

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	300	Skilled (SNF)	300	109,800	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	300	TOTALS	300	109,800	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	4,149	76	5,051	9,276	8
9	SNF/PED					9
10	ICF	66,927	377	189	67,493	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	71,076	453	5,240	76,769	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.92%

D. How many bed-hold days during this year were paid by the Department?

0 (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 9/9/81

J. Was the facility purchased or leased after January 1, 1978?

YES Date 9/9/81 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 300 and days of care provided 4,552

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/08 Fiscal Year: 12/31/08

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Cent # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	310,352	27,212	10,800	348,364	1,772	350,136	7,063	357,199		1
2	Food Purchase		422,033		422,033	(33,033)	389,000	(53,817)	335,183		2
3	Housekeeping	266,587	80,250		346,837	2,567	349,404	6,189	355,593		3
4	Laundry	114,275	31,933		146,208	250	146,458		146,458		4
5	Heat and Other Utilities			377,757	377,757		377,757	(2,735)	375,022		5
6	Maintenance	52,415		218,749	271,164		271,164	33,150	304,314		6
7	Other (specify):* Security/Related Party	132,668			132,668		132,668	9,271	141,939		7
8	TOTAL General Services	876,297	561,428	607,306	2,045,031	(28,444)	2,016,587	(879)	2,015,708		8
	B. Health Care and Programs										
9	Medical Director			28,500	28,500		28,500		28,500		9
10	Nursing and Medical Records	2,955,984	155,942	25,214	3,137,140	(2,536)	3,134,604	76,413	3,211,017		10
10a	Therapy	64,532			64,532		64,532		64,532		10a
11	Activities	389,763	15,100	2,390	407,253	620	407,873		407,873		11
12	Social Services	33,156			33,156		33,156		33,156		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							11,897	11,897		15
16	TOTAL Health Care and Programs	3,443,435	171,042	56,104	3,670,581	(1,916)	3,668,665	88,310	3,756,975		16
	C. General Administration										
17	Administrative	26,596			26,596		26,596	135,516	162,112		17
18	Directors Fees										18
19	Professional Services			960,008	960,008	(20,270)	939,738	(834,176)	105,562		19
20	Dues, Fees, Subscriptions & Promotions			68,093	68,093	330	68,423	(54,021)	14,402		20
21	Clerical & General Office Expenses	194,527	36,619	89,936	321,082	1,581	322,663	355,137	677,800		21
22	Employee Benefits & Payroll Taxes			737,252	737,252	15,336	752,588	(9,729)	742,859		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,752	8,752		8,752	4,141	12,893		24
25	Other Admin. Staff Transportation			3,031	3,031		3,031	18,589	21,620		25
26	Insurance-Prop.Liab.Malpractice			327,805	327,805	(2,597)	325,208	9,833	335,041		26
27	Other (specify):* Bad debt/Related Party			236,623	236,623		236,623	(159,322)	77,301		27
28	TOTAL General Administration	221,123	36,619	2,431,500	2,689,242	(5,620)	2,683,622	(534,032)	2,149,590		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,540,855	769,089	3,094,910	8,404,854	(35,980)	8,368,874	(446,601)	7,922,273		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 Wentworth Rehab & Health Care Center #0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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			98,298	98,298		98,298	144,037	242,335		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			157,432	157,432	2,597	160,029	117,086	277,115		32
33	Real Estate Taxes			436,671	436,671	(436,671)		411,615	411,615		33
34	Rent-Facility & Grounds			711,324	711,324	436,671	1,147,995	(1,147,995)			34
35	Rent-Equipment & Vehicles			34,161	34,161		34,161	58,245	92,406		35
36	Other (specify):* MIP							5,803	5,803		36
37	TOTAL Ownership			1,437,886	1,437,886	2,597	1,440,483	(411,209)	1,029,274		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		360,544	473,504	834,048	33,383	867,431	(55,590)	811,841		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			164,700	164,700		164,700		164,700		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		360,544	638,204	998,748	33,383	1,032,131	(55,590)	976,541		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,540,855	1,129,633	5,171,000	10,841,488		10,841,488	(913,400)	9,928,088		45

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

Alden Wentworth Rehab & Health Care Center

IDPH Facility ID Number: #0026435

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		(33,033.00)	Employee Meals
	22	33,033.00	Employee Meals
22		(17,696.86)	Uniforms
	10	10,907.39	Uniforms
	1	1,772.07	Uniforms
	3	2,566.74	Uniforms
	4	249.81	Uniforms
	6	-	Uniforms
	11	619.67	Uniforms
	21	1,581.18	Uniforms
26		(2,597.00)	Interest - old policy/curr yr portion
	32	2,597.00	Interest - old policy/curr yr portion
10		(33,383.26)	Oxygen - to appropriate cost center
	39	33,383.26	Oxygen - to appropriate cost center
33		(436,671.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	436,671.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>Others, if any:</u>			
19		(19,939.52)	Clinical Coordinator (pathway billing)
	10	19,939.52	Clinical Coordinator (pathway billing)
19		(330.00)	Employee Background Check Reclass
	20	330.00	Employee Background Check Reclass
Net		<hr/>	-

