



Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

# 0042010 Report Period Beginning: 1/1/10 Ending: 12/31/10

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	110	Skilled (SNF)	110	40,150	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	110	TOTALS	110	40,150	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	779	5,247	15,770	21,796	8
9	SNF/PED					9
10	ICF	2,311	197		2,508	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,090	5,444	15,770	24,304	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.53%

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

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

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 10/31/2000

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 10/31/2000 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 110 and days of care provided 15,386

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health C # 0042010 Report Period Beginning: 1/1/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				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
	<b>A. General Services</b>										
1	Dietary	525,675	20,756	7,767	554,198	848	555,046	(471)	554,575		1
2	Food Purchase		216,924		216,924	(23,361)	193,563	4,234	197,797		2
3	Housekeeping	172,081	31,197		203,278	719	203,997	2,976	206,973		3
4	Laundry	28,723	16,338	700	45,761	45	45,806		45,806		4
5	Heat and Other Utilities			211,019	211,019		211,019	(107)	210,912		5
6	Maintenance	36,889		219,601	256,490	123	256,613	7,043	263,656		6
7	Other (specify):* <b>Security/Rel. Party Ben.</b>			768	768		768	3,486	4,254		7
8	<b>TOTAL General Services</b>	763,368	285,215	439,855	1,488,438	(21,626)	1,466,812	17,161	1,483,973		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			75,000	75,000		75,000		75,000		9
10	Nursing and Medical Records	2,187,354	195,311	3,295	2,385,960	19,463	2,405,423	62,630	2,468,053		10
10a	Therapy	38,647		5,547	44,194		44,194		44,194		10a
11	Activities	127,436	2,170	4,090	133,696	97	133,793		133,793		11
12	Social Services	30,397			30,397		30,397		30,397		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Rel. Party Ben.</b>							3,769	3,769		15
16	<b>TOTAL Health Care and Programs</b>	2,383,834	197,481	87,932	2,669,247	19,560	2,688,807	66,399	2,755,206		16
	<b>C. General Administration</b>										
17	Administrative	93,709			93,709		93,709	49,703	143,412		17
18	Directors Fees										18
19	Professional Services			847,453	847,453	(16,852)	830,601	(778,538)	52,063		19
20	Dues, Fees, Subscriptions & Promotions			99,865	99,865		99,865	(85,690)	14,175		20
21	Clerical & General Office Expenses	264,582	24,731	91,283	380,596	318	380,914	93,532	474,446		21
22	Employee Benefits & Payroll Taxes			559,167	559,167	16,763	575,930	(18,307)	557,623		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,404	3,404		3,404	1,295	4,699		24
25	Other Admin. Staff Transportation			2,475	2,475		2,475	6,843	9,318		25
26	Insurance-Prop.Liab.Malpractice			115,493	115,493		115,493	10,956	126,449		26
27	Other (specify):* <b>Rel. Party Ben.</b>			40,304	40,304		40,304	(8,070)	32,234		27
28	<b>TOTAL General Administration</b>	358,291	24,731	1,759,444	2,142,466	229	2,142,695	(728,276)	1,414,419		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,505,493	507,427	2,287,231	6,300,151	(1,837)	6,298,314	(644,716)	5,653,598		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 Des Plaines Rehabilitation & Health Care Center #0042010 Report Period Beginning: 1/1/10 Ending: 12/31/10

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			53,639	53,639		53,639	252,061	305,700			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			127,544	127,544		127,544	413,930	541,474			32
33	Real Estate Taxes			468,799	468,799	(468,799)		471,956	471,956			33
34	Rent-Facility & Grounds			744,670	744,670	468,799	1,213,469	(1,213,469)				34
35	Rent-Equipment & Vehicles			10,271	10,271		10,271	17,553	27,824			35
36	Other (specify):* MIP							44,900	44,900			36
37	<b>TOTAL Ownership</b>			1,404,923	1,404,923		1,404,923	(13,069)	1,391,854			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		898,011	1,583,011	2,481,022	1,837	2,482,859	(259,591)	2,223,268			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			60,225	60,225		60,225		60,225			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		898,011	1,643,236	2,541,247	1,837	2,543,084	(259,591)	2,283,493			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,505,493	1,405,438	5,335,390	10,246,321		10,246,321	(917,376)	9,328,945			45

