



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

# 0017319 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	300	Skilled (SNF)	300	109,500	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	18,812	3,187	6,713	28,712	8	
9	SNF/PED					9	
10	ICF	49,126	1,905		51,031	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	67,938	5,092	6,713	79,743	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.82%

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)  
\_\_\_\_\_

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 01/01/72

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ 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 6,000

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

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Car # 0017319 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	310,619	45,210	10,800	366,629	1,233	367,862	3,516	371,378		1
2	Food Purchase		689,617		689,617	(41,494)	648,123	(195,984)	452,139		2
3	Housekeeping	265,879	78,732		344,611	1,057	345,668	9,765	355,433		3
4	Laundry	104,695	35,468	1,134	141,297	185	141,482		141,482		4
5	Heat and Other Utilities			322,148	322,148	17,897	340,045	2,092	342,137		5
6	Maintenance	52,532		365,378	417,910	49	417,959	14,615	432,574		6
7	Other (specify):* Secur/Related party	103,756			103,756		103,756	15,155	118,911		7
8	<b>TOTAL General Services</b>	837,481	849,027	699,460	2,385,968	(21,073)	2,364,895	(150,841)	2,214,054		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			60,500	60,500		60,500		60,500		9
10	Nursing and Medical Records	3,943,570	480,301	8,502	4,432,373	(217,303)	4,215,070	85,934	4,301,004		10
10a	Therapy	130,048	844	11,788	142,680		142,680		142,680		10a
11	Activities	302,387	12,944	2,278	317,609	308	317,917		317,917		11
12	Social Services	39,172			39,172		39,172		39,172		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related party							12,367	12,367		15
16	<b>TOTAL Health Care and Programs</b>	4,415,177	494,089	83,068	4,992,334	(216,995)	4,775,339	98,301	4,873,640		16
	<b>C. General Administration</b>										
17	Administrative	182,213			182,213		182,213	163,078	345,291		17
18	Directors Fees										18
19	Professional Services			1,006,011	1,006,011	(37,438)	968,573	(864,973)	103,600		19
20	Dues, Fees, Subscriptions & Promotions			109,434	109,434		109,434	(91,687)	17,747		20
21	Clerical & General Office Expenses	245,933	33,209	149,504	428,646	(16,548)	412,098	497,701	909,799		21
22	Employee Benefits & Payroll Taxes			1,065,906	1,065,906	29,373	1,095,279	(9,671)	1,085,608		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,625	6,625		6,625	4,575	11,200		24
25	Other Admin. Staff Transportation			840	840		840	22,452	23,292		25
26	Insurance-Prop.Liab.Malpractice			314,982	314,982		314,982	11,174	326,156		26
27	Other (specify):* Related party			233,325	233,325		233,325	(132,510)	100,815		27
28	<b>TOTAL General Administration</b>	428,146	33,209	2,886,627	3,347,982	(24,613)	3,323,369	(399,861)	2,923,508		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,680,804	1,376,325	3,669,155	10,726,284	(262,681)	10,463,603	(452,401)	10,011,202		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 Lakeland Rehabilitation & Health Care Center #0017319 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			141,625	141,625		141,625	253,258	394,883			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			161,790	161,790		161,790	622,424	784,214			32
33	Real Estate Taxes			212,809	212,809	(192,417)	20,392	220,832	241,224			33
34	Rent-Facility & Grounds			975,248	975,248	212,809	1,188,057	(1,188,057)				34
35	Rent-Equipment & Vehicles			13,119	13,119		13,119	57,594	70,713			35
36	Other (specify):*							56,421	56,421			36
37	<b>TOTAL Ownership</b>			1,504,591	1,504,591	20,392	1,524,983	22,472	1,547,455			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	990,138	1,080,758	1,068,231	3,139,127	242,289	3,381,416	(33,202)	3,348,214			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	<b>TOTAL Special Cost Centers</b>	990,138	1,080,758	1,232,481	3,303,377	242,289	3,545,666	(33,202)	3,512,464			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,670,942	2,457,083	6,406,227	15,534,252		15,534,252	(463,131)	15,071,121			45

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

Alden Lakeland Rehabilitation & Health Care Center  
 Reclassifications on Pgs 3 & 4 - Column 5  
 Report Period Beginning:  
 Report Period Ending:

IDPH Facility ID Number: #0042010

1/1/2010

12/31/2010

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(41,494.00)	Employee Meals
	22	41,494.00	Employee Meals
22		(12,121.00)	Uniforms
	10	8,741.00	Uniforms
	1	1,233.00	Uniforms
	3	1,057.00	Uniforms
	4	185.00	Uniforms
	6	49.00	Uniforms
	11	308.00	Uniforms
	21	548.00	Uniforms
10		(242,289.00)	Oxygen - to appropriate cost center
	39	242,289.00	Oxygen - to appropriate cost center
33		(212,809.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	212,809.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(20,392.00)	Reclass from Professional Fees to Real Estate tax
	33	20,392.00	Reclass from Professional Fees to Real Estate tax
21		(18,174.97)	Vendor Settlements
	5	17,896.97	Vendor Settlements (may effect more than one line)
	21	278.00	
<u>Others, if any:</u>			
19		(16,245.00)	Clinical Coordinators (Pathway Billing)
	10	16,245.00	Clinical Coordinators (Pathway Billing)
19		(801.00)	MediFax/MedCom
	21	801.00	MediFax/MedCom
Net		-	