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning: 1/1/08

Ending: 12/31/08

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	38,312	30		9
10	Interest and Other Investment Income	(402)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(172)	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	(1,326)	21		17
18	Fines and Penalties	(18,653)	32		18
19	Entertainment	(1,848)	20		19
20	Contributions	(9,268)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(21,913)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(236,623)	27		24
25	Fund Raising, Advertising and Promotional	(12,769)	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)	\$ (264,662)		\$	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)	(76,171)	various	34
35	Other- Attach Schedule	(572,567)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (648,738)		36
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (913,400)		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			x			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			x			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 Wentworth Rehab & Health Care Center

ID# 0026435

Report Period Beginning: 1/1/08

Ending: 12/31/08

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Late fees on utilities	\$ (7,390)	5	1
2	Intercompany Interest not allowed	(135,248)	32	2
3				3
4	Misc Income (Record copies)	(100)	10	4
5	Misc Income (Jury Duty)	(69)	22	5
6	Misc Income (Wages Service fees)	(150)	22	6
7	Misc Income (Food Rebate)	(220)	2	7
8	Misc Income (Polling site Reimbursement)	(525)	6	8
9	Marketing Manager & Aides (GL#6701-100-009)	(58,626)	21	9
10	Back out % Employee Benefit for mktg manager	(9,510)	22	10
11	Back out 32.30% PAC Fees from IHCA bills	(3,922)	20	11
12	Adj Deming Leadership Training (0.21)	(1,050)	24	12
13				13
14	Bank charges - Wentworth LLC	(1,050)	21	14
15	Fines & Penalty - Wentworth, LLC	(93,808)	32	15
16	Real Estates Tax Penalty - Wentworth, LLC	(38,102)	33	16
17	Add back prior year 2003 objection refund	3,109	33	17
18	Eliminate Direct Blue Plate bills	(224)	24	18
19	Eliminate deprec exp on Pg 12 items < \$2,500 - WW	(3,983)	30	19
20	Expense capital items <\$2,500 on Pg 12 - WW	14,215	6	20
21	Eliminate deprec exp on Pg 13 items < \$2,500 - WW	(5,253)	30	21
22	Expense item <\$2,500 on Pg 13 items - WW	26,042	6	22
23	Adj Deprec expense to detail	(1,240)	30	23
24	Eliminate Americans for Job Security	(2,706)	20	24
25	Deferred Maintenance adjustment	445	6	25
26	Eliminate Mortgage insurance premium	(35,153)	36	26
27	Elimin Inter related to building purchase-LLC pg 6	(160,364)	32	27
28	Elimin Inter related to building purchase-LLC pg 6	(164,201)	32	28
29	Mortgage interest	100,713	32	29
30	Mortgage insurance	5,803	36	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	(572,567)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	8,815	(1,752)	0	0	0	0	0	0	0	7,063	1
2	Food Purchase	(392)	0	0	(53,425)	0	0	0	0	0	0	0	(53,817)	2
3	Housekeeping	0	0	6,189	0	0	0	0	0	0	0	0	6,189	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(7,390)	0	4,655	0	0	0	0	0	0	0	0	(2,735)	5
6	Maintenance	40,177	0	(6,935)	0	0	0	(92)	0	0	0	0	33,150	6
7	Other (specify):*	0	0	8,350	921	0	0	0	0	0	0	0	9,271	7
8	TOTAL General Services	32,395	0	21,074	(54,256)	0	0	(92)	0	0	0	0	(879)	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	(100)	0	70,591	3,251	2,671	0	0	0	0	0	0	76,413	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	11,897	0	0	0	0	0	0	0	0	11,897	15
16	TOTAL Health Care and Programs	(100)	0	82,488	3,251	2,671	0	0	0	0	0	0	88,310	16
	C. General Administration													
17	Administrative	0	0	135,516	0	0	0	0	0	0	0	0	135,516	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,913)	6,786	(819,049)	0	0	0	0	0	0	0	0	(834,176)	19
20	Fees, Subscriptions & Promotions	(30,513)	250	(23,758)	0	0	0	0	0	0	0	0	(54,021)	20
21	Clerical & General Office Expenses	(61,002)	1,985	369,046	24,858	20,250	0	0	0	0	0	0	355,137	21
22	Employee Benefits & Payroll Taxes	(9,729)	0	0	0	0	0	0	0	0	0	0	(9,729)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,274)	0	5,415	0	0	0	0	0	0	0	0	4,141	24
25	Other Admin. Staff Transportation	0	0	18,589	0	0	0	0	0	0	0	0	18,589	25
26	Insurance-Prop.Liab.Malpractice	0	9,528	305	0	0	0	0	0	0	0	0	9,833	26
27	Other (specify):*	(236,623)	0	73,395	2,642	1,264	0	0	0	0	0	0	(159,322)	27
28	TOTAL General Administration	(361,054)	18,549	(240,541)	27,500	21,514	0	0	0	0	0	0	(534,032)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(328,759)	18,549	(136,979)	(23,505)	24,185	0	(92)	0	0	0	0	(446,601)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	27,836	112,010	2,842	0	1,349	0	0	0	0	0	0	144,037	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(471,963)	437,267	150,119	0	1,663	0	0	0	0	0	0	117,086	32
33	Real Estate Taxes	(34,993)	439,546	6,966	0	96	0	0	0	0	0	0	411,615	33
34	Rent-Facility & Grounds	0	(1,147,995)	0	0	0	0	0	0	0	0	0	(1,147,995)	34
35	Rent-Equipment & Vehicles	0	0	58,245	0	0	0	0	0	0	0	0	58,245	35
36	Other (specify):*	(29,350)	35,153	0	0	0	0	0	0	0	0	0	5,803	36
37	TOTAL Ownership	(508,470)	(124,019)	218,172	0	3,108	0	0	0	0	0	0	(411,209)	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	(56,095)	(17,665)	18,170	0	0	0	0	0	(55,590)	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	(56,095)	(17,665)	18,170	0	0	0	0	0	(55,590)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(837,229)	(105,470)	81,193	(79,600)	9,628	18,170	(92)	0	0	0	0	(913,400)	45

