



Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

# 0040683 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	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	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	8,542	1,439	9,307	19,288	8	
9	SNF/PED					9	
10	ICF	45,504	2,587	48	48,139	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	54,046	4,026	9,355	67,427	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.49%

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 3/01/1995

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 3/01/1995 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 208 and days of care provided 5,944

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 Long Grove Rehabilitation & Health C # 0040683 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	435,007	37,621	10,800	483,428	1,959	485,387	2,398	487,785		1
2	Food Purchase		511,284		511,284	(37,998)	473,286	(18,187)	455,099		2
3	Housekeeping	229,883	49,387		279,270	897	280,167	8,257	288,424		3
4	Laundry	62,370	11,062		73,432	388	73,820		73,820		4
5	Heat and Other Utilities			188,465	188,465	7,991	196,456	3,286	199,742		5
6	Maintenance	40,351		274,234	314,585	868	315,453	62,077	377,530		6
7	Other (specify):* Security/Related Part	109,900			109,900		109,900	9,638	119,538		7
8	<b>TOTAL General Services</b>	877,511	609,354	473,499	1,960,364	(25,895)	1,934,469	67,470	2,001,939		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			38,100	38,100		38,100		38,100		9
10	Nursing and Medical Records	3,760,779	335,102	8,083	4,103,964	(76,984)	4,026,980	74,153	4,101,133		10
10a	Therapy	166,368	345	11,400	178,113	197	178,310		178,310		10a
11	Activities	224,851	12,134	9,637	246,622	200	246,822		246,822		11
12	Social Services	36,544			36,544		36,544		36,544		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*							10,457	10,457		15
16	<b>TOTAL Health Care and Programs</b>	4,188,542	347,581	67,220	4,603,343	(76,587)	4,526,756	84,610	4,611,366		16
	<b>C. General Administration</b>										
17	Administrative	75,703			75,703		75,703	137,892	213,595		17
18	Directors Fees										18
19	Professional Services			918,311	918,311	(14,949)	903,362	(823,308)	80,054		19
20	Dues, Fees, Subscriptions & Promotions			94,308	94,308		94,308	(79,980)	14,328		20
21	Clerical & General Office Expenses	317,721	25,091	98,968	441,780	(8,140)	433,640	274,399	708,039		21
22	Employee Benefits & Payroll Taxes			774,450	774,450	27,320	801,770	(19,808)	781,962		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,855	6,855	(200)	6,655	4,148	10,803		24
25	Other Admin. Staff Transportation			5,698	5,698		5,698	18,984	24,682		25
26	Insurance-Prop.Liab.Malpractice			270,301	270,301		270,301	196	270,497		26
27	Other (specify):* Related Party Benefits			24,348	24,348		24,348	53,104	77,452		27
28	<b>TOTAL General Administration</b>	393,424	25,091	2,193,239	2,611,754	4,031	2,615,785	(434,373)	2,181,412		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,459,477	982,026	2,733,958	9,175,461	(98,451)	9,077,010	(282,293)	8,794,717		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.

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			256,384	256,384		256,384	(24,518)	231,866			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			200,103	200,103		200,103	(121,649)	78,454			32
33	Real Estate Taxes			157,011	157,011		157,011	6,767	163,778			33
34	Rent-Facility & Grounds			1,297,778	1,297,778		1,297,778		1,297,778			34
35	Rent-Equipment & Vehicles			18,885	18,885		18,885	48,699	67,584			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			1,930,161	1,930,161		1,930,161	(90,701)	1,839,460			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		551,403	846,819	1,398,222	98,451	1,496,673	(141,083)	1,355,590			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		551,403	982,599	1,534,002	98,451	1,632,453	(141,083)	1,491,370			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,459,477	1,533,429	5,646,718	12,639,624		12,639,624	(514,078)	12,125,546			45