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

Report Period Beginning: 1/1/2010  
 Report Period Ending: 12/31/2010

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<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(23,361.00)	Employee Meals
	22	23,361.00	Employee Meals
22		(6,598.00)	Uniforms
	10	4,448.00	Uniforms
	1	848.00	Uniforms
	3	719.00	Uniforms
	4	45.00	Uniforms
	6	123.00	Uniforms
	11	97.00	Uniforms
	21	318.00	Uniforms
10		(1,836.74)	Oxygen - to appropriate cost center
	39	1,836.74	Oxygen - to appropriate cost center
33		(468,799.34)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	468,799.34	Rent - Real Estate Tax on associated landowner (Pg 6)
21		-	Vendor Settlements
	6	-	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(16,852.11)	Clinical Coordinators (Pathway Billing)
	10	16,852.11	Clinical Coordinators (Pathway Billing)
Net		<hr/>	-

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	(8)	2		4
5	Telephone, TV & Radio in Resident Rooms	(4,105)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(90,935)	30		9
10	Interest and Other Investment Income	(1,545)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,337)	2		13
14	Non-Care Related Interest	(4,867)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,702)	21		17
18	Fines and Penalties	(338)	32		18
19	Entertainment	(4,029)	20		19
20	Contributions	(7,543)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,048)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(40,304)	27		24
25	Fund Raising, Advertising and Promotional	(42,118)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(206)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (215,085)		\$	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)	(412,136)	Various	34
35	Other- Attach Schedule	(290,155)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (702,291)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (917,376)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY							
48		49		50		51	52

Alden Des Plaines Rehabilitation & Health Care Center

ID# 0042010

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (1,463)	5	1
2	Valet Cost	(410)	21	2
3	Misc Inc (g/l 4977-100-000) (Class Action Suit)	(163)	22	3
4	Record Copies (g/l 4977-100-001)	(20)	10	4
5	Jury Duty (g/l 4977-100-002)	(69)	21	5
6	Vending Machine (g/l 4977-100-003)	(388)	2	6
7	Food Rebate (g/l 4977-100-005)	(188)	2	7
8	Wage Service Fee (g/l 4977-100-006)	(126)	21	8
9	Marketing Mgr (g/l 6701-100-009)	(112,857)	21	9
10	Mktg Mgr employee benefits reduction	(18,144)	22	10
11	IL Health Care Assoc Dues (PAC: 30%)	(1,822)	20	11
12	Deming Leadership Training (30%)	(465)	24	12
13	Back out LLC bank charges	(45)	21	13
14	Back out LLC mtge int > CON asset limit	(143,752)	32	14
15	Back out LLC MIP exp > CON asset limit	(17,461)	36	15
16	Elim chamber of commerce fees in Dues/subsc.	(1,765)	20	16
17	Adj for 2008 ABC related party profit-Pg 12	(6)	30	17
18	Adj for 2010 ABC related party profit-Pg 12	(9)	30	18
19	Back out depreciation Pg 12 on assets < \$2,500	(2,158)	30	19
20	Eliminate Deprec on Pg 13 < \$2,500 items	(10,917)	30	20
21	Expense Pg 13 items < \$2500	21,611	6	21
22	Expense Related Party items < \$2500	320	6	22
23	Adjust depreciation to Pg 13's	141	30	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(290,155)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Des Plaines Rehabilitation &amp; Health Care Center

