

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

0026435 Report Period Beginning: 1/1/09 Ending: 12/31/09

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	300	Skilled (SNF)	300	109,500	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	4,681	149	5,470	10,300	8
9	SNF/PED					9
10	ICF	59,747	292	32	60,071	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	64,428	441	5,502	70,371	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.27%

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 4,593

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/09 Fiscal Year: 12/31/09

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health C: # 0026435 Report Period Beginning: 1/1/09 Ending: 12/31/09

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	319,996	22,019	10,800	352,815	1,309	354,124	7,218	361,342		1
2	Food Purchase		397,857		397,857	(30,536)	367,321	(50,976)	316,345		2
3	Housekeeping	311,151	69,877		381,028	1,897	382,925	6,248	389,173		3
4	Laundry	110,383	24,464		134,847	185	135,032		135,032		4
5	Heat and Other Utilities			321,270	321,270		321,270	1,949	323,219		5
6	Maintenance	53,957		265,954	319,911	(249)	319,662	3,628	323,290		6
7	Other (specify):* Security/Related Party	133,534			133,534		133,534	9,083	142,617		7
8	TOTAL General Services	929,021	514,217	598,024	2,041,262	(27,394)	2,013,868	(22,851)	1,991,017		8
	B. Health Care and Programs										
9	Medical Director			29,000	29,000		29,000		29,000		9
10	Nursing and Medical Records	2,963,965	186,035	26,200	3,176,200	(7,669)	3,168,531	70,391	3,238,922		10
10a	Therapy	66,857	255	106	67,218		67,218		67,218		10a
11	Activities	373,848	14,616	1,656	390,120	458	390,578		390,578		11
12	Social Services	39,647			39,647		39,647		39,647		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							11,015	11,015		15
16	TOTAL Health Care and Programs	3,444,317	200,906	56,962	3,702,185	(7,211)	3,694,974	81,406	3,776,380		16
	C. General Administration										
17	Administrative	92,906			92,906		92,906	135,509	228,415		17
18	Directors Fees										18
19	Professional Services			941,828	941,828	(26,813)	915,015	(772,843)	142,172		19
20	Dues, Fees, Subscriptions & Promotions			(35,951)	(35,951)		(35,951)	53,468	17,517		20
21	Clerical & General Office Expenses	181,791	47,094	89,972	318,857	1,417	320,274	356,744	677,018		21
22	Employee Benefits & Payroll Taxes			774,811	774,811	17,460	792,271	(6,963)	785,308		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,641	4,641		4,641	4,432	9,073		24
25	Other Admin. Staff Transportation			4,425	4,425		4,425	16,326	20,751		25
26	Insurance-Prop.Liab.Malpractice			326,553	326,553		326,553	11,213	337,766		26
27	Other (specify):* Bad debts/Related Party			175,668	175,668		175,668	(98,318)	77,350		27
28	TOTAL General Administration	274,697	47,094	2,281,947	2,603,738	(7,936)	2,595,802	(300,432)	2,295,370		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,648,035	762,217	2,936,933	8,347,185	(42,541)	8,304,644	(241,877)	8,062,767		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 Rehabilitation & Health Care Center #0026435 Report Period Beginning: 1/1/09 Ending: 12/31/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			100,143	100,143		100,143	181,243	281,386			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			155,615	155,615		155,615	19,105	174,720			32
33	Real Estate Taxes			240,922	240,922	(240,922)		425,024	425,024			33
34	Rent-Facility & Grounds			737,088	737,088	240,922	978,010	(978,010)				34
35	Rent-Equipment & Vehicles			27,096	27,096		27,096	54,545	81,641			35
36	Other (specify):* MIP/Loss on Abandoned Assets							916,818	916,818			36
37	TOTAL Ownership			1,260,864	1,260,864		1,260,864	618,725	1,879,589			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		356,803	581,556	938,359	42,541	980,900	83,915	1,064,815			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		356,803	745,806	1,102,609	42,541	1,145,150	83,915	1,229,065			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,648,035	1,119,020	4,943,603	10,710,658		10,710,658	460,763	11,171,421			45

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

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2009

Report Period Ending: 12/31/2009

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2	22	(30,536.00) 30,536.00	Employee Meals Employee Meals
22	10	(13,513.00) 8,329.00	Uniforms Uniforms
	1	1,353.00	Uniforms
	3	1,960.00	Uniforms
	4	191.00	Uniforms
	6	-	Uniforms
	11	473.00	Uniforms
	21	1,207.00	Uniforms
10	39	(42,541.16) 42,541.16	Oxygen - to appropriate cost center Oxygen - to appropriate cost center
33	34	(240,922.00) 240,922.00	Rent - Real Estate Tax on associated landowner (Pg 6) Rent - Real Estate Tax on associated landowner (Pg 6)
21	6	249.24 (249.24)	Vendor Settlements Vendor Settlements (Cyber Fire Protection)
<u>Others, if any:</u>			
19	10	(26,813.14) 26,813.14	Clinical Coordinator (pathway billing) Clinical Coordinator (pathway billing)
Net		-	

