

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center

0040709 Report Period Beginning: 1/1/10 Ending: 12/31/10

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	96	Skilled (SNF)	96	35,040	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	96	TOTALS	96	35,040	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	3,453	283	4,251	7,987	8
9	SNF/PED					9
10	ICF	21,737	886	92	22,715	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	25,190	1,169	4,343	30,702	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.62%

D. How many bed-hold days during this year were paid by the Department? none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) none

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 03/01/95

J. Was the facility purchased or leased after January 1, 1978?
YES Date 03/01/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 33 and days of care provided 2,650

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

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

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care # 0040709 Report Period Beginning: 1/1/10 Ending: 12/31/10

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassification 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	230,841	29,294	21,800	281,935	1,086	283,021	(4,734)	278,287		1
2	Food Purchase		232,341		232,341	(30,317)	202,024	(36,642)	165,382		2
3	Housekeeping	86,930	30,374		117,304	343	117,647	3,760	121,407		3
4	Laundry	73,634	17,258		90,892	413	91,305		91,305		4
5	Heat and Other Utilities			93,916	93,916		93,916	1,178	95,094		5
6	Maintenance	65,617		160,643	226,260	5,633	231,893	18,082	249,975		6
7	Other (specify):* Related Party Benefits							4,952	4,952		7
8	TOTAL General Services	457,022	309,267	276,359	1,042,648	(22,842)	1,019,806	(13,404)	1,006,402		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,437,362	150,216	2,595	1,590,173	(26,940)	1,563,233	33,125	1,596,358		10
10a	Therapy	58,194	295		58,489		58,489		58,489		10a
11	Activities	50,464	1,414	3,683	55,561	91	55,652		55,652		11
12	Social Services	42,425			42,425		42,425		42,425		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							4,761	4,761		15
16	TOTAL Health Care and Programs	1,588,445	151,925	18,278	1,758,648	(26,849)	1,731,799	37,886	1,769,685		16
	C. General Administration										
17	Administrative	90,027			90,027		90,027	62,785	152,812		17
18	Directors Fees										18
19	Professional Services			442,068	442,068	(16,953)	425,115	(382,592)	42,523		19
20	Dues, Fees, Subscriptions & Promotions			68,666	68,666		68,666	(60,820)	7,846		20
21	Clerical & General Office Expenses	140,559	17,217	64,530	222,306	(5,161)	217,145	138,106	355,251		21
22	Employee Benefits & Payroll Taxes			364,885	364,885	24,311	389,196	(9,596)	379,600		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,525	3,525		3,525	1,698	5,223		24
25	Other Admin. Staff Transportation			1,348	1,348		1,348	8,644	9,992		25
26	Insurance-Prop.Liab.Malpractice			105,255	105,255		105,255	90	105,345		26
27	Other (specify):* Related Party Benefits			160,994	160,994		160,994	(124,731)	36,263		27
28	TOTAL General Administration	230,586	17,217	1,211,271	1,459,074	2,197	1,461,271	(366,416)	1,094,855		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,276,053	478,409	1,505,908	4,260,370	(47,494)	4,212,876	(341,934)	3,870,942		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 Lincoln Rehabilitation & Health Care Center #0040709 Report Period Beginning: 1/1/10 Ending: 12/31/10

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			37,791	37,791		37,791	(7,665)	30,126			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			45,292	45,292		45,292	(20,552)	24,740			32
33	Real Estate Taxes			94,230	94,230	4,575	98,805	3,073	101,878			33
34	Rent-Facility & Grounds			502,366	502,366		502,366		502,366			34
35	Rent-Equipment & Vehicles			9,983	9,983		9,983	22,174	32,157			35
36	Other (specify):*											36
37	TOTAL Ownership			689,662	689,662	4,575	694,237	(2,970)	691,267			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		257,387	247,712	505,099	42,919	548,018	30,098	578,116			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		257,387	300,272	557,659	42,919	600,578	30,098	630,676			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,276,053	735,796	2,495,842	5,507,691		5,507,691	(314,806)	5,192,885			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: 1/1/2010