# 0042010

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,208	(2,679)	0	0	0	0	0	0	0	(471)	1
2	Food Purchase	(2,921)	0	0	7,155	0	0	0	0	0	0	0	4,234	2
3	Housekeeping	0	0	2,976	0	0	0	0	0	0	0	0	2,976	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,463)	0	1,356	0	0	0	0	0	0	0	0	(107)	5
6	Maintenance	17,826	0	(10,448)	0	0	0	(335)	0	0	0	0	7,043	6
7	Other (specify):*	0	0	3,023	463	0	0	0	0	0	0	0	3,486	7
8	<b>TOTAL General Services</b>	<b>13,442</b>	<b>0</b>	<b>(885)</b>	<b>4,939</b>	<b>0</b>	<b>0</b>	<b>(335)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,161</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(20)	0	61,331	512	807	0	0	0	0	0	0	62,630	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	3,769	0	0	0	0	0	0	0	0	3,769	15
16	<b>TOTAL Health Care and Programs</b>	<b>(20)</b>	<b>0</b>	<b>65,100</b>	<b>512</b>	<b>807</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>66,399</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	49,703	0	0	0	0	0	0	0	0	49,703	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,048)	14,462	(777,952)	0	0	0	0	0	0	0	0	(778,538)	19
20	Fees, Subscriptions & Promotions	(57,277)	0	(28,413)	0	0	0	0	0	0	0	0	(85,690)	20
21	Clerical & General Office Expenses	(115,415)	692	126,542	8,268	73,445	0	0	0	0	0	0	93,532	21
22	Employee Benefits & Payroll Taxes	(18,307)	0	0	0	0	0	0	0	0	0	0	(18,307)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(465)	0	1,760	0	0	0	0	0	0	0	0	1,295	24
25	Other Admin. Staff Transportation	0	0	6,843	0	0	0	0	0	0	0	0	6,843	25
26	Insurance-Prop.Liab.Malpractice	0	10,885	71	0	0	0	0	0	0	0	0	10,956	26
27	Other (specify):*	(40,304)	0	25,988	1,083	5,163	0	0	0	0	0	0	(8,070)	27
28	<b>TOTAL General Administration</b>	<b>(246,816)</b>	<b>26,039</b>	<b>(595,458)</b>	<b>9,351</b>	<b>78,608</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(728,276)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(233,394)</b>	<b>26,039</b>	<b>(531,243)</b>	<b>14,802</b>	<b>79,415</b>	<b>0</b>	<b>(335)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(644,716)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Des Plaines Rehabilitation &amp; Health Care Center

# 0042010

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(103,883)	354,395	1,549	0	0	0	0	0	0	0	0	252,061	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(150,502)	534,575	27,385	0	2,472	0	0	0	0	0	0	413,930	32
33	Real Estate Taxes	0	468,799	2,260	0	897	0	0	0	0	0	0	471,956	33
34	Rent-Facility & Grounds	0	(1,213,469)	0	0	0	0	0	0	0	0	0	(1,213,469)	34
35	Rent-Equipment & Vehicles	0	0	17,553	0	0	0	0	0	0	0	0	17,553	35
36	Other (specify):*	(17,461)	62,361	0	0	0	0	0	0	0	0	0	44,900	36
37	<b>TOTAL Ownership</b>	<b>(271,846)</b>	<b>206,661</b>	<b>48,747</b>	<b>0</b>	<b>3,369</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(13,069)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(18,624)	(199,220)	(41,747)	0	0	0	0	0	(259,591)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(18,624)</b>	<b>(199,220)</b>	<b>(41,747)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(259,591)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(505,240)	232,700	(482,496)	(3,822)	(116,436)	(41,747)	(335)	0	0	0	0	(917,376)	45