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	45,095	30		9
10	Interest and Other Investment Income	(99)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(101)	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				17
18	Fines and Penalties	(37,377)	32		18
19	Entertainment	423	20		19
20	Contributions	(11,841)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,808)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(175,668)	27		24
25	Fund Raising, Advertising and Promotional	(6,492)	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)	\$ (193,868)		\$	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)	1,143,101	Various	34
35	Other- Attach Schedule	(488,470)	PG 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 654,631		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 460,763		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39					39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44					44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	52

Alden Wentworth Rehabilitation & Health Care Center

ID# 0026435

Report Period Beginning: 1/1/09

Ending: 12/31/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (1,855)	5	1
2	Intercompany Interest not allowed	(112,785)	32	2
3				3
4	Misc Income (Record copies)	(319)	10	4
5	Misc Income (Jury Duty)	(52)	22	5
6	Misc Income (Food Rebate)	(361)	2	6
7	Marketing Manger & Aides (GL#6701-100-009)	(41,461)	21	7
8	Back out % Employee Benefit for mktg manager	(6,911)	22	8
9	Back out 30% PAC Fees from IHCA bills	(3,643)	20	9
10	Adj Deming Leadership Training (0.31)	(853)	24	10
11	Ungaretti & Harris - add back credit posted prior year	398	19	11
12	Bank charges - Wentworth LLC	(34)	21	12
13	Real Estates Tax Penalty - Wentworth, LLC	(6,137)	33	13
14	Add back prior year 2005 objection refund	176,637	33	14
15				15
16	Eliminate Marketing Special Event Credit	64,737	20	16
17	Back out Marketing Expense - Wentworth, LLC	(212,014)	20	17
18	Deferred Maintenance adjustment	73	6	18
19				19
20	Eliminate Interest Related to Bldg purchase - LLC Pg 6	(390,342)	32	20
21	Eliminate Mortgage insurance premium	(60,263)	36	21
22	Mortgage interest	74,898	32	22
23	Mortgage Insurance	4,012	36	23
24				24
25	Eliminate deprec exp on Pg 12 items < \$2,500 - WW	(4,761)	30	25
26	Expense PG 5 capital items <\$2,500 on Pg 12 - WW	5,726	6	26
27	Eliminate deprec exp on Pg 13 items < \$2,500 - WW	(9,063)	30	27
28	Expense item <\$2,500 on Pg 13 items - WW	34,188	6	28
29	Expense PG 12 items < \$2,500 Related Party - AMS/FEC	270	6	29
30	Expense PG 13 items < \$2,500 Related Party - AMS/FEC	516	6	30
31	Adj ABC related profit in '08 in Pg 12	(1)	30	31
32	Correct YTD Depreciation	930	30	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	(488,470)		49