Report Period Ending: 12/31/2010

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(30,317.00)	Employee Meals
	22	30,317.00	Employee Meals
22		(6,006.00)	Uniforms
	1	1,086.00	Uniforms
	3	343.00	Uniforms
	4	413.00	Uniforms
	6	143.00	Uniforms
	10	3,601.00	Uniforms
	11	91.00	Uniforms
	21	329.00	Uniforms
10		(42,919.00)	Oxygen - to appropriate cost center
	39	42,919.00	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		(5,490.00)	Vendor Settlements
	5	5,490.00	Vendor Settlements (may effect more than one line)
<u>thers, if any:</u>			
19		(12,378.00)	Clinical Coordinators (Pathway Billing)
	10	12,378.00	Clinical Coordinators (Pathway Billing)
33		4,575.00	Schmidt Salzman (proposed 2009 tax assessment)
	19	(4,575.00)	Schmidt Salzman (proposed 2009 tax assessment)
Net		-	

Alden Lincoln Rehabilitation & Health Care Center

ID# 0040709

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Legal Fees on utilities	\$ (535)	5	1
2	Intercompany Interests	(45,292)	32	2
3	Misc Income - general	(220)	6	3
4	Misc Income - food rebate	(231)	2	4
5	Misc Income - polling site	(425)	6	5
6	Misc Income - medical records	(458)	10	6
7	back out Marketing Manager Salaries	(59,857)	21	7
8	back out Employee benefit - Marketing Manager Sal	(9,596)	22	8
9	back out IHCA PAC fees	(1,590)	20	9
10	Deming Leadership Training	(525)	24	10
11	add back prior years Real Estate Tax refund	0	33	11
12	other Nursing Income	(16)	21	12
13	reduce depreciation exp PG 12 <\$2,500	(2,699)	30	13
14	reduce depreciation exp PG 13 <\$2,500	(6,494)	30	14
15	expense capital adj PG 12 <\$2,500	0	6	15
16	expense capital adj PG 13 <\$2,500	13,044	6	16
17	depreciation adjustment	(8)	30	17
18				18
19	adj for ABC related party profit - PG 12	(8)	30	19
20	adj for ABC related party profit - PG 12	(5)	30	20
21	exp capital items PG 13 \$<2,500 - Rel Party	320	6	21
22	back out Chamber of Commerce dues	(580)	20	22
23	eliminate Deferred Maintenance depreciatton	(194)	6	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	(115,369)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center

0040709

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	2,789	(7,523)	0	0	0	0	0	0	0	(4,734)	1
2	Food Purchase	(766)	0	0	(35,876)	0	0	0	0	0	0	0	(36,642)	2
3	Housekeeping	0	0	3,760	0	0	0	0	0	0	0	0	3,760	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(535)	0	1,713	0	0	0	0	0	0	0	0	1,178	5
6	Maintenance	11,346	0	7,244	0	0	0	(508)	0	0	0	0	18,082	6
7	Other (specify):*	0	0	3,819	1,133	0	0	0	0	0	0	0	4,952	7
8	TOTAL General Services	10,045	0	19,325	(42,266)	0	0	(508)	0	0	0	0	(13,404)	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	(458)	0	31,902	512	1,169	0	0	0	0	0	0	33,125	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	4,761	0	0	0	0	0	0	0	0	4,761	15
16	TOTAL Health Care and Programs	(458)	0	36,663	512	1,169	0	0	0	0	0	0	37,886	16
	C. General Administration													
17	Administrative	0	0	62,785	0	0	0	0	0	0	0	0	62,785	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(37,586)	0	(345,006)	0	0	0	0	0	0	0	0	(382,592)	19
20	Fees, Subscriptions & Promotions	(32,563)	0	(28,257)	0	0	0	0	0	0	0	0	(60,820)	20
21	Clerical & General Office Expenses	(59,873)	0	159,848	20,241	17,890	0	0	0	0	0	0	138,106	21
22	Employee Benefits & Payroll Taxes	(9,596)	0	0	0	0	0	0	0	0	0	0	(9,596)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(525)	0	2,223	0	0	0	0	0	0	0	0	1,698	24
25	Other Admin. Staff Transportation	0	0	8,644	0	0	0	0	0	0	0	0	8,644	25
26	Insurance-Prop.Liab.Malpractice	0	0	90	0	0	0	0	0	0	0	0	90	26
27	Other (specify):*	(160,994)	0	32,828	2,652	783	0	0	0	0	0	0	(124,731)	27
28	TOTAL General Administration	(301,137)	0	(106,845)	22,893	18,673	0	0	0	0	0	0	(366,416)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(291,550)	0	(50,857)	(18,861)	19,842	0	(508)	0	0	0	0	(341,934)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center