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 1,213,469	Alden-Des Plaines Rehabilitation and Health Care Center, LLC	0.00%	\$	\$ (1,213,469)	1
2	V	32 Interest-Replacement reserve	842	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(842)	2
3	V	32 Interest - facility loan	66,280	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(66,280)	3
4	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		45	45	4
5	V	21 Licenses, etc		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		647	647	5
6	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		468,799	468,799	6
7	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		10,885	10,885	7
8	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		62,361	62,361	8
9	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		513,402	513,402	9
10	V	32 Interest on IOD loan		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		80,145	80,145	10
11	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		354,395	354,395	11
12	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		8,150	8,150	12
13	V	19 Professional & Accounting fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		14,462	14,462	13
14	Total		\$ 1,280,591			\$ 1,513,291	\$ * 232,700	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,356	\$ 1,356 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,760	1,760 16
17	V	25 Other admin travel		Alden Management Services, Inc.		6,843	6,843 17
18	V	26 Insurance		Alden Management Services, Inc.		71	71 18
19	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		591	591 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		2,260	2,260 21
22	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		17,553	17,553 22
23	V	32 Interest		Alden Management Services, Inc.		27,385	27,385 23
24	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		2,208	2,208 24
25	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		2,976	2,976 25
26	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		3,023	3,023 26
27	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		61,331	61,331 27
28	V	15 Employee Benefits-health care		Alden Management Services, Inc.		3,769	3,769 28
29	V	17 Salaries-Total Admin		Alden Management Services, Inc.		49,703	49,703 29
30	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		25,988	25,988 30
31	V	19 Professional fees	801,419	Alden Management Services, Inc.		23,467	(777,952) 31
32	V	21 Clerical and G & A		Alden Management Services, Inc.		126,542	126,542 32
33	V	6 Maintenance	30,210	Alden Management Services, Inc.		19,762	(10,448) 33
34	V	20 MKT Management Fees	29,004	Alden Management Services, Inc.			(29,004) 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 860,633			\$ 378,137	\$ * (482,496) 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 Dietary consultant	\$ 7,766	Prism Health Care Services, Inc.	0.00%	\$ 1,101	\$ (6,665)
16	V	1 Dietary salaries		Prism Health Care Services, Inc.		3,986	3,986
17	V	2 Tube feeding	2,405	Prism Health Care Services, Inc.		9,560	7,155
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary supplies	38,279	Prism Health Care Services, Inc.		19,655	(18,624)
20	V	21 G & A salaries		Prism Health Care Services, Inc.		5,803	5,803
21	V	27 Emp. Benefits-G & A		Prism Health Care Services, Inc.		1,083	1,083
22	V	7 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		463	463
23	V	21 G & A expenses		Prism Health Care Services, Inc.		2,465	2,465
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 55,110			\$ 51,288	\$ * (3,822)

\* 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>	\$ 428,393	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 602,457	\$ 174,064
16	V	39 <u>I.V.</u>	425,015	<u>Forum Extended Care Services II, Inc.</u>		52,701	(372,314)
17	V	39 <u>Wound Vac</u>	4,607	<u>Forum Extended Care Services II, Inc.</u>		3,637	(970)
18	V	10 <u>House Stock</u>	12,431	<u>Forum Extended Care Services II, Inc.</u>		11,423	(1,008)
19	V	10 <u>Pharm Consult</u>	2,640	<u>Forum Extended Care Services II, Inc.</u>		4,455	1,815
20	V	27 <u>Employ Vaccin</u>	2,098	<u>Forum Extended Care Services II, Inc.</u>		1,657	(441)
21	V	27 <u>Employ Benefits-G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		5,604	5,604
22	V	21 <u>G &amp; A Salaries</u>		<u>Forum Extended Care Services II, Inc.</u>		45,011	45,011
23	V	21 <u>Gen'l &amp; Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		28,434	28,434
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		2,472	2,472
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		897	897
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	<b>Total</b>		\$ 875,184			\$ 758,748	\$ * (116,436)

\* 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 Revenue - therapy	\$ 1,523,324	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,481,577	\$ (41,747)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,523,324			\$ 1,481,577	\$ * (41,747)

\* 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	\$ 27,435	Alden Bennett Construction Company, Inc.	0.00%	\$ 27,100	\$ (335)	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		\$ 27,435			\$ 27,100	\$ * (335)	39

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

Alden Des Plaines Rehabil Alden Des Plaines Rehabilitation & Health Care CProvider No. 0042010

Report Period Beginning:

1/1/10

Ending: 12/31/10

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

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health C # 0042010 Report Period Beginning: 1/1/10 Ending: 12/31/10