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

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:	
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 Rental Income	\$ 1,147,995	Alden - Wentworth, LLC		\$	\$ (1,147,995)	1
2	V	19 Professional Fees		Alden - Wentworth, LLC		6,786	6,786	2
3	V	21 Bank charges		Alden - Wentworth, LLC		1,985	1,985	3
4	V	20 Dues & Subscription		Alden - Wentworth, LLC		250	250	4
5	V	32 Fines & Penalties		Alden - Wentworth, LLC		93,808	93,808	5
6	V	33 Tax Penalty - Real Estates		Alden - Wentworth, LLC		38,102	38,102	6
7	V	33 Real Estate Tax Expense		Alden - Wentworth, LLC		401,444	401,444	7
8	V	26 General Insurance Expense		Alden - Wentworth, LLC		9,528	9,528	8
9	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		35,153	35,153	9
10	V	32 Interest on Loan - CIT, Omega		Alden - Wentworth, LLC		160,364	160,364	10
11	V	32 Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		163,695	163,695	11
12	V	30 Depreciation Expense		Alden - Wentworth, LLC		112,010	112,010	12
13	V	32 Amortization Expense		Alden - Wentworth, LLC		19,400	19,400	13
14	Total		\$ 1,147,995			\$ 1,042,525	\$ * (105,470)	14

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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%	\$ 4,655	\$ 4,655	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		5,415	5,415	16
17	V	25	Other Admin travel		Alden Management Services, Inc.		18,589	18,589	17
18	V	26	Insurance		Alden Management Services, Inc.		305	305	18
19	V	20	Dues & Subscription	24,600	Alden Management Services, Inc.		842	(23,758)	19
20	V	30	Depreciation		Alden Management Services, Inc.		2,842	2,842	20
21	V	32	Amortization		Alden Management Services, Inc.		95	95	21
22	V	33	Real Estate Taxes		Alden Management Services, Inc.		6,966	6,966	22
23	V	35	Rent - Equip & Vehicles		Alden Management Services, Inc.		58,245	58,245	23
24	V	32	Interest		Alden Management Services, Inc.		150,024	150,024	24
25	V	1	Dietary Aide Coordinator		Alden Management Services, Inc.		8,815	8,815	25
26	V	3	Housekeeping Coordinator		Alden Management Services, Inc.		6,189	6,189	26
27	V	7	Employees Benefit - Gn'l Services		Alden Management Services, Inc.		8,350	8,350	27
28	V	10	Nurse & Med Record Salary		Alden Management Services, Inc.		70,591	70,591	28
29	V	15	Employees Benefit- Health Care		Alden Management Services, Inc.		11,897	11,897	29
30	V	17	Administrative Salary		Alden Management Services, Inc.		135,516	135,516	30
31	V	27	Employee Benefit - Administrative		Alden Management Services, Inc.		73,395	73,395	31
32	V	19	Professional Services	880,800	Alden Management Services, Inc.		61,751	(819,049)	32
33	V	21	Gen'l & Admin		Alden Management Services, Inc.		369,046	369,046	33
34	V	6	Repair & Maintenance	59,404	Alden Management Services, Inc.		52,469	(6,935)	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 964,804				\$ 1,045,997	\$ * 81,193	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%	\$ 2,733	\$ (8,067)	15
16	V	1 Diet Salary		Prism Health Care Services, Inc.		6,315	6,315	16
17	V	2 Tube Feeding	74,584	Prism Health Care Services, Inc.		21,159	(53,425)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		9,911	3,251	18
19	V	39 Supplies	112,956	Prism Health Care Services, Inc.		56,861	(56,095)	19
20	V	21 Salary G & A		Prism Health Care Services, Inc.		14,937	14,937	20
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		2,642	2,642	21
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		921	921	22
23	V	21 G & A		Prism Health Care Services, Inc.		9,921	9,921	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		\$ 205,000			\$ 125,400	\$ * (79,600)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39	Drugs	\$ 129,848	Forum Extended Care Services II, Inc.	0.00%	\$ 188,784	\$ 58,936	15
16	V	39	I.V. Drugs	86,162	Forum Extended Care Services II, Inc.		12,562	(73,600)	16
17	V	39	Wound Care	14,807	Forum Extended Care Services II, Inc.		11,806	(3,001)	17
18	V	10	House Stock	9,979	Forum Extended Care Services II, Inc.		9,412	(567)	18
19	V	10	Pharmacy Consultant	7,600	Forum Extended Care Services II, Inc.		10,838	3,238	19
20	V	27	Employee Vaccination	779	Forum Extended Care Services II, Inc.		621	(158)	20
21	V	27	Employee Benefit - G & A		Forum Extended Care Services II, Inc.		1,422	1,422	21
22	V	21	Salary - G & A		Forum Extended Care Services II, Inc.		12,242	12,242	22
23	V	21	General Administration		Forum Extended Care Services II, Inc.		8,008	8,008	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,663	1,663	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		96	96	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.		1,349	1,349	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		\$ 249,175				\$ 258,803	\$ * 9,628	39