STATE OF ILLINOIS

Summary A

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

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	8,460	(1,242)	0	0	0	0	0	0	0	7,218	1
2	Food Purchase	(462)	0	0	(50,514)	0	0	0	0	0	0	0	(50,976)	2
3	Housekeeping	0	0	6,248	0	0	0	0	0	0	0	0	6,248	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,855)	0	3,804	0	0	0	0	0	0	0	0	1,949	5
6	Maintenance	40,773	311	(37,242)	0	0	0	(214)	0	0	0	0	3,628	6
7	Other (specify):*	0	0	8,229	854	0	0	0	0	0	0	0	9,083	7
8	TOTAL General Services	38,455	311	(10,501)	(50,902)	0	0	(214)	0	0	0	0	(22,851)	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	(319)	0	66,279	1,195	3,236	0	0	0	0	0	0	70,391	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	11,015	0	0	0	0	0	0	0	0	11,015	15
16	TOTAL Health Care and Programs	(319)	0	77,294	1,195	3,236	0	0	0	0	0	0	81,406	16
	C. General Administration													
17	Administrative	0	0	135,509	0	0	0	0	0	0	0	0	135,509	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,410)	56,676	(822,109)	0	0	0	0	0	0	0	0	(772,843)	19
20	Fees, Subscriptions & Promotions	(168,830)	212,264	10,034	0	0	0	0	0	0	0	0	53,468	20
21	Clerical & General Office Expenses	(41,495)	34	355,256	19,791	23,158	0	0	0	0	0	0	356,744	21
22	Employee Benefits & Payroll Taxes	(6,963)	0	0	0	0	0	0	0	0	0	0	(6,963)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(853)	0	5,284	0	0	0	0	0	0	0	0	4,432	24
25	Other Admin. Staff Transportation	0	0	16,326	0	0	0	0	0	0	0	0	16,326	25
26	Insurance-Prop.Liab.Malpractice	0	10,983	230	0	0	0	0	0	0	0	0	11,213	26
27	Other (specify):*	(175,668)	0	73,398	2,454	1,498	0	0	0	0	0	0	(98,318)	27
28	TOTAL General Administration	(401,218)	279,957	(226,072)	22,245	24,656	0	0	0	0	0	0	(300,432)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(363,082)	280,268	(159,279)	(27,462)	27,892	0	(214)	0	0	0	0	(241,877)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center# 0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	32,200	144,814	2,864	0	1,365	0	0	0	0	0	0	181,243	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(465,705)	392,132	91,554	0	1,124	0	0	0	0	0	0	19,105	32
33	Real Estate Taxes	170,500	247,059	7,232	0	233	0	0	0	0	0	0	425,024	33
34	Rent-Facility & Grounds	0	(978,010)	0	0	0	0	0	0	0	0	0	(978,010)	34
35	Rent-Equipment & Vehicles	0	0	54,545	0	0	0	0	0	0	0	0	54,545	35
36	Other (specify):*	(56,251)	973,069	0	0	0	0	0	0	0	0	0	916,818	36
37	TOTAL Ownership	(319,256)	779,064	156,195	0	2,722	0	0	0	0	0	0	618,725	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	(29,860)	(15,730)	129,505	0	0	0	0	0	83,915	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	(29,860)	(15,730)	129,505	0	0	0	0	0	83,915	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(682,338)	1,059,332	(3,084)	(57,322)	14,884	129,505	(214)	0	0	0	0	460,763	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:	
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	\$ 978,010	Alden - Wentworth, LLC	0.00%	\$	(978,010)	1
2	V	6 Repair & Maintenance		Alden - Wentworth, LLC		311	311	2
3	V	19 Legal Fees - Non Collection		Alden - Wentworth, LLC		56,676	56,676	3
4	V	21 Bank charges		Alden - Wentworth, LLC		34	34	4
5	V	20 Dues & Subscription/Mktg Advertising		Alden - Wentworth, LLC		212,264	212,264	5
6	V	33 Tax Penalty - Real Estates		Alden - Wentworth, LLC		6,137	6,137	6
7	V	33 Real Estate Tax Expense		Alden - Wentworth, LLC		240,922	240,922	7
8	V	26 General Insurance Expense		Alden - Wentworth, LLC		10,983	10,983	8
9	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		60,263	60,263	9
10	V	32 Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		390,468	390,468	10
11	V	30 Depreciation Expense		Alden - Wentworth, LLC		144,814	144,814	11
12	V	32 Amortization Expense		Alden - Wentworth, LLC		1,664	1,664	12
13	V	36 Loss on Abandoned Assets		Alden - Wentworth, LLC		912,806	912,806	13
14	Total		\$ 978,010			\$ 2,037,342	\$ * 1,059,332	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,804	\$ 3,804
16	V	24 Trav & Seminar		Alden Management Services, Inc.		5,284	5,284
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,326	16,326
18	V	26 Insurance		Alden Management Services, Inc.		230	230
19	V	20 Dues & Subscriptions	(9,259)	Alden Management Services, Inc.		775	10,034
20	V	30 Depreciation		Alden Management Services, Inc.		2,864	2,864
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,232	7,232
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		54,545	54,545
23	V	32 Interest		Alden Management Services, Inc.		91,554	91,554
24	V	1 Dietary		Alden Management Services, Inc.		8,460	8,460
25	V	3 Housekeeping		Alden Management Services, Inc.		6,248	6,248
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		8,229	8,229
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		66,279	66,279
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		11,015	11,015
29	V	17 Administrative Salary		Alden Management Services, Inc.		135,509	135,509
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		73,398	73,398
31	V	19 Professional Fees	880,800	Alden Management Services, Inc.		58,691	(822,109)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		355,256	355,256
33	V	6 Repair & Maint	88,068	Alden Management Services, Inc.		50,826	(37,242)
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 959,609			\$ 956,525	\$ * (3,084)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 2,711	\$ (8,089)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		6,847	6,847
17	V	2 Tube Feeding	71,142	Prism Health Care Services, Inc.		20,628	(50,514)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,855	1,195
19	V	39 Supplies	64,525	Prism Health Care Services, Inc.		34,665	(29,860)
20	V	39 Vent Rental		Prism Health Care Services, Inc.			
21	V	21 Salary G & A		Prism Health Care Services, Inc.		12,842	12,842
22	V	27 Employee Benefit		Prism Health Care Services, Inc.		2,454	2,454
23	V	7 Employee Benefit		Prism Health Care Services, Inc.		854	854
24	V	21 G & A				6,949	6,949
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		\$ 153,127			\$ 95,805	\$ * (57,322)

* 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>	\$ 178,337	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 244,512	\$ 66,175	15
16	V	39 <u>I.V. Drugs</u>	91,959	<u>Forum Extended Care Services II, Inc.</u>		12,132	(79,827)	16
17	V	39 <u>Wound Care</u>	9,826	<u>Forum Extended Care Services II, Inc.</u>		7,748	(2,078)	17
18	V	10 <u>House Stock</u>	9,453	<u>Forum Extended Care Services II, Inc.</u>		8,575	(878)	18
19	V	10 <u>Pharmacy Consultant</u>	7,200	<u>Forum Extended Care Services II, Inc.</u>		11,314	4,114	19
20	V	27 <u>Employee Vaccination</u>	1,324	<u>Forum Extended Care Services II, Inc.</u>		1,046	(278)	20
21	V	27 <u>Employee Benefit - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		1,776	1,776	21
22	V	21 <u>Salary - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		14,766	14,766	22
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		8,392	8,392	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,124	1,124	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		233	233	25
26	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>		1,365	1,365	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		\$ 298,099			\$ 312,983	\$ * 14,884	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy	\$ 414,622	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 544,127	\$	129,505	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		\$ 414,622			\$ 544,127	\$ *	129,505	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	\$ 16,247	Alden Bennett Construction Company, Inc.	0.00%	\$ 16,033	\$	(214)	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		\$ 16,247			\$ 16,033	\$ *	(214)	39

