depreciation (book methods)	(110,458)	(403,501)	17
18	Deferred Charges	94,600	94,600	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe <u>Const In Progr</u>)		1,433,918	22
23	Other(specify): <u>Refi Fees, Net</u>		431,069	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 430,969	\$ 5,695,550	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,230,397	\$ 8,616,666	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 412,332	\$ 413,195	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,942	11,942	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	245,607	245,607	30
31	Accrued Taxes Payable (excluding real estate taxes)	47,842	47,842	31
32	Accrued Real Estate Taxes(Sch.IX-B)		106,100	32
33	Accrued Interest Payable		15,082	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>	128,615	128,615	36
37	<u>Due to Affiliates</u>	1,215	1,009,633	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 847,553	\$ 1,978,016	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		6,134,881	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	1,630,775	1,158,923	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,630,775	\$ 7,293,804	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,478,328	\$ 9,271,820	46
47	TOTAL EQUITY(page 18, line 24)	\$ (247,931)	\$ (655,154)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,230,397	\$ 8,616,666	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (140,772)	1
2	Restatements (describe):		2
3	Fed Income Tax Entry	94,600	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (46,172)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(201,759)	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)	\$ (201,759)	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)	\$ (247,931)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village North

0049122

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	\$ 7,378,410	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,378,410	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	21,862	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(537)	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		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 21,325	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	547	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 547	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Day Training Revenue	500,910	28
28a	Food Rebates(525) Wage Svc Fees (352)-Elim Pg 5A	877	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 501,787	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,902,069	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,392,900	31
32	Health Care	2,958,259	32
33	General Administration	1,416,372	33
B. Capital Expense			
34	Ownership	638,830	34
C. Ancillary Expense			
35	Special Cost Centers	1,278,828	35
36	Provider Participation Fee	418,639	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,103,828	40
41	Income before Income Taxes (line 30 minus line 40)**	(201,759)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (201,759)	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.

Details of Page 19, Line 28

Misc Income - Food Rebate	Backed out on Page 5A	525
Misc Income - Wage Service Fees	Backed out on Page 5A	352
Day Training Revenue		500,910
		<u>501,787</u>

Facility Name & ID Number Alden Village North

0049122

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	752	752	\$ 30,571	\$ 40.65	1
2	Assistant Director of Nursing	1,915	1,915	62,046	32.40	2
3	Registered Nurses	19,642	21,238	686,181	32.31	3
4	Licensed Practical Nurses	17,059	17,810	416,319	23.38	4
5	CNAs & Orderlies					5
6	CNA Trainees	1,920	1,920	16,320	8.50	6
7	Licensed Therapist	2,080	2,080	71,578	34.41	7
8	Rehab/Therapy Aides					8
9	Activity Director	560	560	10,405	18.58	9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	46,421	22.32	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,762	18,048	193,436	10.72	15
16	Dishwashers					16
17	Maintenance Workers	2,032	2,032	45,641	22.46	17
18	Housekeepers	13,418	14,318	145,578	10.17	18
19	Laundry	9,668	10,529	107,760	10.23	19
20	Administrator	2,080	2,080	66,470	31.96	20
21	Assistant Administrator					21
22	Other Administrative	3,682	3,778	73,316	19.41	22
23	Office Manager	2,080	2,080	41,455	19.93	23
24	Clerical	2,979	3,042	32,802	10.78	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	6,238	6,300	100,250	15.91	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	105,701	112,100	1,226,737	10.94	30
31	Medical Records					31
32	Other Health Care Unit Director	1,997	2,296	33,739	14.69	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	212,645	224,958	\$ 3,407,025 *	\$ 15.15	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	flat monthly fee	\$ 10,800	1-3	35
36	Medical Director	flat monthly fee	60,200	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	flat monthly fee	2,352	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	\$75.98/res semi n	169,700	11-3	44
45	Social Service Consultant	flat monthly fee	2,404	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 245,456		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

Legal Fees

Gemino Healthcare Finance	893
Gemino Healthcare Finance	4,199
Ken Fisch	825
Ken Fisch	400
Total Legal Costs	<u><u>6,317</u></u>

Seminars & Conventions

DHCA convention room charges	224
Illinois Health Care Association DD Symposium	100
IL Health Care Association seminar registration	920
New Pioneer - Quality of Life Requirements	95
IL Council of Long Term Care	95
Total Seminars & Convention Costs	<u><u>1,434</u></u>

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	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
1	Painting	2008	\$ 87,992	3	\$	\$	\$ 17,851	\$ 29,331	\$ 29,331	\$ 11,479	\$	\$
2	Painting	1/09	12,330	3			3,768	4,110	4,110	342		
3												
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20	TOTALS		\$ 100,322		\$	\$	\$ 17,851	\$ 33,099	\$ 33,441	\$ 15,589	\$ 342	\$

Facility Name & ID Number Alden Village North

0049122

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=\$ 5,546 Il. Assoc. of HC=\$2,050
- (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. \$ 30,009 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. \$ 418,639
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. \$ 24,111 Has any meal income been offset against related costs? No Indicate the amount. \$ 0
- (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.