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

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2010

Report Period Ending: 12/31/2010

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(37,998.16)	Employee Meals
	22	37,998.16	Employee Meals
22		(10,678.00)	Uniforms
	1	1,959.00	Uniforms
	3	897.00	Uniforms
	4	388.00	Uniforms
	6	246.00	Uniforms
	10	6,518.00	Uniforms
	11	197.00	Uniforms
	21	473.00	Uniforms
10		(98,450.59)	Oxygen - to appropriate cost center
	39	98,450.59	Oxygen - to appropriate cost center
24		(200.00)	Entertainer (BUFGRP-Johnny Gray Show)
	11	200.00	Entertainer (BUFGRP-Johnny Gray Show)
21		(622.43)	Vendor Settlements (Chemcraft Industries)
	6	622.43	Vendor Settlements (Chemcraft Industries)
21		(7,990.53)	Vendor Settlements (Peoples Energy GAS)
	5	7,990.53	Vendor Settlements (Peoples Energy GAS)
<u>Others, if any:</u>			
19		(14,949.16)	Clinical Coordinators (Pathway Billing)
	10	14,949.16	Clinical Coordinators (Pathway Billing)

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**Alden Long Grove Rehabilitation & Health Care Center**

ID# 0040683

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (477)	5	1
2				2
3				3
4	Intercompany Interest Not Allowed	(113,896)	32	4
5				5
6	Miscellaneous Income (General)	(209)	2	6
7	Miscellaneous Income (Medical Records)	(495)	10	7
8	Miscellaneous Income (Jury Duty Receipt)	(30)	21	8
9				9
10	Marketing Manager & Aides Salaries	(139,636)	21	10
11	Back out % of Employee Benefits -.Mktg Manager	(19,808)	22	11
12				12
13	Back Out 30.0% of PAC Fees from IHCA Bills	(3,643)	20	13
14				14
15	Deming Leadership Training adjustment	(735)	24	15
16				16
17	Expense capital items <\$2,500 on pg13-CY	21,910	6	17
18	Expense capital items <\$2,500 on pg13	320	6	18
19				19
20	Reduce Depreciation exp on pg 12 items <\$2,500	(6,592)	30	20
21	Reduce Depreciation exp on pg 13 items <\$2,500	(9,747)	30	21
22	Expense Pg 12 CY assets < \$2,500	19,626	6	22
23				23
24	Adj for ABC related party profit - Page 12D	(43)	30	24
25	Adj for ABC related party profit - Page 13	(25)	30	25
26				26
27				27
28				28
29	Back Out Buffalo Grove Chamber Membership Appl	(510)	20	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>	(253,989)		49

## STATE OF ILLINOIS

Summary A

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

# 0040683

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	6,125	(3,727)	0	0	0	0	0	0	0	2,398	1
2	Food Purchase	(2,331)	0	0	(15,856)	0	0	0	0	0	0	0	(18,187)	2
3	Housekeeping	0	0	8,257	0	0	0	0	0	0	0	0	8,257	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(477)	0	3,763	0	0	0	0	0	0	0	0	3,286	5
6	Maintenance	36,983	0	25,522	0	0	0	(428)	0	0	0	0	62,077	6
7	Other (specify):*	0	0	8,387	1,251	0	0	0	0	0	0	0	9,638	7
8	<b>TOTAL General Services</b>	<b>34,176</b>	<b>0</b>	<b>52,054</b>	<b>(18,332)</b>	<b>0</b>	<b>0</b>	<b>(428)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>67,470</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	(495)	0	70,064	512	4,072	0	0	0	0	0	0	74,153	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	10,457	0	0	0	0	0	0	0	0	10,457	15
16	<b>TOTAL Health Care and Programs</b>	<b>(495)</b>	<b>0</b>	<b>80,521</b>	<b>512</b>	<b>4,072</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>84,610</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	137,892	0	0	0	0	0	0	0	0	137,892	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,698)	0	(818,610)	0	0	0	0	0	0	0	0	(823,308)	19
20	Fees, Subscriptions & Promotions	(52,617)	0	(27,363)	0	0	0	0	0	0	0	0	(79,980)	20
21	Clerical & General Office Expenses	(139,666)	0	351,067	22,346	40,652	0	0	0	0	0	0	274,399	21
22	Employee Benefits & Payroll Taxes	(19,808)	0	0	0	0	0	0	0	0	0	0	(19,808)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(735)	0	4,883	0	0	0	0	0	0	0	0	4,148	24
25	Other Admin. Staff Transportation	0	0	18,984	0	0	0	0	0	0	0	0	18,984	25
26	Insurance-Prop.Liab.Malpractice	0	0	196	0	0	0	0	0	0	0	0	196	26
27	Other (specify):*	(24,348)	0	72,098	2,928	2,426	0	0	0	0	0	0	53,104	27
28	<b>TOTAL General Administration</b>	<b>(241,872)</b>	<b>0</b>	<b>(260,853)</b>	<b>25,274</b>	<b>43,078</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(434,373)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(208,191)</b>	<b>0</b>	<b>(128,278)</b>	<b>7,454</b>	<b>47,150</b>	<b>0</b>	<b>(428)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(282,293)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