**Alden Lakeland Rehabilitation & Health Care Center**

ID# 0017319

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500	\$ (5,119)	30	1
2	Expense Pg 12 items under \$2,500 - curr yr purchs	8,109	6	2
3	Elim Deprec on Pg 13 items under \$2500	(13,884)	30	3
4	Exp Pg 12 items under \$2500 - curr yr purchs	38,341	6	4
5				5
6	Reconcile Deprec Exp	3,678	30	6
7				7
8	Elim ABC Deprec Exp from Pg 12D	(230)	30	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20	Late fees on utilities	(2,358)	5	20
21	Intercompany interest	(137,780)	32	21
22	Miscell Income -	(308)	21	22
23	Miscell Income - Record copies	(1,241)	10	23
24	Miscell Income - Jury Duty	(69)	21	24
25	Miscell Income - Wage Serv Fee	(383)	21	25
26	Marketing Manager & Aides	(60,525)	21	26
27	Elim portion of Employee Benefits for Marketing	(9,671)	22	27
28	Elim PAC portion of IHCA dues	(3,643)	20	28
29	Elim profit on Deming Cost	(1,200)	24	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>	(186,283)		49

## STATE OF ILLINOIS

Summary A

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

# 0017319

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	7,243	(3,727)	0	0	0	0	0	0	0	3,516	1
2	Food Purchase	(2,646)	0	0	(193,338)	0	0	0	0	0	0	0	(195,984)	2
3	Housekeeping	0	0	9,765	0	0	0	0	0	0	0	0	9,765	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,358)	0	4,450	0	0	0	0	0	0	0	0	2,092	5
6	Maintenance	42,432	0	(27,032)	0	0	0	(785)	0	0	0	0	14,615	6
7	Other (specify):*	0	0	9,919	5,236	0	0	0	0	0	0	0	15,155	7
8	<b>TOTAL General Services</b>	<b>37,428</b>	<b>0</b>	<b>4,345</b>	<b>(191,829)</b>	<b>0</b>	<b>0</b>	<b>(785)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(150,841)</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	(1,241)	0	82,862	512	3,801	0	0	0	0	0	0	85,934	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	12,367	0	0	0	0	0	0	0	0	12,367	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,241)</b>	<b>0</b>	<b>95,229</b>	<b>512</b>	<b>3,801</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>98,301</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	163,078	0	0	0	0	0	0	0	0	163,078	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(17,441)	7,165	(854,697)	0	0	0	0	0	0	0	0	(864,973)	19
20	Fees, Subscriptions & Promotions	(64,873)	250	(27,064)	0	0	0	0	0	0	0	0	(91,687)	20
21	Clerical & General Office Expenses	(61,379)	798	415,192	93,355	49,735	0	0	0	0	0	0	497,701	21
22	Employee Benefits & Payroll Taxes	(9,671)	0	0	0	0	0	0	0	0	0	0	(9,671)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,200)	0	5,775	0	0	0	0	0	0	0	0	4,575	24
25	Other Admin. Staff Transportation	0	0	22,452	0	0	0	0	0	0	0	0	22,452	25
26	Insurance-Prop.Liab.Malpractice	0	10,940	234	0	0	0	0	0	0	0	0	11,174	26
27	Other (specify):*	(233,325)	0	85,267	12,256	3,292	0	0	0	0	0	0	(132,510)	27
28	<b>TOTAL General Administration</b>	<b>(387,889)</b>	<b>19,153</b>	<b>(189,763)</b>	<b>105,611</b>	<b>53,027</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(399,861)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(351,702)</b>	<b>19,153</b>	<b>(90,189)</b>	<b>(85,706)</b>	<b>56,828</b>	<b>0</b>	<b>(785)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(452,401)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