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 337,944	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 356,114	\$ 18,170	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			\$ 337,944			\$ 356,114	\$ *	18,170	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 Repair & Maintenance	\$ 16,067	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,975	\$ (92)	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		\$ 16,067			\$ 15,975	\$ *	(92)	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			\$			\$		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			\$			\$ 0	\$ *	0 39

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

STATE OF ILLINIOS

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center Provider No. 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP	Chicago	Home Office rental
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			

Facility Name & ID Number Alden Wentworth Rehab & Health Care Ce # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	168,642	2.524	6.31	Salary	\$ 11,358	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	62,964	2.524	6.31	Salary	4,241	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	36,632	2.524	6.31	Salary	2,467	6-7	3
4											4
5											5
6	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										6
7	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.										7
8	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.										8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 18,066		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 Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	1,216,590	30	\$ 73,771	\$ 76,769	\$ 4,655	1
2	24	Travel & Seminar	Patient Days	1,216,590	30	85,812	76,769	5,415	2
3	25	Other Admin travel	Patient Days	1,216,590	30	294,582	76,769	18,589	3
4	26	Insurance	Patient Days	1,216,590	30	4,828	76,769	305	4
5	20	Dues & Subscription	Patient Days	1,216,590	30	13,344	76,769	842	5
6	30	Depreciation	Patient Days	30	30	98,652	1	2,842	6
7	32	Amortization	Patient Days	1,216,590	30	1,500	76,769	95	7
8	33	Real Estate Taxes	Patient Days	1,216,590	30	125,958	76,769	6,966	8
9	35	Rent - Equip & Vehicles	Patient Days	1,216,590	30	923,032	76,769	58,245	9
10	32	Interest	Patient Days	1,216,590	30	1,783,086	76,769	150,024	10
11	1	Dietary Aide Coordinator	Patient Days	1,216,590	30	139,689	139,689	8,815	11
12	3	Housekeeping Coordinator	Patient Days	1,216,590	30	98,076	98,076	6,189	12
13	7	Employees Benefit - Gn'l Services	Patient Days	1,216,590	30	132,325	76,769	8,350	13
14	10	Nurse & Med Record Salary	Patient Days	1,216,590	30	1,256,694	1,256,694	70,591	14
15	15	Employees Benefit- Health Care	Patient Days	1,216,590	30	188,531	76,769	11,897	15
16	17	Administrative Salary	Patient Days	1,216,590	30	2,118,865	2,118,865	135,516	16
17	27	Employee Benefit - Administrative	Patient Days	1,216,590	30	1,163,122	76,769	73,395	17
18	19	Professional Services	Patient Days	1,216,590	30	978,599	605,253	61,751	18
19	21	Gen'l & Admin	Patient Days	1,216,590	30	5,848,424	5,104,656	369,046	19
20	6	Repair & Maintenance	Patient Days	1,216,590	30	831,505	644,276	52,469	20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,160,395	\$ 9,967,509	\$ 1,045,997	25

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											
										Name of Lender	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	Proforma interest exp on sales/leaseba	X	Mortgage	\$33,979.00	11/82	\$ 5,163,500	\$ 1,160,667	2112	0.0750	\$ 100,712	1									
2	Amortization - Refinancing fees									19,495	2									
3											3									
4											4									
5	Insurance Interest- see PG4A	X	malpractice insurance							6,129	5									
Working Capital																				
6	Related Party-CPT										6									
7	Related Party-AMS	X	working capital							150,024	7									
8	Related Party-FECII	X	working capital							1,663	8									
9	TOTAL Facility Related			\$33,979.00		\$ 5,163,500	\$ 1,160,667			\$ 278,023	9									
B. Non-Facility Related*																				
10	Int Inc (Corp) GL#4975									(402)	10									
11	AFCO interest Adjustment									(506)	11									
12											12									
13											13									
14	TOTAL Non-Facility Related					\$	\$			\$ (908)	14									
15	TOTALS (line 9+line14)					\$ 5,163,500	\$ 1,160,667			\$ 277,115	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 5,803 Line # 36

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Serv</u>	\$ <u>295,853.00</u>	\$ <u>6,966.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>28,917.00</u>	\$ <u>96.00</u>
3. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,964.34</u>	\$ <u>2,964.34</u>
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>24,988.93</u>	\$ <u>24,988.93</u>
5. <u>20-21-414-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,201.81</u>	\$ <u>1,201.81</u>
6. <u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,151.12</u>	\$ <u>1,151.12</u>
7. <u>20-21-414-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>59,773.09</u>	\$ <u>59,773.09</u>
8. <u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>71,705.00</u>	\$ <u>71,705.00</u>
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>71,942.86</u>	\$ <u>71,942.86</u>
10. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>119,474.16</u>	\$ <u>119,474.16</u>
	TOTALS	\$ <u>677,971.31</u>	\$ <u>360,263.31</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Wentworth Rehab & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,075.71</u>	\$ <u>1,075.71</u>
2. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>21,064.64</u>	\$ <u>21,064.64</u>
3. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>957.95</u>	\$ <u>957.95</u>
4. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>32,853.78</u>	\$ <u>32,853.78</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>55,952.08</u>	\$ <u>55,952.08</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation. Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435 Report Period Beginning:

1/1/08 Ending:

12/31/08

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,814 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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).