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Ce Provider No. 0026435

Report Period Beginning:

1/1/09

Ending: 12/31/09

RELATED NURSING HOMES		OTHER RELATED BUSINESS ENTITIES		
Name	City	Name	City	Type of Business
		The Forum Professional Center, LP	Chicago	Home Office rental
Heather Health Care Center, Inc.	Harvey			
Alden-Long Grove Rehabilitation and Health Care Center, Inc.	Long Grove	Forum Extended Care Services II, Inc.	Chicago	Pharmacy
Alden-Lincoln Park Rehabilitation and Health Care Center, Inc.	Chicago	Alden Management Services, Inc.	Chicago	Management
Alden-Northmoor Rehabilitation and Health Care Center, Inc.	Chicago			
Alden-Lakeland Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town East, Inc.	Bloomingtondale	Alden Garden Courts of DesPlaines, LLC	DesPlaines	Assisted Living/Alzheimers Facility
Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.	McHenry	Alden Courts of Waterford, LLC	Aurora	Alzheimers Facility
Alden - Wentworth Rehabilitation and Health Care Center, Inc.	Chicago	Alden Gardens of Waterford, LLC	Aurora	Assisted Living
Alden Estates of Naperville, Inc.	Naperville	Prism Health Care Services, Inc.	Schaumburg	Nursing and Durable Equipment
Alden - Valley Ridge Rehabilitation and Health Care Center, Inc.	Bloomingtondale	Community Physical Therapy & Associates, Ltd.	Wood Dale	Therapy Provider
Alden Village Health Facility for Children and Young Adults, Inc.	Bloomingtondale	Alden Bennett Construction Company, Inc.	Chicago	General Contractor
Alden - Orland Park Rehabilitation and Health Care Center, Inc.	Orland Park			
Alden - Princeton Rehabilitation and Health Care Center, Inc.	Chicago			
Alden of Old Town West, Inc.	Bloomingtondale			
Alden - Town Manor Rehabilitation and Health Care Center, Inc.	Cicero			
Alden Trails, Inc.	Bloomingtondale			
Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.	Hoffman Estates			
Alden - North Shore Rehabilitation and Health Care Center, Inc.	Skokie			
Alden - Des Plaines Rehabilitation and Health Care Center, Inc.	Des Plaines			
Alden Estates of Evanston, Inc.	Evanston			
Alden - Alma Nelson Manor, Inc.	Rockford			
Alden - Park Strathmoor, Inc.	Rockford			
Alden - Meadow Park Health Care Center, Inc.	Clinton, WI			
Alden Estates of Barrington, Inc.	Barrington			
Alden of Waterford, LLC	Aurora			
Alden Springs, Inc.	Bloomingtondale			
Alden Village North, Inc.	Chicago			
Alden Estates of Skokie, Inc.	Skokie			

Facility Name & ID Number Alden Wentworth Rehabilitation & Health C # 0026435 Report Period Beginning: 1/1/09 Ending: 12/31/09

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	174,346	230.4	5.76	Salary	\$ 10,654	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,687	230.4	5.76	Salary	3,953	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,244	230.4	5.76	Salary	2,276	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	\$ 16,883		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 Rehabilitation & Health Care Center # 0026435 Report Period Beginning: 1/1/09 Ending: 12/31/09

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,221,923	31	\$ 66,061	\$ 70,371	\$ 3,804	1
2	24	Travel/Seminar	Patient Days	1,221,923	31	91,753	70,371	5,284	2
3	25	Other Admin Travel	Patient Days	1,221,923	31	283,487	70,371	16,326	3
4	26	Insurance	Patient Days	1,221,923	31	3,990	70,371	230	4
5	20	Dues/Subscription	Patient Days	1,221,923	31	13,454	70,371	775	5
6	30	Depreciation	No. of Providers	31	31	102,169	1	2,864	6
7	33	Real Estate Tax	Patient Days	1,221,923	31	139,876	70,371	7,232	7
8	35	Rent-Equip & Vehicles	Patient Days	1,221,923	31	947,116	70,371	54,545	8
9	32	Interest	Patient Days	1,221,923	31	1,339,694	70,371	91,554	9
10	1	Diet. Salary	Patient Days	1,221,923	31	146,892	146,892	8,460	10
11	3	Housekeeping Salary	Patient Days	1,221,923	31	108,487	108,487	6,248	11
12	7	Employee Benefits-Gen'l Servs	Patient Days	1,221,923	31	142,881	70,371	8,229	12
13	10	Nurs & Med Record Salary	Patient Days	1,221,923	31	1,259,741	1,259,741	66,279	13
14	15	Employee Benefits - Health Care	Patient Days	1,221,923	31	191,270	70,371	11,015	14
15	17	Administrative Salary	Patient Days	1,221,923	31	2,477,865	2,477,865	135,509	15
16	27	Employee Benefits-Administr	Patient Days	1,221,923	31	1,274,479	70,371	73,398	16
17	19	Professional Fees	Patient Days	1,221,923	31	1,019,103	624,209	58,691	17
18	21	Gen'l & Administrative	Patient Days	1,221,923	31	6,168,666	5,291,904	355,256	18
19	6	Repairs & Maintenance	Patient Days	1,221,923	31	882,577	685,666	50,826	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 16,659,561	\$ 10,594,764	\$ 956,525	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										
										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/leasebac	X	Mortgage	\$33,979.00	11/82	\$ 5,163,500	\$ 802,317	2112	0.0750	\$ 74,898	1								
2	Amortization - Refinancing fees									1,664	2								
3											3								
4											4								
5	Insurance		malpractice insurance							5,453	5								
Working Capital																			
6	Related party-AMS	X	working capital							91,554	6								
7	Related party-FECH	X	working capital							1,124	7								
8											8								
9	TOTAL Facility Related			\$33,979.00		\$ 5,163,500	\$ 802,317			\$ 174,693	9								
B. Non-Facility Related*																			
10	Int Inc (Corp)									(99)	10								
11	AFCO interest Adjustment									126	11								
12											12								
13											13								
14	TOTAL Non-Facility Related					\$	\$			\$ 27	14								
15	TOTALS (line 9+line14)					\$ 5,163,500	\$ 802,317			\$ 174,720	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 4,012 Line # 36