0040709

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	(9,214)	0	1,549	0	0	0	0	0	0	0	0	(7,665)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(55,747)	0	34,593	0	602	0	0	0	0	0	0	(20,552)	32
33	Real Estate Taxes	0	0	2,855	0	218	0	0	0	0	0	0	3,073	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	22,174	0	0	0	0	0	0	0	0	22,174	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(64,961)	0	61,171	0	820	0	0	0	0	0	0	(2,970)	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	(23,482)	(5,617)	59,197	0	0	0	0	0	30,098	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	(23,482)	(5,617)	59,197	0	0	0	0	0	30,098	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(356,511)	0	10,314	(42,343)	15,045	59,197	(508)	0	0	0	0	(314,806)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$		0.00%	\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	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%	\$ 1,713	\$	1,713	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		2,223		2,223	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		8,644		8,644	17
18	V	26 Insurance		Alden Management Services, Inc.		90		90	18
19	V	20 Dues and Subscription	29,004	Alden Management Services, Inc.		747		(28,257)	19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549		1,549	20
21	V	33 Real estate taxes		Alden Management Services, Inc.		2,855		2,855	21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		22,174		22,174	22
23	V	32 Interest		Alden Management Services, Inc.		34,593		34,593	23
24	V	1 Dietary		Alden Management Services, Inc.		2,789		2,789	24
25	V	3 Housekeeping		Alden Management Services, Inc.		3,760		3,760	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		3,819		3,819	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		31,902		31,902	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		4,761		4,761	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		62,785		62,785	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		32,828		32,828	30
31	V	19 Professional Fee	374,649	Alden Management Services, Inc.		29,643		(345,006)	31
32	V	21 General and Administrative		Alden Management Services, Inc.		159,848		159,848	32
33	V	6 Repairs and Maintenance	17,719	Alden Management Services, Inc.		24,963		7,244	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 421,372			\$ 431,686	\$ *	10,314	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	\$ 21,800	Prism Health Care Services, Inc.	0.00%	\$ 3,090	\$ (18,710)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		11,187	11,187
17	V	2 Tube Feeding	54,670	Prism Health Care Services, Inc.		18,794	(35,876)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	51,794	Prism Health Care Services, Inc.		28,312	(23,482)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		14,207	14,207
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		2,652	2,652
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,133	1,133
23	V	21 General and Administrative		Prism Health Care Services, Inc.		6,034	6,034
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 134,924			\$ 92,581	\$ * (42,343)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 127,833	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 179,774	\$ 51,941
16	V	39 <u>IV</u>	62,758	<u>Forum Extended Care Services II, Inc.</u>		7,782	(54,976)
17	V	39 <u>Wound Care</u>	12,265	<u>Forum Extended Care Services II, Inc.</u>		9,683	(2,582)
18	V	10 <u>House Stock</u>	5,243	<u>Forum Extended Care Services II, Inc.</u>		4,818	(425)
19	V	10 <u>Pharmacy Consultant</u>	2,318	<u>Forum Extended Care Services II, Inc.</u>		3,912	1,594
20	V	27 <u>Employee Vaccination</u>	2,763	<u>Forum Extended Care Services II, Inc.</u>		2,181	(582)
21	V	27 <u>Employee Benefit: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		1,365	1,365
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		10,964	10,964
23	V	21 <u>General and Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		6,926	6,926
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		602	602
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		218	218
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		\$ 213,180			\$ 228,225	\$ * 15,045