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	181,497	0.756	1.89	Salary	\$ 3,503	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,340	0.756	1.89	Salary	1,300	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,772	0.756	1.89	Salary	748	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	\$ 5,551		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 Des Plaines Rehabilitation & Health Care Center # 0042010 Report Period Beginning: 1/1/10 Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,283,623	33	\$ 71,628	\$ 24,304	\$ 1,356	1
2	24	Travel & Seminar	Patient Days	1,283,623	33	92,957	24,304	1,760	2
3	25	Other admin travel	Patient Days	1,283,623	33	361,409	24,304	6,843	3
4	26	Insurance	Patient Days	1,283,623	33	3,773	24,304	71	4
5	20	Dues/subscriptions/fees etc	Patient Days	1,283,623	33	31,234	24,304	591	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	1,549	6
7	33	Real estate taxes	Patient Days	1,283,623	33	135,456	24,304	2,260	7
8	35	Rent-equipment/vehicles	Patient Days	1,283,623	33	927,091	24,304	17,553	8
9	32	Interest	Patient Days	1,283,623	33	1,179,658	24,304	27,385	9
10	1	Salaries-Dietary Aide	Patient Days	1,283,623	33	116,597	116,597	2,208	10
11	3	Salaries-Housekeeping Coord.	Patient Days	1,283,623	33	157,195	157,195	2,976	11
12	7	Employee Benefits-general Svcs	Patient Days	1,283,623	33	159,672	24,304	3,023	12
13	10	Salaries-Nurse & Med. Records	Patient Days	1,283,623	33	1,369,902	1,369,902	61,331	13
14	15	Employee Benefits-health care	Patient Days	1,283,623	33	199,071	24,304	3,769	14
15	17	Salaries-Total Admin	Patient Days	1,283,623	33	2,862,453	2,862,453	49,703	15
16	27	Employee Benefits-general admin	Patient Days	1,283,623	33	1,372,540	24,304	25,988	16
17	19	Professional fees	Patient Days	1,283,623	33	1,239,391	672,679	23,467	17
18	21	Clerical and G & A	Patient Days	1,283,623	33	6,683,349	5,909,984	126,542	18
19	6	Maintenance	Patient Days	1,283,623	33	1,043,713	824,986	19,762	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 378,137	25

Facility Name &amp; ID Number

Alden Des Plaines Rehabilitation &amp; Health Ca

# 0042010

Report Period Beginning:

1/1/10

Ending:

12/31/10

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10												
												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			
	<b>A. Directly Facility Related</b>																					
	<b>Long-Term</b>																					
1	Cambridge Realty		x	Mortgage		9/1/2005	\$ 10,390,300	\$ 9,911,071	4/1/2044	5.4000	\$ 513,401	1										
2	Cambridge Realty		x	Operating loss loan		3/1/2004	1,690,000	1,561,203	6/1/2040	5.1000	80,145	2										
3				Int exp in excess of CON cap							(143,752)	3										
4	Bank Leumi		x	Working capital	varies	12/12/2008	1,192,668	1,132,668	1/2011	4.5000	54,683	4										
5	Amortization-Fin/Refin Fee		x								8,150	5										
	<b>Working Capital</b>																					
6	Related party-AMS		x	Working capital							27,385	6										
7	Related party-FECH		x	Working capital							2,472	7										
8												8										
9	TOTAL Facility Related						\$ 13,272,968	\$ 12,604,942			\$ 542,484	9										
	<b>B. Non-Facility Related*</b>																					
10	DP Rehab & HCC, LCC	x		Interest-Replacement Res							(842)	10										
11	Patient interest income		x								(1,545)	11										
12	Insurance Interest		x	Medical Malpractice							1,377	12										
13												13										
14	TOTAL Non-Facility Related						\$	\$			\$ (1,010)	14										
15	TOTALS (line 9+line14)						\$ 13,272,968	\$ 12,604,942			\$ 541,474	15										

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,900 Line # 36

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

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2009 report.		\$	<b>349,500</b>		<b>1</b>
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>403,099</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>53,599</b>		<b>3</b>
4. Real Estate Tax accrual used for 2010 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>415,200</b>		<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>468,799</b>		<b>7</b>
Real Estate Tax History:			<b>Plus: Related Party Taxes (2) - See Pg RE_Tax</b>		<b>3,157</b>
		\$	<b>471,956</b>		
Real Estate Tax Bill for Calendar Year:	2005	<b>287,951</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	2006	<b>294,188</b>	<b>9</b>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2009 \$
	2007	<b>331,157</b>	<b>10</b>		
	2008	<b>339,285</b>	<b>11</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$
	2009	<b>403,099</b>	<b>12</b>		
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>				<b>15</b>	LESS REFUND FROM LINE 6 \$
				<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$