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

# 0017319

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(66,498)	318,207	1,549	0	0	0	0	0	0	0	0	253,258	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(163,961)	694,859	89,852	0	1,674	0	0	0	0	0	0	622,424	32
33	Real Estate Taxes	0	212,809	7,416	0	607	0	0	0	0	0	0	220,832	33
34	Rent-Facility & Grounds	0	(1,188,057)	0	0	0	0	0	0	0	0	0	(1,188,057)	34
35	Rent-Equipment & Vehicles	0	0	57,594	0	0	0	0	0	0	0	0	57,594	35
36	Other (specify):*	0	56,421	0	0	0	0	0	0	0	0	0	56,421	36
37	<b>TOTAL Ownership</b>	<b>(230,459)</b>	<b>94,239</b>	<b>156,411</b>	<b>0</b>	<b>2,281</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,472</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	7,654	(87,805)	46,949	0	0	0	0	0	(33,202)	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>7,654</b>	<b>(87,805)</b>	<b>46,949</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(33,202)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(582,161)	113,392	66,222	(78,052)	(28,696)	46,949	(785)	0	0	0	0	(463,131)	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 Rental Income	\$ 1,188,057	Lawrence Avenue Building, LLC	0.00%	\$	\$ (1,188,057)	1
2	V	32 Interest Income Repl Reserve	289	Lawrence Avenue Building, LLC			(289)	2
3	V	19 Accounting Fees		Lawrence Avenue Building, LLC		7,165	7,165	3
4	V	21 Licenses & Inspections		Lawrence Avenue Building, LLC		798	798	4
5	V							5
6	V							6
7	V	20 Dues & Subscriptions		Lawrence Avenue Building, LLC		250	250	7
8	V	33 Real Estate Tax Expense		Lawrence Avenue Building, LLC		212,809	212,809	8
9	V	26 General Insurance Expense		Lawrence Avenue Building, LLC		10,940	10,940	9
10	V	36 Mortgage Insurance Premium		Lawrence Avenue Building, LLC		56,421	56,421	10
11	V	32 Interest - Mortgage		Lawrence Avenue Building, LLC		692,885	692,885	11
12	V	30 Depreciation Expense		Lawrence Avenue Building, LLC		318,207	318,207	12
13	V	32 Amortization Expense		Lawrence Avenue Building, LLC		2,263	2,263	13
14	Total		\$ 1,188,346			\$ 1,301,738	\$ * 113,392	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%	\$ 4,450	\$	4,450	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		5,775		5,775	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		22,452		22,452	17
18	V	26 Insurance		Alden Management Services, Inc.		234		234	18
19	V	20 Dues & Subscriptions	29,004	Alden Management Services, Inc.		1,940		(27,064)	19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549		1,549	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		7,416		7,416	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		57,594		57,594	22
23	V	32 Interest		Alden Management Services, Inc.		89,852		89,852	23
24	V	1 Dietary		Alden Management Services, Inc.		7,243		7,243	24
25	V	3 Houskeeping		Alden Management Services, Inc.		9,765		9,765	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		9,919		9,919	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		82,862		82,862	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		12,367		12,367	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		163,078		163,078	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		85,267		85,267	30
31	V	19 Professional Fees	931,692	Alden Management Services, Inc.		76,995		(854,697)	31
32	V	21 General & Administrative		Alden Management Services, Inc.		415,192		415,192	32
33	V	6 Repairs & Maintenance	91,871	Alden Management Services, Inc.		64,839		(27,032)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,052,567			\$ 1,118,789	\$ *	66,222	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	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 1,531	\$ (9,269)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		5,542	5,542
17	V	2 Tube Feeding	324,278	Prism Health Care Services, Inc.		130,940	(193,338)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	281,790	Prism Health Care Services, Inc.		177,179	(104,611)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		112,265	112,265
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		65,654	65,654
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		12,256	12,256
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		5,236	5,236
24	V	21 General & Administrative		Prism Health Care Services, Inc.		27,701	27,701
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		\$ 623,528			\$ 545,476	\$ * (78,052)

\* 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>	\$ 298,105	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 419,231	\$ 121,126	15
16	V	39 <u>I.V.</u>	230,708	<u>Forum Extended Care Services II, Inc.</u>		28,608	(202,100)	16
17	V	39 <u>Wound Care</u>	32,456	<u>Forum Extended Care Services II, Inc.</u>		25,625	(6,831)	17
18	V	10 <u>House Stock</u>	20,985	<u>Forum Extended Care Services II, Inc.</u>		19,284	(1,701)	18
19	V	10 <u>Pharmacy Consultant</u>	8,004	<u>Forum Extended Care Services II, Inc.</u>		13,506	5,502	19
20	V	27 <u>Employee Vaccination</u>	2,390	<u>Forum Extended Care Services II, Inc.</u>		1,887	(503)	20
21	V	27 <u>Employee Benefits: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		3,795	3,795	21
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		30,480	30,480	22
23	V	21 <u>Gen'l &amp; Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		19,255	19,255	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,674	1,674	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		607	607	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	<b>Total</b>		\$ 592,648			\$ 563,952	\$ * (28,696)	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	\$ 782,117	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 829,066	\$ 46,949	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		\$ 782,117			\$ 829,066	\$ *	46,949	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maint.	\$ 64,167	Alden Bennett Construction Company, Inc.	0.00%	\$ 63,382	\$	(785)	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		\$ 64,167			\$ 63,382	\$ *	(785)	39