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Building</u>	<u>71,388</u>		<u>\$ 132,461</u>	1
2					2
3	TOTALS	71,388		\$ 132,461	3

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	300		1981	1981	\$ 5,261,267	\$ 112,010	35	\$ 150,322	\$ 37,307	\$ 4,155,948	4
5											5
6											6
7											7
8		Related Party-Forum		1978	14,056		25			14,056	8
		Improvement Type**									
9		Paving/Utility Work and Landscaping		1981	309,353		10-40			215,343	9
10		Tile		1982	1,873		10			1,873	10
11		Metal Trimwork/Tile/Nurse Station/AC		1983	3,286		8-20			3,286	11
12		Grab Bar/ Electrical work/Carpentry		1984	42,456		3-27			42,854	12
13		boiler		1985	4,000		10			4,000	13
14		Resurfacing/Tuckpointong/Freezer Repairs/Motors		1986	52,147		3-5			52,147	14
15		Heating Repairs		1987	3,410		10			3,410	15
16		Glass/Pump repairs/electrical work		1988	13,872		5-10			13,872	16
17		condensor repair/HVAC-Misc Construction		1990	58,637		5-10			58,637	17
18		clean Boiler/TV Service/repaire tower belts/Glass		1991	61,199		5-10			61,199	18
19		Ejector pumps		1992	35,689	160	5-15	160		35,263	19
20		Wire Partitioning/Transfer box/piping/drain/motor		1993	33,591	504	5-15	504		33,152	20
21		Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994	28,780	1,561	15-20	1,561		21,183	21
22		Tile work/door frames/filter & pumpassembly/water		1995	27,562		10-12			27,562	22
23		Plumbing repairs		1996	4,560		10			4,560	23
24		Repair ramp lighting		1996	1,600		10			1,600	24
25		Install new flooring		1996	2,800	140	20	140		1,836	25
26		Install new flooring		1996	1,763	88	20	88		1,087	26
27		Install new flooring		1996	2,800	140	20	140		1,762	27
28		Install new flooring		1996	2,800	140	20	140		1,750	28
29		Repaired roof		1996	1,675		10			1,675	29
30		TV Antenna & Outlets		1997	2,298		5			2,298	30
31		Repaving		1997	3,305		5			3,305	31
32		Boiler parts		1997	4,938		5			4,938	32
33		Boiler repairs		1997	4,820		5			4,820	33
34		Install tubes for HVAC		1997	4,742		5			4,742	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 Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886	37
38	Long Elevator (Installed Door retractors)	1998	5,100	255	20	255		2,763	38
39	Midwest (Replace Booster Heater)	1998	3,359	84	10	84		3,359	39
40	Mr. Root (Repair Ejector Pumps)	1998	5,100	382	10	382		5,100	40
41	Mr rooter (repair Basement replacement pump)	1998	2,600	238	10	238		2,600	41
42	Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		4,193	42
43	Alden Bennett construction	1998	11,000	733	15	733		7,332	43
44	ABC Tank replacement	1999	12,409	827	15	827		7,445	44
45	alden Bennett	1999	11,000	733	15	733		6,600	45
46	North Town Food Service (Install booster heater)	1999	1,674	167	10	167		1,659	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		1,688	47
48	alden Bennett(Carpentry LAbor0	1999	5,954	595	10	595		5,575	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647	465	10	465		4,377	49
50	Capps Plumbing & Sewer	1999	3,390	339	10	339		3,164	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981	199	15	199		1,839	51
52	Alden Bennett (Hardware)	1999	1,843	184	10	184		1,673	52
53	Climate Services (PVI Water heater)	1999	11,150	743	15	743		7,061	53
54	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	1,100	15	1,100		10,817	54
55	Alden Bennett (leasehold improvements)	2000	5,384	538	10	538		4,306	55
56	Alden Bennett (leasehold improvements)	2000	1,518	152	10	152		1,215	56
57	Climate Service (A/C Repair)	2000	9,393		5			9,393	57
58	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842		5			2,842	58
59	Capps Plumbing Service (faucets)	2000	2,890	289	10	289		2,601	59
60	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258	126	10	126		1,122	60
61	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884		5			1,946	61
62	New Horizons (telephone repair)	2000	3,756	376	10	376		3,319	62
63	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482	365	15	365		3,227	63
64	Patten Industries (heating repair)	2000	3,012		5			3,012	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 6,132,718	\$ 124,228		\$ 162,540	\$ 37,307	\$ 4,892,271	70