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

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

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2008 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2008 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2008.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2008 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2009 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2008 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>296,503.00</u>	\$ <u>7,232.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>30,513.00</u>	\$ <u>233.00</u>
3. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,994.06</u>	\$ <u>2,994.06</u>
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>25,239.64</u>	\$ <u>25,239.64</u>
5. <u>20-21-414-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,213.87</u>	\$ <u>1,213.87</u>
6. <u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,162.68</u>	\$ <u>1,162.68</u>
7. <u>20-21-414-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>60,372.80</u>	\$ <u>60,372.80</u>
8. <u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>72,424.45</u>	\$ <u>72,424.45</u>
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>72,664.72</u>	\$ <u>72,664.72</u>
10. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>120,672.92</u>	\$ <u>120,672.92</u>
TOTALS		\$ <u>683,761.14</u>	\$ <u>364,210.14</u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 2008 tax bills which were listed in Section A to this statement. Be sure to use the 2008 tax bill which is normally paid during 2009.

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

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 Rehabilitation and Health Care Center, In COUNTY Cook

FACILITY IDPH LICENSE NUMBER 002-6435

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</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-414-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,086.49</u>	\$ <u>1,086.49</u>
2. <u>20-21-414-003-0000</u>	<u>Nursing Home Facility</u>	\$ <u>21,275.98</u>	\$ <u>21,275.98</u>
3. <u>20-21-414-004-0000</u>	<u>Nursing Home Facility</u>	\$ <u>967.58</u>	\$ <u>967.58</u>
4. <u>20-21-414-016-0000</u>	<u>Nursing Home Facility</u>	\$ <u>33,183.44</u>	\$ <u>33,183.44</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u>56,513.49</u>	\$ <u>56,513.49</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.

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.

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 final column with values 1, 2, 3. Row 1: Building, 71,388, \$ 132,461, 1. Row 2: (blank), 71,388, \$ 132,461, 2. Row 3: TOTALS, 71,388, \$ 132,461, 3.

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

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300	1981	1981	\$ 4,237,559	\$ 107,745	35	\$ 145,447	\$ 37,702	\$ 3,468,389	4
5		2009	2009	3,396,151	14,513	39	14,513		14,513	5
6										6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	Paving/Utility Work and Landscaping		1981	309,353		10-40	7,393	7,393	244,915	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		35,423	19
20	Wire Partitioning/Transfer box/piping/drain/motor		1993	33,591	439	5-15	439		33,591	20
21	Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994	28,780	1,405	15-20	1,405		24,149	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		1,976	25
26	Install new flooring		1996	1,763	88	20	88		1,175	26
27	Install new flooring		1996	2,800	140	20	140		1,902	27
28	Install new flooring		1996	2,800	140	20	140		1,890	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 Rehabilitation & Health Care Center

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886	37
38	Long Elevator (Installed Door retractors)	1998	5,100	255	20	255		3,018	38
39	Midwest (Replace Booster Heater)	1998	3,359		10			3,359	39
40	Mr. Root (Repair Ejector Pumps)	1998	5,100		10			5,100	40
41	Mr rooter (repair Basement replacement pump)	1998	2,600		10			2,600	41
42	Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		4,609	42
43	Alden Bennett construction	1998	11,000	733	15	733		8,065	43
44	ABC Tank replacement	1999	12,409	827	15	827		8,272	44
45	alden Bennett	1999	11,000	733	15	733		7,333	45
46	North Town Food Service (Install booster heater)	1999	1,674	167	10	167		1,826	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		1,867	47
48	alden Bennett(Carpentry LAbor0	1999	5,954	379	10	379		5,954	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647	270	10	270		4,647	49
50	Capps Plumbing & Sewer	1999	3,390	226	10	226		3,390	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981	199	15	199		2,038	51
52	Alden Bennett (Hardware)	1999	1,843	170	10	170		1,843	52
53	Climate Services (PVI Water heater)	1999	11,150	743	15	743		7,804	53
54	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000	183	15	183		11,000	54
55	Alden Bennett (leasehold improvements)	2000	5,384	538	10	538		4,844	55
56	Alden Bennett (leasehold improvements)	2000	1,518	152	10	152		1,367	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		2,890	59
60	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258	126	10	126		1,248	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		3,695	62
63	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482	365	15	365		3,592	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)		\$ 8,504,774	\$ 132,096		\$ 177,191	\$ 45,095	\$ 4,259,810	70