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

Alden Lakeland Rehabilitation & Health Care Center Provider No. 0017319

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 Lakeland Rehabilitation & Health Ca # 0017319 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	173,507	2.484	6.21	Salary	\$ 11,493	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,376	2.484	6.21	Salary	4,264	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,065	2.484	6.21	Salary	2,455	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	\$ 18,212		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 Lakeland Rehabilitation & Health Care Center # 0017319 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*	33	\$ 71,628	\$	79,743	\$ 4,450	1
2	24	Travel/Seminar	patient days*	33	92,957		79,743	5,775	2
3	25	Other Admin Travel	patient days*	33	361,409		79,743	22,452	3
4	26	Insurance	patient days*	33	3,773		79,743	234	4
5	20	Dues/Subscriptions	patient days*	33	31,234		79,743	1,940	5
6	30	Depreciation	no. of providers	33	64,513		1	1,549	6
7	33	Real Estate Tax	patient days*	33	135,456		79,743	7,416	7
8	35	Rent-Equip/Vehicle	patient days*	33	927,091		79,743	57,594	8
9	32	Interest	patient days*	33	1,179,658		79,743	89,852	9
10	1	Dietary Salary	patient days*	33	116,597	116,597	79,743	7,243	10
11	3	Housekeeping Salary	patient days*	33	157,195	157,195	79,743	9,765	11
12	7	Employee Benef-Gen'l Servs	patient days*	33	159,672		79,743	9,919	12
13	10	Nurs/Med Rec Salary	patient days*	33	1,369,902	1,369,902	79,743	82,862	13
14	15	Employee Benef-Health Care	patient days*	33	199,071		79,743	12,367	14
15	17	Administrative Salary	patient days*	33	2,862,453	2,862,453	79,743	163,078	15
16	27	Employee Benef-Administrative	patient days*	33	1,372,540		79,743	85,267	16
17	19	Professional Fees	patient days*	33	1,239,391	672,679	79,743	76,995	17
18	21	Gen'l & Admin	patient days*	33	6,683,349	5,909,984	79,743	415,192	18
19	6	Repair & Mainten.	patient days*	33	1,043,713	824,986	79,743	64,839	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 18,071,602	\$ 11,913,796		\$ 1,118,789	25

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care # 0017319 Report Period Beginning: 1/1/10 Ending: 12/31/10

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1	Cambridge Realty		x	Mortgage	\$67,072.00	8/27/02	\$ 11,977,000	\$ 11,233,154	8/26/2042	6.1400	\$ 692,885	1							
2												2							
3	Insurance Interest		x	Medical Malpractice							3,754	3							
4	Amortization		x	Refinancing							2,263	4							
5												5							
<b>Working Capital</b>																			
6	Related party-AMS		x	Working Capital							89,852	6							
7	Related party-FECH		x	Working Capital							1,674	7							
8												8							
9	TOTAL Facility Related				\$67,072.00		\$ 11,977,000	\$ 11,233,154			\$ 790,429	9							
<b>B. Non-Facility Related*</b>																			
10	Interest Income		x	Replacement Reserve							(289)	10							
11	Interest Income		x	Resident Interest							(5,926)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (6,215)	14							
15	TOTALS (line 9+line14)						\$ 11,977,000	\$ 11,233,154			\$ 784,214	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 56,421 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.)





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

# 0017319

Report Period Beginning:

1/1/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 89,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

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

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

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>300 Bed Facility</u>		<u>1995</u>	<u>\$ 1,040,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 1,040,000</b>	<b>3</b>

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

# 0017319

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300		1978	8,882,363	221,780	40	222,059	279	3,670,229	4
5		1995		577		40	14	14	218	5
6		1995		245		40	6	6	93	6
7			1996	13,250	331	40	331		4,277	7
8	Related Party-Forum									8
	Improvement Type**									
9	Richard G. Radke-color rendering-ll 3 '93 assets		1993	\$ 6,620	\$	5	\$	\$	6,620	9
10	GENERAL REMODELING-law av \$2368595.54		1994	1,640,753	46,074	15		(46,074)	1,640,753	10
11	NEW AIR CONDITIONER-law av \$2368595.54		1994	185,718	4,827	15	5,530	703	185,718	11
12	OXYGEN AND SUCTION SYSTEM-law av \$2368595.54		1994	89,080	2,315	15	332	(1,983)	89,080	12
13	3RD FLOOR NURSES STATION-law av \$2368595.54		1994	14,234	370	15	329	(41)	14,234	13
14	REBUILD SHOWERS AND STALL-law av \$2368595.54		1994	47,131	1,225	15	651	(574)	47,131	14
15	PATIENT ROOM LIGHTING-law av \$2368595.54		1994	34,763	903	15	801	(102)	34,763	15
16	CARPETING-law av \$2368595.54		1994	20,688		10			20,688	16
17	NEW DOOR LOCK AND HARDWARE-law av \$2368595.54		1994	25,312		10			25,312	17
18	VARIOUS OTHER ITEMS-law av \$2368595.54		1994	85,896		10			85,896	18
19	VARIOUS OTHER ITEMS-law av \$2368595.54		1994	225,021	3,501	15		(3,501)	225,021	19
20	DECORATING		1986	5,000		3			5,000	20
21	DOCORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR		1987	15,543		3-5			15,543	21
22	ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR		1988	15,804		5			15,804	22
23	PUMP REPAIR		1989	2,510		5			2,510	23
24	REPAIR: PUMPS AND COMPRESSOR		1990	32,782		5-10			32,782	24
25	REPAIR: PUMPS, FANS, HEATER,ROOF		1991	16,753		5			16,753	25
26	REPAIR: BOILER,FANS, THERMOSTAT		1992	32,033	59	5-20	59	0	32,033	26
27	COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER,		1993	8,916		5-15			8,916	27
28	DRAPERIES AND CUBICLES; COMPRESSOR REPAIR		1994	45,438	139	5-20	139	0	45,438	28
29	REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO		1995	415,705	16,958	5-20	16,958	0	348,779	29
30	NEW ELECTRIC GENERATOR, NEW COOLING TOWER		1996	191,725	9,510	5-20	9,510	0	142,586	30
31	INSTALL NEW CIRCUITS		1997	2,176		5			2,176	31
32	CLEAN FAN COILS		1997	4,622		5			4,622	32
33	REPAIR LIGHTING CIRCUIT & BALLAST		1997	2,327		5			2,327	33
34	REBUILD COMPRESSOR		1997	4,268		5			4,268	34
35	REPAIR CALL LIGHTS		1997	2,350		5			2,350	35
36	ISTALL NEW SMOKE DETECTOR		1997	2,661		5			2,661	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 Lakeland Rehabilitation &amp; Health Care Center