**NOTES:**

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



Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

# 0042010

Report Period Beginning:

1/1/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>	<u>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>51,490</b>		<b>\$ 1,016,045</b>	<b>3</b>

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	110	2000	2000	9,685,956	242,149	40	174,652	(67,497)	\$ 1,858,490	4
5	Adjustment to correct to CON costs (net=-6,986,060)			(2,699,896)						5
6										6
7										7
8										8
Improvement Type**										
9	ISS/Chicago Sound & Communication(vent alarm interface)		2000	3,400	113	10	113		3,400	9
10	Alden Bennett Construction(multiple wireless install)		2001	4,894	489	10	489		4,729	10
11	Owners extras (change orders)		2000	524,876	26,244	20	26,244		273,374	11
12	Owners extras (change orders)		2000	12,972	648	20	648		6,754	12
13	ABC-parking lot sealcoat/stripe		2002	3,852		7			3,852	13
14	ABC-screened patio enclosure		2002	10,069		7			10,069	14
15	EWS Welding-alarm		2002	1,076	108	10	108		970	15
16	New Horizons-residents phones		2002	1,646	165	10	165		1,428	16
17	New Horizons-residents phones		2002	3,161	316	10	316		2,713	17
18	ABC-owners extras		2003	2,571	171	15	171		1,369	18
19	ABC-owners extras		2003	5,511	367	15	367		2,937	19
20	ABC [GT Mechanical]-Replace B1 compressor		2007	3,383	677	5	677		3,102	20
21	Mohawk-Calhoun Carpet Admin area		2007	2,747	549	5	549		1,739	21
22	ABC-New carpeting Nile Room		2007	6,053	1,211	5	1,211		4,137	22
23	ABC-New patio door operator		2007	4,046	405	10	405		1,384	23
24	GTMECH-Exhaust motor & wheel blade		2007	4,791	479	10	479		1,557	24
25	ABC-Removal & repair of hot water piping		2007	4,170	167	25	167		529	25
26	Replace Gas Oxygen Units		2008	9,275	928	10	928		2,397	26
27	GTMECH-Repair Boiler Pumps		2008	3,242	324	10	324		783	27
28										28
29	ABC - Pavement Asphalt		2010	11,722	488	8	488		488	29
30	Nursing Station Repair		2010	2,600	87	5	87		87	30
31	ABC - Repair Laundry Chute & Grease Interceptor		2010	8,248	137	5	137		137	31
32	ABC - HVAC Pump		2010	4,738	79	15	79		79	32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Des Plaines Rehabilitation &amp; Health Care Center

# 0042010

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,625,103	\$ 276,301		\$ 208,804	\$ (67,497)	\$ 2,186,504	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	10	62		432	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25	Adj for ABC related party profit	2008	(53)	(6)		(6)		(15)	25
26	Adj for ABC related party profit	2010	(302)	(9)		(9)		(9)	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,695,005	\$ 277,674		\$ 210,177	\$ (67,497)	\$ 2,254,059	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	\$ 755,363	\$ 108,805	\$ 85,367	\$ (23,438)	Various	\$ 615,329	71
72	Current Year Purchases	155,064	7,560	7,560		Various	7,560	72
73	Fully Depreciated Assets	117,766	2,596	2,596		Various	117,766	73
74								74
75	TOTALS	\$ 1,028,193	\$ 118,961	\$ 95,523	\$ (23,438)		\$ 740,655	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78										78
79	Related Party - AMS	Various	98-'02	4,148				3	4,148	79
80	TOTALS			\$ 53,974	\$	\$	\$		\$ 53,974	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)	\$ 9,793,217	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 396,635	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 305,700	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (90,935)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,048,688	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 Des Plaines Rehabilitation & Health Care Center # 0042010 Report Period Beginning: 1/1/10 Ending: 12/31/10

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

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

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

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:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 11,216 Description: Copy machine lease & Various 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- Pg 6A</u>	<u>various</u>	\$ <u>995.75</u>	\$ <u>11,949</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>995.75</u>	\$ <u>11,949</u>	21