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy	\$ 243,378	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 302,575	\$ 59,197	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		\$ 243,378			\$ 302,575	\$ *	59,197	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	\$ 41,536	Alden Bennett Construction Company, Inc.	0.00%	\$ 41,028	\$ (508)	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		\$ 41,536			\$ 41,028	\$ * (508)	39

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

Alden Lincoln Rehat Alden Lincoln Rehabilitation & Health Care Cente Provider No. 0040709

Report Period Beginning:

1/1/10

Ending: 12/31/10

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 Gardens of Bloomingdale, Inc.	Bloomingdale	Supportive Living Facility
Alden of Old Town East, Inc.	Bloomingdale	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.	Bloomingdale	Community Physical Therapy & Associates, Ltd.	Addison	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingdale	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.	Bloomingdale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingdale			
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.	Bloomingdale			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			
Alden Estates of Countryside, Inc.	Jefferson, WI			

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care # 0040709 Report Period Beginning: 1/1/10 Ending: 12/31/10

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	180,575	0.956	2.39	Salary	\$ 4,425	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,998	0.956	2.39	Salary	1,642	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,575	0.956	2.39	Salary	945	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	\$ 7,012		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 Lincoln Rehabilitation & Health Care Center # 0040709 Report Period Beginning: 1/1/10 Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	1,283,623	33	\$ 71,628	\$ 30,702	\$ 1,713	1
2	24	Travel/Seminar	Patient days	1,283,623	33	92,957	30,702	2,223	2
3	25	Other Admin Travel	Patient days	1,283,623	33	361,409	30,702	8,644	3
4	26	Insurance	Patient days	1,283,623	33	3,773	30,702	90	4
5	20	Dues/Subscriptions	Patient days	1,283,623	33	31,234	30,702	747	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient days	1,283,623	33	135,456	30,702	2,855	7
8	35	Rent-Equip & Vehicles	Patient days	1,283,623	33	927,091	30,702	22,174	8
9	32	Interest	Patient days	1,283,623	33	1,179,658	30,702	34,593	9
10	1	Diet. Salary	Patient days	1,283,623	33	116,597	116,597	2,789	10
11	3	Housekeeping Salary	Patient days	1,283,623	33	157,195	157,195	3,760	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,283,623	33	159,672	30,702	3,819	12
13	10	Nurs & Med Record Salary	Patient days	1,283,623	33	1,369,902	1,369,902	31,902	13
14	15	Employee Benefits-Health Care	Patient days	1,283,623	33	199,071	30,702	4,761	14
15	17	Administrative Salary	Patient days	1,283,623	33	2,862,453	2,862,453	62,785	15
16	27	Employee Benefits-Administr.	Patient days	1,283,623	33	1,372,540	30,702	32,828	16
17	19	Professional Fees	Patient days	1,283,623	33	1,239,391	672,679	29,643	17
18	21	Gen'l & Administrative	Patient days	1,283,623	33	6,683,349	5,909,984	159,848	18
19	6	Repairs & Maintenance	Patient days	1,283,623	33	1,043,713	824,986	24,963	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 431,686	25

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care (# 0040709 Report Period Beginning: 1/1/10 Ending: 12/31/10

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					\$	\$			\$	1									
2										2									
3										3									
4										4									
5										5									
Working Capital																			
6	Related party-AMS		x	working capital						34,593	6								
7	Related party-FECH		x	working capital						602	7								
8											8								
9	TOTAL Facility Related				\$	\$			\$	35,195	9								
B. Non-Facility Related*																			
10	Interest Income (4646/4975)		x							(10,455)	10								
11											11								
12											12								
13											13								
14	TOTAL Non-Facility Related				\$	\$			\$	(10,455)	14								
15	TOTALS (line 9+line14)				\$	\$			\$	24,740	15								

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

* 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.)