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

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

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 8,504,774	\$ 132,096		\$ 177,191	\$ 45,095	\$ 4,259,810	1
2	Equipment International (doorlock electronic timer)	2000	1,655	166	10	166		1,643	2
3	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		2,155	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		1,942	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		17,393	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		2,396	9
10	GT Mechanical (replace cooling coils)	2000	14,200	1,420	10	1,420		13,608	10
11	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		1,585	11
12	Capps Plumbing (repair scullery drain install faucets)	2000	3,446	345	10	345		3,419	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		6,533	14
15	Power supply and wiring re phone system	2001	1,663	166	10	166		1,482	15
16	Coker services-Boiler	2001	3,163	158	20	158		1,396	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		1,374	32
33	Capps Plumbing - Repair hot water system	2002	2,135	214	10	214		1,514	33
34	TOTAL (lines 1 thru 33)		\$ 8,636,448	\$ 138,112		\$ 183,207	\$ 45,095	\$ 4,354,110	34

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

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

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,636,448	\$ 138,112		\$ 183,207	\$ 45,095	\$ 4,354,110	1
2	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	144	10	144		1,042	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		1,032	4
5	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		1,432	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		7,332	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		1,821	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		4,165	8
9	Tyco - Smoke Detectors	2002	1,023	146	7	146		1,071	9
10	ABC - Smoke Dampers	2002	9,701	1,386	7	1,386		10,164	10
11	CSI - Repair Dishwasher	2003	1,886		5			1,886	11
12	GT Mech - Repair AC	2003	1,538		5			1,503	12
13	Simplex - Repair Drain System	2003	1,503	150	10	150		951	13
14	CAPPS - Repair water booster pump	2003	1,895		5			1,895	14
15	Simplex - Doors	2003	3,435	344	10	344		2,407	15
16	Simplex - Wet Chem System	2003	2,695	270	10	270		1,821	16
17	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		5,832	17
18	AMS-New generator	2004	2,148	143	15	143		811	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		540	19
20	CSI repair to oven	2004	2,627	263	10	263		1,512	20
21	CSI new wiring	2004	1,718	172	10	172		1,003	21
22	GT Mech Chiller Repair	2004	4,196	420	10	420		2,379	22
23	ABC Sewage ejector pump	2004	10,724	1,072	10	1,072		6,254	23
24	ABC Hvac	2004	2,971	297	10	297		1,757	24
25	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		5,020	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		1,935	26
27	GT Mech-install fan coil unit	2005	2,504	501	5	501		2,505	27
28	GT Mech-exhaust fan replacement motor	2005	2,234	223	10	223		1,060	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		1,701	29
30	Top Notch- 2 hp motor	2005	2,155	216	10	216		989	30
31	Oakfirst Fire-install nurse call system	2005	2,423	242	10	242		1,110	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		2,883	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		5,197	33
34	TOTAL (lines 1 thru 33)		\$ 8,809,422	\$ 150,686		\$ 195,781	\$ 45,095	\$ 4,436,404	34

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

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

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,809,422	\$ 150,686		\$ 195,781	\$ 45,095	\$ 4,436,404	1
2	Forum Prof Ctr: Remodeling	1979	16,169		20			16,169	2
3	Forum Prof Ctr: Build Improv - multiple	1980	10,322		15			10,322	3
4	Forum Prof Ctr: Tennant Improv	1986	836		13			836	4
5	Forum Prof Ctr: AMS remodel	1990	5,681		10			5,681	5
6	Forum Prof Ctr: Roof	1994	2,997	187	16	187		2,811	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,057	66	16	66		921	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,669	152	10	152		1,496	8
9	Forum Prof Ctr: Remodel/electrical	2001	650	36	7	36		543	9
10	Forum Prof Ctr: bathroom remodel	2002	575	54	5	54		427	10
11	Forum Prof Ctr: remodel suites/etc.	2003	739	75	9	75		516	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,275	244	7	244		1,765	12
13	Forum Prof Ctr: Suite renovation	2005	460	83	10	83		450	13
14	Forum Prof Ctr: Superior installations, etc.	2006	91	23	4	23		77	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	432	67	7	67		155	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	368	64	7	64		87	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	762	15	7	15		15	17
18	Alden Mgt Servs: Remodel suites	1993	5,555		7			5,555	18
19	Alden Mgt Servs: Remodel suites	2002	318	42	7	42		309	19
20	Alden Mgt Servs: Remodel suites	2003	8,987	1,238	7	1,238		8,765	20
21									21
22	Forum Ext Care, LLC-Building	1998	6,067	152	40	152		1,732	22
23	Forum Ext Care, LLC-Build Improv	1999	4,689	117	40	117		1,230	23
24	Forum Extended Care-Maj Eq Repair	2002	31		3			31	24
25	Forum Extended Care-Maj Plumbing Repair	2003	29		3			29	25
26	Forum Extended Care-Compressor	2004	20		3			20	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,880,201	\$ 153,300		\$ 198,395	\$ 45,095	\$ 4,496,347	34