# 0017319

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	SPRAYED FIREPROOFING	1997	3,965		5			3,965	37
38	Climate Service, Inc (replace fans)	1998	4,725		5			4,725	38
39	**Wigdahl(replaced outlets)	1998	2,300		10			2,300	39
40	Wigdahl(replaced outlets)	1998	334		10			334	40
41	Long Elevator(modify restrictors)	1998	2,200	110	20	110		1,412	41
42	Incorporation(kickplates & correr guards)	1998	2,309		5			2,309	42
43	Incorporation(kickplates & larone)	1998	4,547		5			4,547	43
44	Shine Rite Maintenance (strip and refinish 30 rooms)	1998	6,480		5			6,480	44
45	Star Contractors (install locks)	1998	5,581		10			5,581	45
46	Supreme Sheet Metal (Fire dampers)	1998	10,000	667	15	667		8,333	46
47	CSI (replace fan coil units)	1998	6,340	423	15	423		5,213	47
48	Atash Fire & Safety (install annunciator panel)	1998	5,890	393	15	393		4,941	48
49	CSI (rebuild compressor)	1998	7,056	470	15	470		5,802	49
50	Supreme Sheet Metal (install fire dampers)	1998	11,680		10			11,680	50
51	Alden Bennett Construction (plan of correction)	1998	2,222		10			2,222	51
52	Supreme Sheet Metal (install fire dampers)	1998	7,750		10			7,750	52
53									53
54	Patton (repair generator)	1999	1,702	113	15	113		1,362	54
55	Alden Bennett Construction(general)	1999	11,471		10			11,471	55
56	Welding Supply(oxygen piping installed)	1999	13,176	659	20	659		7,412	56
57	ISS/Chicago Sound &Comm.(call system)	1999	28,500	1,900	15	1,900		21,217	57
58	Alden Bennett Construction(general)	1999	23,560	1,571	15	1,571		22,146	58
59	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		5,211	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		19,405	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		2,650	62
63	A&B custom cable-install cable tv	2000	13,824	346	10	346		13,824	63
64	Fox Valley-install new fire safety pump	2000	4,423	221	20	221		2,377	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,681	\$ 317,333		\$ 266,062	\$ (51,272)	\$ 6,919,248	70

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

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

# 0017319

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 12A, Carried Forward</b>		\$ 12,301,681	\$ 317,333		\$ 266,062	\$ (51,272)	\$ 6,919,248	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		1,058	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		1,259	3
4	System electric-emergency lighting	2000	5,190	346	15	346		3,662	4
5	System Electric-install circuits	2000	1,570	78	20	78		824	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		737	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		1,416	7
8	ABC-fireproofing	2000	2,503	125	20	125		1,293	8
9	ABC-seal & stripe parking lot	2000	977	81	10	81		977	9
10									10
11									11
12	ABC-oxygen tank wiring	2000	26,715		3			26,715	12
13	ABC-wallpapering	2000	3,543		3			3,543	13
14	EWS - Oxygen tank repairs	2001	2,157		8			2,157	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810	121	15	121		1,156	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		977	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		11,273	17
18	Long Elevator-repair elevator	2001	757	76	10	76		713	18
19	Long Elevator-replace boards	2001	4,659	466	10	466		4,387	19
20	Alden Bennett - various	2001	1,720	172	10	172		1,648	20
21	Alden Bennett - various	2001	8,688	579	15	579		5,454	21
22	Alden Bennett - various	2001	11,481	765	15	765		7,080	22
23	Medline Industries	2002	1,205	120	10	120		994	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		961	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		3,113	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		1,959	26
27	Alden Bennett -building improvement	2002	2,478	248	10	248		2,003	27
28	Alden Bennett -building improvement	2002	3,161	316	10	316		2,608	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,418,698	\$ 323,223		\$ 271,951	\$ (51,272)	\$ 7,007,218	34