10. Effective dates of current rental agreement:

Beginning 7/1/2001

Ending 6/30/2011

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

Fiscal Year Ending Annual Rent

12. /2011 \$ Varies

13. /2012 \$ Varies

14. /2013 \$ 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?</p> <p><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	\$		\$ 465,214	\$		\$ 465,214	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			43,976			43,976	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,014,134			1,014,134	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				602,457		602,457	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>					(41,747)	139,234		97,487	13
14	<b>TOTAL</b>			\$		\$ 1,481,577	\$ 741,691		\$ 2,223,268	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, &amp; ST

Col 6: Supplies

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.	
1.	OT		39-3	To Col		\$465,214.43
2.	ST		39-3	To Co		43,975.83
3.						
4.	PT		39-3	To Co		1,014,133.56
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL					428,393.03
	Manual Input from Related Party- Forum Drugs					174,064.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Co		602,457.03
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Cc		0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Cc		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 C		(41,747.00)
	Other					529,305.30
	Manual Input: Related Party - Prism					(18,624.00)
	Manual Input: Related Party FECII - I.V.					(372,314.00)
	Manual Input: Related Party FECII - Wound Care					(970.00)
	Oxygen, from reclass worksheet (Pg 4A)					1,837.00
13.	Col 6: Supplies Total			To Col		139,234.30
13.	Total Line 13, Column 8					139,234.30
14.	Total					2,223,268.15

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center # 0042010

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 66,725	\$ 67,418	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>70,000</u> )	1,199,293	1,199,293	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments		19,328	5
6	Prepaid Insurance		55,284	6
7	Other Prepaid Expenses	10,331	10,331	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	20,803	171,737	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,297,152	\$ 1,523,391	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,685,956	14
15	Leasehold Improvements, at Historical Cost	597,215	652,230	15
16	Equipment, at Historical Cost	299,842	1,656,691	16
17	Accumulated Depreciation (book methods)	(537,532)	(3,851,221)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		597,204	21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/holders</u> )		173,805	22
23	Other(specify): <u>Due from Affiliates</u>	3,787,691	6,620,317	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,217,632	\$ 16,609,383	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,514,784	\$ 18,132,775	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 515,896	\$ 515,896	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	110,432	110,432	28
29	Short-Term Notes Payable	89,797	89,797	29
30	Accrued Salaries Payable	334,453	334,453	30
31	Accrued Taxes Payable (excluding real estate taxes)	60,702	60,702	31
32	Accrued Real Estate Taxes(Sch.IX-B)		415,200	32
33	Accrued Interest Payable	11,746	62,981	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	29,305	29,305	36
37	<u>Due to Affiliates ST part of LT debt/Deferr</u>	1,828,696	2,328,586	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,981,027	\$ 3,947,352	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	1,132,668	2,670,500	39
40	Mortgage Payable		9,801,894	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>			43
44	<u>S/holder loans, Others</u>	14,225	14,225	44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 1,146,893	\$ 12,486,618	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,127,920	\$ 16,433,970	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,386,864	\$ 1,698,805	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,514,784	\$ 18,132,775	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,193,314</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>Allocate Personnel Director Salary</b>	<b>(30,582)</b>	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,162,732</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>224,132</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>224,132</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,386,864</b>	<b>24</b> *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Alden Des Plaines Rehabilitation &amp; Health Care Ce # 0042010 Report Period Beginning: 1/1/10

Ending: 12/31/10

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

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

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,403,768	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,403,768	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	28,802	6
7	Oxygen	10,763	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 39,565	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	173	12
13	Barber and Beauty Care	1,197	13
14	Non-Patient Meals	8	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	4,310	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	9,314	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 15,002	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,545	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,545	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Misc Income &amp; Gain on Sale of Assets</b>	10,574	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 10,574	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,470,453	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,488,438	31
32	Health Care	2,669,247	32
33	General Administration	2,142,466	33
<b>B. Capital Expense</b>			
34	Ownership	1,404,923	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,481,022	35
36	Provider Participation Fee	60,225	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,246,321	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	224,132	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 224,132	43