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center

0040709

Report Period Beginning:

1/1/10

Ending:

12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,252 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a numbered column (1-3). Row 1: Nursing facility. Row 2: (blank). Row 3: TOTALS.

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				\$	\$		\$	\$	\$
5									
6									
7									
8									
Improvement Type**									
9	Sprinkler heads		1995	1,832	73	25	73		1,116
10	Roof repairs		1995	2,000		10			2,000
11	Installed Electric AMPS		1996	1,870		5			1,870
12	Signs		1996	1,800		10			1,800
13	Water Heater		1997	6,180		5			6,180
14	Replace Pipes		1997	5,949		5			5,949
15	Exhaust Fans		1997	8,403		5			8,403
16	Washing machine motor		1998	1,576		8			1,576
17	ABC (General construction) Major repairs/improvement		1999	5,713		10			5,713
18	ABC (General construction) Major repairs/improvement		1999	2,326		10			2,326
19	ABC (General construction) Major repairs/improvement		1999	2,092		10			2,092
20	ABC (General construction) Major repairs/improvement		1999	1,870		10			1,870
21	ABC (General construction) Major repairs/improvement		1999	12,658		10			12,658
22	ABC (General construction) Major repairs/improvement		1999	2,250		10			2,250
23	ABC (General construction) Major repairs/improvement		1999	10,225		10			10,225
24	Climate Services (exhaust fan)		1999	2,280		5			2,280
25	Oxygen exhaust system		2000	8,555		8			8,555
26	Elevator door repair		2000	1,518		5			1,518
27	Lawn Sprinkler		2000	15,500	620	25	620		6,407
28	ABC (General construction) Major repairs/improvement		2000	6,937		5			6,937
29	ABC (General construction) New hot water system		2000	49,596	2,480	20	2,480		26,866
30	ABC (General construction) Replace showers		2000	23,903	1,595	10	1,595		23,903
31	Replace Fire Pump		2001	3,230	162	20	162		1,618
32	14 Kilowatt water heater booster		2001	2,783	278	10	278		2,596
33	ABC (General construction) Major repairs/improvement		2001	3,402		5			3,402
34									
35									
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 Lincoln Rehabilitation & Health Care Center

0040709

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	Capps Plumbing (pipe & wall repair)	2002	\$ 1,985	\$	5	\$	\$	\$ 1,985	37
38	ABC (misc construction work)	2002	3,442		5			3,442	38
39	ABC (repair ejector pump)	2002	7,893		5			7,893	39
40	Capps Plumbing (water pump)	2002	3,275	164	20	164		1,380	40
41	TNS (DSL Cable)	2004	1,358		5			1,358	41
42	ABC (1st Floors Stairs)	2004	1,699	170	10	170		1,034	42
43	Oak Fire security System, new base dual zone card	2005	1,350	247	5	247		1,350	43
44	Washtown (repair Washer motor)	2005	1,563	181	5	181		1,563	44
45	ABC (repair Mop basin)	2005	1,613	187	5	187		1,613	45
46									46
47	ABC - seal holes and replace fill materials 3rd floor	2006	5,793	579	10	579		2,750	47
48	TopNotch - booster heater	2006	3,217	322	10	322		1,368	48
49									49
50	ABC - wall covering	2007	10,494	1,049	10	1,049		3,847	50
51									51
52	ABC - HM door and frame	2008	3,270	327	10	327		872	52
53	Central States - springkler system	2008	3,700	740	5	740		1,480	53
54	ABC - patio door	2008	2,501	250	10	250		563	54
55	ABC - repair electrical room and patio doors	2008	2,915	292	10	292		608	55
56									56
57	JD Roofing - asphalt roof patched	2009	3,600	360	10	360		480	57
58	Oak Fire - wirings for sprinkler system	2009	5,070	507	10	507		803	58
59									59
60	ABC - roof replaced	2010	3,886	130	10	130		130	60
61	ABC - elevator	2010	66,555	277	20	277		277	61
62	Rockford - railings repaired	2010	4,440	222	10	222		222	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 324,067	\$ 11,212		\$ 11,212	\$	\$ 185,128	70