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

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

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,880,201	\$ 153,300		\$ 198,395	\$ 45,095	\$ 4,496,347	1
2	Patten-intake motor	2005	1,586	227	7	227		1,002	2
3	ABC-vinyl flooring	2005	3,064	306	10	306		1,301	3
4	Epic Service and Supply-floor cleaner	2005	1,114	159	7	159		676	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		20,717	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		3,401	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		1,764	7
8	ABC- replace glass black window for boiler room	2006	9,184	918	10	918	0	3,596	8
9	ABC - time and material billings for renovations	2006	3,722	372	10	372		1,426	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	507	10	507	0	1,986	10
11	smoke detectors	2006	3,961	264	15	264		825	11
12	finsh hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		3,111	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		1,479	13
14	boiler assy	2006	3,550	178	20	178		652	14
15	install new elevator recall system	2006	7,229	361	20	361		1,295	15
16									16
17	replace hose & pump	2007	6,594	1,319	5	1,319		3,407	17
18	cooling system	2007	6,742	674	10	674		1,685	18
19	replace worn & broken locks	2007	3,703	741	5	741		1,791	19
20	elevator passenger	2007	7,322	488	15	488		1,179	20
21	repaire trane chiller	2007	4,175	835	5	835		1,879	21
22	ABC - repair air cond compressor	2007	39,119	3,912	10	3,912		8,802	22
23	ABC - replace concrete	2007	6,896	690	10	690		1,552	23
24									24
25	Pattern - Repair Generator	2008	2,543	509	5	509		805	25
26	Pattern - Remove & install battery	2008	2,566	513	5	513		770	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	305	10	305		355	27
28									28
29	Adj for ABC related party profit	2008	(17)	(1)		(1)		(1)	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,127,501	\$ 173,996		\$ 219,091	\$ 45,095	\$ 4,561,802	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 9,127,501	\$ 173,996		\$ 219,091	\$ 45,095	\$ 4,561,802	1
2									2
3	AMS Maintenance Allocation - install hookups & framing	2009	7,596	63	20	63		63	3
4	GT Mech - Repair condenser	2009	2,962	395	5	395		395	4
5	Pattern - Repair generator	2009	2,547	340	5	340		340	5
6	Pattern - Repair generator	2009	3,537	354	5	354		354	6
7	Top Notch - 1 evaporator coil	2009	5,341	445	5	445		445	7
8	AMS Maintenance Allocation - repaired drywall	2009	7,450	124	10	124		124	8
9	SkiMont -repaired boiler & hot water heater	2009	2,892		5				9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,159,826	\$ 175,717		\$ 220,812	\$ 45,095	\$ 4,563,523	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	\$ 558,167	\$ 34,961	\$ 34,961	\$		\$ 154,915	71
72	Current Year Purchases	547,969	19,799	19,799			19,799	72
73	Fully Depreciated Assets	556,531	5,814	5,814			556,531	73
74								74
75	TOTALS	\$ 1,662,667	\$ 60,574	\$ 60,574	\$		\$ 731,245	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related party - AMS	Various	98-02	\$ 4,415	\$	\$	\$	3	\$ 4,415	76
77										77
78										78
79										79
80	TOTALS			\$ 4,415	\$	\$	\$		\$ 4,415	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,959,369	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 236,291	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 281,386	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 45,095	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,299,183	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435 Report Period Beginning: 1/1/09 Ending: 12/31/09

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		300	10/29/86	\$	ended 6/30/05		3
4	Additions							4
5								5
6								6
7	TOTAL		300		\$			7

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 19,616 Description: Copy machine Lease & 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	Related Party - AMS	various	\$ #####	\$ 34,054	17
18					18
19	Transport - Non Patient	various	\$ #####	12,271	19
20					20
21	TOTAL		\$ #####	\$ 46,325	21

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. 12/31/2010 \$ Varies

13. 12/31/2011 \$ Varies

14. 12/31/2012 \$ Varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 237,537	\$		\$ 237,537	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			25,942			25,942	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			150,699			150,699	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				244,512		244,512	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>					129,505	276,620		406,125	13
14	TOTAL			\$		\$ 543,683	\$ 521,132		\$ 1,064,815	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	\$237,536.71
2. ST	39-3	To Col 5	25,942.10
3.			
4. PT	39-3	To Col 5	150,699.08
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			178,336.54
Manual Input from Related Party- Forum Drugs			66,175.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	244,511.54
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	129,505.00
Other			345,844.00
Manual Input: Related Party - Prism			(29,860.00)
Manual Input: Related Party FECII - I.V.			(79,827.00)
Manual Input: Related Party FECII - Wound Care			(2,078.00)
Oxygen, from reclass worksheet			42,541.16
13. Col 6: Supplies Total		To Col 6	276,620.16
13. Total Line 13, Column 8			276,620.16
14. Total (should equal page 4, Ln 39, Col 8)			1,064,814.59