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 6,132,718	\$ 124,228		\$ 162,540	\$ 38,312	\$ 4,892,271	1
2	Equipment International (doorlock electronic timer)	2000	1,655	166	10	166		1,477	2
3	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		1,936	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		1,743	4
5	System Electric (various kitchen & laundry repairs)	2000	4,605		5			4,605	5
6	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		15,594	6
7	GT Mechanical (HCVAC Repairs)	2000	439		5			439	7
8	Patten Industries (batteries for generator)	2000	1,857		5			1,857	8
9	GT Mechanical (replace cooling coils)	2000	2,500	250	10	250		2,146	9
10	GT Mechanical (replace cooling coils)	2000	14,200	1,420	10	1,420		12,188	10
11	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		1,425	11
12	Capps Plumbing (repair scullery drain install faucets)	2000	3,446	345	10	345		3,074	12
13	Install Coolant hoses, Lines, Heater	2001	2,443		5			2,443	13
14	Power supply and wiring re phone system	2001	7,258	726	10	726		5,807	14
15	Power supply and wiring re phone system	2001	1,663	166	10	166		1,316	15
16	Coker services-Boiler	2001	3,163	158	20	158		1,238	16
17	Capps Plumbing	2001	2,665		5			2,665	17
18	T&T	2001	1,756		5			1,756	18
19	Alden Bennett Construction Co.	2001	1,431		5			1,431	19
20	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170		5			1,170	20
21	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645		5			2,645	21
22	Healthcare Products - Repair Wheelchairs	2002	988		5			988	22
23	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208		5			2,208	23
24	GT Mech - Repair boiler - gas valves	2002	1,143		5			1,143	24
25	GT Mech - Repair boiler - installed rebuild kit	2002	1,841		5			1,841	25
26	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295		5			1,295	26
27	CSI Coker - Repair dishwasher	2002	4,279		5			4,279	27
28	Healthcare Products - Repair Wheelchairs	2002	1,721		5			1,721	28
29	Long Elev. And Machine Co. - repair elevator	2002	1,148		5			1,148	29
30	DBS Contracting	2002	2,699		5			2,699	30
31	CSI Coker - Repair cooking equip	2002	1,527		5			1,527	31
32	Capps Plumbing - Repair hot water system	2002	1,940	194	10	194		1,180	32
33	Capps Plumbing - Repair hot water system	2002	2,135	214	10	214		1,300	33
34	TOTAL (lines 1 thru 33)		\$ 6,264,392	\$ 130,244		\$ 168,556	\$ 38,312	\$ 4,980,555	34

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 6,264,392	\$ 130,244		\$ 168,556	\$ 38,312	\$ 4,980,555	1
2	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	144	10	144		898	2
3	Capps Plumbing - Repair dish washer	2002	1,284		5			1,284	3
4	System Elec. - Repair elevator	2002	1,363	136	10	136		896	4
5	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		1,243	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		6,365	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		1,570	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		3,584	8
9	Tyco - Smoke Detectors	2002	1,023	146	7	146		925	9
10	ABC - Smoke Dampers	2002	9,701	1,386	7	1,386		8,778	10
11	CSI - Repair Dishwasher	2003	1,886	32	5	32		1,886	11
12	GT Mech - Repair AC	2003	1,538	118	5	118		1,503	12
13	Simplex - Repair Drain System	2003	1,503	150	10	150		801	13
14	CAPPS - Repair water booster pump	2003	1,895	316	5	316		1,895	14
15	Simplex - Doors	2003	3,435	344	10	344		2,063	15
16	Simplex - Wet Chem System	2003	2,695	270	10	270		1,551	16
17	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		4,999	17
18	AMS-New generator	2004	2,148	143	15	143		668	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		437	19
20	CSI repair to oven	2004	2,627	263	10	263		1,249	20
21	CSI new wiring	2004	1,718	172	10	172		831	21
22	GT Mech Chiller Repair	2004	4,196	420	10	420		1,959	22
23	ABC Sewage ejector pump	2004	10,724	1,072	10	1,072		5,182	23
24	ABC Hvac	2004	2,971	297	10	297		1,460	24
25	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		4,016	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		1,548	26
27	GT Mech-install fan coil unit	2005	2,504	501	5	501		2,004	27
28	GT Mech-exhaust fan replacement motor	2005	2,234	223	10	223		837	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		1,330	29
30	Top Notch- 2 hp motor	2005	2,155	216	10	216		773	30
31	Oakfirst Fire-install nurse call system	2005	2,423	242	10	242		868	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		2,254	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		4,063	33
34	TOTAL (lines 1 thru 33)		\$ 6,437,366	\$ 143,283		\$ 181,595	\$ 38,312	\$ 5,050,275	34

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

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		\$ 6,437,366	\$ 143,283		\$ 181,595	\$ 38,312	\$ 5,050,275	1
2									2
3	Related Party-Forum Prof Center Building:								3
4	Leasehold Improvement-Remodeling	1980	10,666		15			10,666	4
5	Leasehold Improvement-Remodeling	1980	16,708		20			16,708	5
6	Leasehold Improvement-Tenant Improvement	1987	864		13			864	6
7	Leasehold Improvement-AMS Remodel	1988	13,861		10			13,861	7
8	Leasehold Improvement-Roof	1994	3,097	194	16	194		2,711	8
9	Leasehold Improvement-Build.Improv.	1996	1,092	68	16	68		884	9
10	Leasehold Improvement-Asphalting	2000	85		3			85	10
11	Leasehold Improvement-DAI	2001	149	15	10	15		107	11
12	Leasehold Improvement-Bathrooms	2002	645	58	7	58		436	12
13	Leasehold Improvement-Suite Renovation	2003	1,583	157	10	157		950	13
14	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,982	375	7	375		1,546	14
15	Leasehold Improvement-sidewalks-City of Chic.	2007	102	20	5	20		41	15
16	Leasehold Improvement-Carpet: Superior Install.	2007	94	19	5	19		37	16
17	Leasehold Improvement-Condensing Unit: Suite 140	2007	813	116	5	116		232	17
18	Leasehold Improvement-Add-on Improvement, fixture base	1980	69		23			69	18
19	Leasehold Improvement-Add-on Improvement, lighting base	2001	119		5			119	19
20	Leasehold Improvements-fire extinguishers	2007	22	4	5	4		6	20
21	Leasehold Improvements-paving/glasswork/hvac/carpet	2008	392	24	5	24		24	21
22									22
23									23
24	Related Party-AMS:								24
25	Leasehold Improvement-Remodeling	1993	5,740		7			5,740	25
26	Leasehold Improvement-Remodeling	2002	4,699	671	7	671		3,944	26
27	Leasehold Improvement-Remodeling	2003	4,915	702	7	702		4,110	27
28									28
29									29
30	Forum Extended Care, LLC-building/building improv	1999	9,295	232	30	232		2,372	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,514,359	\$ 145,939		\$ 184,251	\$ 38,312	\$ 5,115,787	34