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

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

# 0017319

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 12B, Carried Forward</b>		\$ 12,418,698	\$ 323,223		\$ 271,951	\$ (51,272)	\$ 7,007,218	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433	(0)	3,431	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225	423	10	423	0	3,345	3
4	Simplex Grinnell-repair fire pump	2003	2,094	209	10	209	(0)	1,605	4
5	Simplex Grinnell fire system connection	2003	1,710	171	10	171		1,311	5
6	CSI Coker-Hobart dishwasher	2003	1,522		5			1,522	6
7	Simplex Grinnell-2 duct smoke detectors	2003	1,620	162	10	162	(0)	1,188	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961	196	10	196	0	1,422	8
9	GT Mechanical-repair boiler	2003	1,340		5			1,340	9
10	GT Mechanical-replace boiler relief valve	2003	931		5			931	10
11	Alden Bennett Cons.-roof repair & rails installed	2003	7,517	752	10	752	0	5,450	11
12	GT Mchanical-back up pump bearing	2004	1,713	171	10	171		1,153	12
13	GT Mchanical-main house pump	2004	1,555	156	10	156		1,037	13
14	GT Mechanical-cooling towwe repairs	2004	1,259	126	10	126		829	14
15									15
16	ABC-repair kitchen,freezer doors and misc repairs	2004	8,038	804	10	804		5,359	16
17	Oak First Signal Circuit-elevator repair	2004	2,075	208	10	208		1,349	17
18	ABC misc repairs	2004	6,005	600	10	600		3,953	18
19	GT Mechanical-laundry motor replacement	2004	2,966	297	10	297		1,928	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181	418	10	418		2,717	20
21	ISS/chicao Sound/ repair address sound	2004	2,092	209	10	209		1,325	21
22	ABC misc repairs	2004	5,832	583	10	583		3,693	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007	101	10	101		638	23
24	System Electric-walk in cooler lights	2004	904	60	15	60		382	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500	650	10	650		4,063	25
26	Top Notch-repaired faucet/drains	2004	1,627	163	10	163		976	26
27	ABC-Medical Gas Revisions	2004	27,009	2,700	10	2,700		18,231	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2006	1,320	66	20	66		297	28
29	Cybor Fire Protection Fire Sprinkler	2006	3,195	128	7	456	(328)	2,470	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		42,369	30
31	ABC New water cooling system	2005	12,097	605	20	605		3,185	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,691,046	\$ 341,291		\$ 290,348	\$ (51,600)	\$ 7,124,715	34

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

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

# 0017319

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>		\$ 12,691,046	\$ 341,291		\$ 290,348	\$ (50,944)	\$ 7,124,715	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									25
26									26
27									27
28									28
29									29
30	Adjust for ABC Related Party Profit	2008	(782)	(130)		(130)		(325)	30
31	Adjust for ABC Related Party Profit	2009	(415)	(18)		(18)		(27)	31
32	Adjust for ABC Related Party Profit	2010	(311)	(82)		(82)		(82)	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,759,795	\$ 342,449		\$ 291,505	\$ (50,944)	\$ 7,191,860	34

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

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

# 0017319

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 12D, Carried Forward</b>		\$ 12,759,795	\$ 342,449		\$ 291,505	\$ (50,944)	\$ 7,191,860	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528	853	10	853		3,695	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368	437	10	437		2,076	3
4	New Motor Blower	2007	3,295	330	10	330		1,265	4
5	Roof Repair	2007	7,020	702	10	702		2,574	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006	3,601	10	3,601		12,903	6
7	Cleaned Tower	2007	3,023	302	10	302		1,082	7
8	New Carpeting	2007	5,969	597	10	597		2,040	8
9	Chiller Room Exhaust	2007	33,741	3,374	10	3,374		11,528	9
10	Chiller	2007	4,075	408	10	408		1,394	10
11	Suction System	2007	19,666	1,967	10	1,967		6,557	11
12	Electrical and Plumbing Replacement	2007	3,303	330	10	330		1,100	12
13	Replaced broken plumbing	2007	3,177	318	10	318		1,033	13
14	Replaced broken plumbing	2007	2,965	297	10	297		965	14
15	New Concrete Pad	2007	7,076	708	10	708		2,242	15
16	New parts for motors roof fans	2007	4,644	464	10	464		1,469	16
17	New Floor Drain New Supply Lines	2007	8,564	856	10	856		2,639	17
18	New concrete pad and trough basin	2007	5,247	525	10	525		1,619	18
19	New Boiler Tubes-ABC	2007	15,820	1,582	10	1,582		4,746	19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		444	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		3,923	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527	853	10	853		2,346	22
23	Laundry Cart Hardware-ABC	2008	4,301	860	5	860		2,365	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		1,262	24
25	Generator	2008	2,842	568	5	568		1,515	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		4,035	26
27	Carpet on 2nd & 3rd Floors-ABC	2008	48,802	9,760	5	9,760		26,027	27
28	Oxygen Wall Outlets-ABC	2008	8,380	419	20	419		1,117	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480	1,048	10	1,048		2,620	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		635	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		1,993	31
32	Replace Ceiling Tile-ABC	2008	2,916	292	10	292		608	32
33	Boiler Tube-ABC	2008	11,140	1,114	10	1,114		2,971	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,103,136	\$ 379,641		\$ 328,698	\$ (50,944)	\$ 7,304,646	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	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 12E, Carried Forward</b>		\$ 13,103,136	\$ 379,641		\$ 328,698	\$ (50,943)	\$ 7,304,646	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606	461	10	461		691	2
3	Top Notch-Repair Dish Machine	2009	5,075	1,015	5	1,015		2,030	3
4	Central States-Repair Sprinkler System	2009	5,300	1,060	5	1,060		2,120	4
5	GT Mechanical-Repair A/C Fill Pump & Chiller Circuits	2009	5,208	1,042	5	1,042		1,650	5
6	GT Mechanical-Replace & Insulate Leaking Riser	2009	15,164	3,033	5	3,033		4,297	6
7	ABC-Vaccum Pump & Motor for Medical Gas	2009	12,139	1,517	8	1,517		1,770	7
8	ABC-Room Risers	2009	19,288	1,286	15	1,286		2,143	8
9	Elevator hydraulics: emerg replacement-ABC	2010	36,912	1,692	20	1,692		1,692	9
10	Concrete Delivery Ramp replaced-ABC	2010	8,876	395	15	395		395	10
11	Elevator repair emerg - ABC	2010	74,470	2,172	20	2,172		2,172	11
12	Elevator repair emerg - ABC	2010	33,689	842	20	842		842	12
13	Dish machine repair motor & speed reduc-TopNot	2010	3,595	659	5	659		659	13
14	Laundry chute repair - ABC	2010	8,241	618	10	618		618	14
15	Brick work at front entrance - ABC	2010	9,911	330	20	330		330	15
16	Ktichen ejector pump repair-ABC	2010	5,788	675	5	675		675	16
17	Fan repair tower motor on AC	2010	5,211	261	10	261		261	17
18	Compressor repair and flare fitting on AC	2010	5,225	435	5	435		435	18
19	Motors and patient station repair & HVAC motors	2010	11,066	738	5	738		738	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,372,900	\$ 397,871		\$ 346,928	\$ (50,943)	\$ 7,328,164	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	\$ 385,814	\$ 37,675	\$ 37,675	\$	Various	\$ 221,883	71
72	Current Year Purchases	192,099	8,084	8,084		Various	8,084	72
73	Fully Depreciated Assets	1,933,351	2,196	2,196		Various	1,933,351	73
74								74
75	TOTALS	\$ 2,511,264	\$ 47,955	\$ 47,955	\$		\$ 2,163,318	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	\$ 4,148	\$	\$	\$	3	\$ 4,148	76
77										77
78										78
79										79
80	TOTALS			\$ 4,148	\$	\$	\$		\$ 4,148	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,928,312	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 445,826	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 394,883	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (50,943)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,495,630	85