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

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

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

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

Facility Name & ID Number Alden Des Plaines Rehabilitation & Health Care Center

# 0042010

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,424	1,448	\$ 56,017	\$ 38.69	1
2	Assistant Director of Nursing					2
3	Registered Nurses	26,458	27,612	855,941	31.00	3
4	Licensed Practical Nurses	14,719	15,675	394,772	25.18	4
5	CNAs & Orderlies	53,255	57,080	751,353	13.16	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,051	2,221	38,647	17.40	8
9	Activity Director	2,072	2,080	46,044	22.14	9
10	Activity Assistants	6,915	7,485	81,392	10.87	10
11	Social Service Workers	1,789	1,882	30,397	16.15	11
12	Dietician					12
13	Food Service Supervisor	984	1,000	20,590	20.59	13
14	Head Cook	2,982	2,982	57,283	19.21	14
15	Cook Helpers/Assistants	37,819	40,561	447,803	11.04	15
16	Dishwashers					16
17	Maintenance Workers	1,495	1,495	36,889	24.67	17
18	Housekeepers	16,120	17,699	172,081	9.72	18
19	Laundry	2,562	2,867	28,723	10.02	19
20	Administrator	2,160	2,160	93,709	43.38	20
21	Assistant Administrator					21
22	Other Administrative	7,552	7,560	210,293	27.82	22
23	Office Manager	2,056	2,080	27,415	13.18	23
24	Clerical	2,882	3,066	26,873	8.76	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,847	2,879	90,697	31.50	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	2,711	2,730	38,574	14.13	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	190,853	202,562	\$ 3,505,493 *	\$ 17.31	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	\$ 7,766	1-3	35
36	Medical Director	Monthly	75,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	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	10	687	11-3	44
45	Social Service Consultant	12	828	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	22	\$ 86,921		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. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Nicky Kamaris	Administrator	0	\$ 74,967	Workers' Compensation Insurance	\$ 91,971	IDPH License Fee	\$	
Annette Borcky	Administrator	0	18,742	Unemployment Compensation Insurance	22,908	Advertising: Employee Recruitment	985	
				FICA Taxes	265,853	Health Care Worker Background Check		
				Employee Health Insurance	55,603	(Indicate # of checks performed 111 )	1,110	
				Employee Meals	23,361	Patient Background Checks	5,070	
				Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees	300	
				Union health & welfare	87,386	IL Health Care Assoc	4,250	
				Union pension	27,354	IL Assoc of Health Care	1,320	
				Dental/Life/401k match/Empl rel/Misc pr	6,764	Chicago Tribune/Collaborative Healthcare	549	
				EE drug tests/Vaccinations	3,394	Related party - AMS	591	
				Mktg Mgr employee benefit deduction	(18,144)	Less: Public Relations Expense	( )	
				Gardens/Crts Personnel Dir. e/b deduction	(8,827)	Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 93,709	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 14,175
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
\$				\$			\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$ 847,453				\$			\$ 4,699	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting Fees		\$ 783,635				Out-of-State Travel	
Kenneth Fisch	Legal fees:non-collections		1,650					
Janet Hermann - Integrys	Legal fees:non-collections		237					
AMS (Eliminated)	Allocated Legal Fees		17,784				In-State Travel	
Medifax EDI	Billing		294					
Linda Roberts	Food Service Systems Audit		2,400					
Pathway-Reclassified to Nursing	Clinical consultant		16,852				Related party - AMS	
Kenneth Fisch	Legal fees:collections		15,048				Seminar Expense	
Ava P. Daley	Accounting Fees		114				Leadership training	
Baker Tilly	Accounting Fees		9,439				ILLHCA	
							IL Council & Others	
							Entertainment Expense	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)							(agree to Sch. V, line 24, col. 8)	
\$ 847,453							\$ 4,699	

\* Attach copy of IMRF notifications

\*\*See instructions.

Legal Fees Reported on Pg 21, Section C:	34,719.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(15,048.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>(17,784.00)</u>
Allowable Legal Fees	<u>1,887.00</u>



Facility Name &amp; ID Number Alden Des Plaines Rehabilitation &amp; Health Care Center

# 0042010

Report Period Beginning:

1/1/10

Ending: 12/31/10

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA=\$4,250 Il. Assoc. of HC=\$1,320
- (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. \$ 22,072 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. \$ 60,225  
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. \$ 23,361 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.