# 0040683

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	(26,067)	0	1,549	0	0	0	0	0	0	0	0	(24,518)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(198,991)	0	75,974	0	1,368	0	0	0	0	0	0	(121,649)	32
33	Real Estate Taxes	0	0	6,271	0	496	0	0	0	0	0	0	6,767	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	48,699	0	0	0	0	0	0	0	0	48,699	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(225,058)</b>	<b>0</b>	<b>132,493</b>	<b>0</b>	<b>1,864</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(90,701)</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	(38,734)	(52,124)	(50,225)	0	0	0	0	0	(141,083)	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>(38,734)</b>	<b>(52,124)</b>	<b>(50,225)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(141,083)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(433,250)	0	4,215	(31,280)	(3,110)	(50,225)	(428)	0	0	0	0	(514,078)	45

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$		0.00%	\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,763	\$ 3,763 15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		4,883	4,883 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,984	18,984 17
18	V	26 Insurance		Alden Management Services, Inc.		196	196 18
19	V	20 Dues/Subscriptions	29,004	Alden Management Services, Inc.		1,641	(27,363) 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,271	6,271 21
22	V	35 Rent-Equip/Vehic		Alden Management Services, Inc.		48,699	48,699 22
23	V	32 Interest		Alden Management Services, Inc.		75,974	75,974 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		6,125	6,125 24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		8,257	8,257 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		8,387	8,387 26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		70,064	70,064 27
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		10,457	10,457 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		137,892	137,892 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		72,098	72,098 30
31	V	19 Professional Fees	883,714	Alden Management Services, Inc.		65,104	(818,610) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		351,067	351,067 32
33	V	6 Repairs & Maintenance	29,304	Alden Management Services, Inc.		54,826	25,522 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 942,022			\$ 946,237	\$ * 4,215 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 Salaries		Prism Health Care Services, Inc.		5,542	5,542
17	V	2 Tube Feeding	45,299	Prism Health Care Services, Inc.		29,443	(15,856)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Supplies	86,200	Prism Health Care Services, Inc.		47,466	(38,734)
20	V	21 Gen'l & Admin Salaries		Prism Health Care Services, Inc.		15,685	15,685
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,928	2,928
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,251	1,251
23	V	21 Gen'l & Admin Costs		Prism Health Care Services, Inc.		6,661	6,661
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		\$ 148,959			\$ 117,679	\$ * (31,280)

\* 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>	\$ 265,561	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 373,464	\$ 107,903
16	V	39 <u>I.V.</u>	179,902	<u>Forum Extended Care Services II, Inc.</u>		22,308	(157,594)
17	V	39 <u>Wound Care</u>	11,560	<u>Forum Extended Care Services II, Inc.</u>		9,127	(2,433)
18	V	10 <u>House Stock</u>	16,334	<u>Forum Extended Care Services II, Inc.</u>		15,010	(1,324)
19	V	10 <u>Pharmacy Consultant</u>	7,851	<u>Forum Extended Care Services II, Inc.</u>		13,247	5,396
20	V	27 <u>Employee Vaccinations</u>	3,214	<u>Forum Extended Care Services II, Inc.</u>		2,538	(676)
21	V	27 <u>Employ. Benefits: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		3,102	3,102
22	V	21 <u>Salary - G&amp;A</u>		<u>Forum Extended Care Services II, Inc.</u>		24,914	24,914
23	V	21 <u>Gen'l &amp; Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		15,738	15,738
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,368	1,368
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		496	496
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>		\$ 484,422			\$ 481,312	\$ * (3,110)

\* 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 Revenue	\$ 829,948	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 779,723	\$ (50,225)
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		\$ 829,948			\$ 779,723	\$ * (50,225)