\*\*

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

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

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

If NO, see instructions.

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

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

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

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

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

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

16. Rental Amount for movable equipment: \$ 46,924 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>3,267</u>	\$ <u>39,207</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>	<u>None</u>	19
20					20
21	TOTAL		\$ <u>3,267</u>	\$ <u>39,207</u>	21

10. Effective dates of current rental agreement:

Beginning 3/31/04

Ending 3/31/14

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? <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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	\$		\$ 313,847	\$		\$ 313,847	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			101,321			101,321	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			303,164			303,164	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				419,231		419,231	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		990,138			161,980		1,152,118	12
13	Other (specify): <u>See Pg 16A</u>					46,948	1,011,585		1,058,533	13
14	<b>TOTAL</b>			\$ 990,138		\$ 765,280	\$ 1,592,796		\$ 3,348,214	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.

				Page 16
				Col 5: PT,OT, & ST
XIV. Special Services (Direct Cost)				Col 6: Supplies
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col	\$313,847.30
2.	ST	39-3	To Co	101,320.89
3.				
4.	PT	39-3	To Co	303,164.30
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			298,105.25
	Manual Input from Related Party- Forum Drugs			121,126.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Co	419,231.25
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Cc	990,138.26
12.	Exceptional Care-Supplies:	See pg 16A	To Co	161,980.05
	Total Exceptional Care (Line 12, Col 8)			1,152,118.31
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To C	46,948.00
	Other			970,570.56
	Manual Input: Related Party - Prism			7,653.00
	Manual Input: Related Party FECII - I.V.			(202,101.00)
	Manual Input: Related Party FECII - Wound Care			(6,831.00)
	Oxygen, from reclass worksheet (Pg 4A)			242,289.00
	Rounding			4.00
13.	Col 6: Supplies Total		To Col	1,011,584.56
13.	Total Line 13, Column 8			1,058,532.56
14.	Total			3,348,214.61

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center # 0017319

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>130,000</u> )	1,375,400	1,375,400	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,473	6
7	Other Prepaid Expenses	1,166	43,162	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	132,504	259,208	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,509,070	\$ 1,689,244	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		8,884,435	14
15	Leasehold Improvements, at Historical Cost	2,037,529	6,241,336	15
16	Equipment, at Historical Cost	996,631	1,077,030	16
17	Accumulated Depreciation (book methods)	(2,107,270)	(8,272,214)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		246,683	21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/holders</u> )			22
23	Other(specify): <u>Refin fees, net</u>		148,554	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 926,890	\$ 9,365,826	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,435,960	\$ 11,055,070	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,317,091	\$ 1,314,676	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	464,357	464,357	28
29	Short-Term Notes Payable		118,441	29
30	Accrued Salaries Payable	507,159	507,159	30
31	Accrued Taxes Payable (excluding real estate taxes)	92,998	92,998	31
32	Accrued Real Estate Taxes(Sch.IX-B)		264,700	32
33	Accrued Interest Payable		57,476	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>	90,452	90,452	36
37	<u>Due to Affiliates</u>	2,922,722	2,922,722	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,394,779	\$ 5,832,981	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,114,713	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>	13,604,342	12,441,796	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 13,604,342	\$ 23,556,509	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 18,999,121	\$ 29,389,490	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (16,563,161)	\$ (18,334,420)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,435,960	\$ 11,055,070	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>(16,354,911)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>External audit adjustments recorded after prior</b>		<b>3</b>
<b>4</b>	<b>year cost report issued: no effect on allowable costs</b>	<b>6,152</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>(16,348,759)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(214,402)</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>(214,402)</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>(16,563,161)</b>	<b>24</b> *