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435

Report Period Beginning: 1/1/09

Ending: 12/31/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

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

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>72,028</u>)	1,488,612	1,488,612	3
4	Supply Inventory (priced at)	291	291	4
5	Short-Term Investments			5
6	Prepaid Insurance		8,525	6
7	Other Prepaid Expenses	38,676	94,495	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	223,774	223,774	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,751,353	\$ 1,815,697	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		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,356,660	2,016,659	15
16	Equipment, at Historical Cost	964,290	973,598	16
17	Accumulated Depreciation (book methods)	(1,606,846)	(2,032,793)	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>)		399,752	22
23	Other(specify): <u>Due from Affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 714,104	\$ 8,810,065	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,465,457	\$ 10,625,762	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,041,768	\$ 987,087	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	114,864	114,864	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	431,819	431,819	30
31	Accrued Taxes Payable (excluding real estate taxes)	64,707	64,707	31
32	Accrued Real Estate Taxes(Sch.IX-B)		425,700	32
33	Accrued Interest Payable		52,849	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>	36,844	204,288	36
37	<u>Short term portion of long term debt</u>		61,011	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,690,002	\$ 2,342,325	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		9,641,146	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	12,638,301	11,350,135	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 12,638,301	\$ 20,991,280	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,328,303	\$ 23,333,605	46
47	TOTAL EQUITY(page 18, line 24)	\$ (11,862,846)	\$ (12,707,843)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,465,457	\$ 10,625,762	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (10,596,342)	1
2	Restatements (describe):		2
3	External audit adjustment made after 2006 cost report was	(96,966)	3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (10,693,308)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,169,538)	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)	\$ (1,169,538)	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)	\$ (11,862,846)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Ce # 0026435 Report Period Beginning: 1/1/09

Ending: 12/31/09

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,446,354	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,446,354	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	91,258	6
7	Oxygen	2,202	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 93,460	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		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	99	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 99	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)	1,207	27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,207	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,541,120	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,041,262	31
32	Health Care	3,702,185	32
33	General Administration	2,603,738	33
B. Capital Expense			
34	Ownership	1,260,864	34
C. Ancillary Expense			
35	Special Cost Centers	938,359	35
36	Provider Participation Fee	164,250	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,710,658	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,169,538)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,169,538)	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 Rehabilitation and Health Care # 002-6435 Report Period Beginning: 1/1/2009 Ending: 12/31/2009

Details of Page 19, Line 28

Misc Income (Record copies)	319
Misc Income (Jury Duty)	52
Misc Income (Food Rebate)	361
Adjustment of prior year expenses	475
Total	<u>1,207</u>

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

0026435

Report Period Beginning:

1/1/09

Ending:

12/31/09

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,071	2,095	\$ 82,665	\$ 39.46	1
2	Assistant Director of Nursing	3,032	3,125	98,006	31.36	2
3	Registered Nurses	8,046	8,602	270,579	31.46	3
4	Licensed Practical Nurses	46,413	50,776	1,270,849	25.03	4
5	CNAs & Orderlies	93,078	101,437	1,018,145	10.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	42,108	20.24	9
10	Activity Assistants	8,022	9,373	98,972	10.56	10
11	Social Service Workers	1,968	2,048	39,646	19.36	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	41,130	19.77	13
14	Head Cook	5,904	6,572	85,068	12.94	14
15	Cook Helpers/Assistants	17,315	19,289	193,799	10.05	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	53,957	25.94	17
18	Housekeepers	28,169	30,417	311,150	10.23	18
19	Laundry	8,612	9,524	110,383	11.59	19
20	Administrator	2,216	2,288	90,763	39.67	20
21	Assistant Administrator	80	80	2,143	26.79	21
22	Other Administrative	3,874	4,042	78,316	19.38	22
23	Office Manager	1,744	1,744	32,829	18.82	23
24	Clerical	18,084	19,716	271,037	13.75	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	4,160	136,347	32.78	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,024	2,024	29,642	14.65	31
32	Other Health Care Unit Director/Behavioral Supervisor	12,287	12,877	242,429	18.83	32
33	Other(specify) Alz Supervisor	2,080	2,080	48,072	23.11	33
34	TOTAL (lines 1 - 33)	275,395	298,509	\$ 4,648,035 *	\$ 15.57	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	48,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	7,200	10-3	38
39	Pharmacist Consultant				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	1,556	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 67,556		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	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	
1	Motor laundry	3/96	\$ 2,750	15	\$	\$	\$	\$ 183	\$ 183	\$ 183	\$	\$	
2	Replace valve	4/96	1,959	20				98	98	98	98	98	
3	Boiler Stack	6/96	1,207	15				80	80	80			
4	Cubicle curtain	8/95	252	20				13	13	13	13	13	
5	Motor repair	8/95	5,827	15				388	388				
6													
7													
8	Painting > \$1,500	01/04	2,230	5				74					
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 14,225		\$	\$	\$	\$ 836	\$ 762	\$ 374	\$ 111	\$ 111	\$ 111

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

0026435

Report Period Beginning:

1/1/09

Ending: 12/31/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA=\$8,500 Il. Assoc. of HC=\$3,600
- (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. \$ 29,310 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. \$ 164,250
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. \$ 30,536 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. \$ _____
- (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.