\* 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 & Maintenance	\$ 34,953	Alden Bennett Construction Company, Inc.	0.00%	\$ 34,525	\$	(428)	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		\$ 34,953			\$ 34,525	\$ *	(428)	39

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

Alden Long Grove Rehabilit Alden Long Grove Rehabilitation & Health Care CProvider No. 0040683

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 Long Grove Rehabilitation & Health # 0040683 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	175,282	2.1	5.25	Salary	\$ 9,718	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,034	2.1	5.25	Salary	3,606	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,444	2.1	5.25	Salary	2,076	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	\$ 15,400		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 Long Grove Rehabilitation & Health Care Center # 0040683 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	\$ 67,427	\$ 3,763	1
2	24	Travel/Seminar	Patient Days	1,283,623	33	92,957	67,427	4,883	2
3	25	Other Admin Travel	Patient Days	1,283,623	33	361,409	67,427	18,984	3
4	26	Insurance	Patient Days	1,283,623	33	3,773	67,427	196	4
5	20	Dues/Subscriptions	Patient Days	1,283,623	33	31,234	67,427	1,641	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient Days	1,283,623	33	135,456	67,427	6,271	7
8	35	Rent-Equip & Vehicles	Patient Days	1,283,623	33	927,091	67,427	48,699	8
9	32	Interest	Patient Days	1,283,623	33	1,179,658	67,427	75,974	9
10	1	Dietary Salary	Patient Days	1,283,623	33	116,597	116,597	6,125	10
11	3	Housekeeping Salary	Patient Days	1,283,623	33	157,195	157,195	8,257	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,283,623	33	159,672	67,427	8,387	12
13	10	Nurs/Med Records Salary	Patient Days	1,283,623	33	1,369,902	1,369,902	70,064	13
14	15	Employee Benef-Health Care	Patient Days	1,283,623	33	199,071	67,427	10,457	14
15	17	Administrative Salary	Patient Days	1,283,623	33	2,862,453	2,862,453	137,892	15
16	27	Employee Benef-Administrative	Patient Days	1,283,623	33	1,372,540	67,427	72,098	16
17	19	Professional Fees	Patient Days	1,283,623	33	1,239,391	672,679	65,104	17
18	21	Gen'l & Administrative	Patient Days	1,283,623	33	6,683,349	5,909,984	351,067	18
19	6	Repairs & Maintenance	Patient Days	1,283,623	33	1,043,713	824,986	54,826	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 946,237	25

Facility Name & ID Number Alden Long Grove Rehabilitation & Health C # 0040683 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										1									
2										2									
3										3									
4		X	Medical Malpractice							3,104									
5										5									
<b>Working Capital</b>																			
6		X								75,975									
7		X								1,369									
8										8									
9										80,447									
<b>B. Non-Facility Related*</b>																			
10										(1,992)									
11										11									
12										12									
13										13									
14										(1,992)									
15										78,454									

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

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

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





Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

# 0040683

Report Period Beginning:

1/1/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 89,632 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

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

# 0040683

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					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		SHELVING	1995		5,122	256	20	256		4,033	9
10		ROOF REPAIR	1995		3,000		10			3,000	10
11		STEAMER REPAIR	1995		2,686		10			2,686	11
12		EXIT DOOR-FIRE	1995		4,225	163	15	163		4,225	12
13		REPAIR BOILER/HVAC-MAJ.REP.	1995		4,712		5			4,712	13
14		PIPE/VALVE/THERMOSTAT	1996		1,460	73	20	73		1,113	14
15		ELECTRICAL REPAIR/INSTALLATION	1996		2,110	106	20	106		1,576	15
16		SIGN	1996		7,233		5			7,233	16
17		WATER HEATER ON DISHWASHER	1996		7,464		10			7,464	17
18		WALLGUARD	1996		2,096	140	15	140		2,027	18
19		INSTALL BOILER-MAJ.REP.	1996		33,750	1,688	20	1,688		24,330	19
20		REPLACE CONDENSOR WALK IN COOLER	1996		5,514		10			5,514	20
21		INSTALL ALUM. LOGO	1996		1,995		12			1,995	21
22		DESIGN SERVICE	1996		8,100	405	20	405		5,771	22
23		WASHROOM IMPROVEMENTS	1996		2,186	109	20	109		1,566	23
24		PIPING-MAJ.REP.	1996		4,000	267	15	267		3,756	24
25		PIPING-MAJ.REP.	1996		3,500	233	15	233		3,324	25
26		ATASH(replaced heat detector&fire dampers)	1997		959		5			959	26
27		ATASH(installed access panels)	1997		924		5			924	27
28		ATASH( fire alarm repairs)	1997		2,212		5			2,212	28
29		CLIMATE(installation of water heaters)	1997		7,342		5			7,342	29
30		CLIMATE(replced hydro.boiler)	1997		4,568		5			4,568	30
31		Wally's flooring(install new tiles).	1997		2,659		5			2,659	31
32		ATASH(SPRINKLER WORK)INV.#9120&9121	1997		3,072		5			3,072	32
33		ATASH(SPRINKLER WORKS)	1997		2,062		5			2,062	33
34		Climate srvc( two water heater)	1997		15,600		5			15,600	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 Long Grove Rehabilitation &amp; Health Care Center