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

**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	\$ 14,710,533	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 14,710,533	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	156,606	6
7	Oxygen	419,724	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 576,330	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		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	12,508	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	8,033	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 20,540	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	5,926	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 5,926	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG19A</u>	2,001	28
28a	<u>Gain on Sale of Assets</u>	4,519	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 6,520	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,319,850	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,385,968	31
32	Health Care	4,992,334	32
33	General Administration	3,347,982	33
<b>B. Capital Expense</b>			
34	Ownership	1,504,591	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,139,127	35
36	Provider Participation Fee	164,250	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,534,252	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(214,402)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (214,402)	43

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

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

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

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

**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc Income related to employee jury duty	\$ 69
Misc Income - G& A	308
Misc Income related to payroll wage service fee	383
Misc Income related to medical record copies	1,241
Gain on Sale of Assets	
Line 28 Total:	<u>2,001</u>

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

# 0017319

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	2,454	2,542	\$ 111,603	\$ 43.90	1
2	Assistant Director of Nursing	1,456	1,456	59,055	40.56	2
3	Registered Nurses	66,566	70,745	2,386,362	33.73	3
4	Licensed Practical Nurses	25,969	27,640	749,500	27.12	4
5	CNAs & Orderlies	109,390	115,794	1,255,059	10.84	5
6	CNA Trainees					6
7	Licensed Therapist	6,290	7,161	197,582	27.59	7
8	Rehab/Therapy Aides	3,634	3,877	40,705	10.50	8
9	Activity Director	2,000	2,000	33,732	16.87	9
10	Activity Assistants	5,328	5,732	55,059	9.61	10
11	Social Service Workers	2,048	2,154	39,172	18.19	11
12	Dietician					12
13	Food Service Supervisor	2,300	2,300	44,546	19.37	13
14	Head Cook					14
15	Cook Helpers/Assistants	22,760	24,788	266,073	10.73	15
16	Dishwashers					16
17	Maintenance Workers	2,040	2,040	52,532	25.75	17
18	Housekeepers	23,800	25,834	265,879	10.29	18
19	Laundry	7,519	8,152	104,695	12.84	19
20	Administrator	2,736	2,782	137,242	49.33	20
21	Assistant Administrator	488	488	11,262	23.08	21
22	Other Administrative	10,816	11,139	280,310	25.16	22
23	Office Manager	1,984	1,996	31,957	16.01	23
24	Clerical	2,212	2,302	23,008	9.99	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,152	4,152	138,315	33.31	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,451	2,493	36,231	14.53	31
32	Other Health C: Behavioral	11,053	11,520	213,597	18.54	32
33	Other(specify) Security/AIT	10,714	11,426	137,466	12.03	33
34	TOTAL (lines 1 - 33)	330,160	350,513	\$ 6,670,942 *	\$ 19.03	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	900/mo	\$ 10,800	1-3	35
36	Medical Director	5,500/mo	60,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	600/mo	7,200		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	74	1,860	11-3	44
45	Social Service Consultant	268/mo	268		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	74	\$ 80,628		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



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

# 0017319

Report Period Beginning: 1/1/10

Ending: 12/31/10

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							
													Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011
1	Pumps	6/95	\$ 11,976	15	\$ 798	\$ 798	\$ 798	\$ 333	\$ 0											
2	A/C Repair - controls	7/95	1,317	15	88	88	88	44	0											
3	Boiler	7/95	2,054	20	103	103	103	103	103	103	103									
4	Insulation	7/95	496	15	33	33	33	17	0											
5	Compressor	8/95	3,508	15	234	234	234	136	0											
6	Water Leak	8/95	4,258	15	284	284	284	166	0											
7	Pipes	3/96	4,900	15	327	327	327	327	327	50										
8	Feeder Pump & Motor	6/96	1,636	15	109	109	109	109	109	46										
9	Boiler	6/96	1,389	20	69	69	69	69	69	69	69	69								
10	Tinted Paint	4/06	1,430	3	477	477	119	0												
11	Painting	3/09	39,078	3			10,508	13,026	13,026	2,518										
12	Painting	12/10	39,145	3				2,874	13,048	13,048	10,175	0								
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20	TOTALS		\$ 111,187		\$ 2,522	\$ 2,522	\$ 12,672	\$ 17,204	\$ 26,682	\$ 15,834	\$ 10,347	\$ 172	\$							

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

# 0017319

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=\$8,501 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. \$ 28,367 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 No 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. \$ 41,494 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.