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

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center

0040709

Report Period Beginning:

1/1/10

Ending:

12/31/10

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		\$ 324,067	\$ 11,212		\$ 11,212	\$	\$ 185,128	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	5	62		432	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	Adjust for ABC Related Party Profit	2008	(50)	(8)		(8)		(10)	31
32	Adjust for ABC Related Party Profit	2009	(161)	(6)		(6)		(6)	32
33	Adjust for ABC Related Party Profit	2010	(862)	(5)		(5)		(5)	33
34	TOTAL (lines 1 thru 33)		\$ 393,251	\$ 12,580		\$ 12,580	\$	\$ 252,685	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 142,354	\$ 14,057	\$ 14,057	\$		\$ 75,744	71
72	Current Year Purchases	42,223	1,572	1,572			1,572	72
73	Fully Depreciated Assets	204,009	1,917	1,917			204,009	73
74								74
75	TOTALS	\$ 388,586	\$ 17,546	\$ 17,546	\$		\$ 281,325	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				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party	various	98-02	4,148				3	4,148	79
80	TOTALS			\$ 4,148	\$	\$	\$		\$ 4,148	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)	\$ 785,985	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 30,126	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 30,126	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)	\$ 538,158	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: T.L. Enterprises, Inc.

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		<u>96</u>		\$ <u>502,366</u>	<u>16</u>		3
4	Additions							4
5								5
6								6
7	TOTAL		<u>96</u>		\$ <u>502,366</u>			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: Purchase Option Deposit *

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: \$ 29,205 Description: copy mach gl 6861, postage meter & 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>15,095</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>15,095</u>	21

10. Effective dates of current rental agreement:

Beginning 03/01/95

Ending 02/28/13

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

Fiscal Year Ending Annual Rent

12. 12/31/2011 \$ 502,366

13. 12/31/2012 \$ 502,366

14. 12/31/2013 \$ 502,366

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 102,235	\$		\$ 102,235	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			42,329			42,329	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			98,814			98,814	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				179,774		179,774	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>					59,198	95,766		154,964	13
14	TOTAL			\$		\$ 302,576	\$ 275,540		\$ 578,116	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	\$102,235.40
2.	ST	39-3	To Col 5	42,329.29
3.				
4.	PT	39-3	To Col 5	98,813.57
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			127,832.82
	Manual Input from Related Party- Forum Drugs			51,941.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	179,773.82
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	59,198.00
	Other			133,886.06
	Manual Input: Related Party - Prism			(23,482.00)
	Manual Input: Related Party FECII - I.V.			(54,976.00)
	Manual Input: Related Party FECII - Wound Care			(2,581.00)
	Oxygen, from reclass worksheet (Pg 4A)			42,919.00
13.	Col 6: Supplies Total		To Col 6	95,766.06
13.	Total Line 13, Column 8			154,964.06
14.	Total			578,116.14

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center

0040709

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(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>110,000</u>)	639,383		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,008		6
7	Other Prepaid Expenses	9,250		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	44,699		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 698,340	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	428,276		15
16	Equipment, at Historical Cost	364,449		16
17	Accumulated Depreciation (book methods)	(515,067)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	232,550		21
22	Other Long-Term Assets (spe <u>Purchase Option</u>)	288,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 798,208	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,496,548	\$	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 319,621	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	119,946		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	193,996		30
31	Accrued Taxes Payable (excluding real estate taxes)	30,566		31
32	Accrued Real Estate Taxes(Sch.IX-B)	106,700		32
33	Accrued Interest Payable			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>	147,437		36
37	<u>Due to Affiliates</u>	738,304		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,656,570	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	137,281		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 137,281	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,793,851	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (297,303)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,496,548	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,561	1
2	Restatements (describe):		2
3	external audit adjustment made after 2009 cost report was		3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables)	1,968	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 6,529	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(303,832)	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)	\$ (303,832)	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)	\$ (297,303)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center # 0040709 Report Period Beginning: 1/1/10