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 6,514,359	\$ 145,939		\$ 184,251	\$ 38,312	\$ 5,115,787	1
2	Patten-intake motor	2005	1,586	227	7	227		775	2
3	ABC-vinyl flooring	2005	3,064	306	10	306		995	3
4	Epic Service and Supply-floor cleaner	2005	1,114	159	7	159		517	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		15,746	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		2,568	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		1,323	7
8	ABC- replace glass black window for boiler room	2006	9,184	918	10	918	0	2,678	8
9	ABC - time and material billings for renovations	2006	3,722	372	10	372		1,054	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	507	10	507	0	1,479	10
11	smoke detectors	2006	3,961	264	15	264		561	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		2,404	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		1,012	13
14	boiler assy	2006	3,550	178	20	178		474	14
15	install new elevator recall system	2006	7,229	723	10	723		1,657	15
16									16
17	replace hose & pump	2007	6,594	1,319	5	1,319		2,088	17
18	cooling system	2007	6,742	674	10	674		1,011	18
19	replace worn & broken locks	2007	3,703	741	5	741		1,050	19
20	elevator passenger	2007	7,322	488	15	488		691	20
21	repaire trane chiller	2007	4,175	835	5	835		1,044	21
22	ABC - repair air cond compressor	2007	39,119	3,912	10	3,912		4,890	22
23	ABC - replace concrete	2007	6,896	690	10	690		862	23
24									24
25	Pattern - Repair Generator	2008	2,543	297	5	297		297	25
26	Pattern - Remove & install battery	2008	2,566	257	5	257		257	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	51	10	51		51	27
28									28
29	Adj for ABC related party profit	2008	(17)	(0)		(0)		(0)	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 6,761,660	\$ 166,275		\$ 204,587	\$ 38,312	\$ 5,161,270	34

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

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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	\$ 356,964	\$ 30,973	\$ 30,973	\$		\$ 212,241	71
72	Current Year Purchases	42,460	2,325	2,325			2,325	72
73	Fully Depreciated Assets	453,160	4,450	4,450			453,160	73
74								74
75	TOTALS	\$ 852,584	\$ 37,748	\$ 37,748	\$		\$ 667,726	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 - AMS	Various	98-04	4,563					4,563	79
80	TOTALS			\$ 4,563	\$	\$	\$		\$ 4,563	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)	\$ 7,751,268	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 204,023	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 242,335	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 38,312	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,833,559	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	Renovation	\$ 2,055,012	92
93			93
94			94
95		\$ 2,055,012	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

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:		300	10/29/86	\$	ended 6/30/05		3
4	Additions							4
5								5
6								6
7	TOTAL		300		\$			7

10. Effective dates of current rental agreement:

Beginning 07/01/05

Ending 07/01/15

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2008</u>	\$ <u>Varies</u>
13.	<u>12/31/2009</u>	\$ <u>Varies</u>
14.	<u>12/31/2010</u>	\$ <u>Varies</u>

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: \$ 14,126 Description: Copy Machine Lease and other office equipment.

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related Party - AMS</u>		\$ <u>#####</u>	\$ <u>33,460</u>	17
18					18
19					19
20	<u>Transport - Non Patient</u>		\$ <u>#####</u>	\$ <u>26,039</u>	20
21	TOTAL		\$ <u>#####</u>	\$ <u>59,499</u>	21

* 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.

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

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 nurses 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	\$		\$ 197,696	\$		\$ 197,696	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			9,766			9,766	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			130,482			130,482	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				188,784		188,784	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care-Supp</u>	39-1, 39-3, if any					539		539	12
13	Other (specify): <u>See Pg 16A</u>					18,170	266,405		284,575	13
14	TOTAL			\$		\$ 356,114	\$ 455,727		\$ 811,841	14

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

XIV. Special Services (Direct Cost)		Page 16	
		Col 5: PT,OT, & ST	Col 6: Supplies
Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$197,695.86
2. ST	39-3	To Col 5	9,766.34
3.			
4. PT	39-3	To Col 5	130,481.87
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			129,847.70
Manual Input from Related Party- Forum Drugs			58,936.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	188,783.70
10.			
11.			
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6	538.71
Total Exceptional Care (Line 12, Col 8)			538.71
13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT		To Col 5	18,170.00
Other			365,717.60
Manual Input: Related Party - Prism			(56,095.00)
Manual Input: Related Party FECII - I.V.			(73,600.00)
Manual Input: Related Party FECII - Wound Care			(3,001.00)
Oxygen, from reclass worksheet			33,383.26
13. Col 6: Supplies Total		To Col 6	266,404.86
13. Total Line 13, Column 8			266,404.86
14. Total (should equal page 4, Ln 39, Col 8)			811,841.34