Ending: 12/31/10

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	\$ 5,066,333	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,066,333	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	89,144	6
7	Oxygen	32,669	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 121,813	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	203	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	3,721	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,924	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	10,455	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 10,455	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A	1,334	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,334	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,203,859	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,042,648	31
32	Health Care	1,758,648	32
33	General Administration	1,459,074	33
B. Capital Expense			
34	Ownership	689,662	34
C. Ancillary Expense			
35	Special Cost Centers	505,099	35
36	Provider Participation Fee	52,560	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,507,691	40
41	Income before Income Taxes (line 30 minus line 40)**	(303,832)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (303,832)	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLINOIS

Facility Name & ID Number Alden-Lincoln Park Rehabilitation and Health Care # 004-0709 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

Details of Page 19, Line 28

misc receipts (employee cost - reissue lost checks)	203.00
Medical records	458.00
Jury Duty	17.00
Food rebate	231.00
Rent - Polling site	425.00
	<hr/>
Total	<u><u>1,334.00</u></u>

Facility Name & ID Number Alden Lincoln Rehabilitation & Health Care Center

0040709

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	1,832	1,832	\$ 62,608	\$ 34.17	1
2	Assistant Director of Nursing					2
3	Registered Nurses	11,140	11,817	344,681	29.17	3
4	Licensed Practical Nurses	15,560	16,119	409,822	25.42	4
5	CNAs & Orderlies	43,986	47,559	531,252	11.17	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,072	2,072	33,971	16.40	9
10	Activity Assistants	1,724	1,754	16,493	9.40	10
11	Social Service Workers	2,000	2,062	42,426	20.58	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	46,337	22.28	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,661	15,625	184,504	11.81	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	65,617	31.55	17
18	Housekeepers	7,133	7,989	86,930	10.88	18
19	Laundry	6,622	7,337	73,634	10.04	19
20	Administrator	2,080	2,080	90,027	43.28	20
21	Assistant Administrator					21
22	Other Administrative	6,266	6,266	173,112	27.63	22
23	Office Manager					23
24	Clerical	2,616	2,716	25,640	9.44	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,080	59,217	28.47	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer Supervi	2,056	2,080	29,782	14.32	33
34	TOTAL (lines 1 - 33)	124,988	133,548	\$ 2,276,053 *	\$ 17.04	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	1817/month	\$ 21,800	1-3	35
36	Medical Director	1000/month	12,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	192/month	2,304	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	218/month	2,613	11-3	44
45	Social Service Consultant	68/month	820	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 39,537		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 Reported on Pg 21, Section C:	37,823.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(37,586.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<hr/>
Allowable Legal Fees	<hr/> 237.00 <hr/>

NOTE:

Legal invoices are not required to be submitted this year because the amount is below \$5,000.

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	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Climate Service - boil	1/96	2,015	15	134	134	134	134				
3	Great Lakes - plumbing fi	3/96	1,739	20	87	87	87	87	87	87	87	87
4	Building Plumbing Heat	10/96	1,831	15	122	122	122	122	30			
5												
6												
7												
8												
9												
10												
11												
12												
13	Note, only fill in for											
14	items that result in											
15	expense in the											
16	current year's											
17	column (FY2010).											
18												
19												
20	TOTALS		\$ 5,585		\$ 343	\$ 343	\$ 343	\$ 343	\$ 117	\$ 87	\$ 87	\$ 87

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IL Health Care Association \$5,362
- (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. \$ 21,701 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. \$ 52,560
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. \$ 30,317 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? No
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.