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08 Ending: 12/31/08

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/08 (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>60,000</u>)	1,528,672	1,528,672	3
4	Supply Inventory (priced at)	291	291	4
5	Short-Term Investments			5
6	Prepaid Insurance		21,139	6
7	Other Prepaid Expenses	4,985	31,431	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Dues to 3rd Parties</u>	167,973	167,973	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,701,921	\$ 1,749,506	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		600,000	13
14	Buildings, at Historical Cost		4,480,406	14
15	Leasehold Improvements, at Historical Cost	1,318,609	1,318,609	15
16	Equipment, at Historical Cost	829,875	829,875	16
17	Accumulated Depreciation (book methods)	(1,505,940)	(1,897,976)	17
18	Deferred Charges			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>Refinancing fee</u>		374,091	22
23	Other(specify): <u>CIP Bldg/Due from Affiliates</u>	4,322	2,059,334	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 646,866	\$ 7,764,339	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,348,787	\$ 9,513,845	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 956,525	\$ 933,174	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	48,320	48,320	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	407,008	407,008	30
31	Accrued Taxes Payable (excluding real estate taxes)	63,439	63,439	31
32	Accrued Real Estate Taxes(Sch.IX-B)		421,400	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accrued ins. exps, idpa, sales tax</u>	75,293	75,293	36
37	<u>Due to Affiliates</u>	11,394,544	10,906,046	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 12,945,129	\$ 12,854,680	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,041,172	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	<u>Shareholder Loans/Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 7,041,172	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,945,129	\$ 19,895,852	46
47	TOTAL EQUITY (page 18, line 24)	\$ (10,596,342)	\$ (10,382,007)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,348,787	\$ 9,513,845	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,225,935)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (9,225,935)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,370,407)	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)	\$ (1,370,407)	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)	\$ (10,596,342)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center # 0026435 Report Period Beginning: 1/1/08Ending: 12/31/08**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,366,919	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,366,919	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	93,678	6
7	Oxygen	7,482	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 101,160	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		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	1,538	20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,538	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	402	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 402	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	1,063	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,063	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,471,081	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,045,031	31
32	Health Care	3,670,581	32
33	General Administration	2,689,242	33
B. Capital Expense			
34	Ownership	1,437,886	34
C. Ancillary Expense			
35	Special Cost Centers	834,048	35
36	Provider Participation Fee	164,700	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,841,488	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,370,407)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,370,407)	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 Wentworth Rehab & Health Care Center

0026435

Report Period Beginning:

1/1/08

Ending:

12/31/08

Details of Page 19, Line 28

Misc Income (Record copies)	100
Misc Income (Jury Duty)	69
Misc Income (Wages Service fees)	150
Misc Income (Food Rebate)	220
Misc Income (Polling site Reimbursement)	525
Total	<u><u>1,064</u></u>

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning: 1/1/08

Ending:

12/31/08

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	1,914	\$ 75,544	\$ 39.47	1
2	Assistant Director of Nursing	3,016	3,016	99,073	32.85	2
3	Registered Nurses	8,841	9,265	289,195	31.21	3
4	Licensed Practical Nurses	47,149	51,428	1,290,843	25.10	4
5	CNAs & Orderlies	89,900	98,414	994,644	10.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	41,294	19.85	9
10	Activity Assistants	8,484	9,667	104,304	10.79	10
11	Social Service Workers	1,832	1,840	33,156	18.02	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	40,037	19.25	13
14	Head Cook	6,468	7,260	90,232	12.43	14
15	Cook Helpers/Assistants	16,448	18,464	180,084	9.75	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	52,415	25.20	17
18	Housekeepers	23,634	25,845	266,587	10.31	18
19	Laundry	9,564	10,436	114,276	10.95	19
20	Administrator	1,032	1,032	26,595	25.77	20
21	Assistant Administrator					21
22	Other Administrative	3,702	3,844	72,746	18.92	22
23	Office Manager	1,856	1,896	35,624	18.79	23
24	Clerical	18,752	19,957	283,357	14.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,152	4,152	126,602	30.49	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	307	307	4,322	14.08	31
32	Other Health Care Unit Director/Beha	14,326	14,902	273,439	18.35	32
33	Other(specify) Alz Sup & Aides	2,080	2,080	46,486	22.35	33
34	TOTAL (lines 1 - 33)	269,615	291,959	\$ 4,540,855 *	\$ 15.55	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	Monthly	\$ 10,800	1-3	35
36	Medical Director	Monthly	45,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,200	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	Varies	2,040	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 65,540		49

C. CONTRACT NURSES

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

XIX-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	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Motor laundry	3/96	2,750	15	183	183	183	183	183	183	183	
3	Replace valve	4/96	1,959	20	98	98	98	98	98	98	98	98
4	Boiler Stack	6/96	1,207	15	80	80	80	80	80	80	80	
5	Cubicle curtain	8/95	252	20	13	13	13	13	13	13	13	13
6	Motor repair	8/95	5,827	15	388	388	388	388	388	388		
7												
8												
9												
10	Painting > \$1,500	01/04	2,230	5	446	446	446	446	74			
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 14,225		\$ 1,208	\$ 1,208	\$ 1,208	\$ 1,208	\$ 836	\$ 762	\$ 374	\$ 111

Facility Name & ID Number Alden Wentworth Rehab & Health Care Center

0026435

Report Period Beginning: 1/1/08

Ending: 12/31/08

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Il. Health Care Assn. \$8,221
- (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? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,201 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. \$ 164,700
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. \$ 33,033 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Audit is of The Alden Group, LTD
- (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? No
Attach invoices and a summary of services for all architect and appraisal fees.