# 0040683

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	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109		10			3,109	44
45	INSTALL NEW DROP CEILING	1997	2,175		12			2,175	45
46	DESIGN SERVICES	1997	931	47	20	47		649	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		6,976	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,253	212	20	212		2,739	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534		10			2,534	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510		10			1,510	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273		10			273	53
54	REPLAC E COMPRESSOR	1998	1,301		10			1,301	54
55	REPLACE SEAVES ON ROOF	1998	10,500	700	15	700		8,692	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		4,300	57
58	REPLACE BEARING IN WASHER	1998	1,296	65	20	65		804	58
59	PATTEN-REPAIR GENERATOR	1998	655	33	20	33		407	59
60	Equipment International (replace bearings in washer)	1998	1,738	116	15	116		1,411	60
61	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		15,654	61
62	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720		10			5,720	62
63	Climate Service (pipework for boiler and storage tank)	1999	2,032		5			2,032	63
64	D.B.S. Contracting (need invoice)	1999	3,425		10			3,425	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131		10			4,131	66
67	AMC Sprinklers	1999	3,853		10			3,853	67
68	System Electric(generator repair)	1999	2,720		10			2,720	68
69	Patten Industries(install starter)	1999	5,495		10			5,495	69
70	TOTAL (lines 4 thru 69)		\$ 286,804	\$ 6,813		\$ 6,813	\$	\$ 248,067	70

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

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

# 0040683

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>		\$ 286,804	\$ 6,813		\$ 6,813	\$	\$ 248,067	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803	120	15	120		1,342	3
4	Alden Bennet Cons.install tank	1999	6,281		10			6,281	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		15,160	5
6	AMC Security system	1999	7,273		10			7,273	6
7	AMC carpentry	1999	8,577		10			8,577	7
8	Climate Service (repair HVAC)	1999	9,358		10			9,358	8
9	ABC-construction mainten. Adjustment-various	1999	1,129		10			1,129	9
10									10
11	Climate services (A/C REPAIR)	2000	2,482		5			2,482	11
12	B&L Locksmith (knob set)	2000	3,750	250	15	250		2,708	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	D.B.S. Contracting (repair lawn sprikler system)	2000	1,635		5			1,635	14
15	D.B.S. Contracting (repair lawn sprikler system)	2000	2,285		5			2,285	15
16	Alden Bennett Construction (major repairs)	2000	2,643	3	10		(3)	2,643	16
17	Alden Bennett Construction (time & material billing per fac)	2000	2,105		10			2,105	17
18	alden design-architectural/designing	2000	2,628	131	20	131		1,368	18
19	alden design-architectural/designing	2000	3,300	165	20	165		1,719	19
20	ABC-time & materials-maj. Leasehold improv-various	2000	1,918	141	15	128	(13)	1,408	20
21									21
22	Patten industries 1137844(major repair for electric starting motor)	2001	4,103	410	10	410		4,103	22
23	Alden bennett construction (drive way improvement)	2001	1,096	80	15	73	(7)	730	23
24	T & T irrigation ( lawn sprinkler system)	2001	2,064	206	10	206		1,908	24
25	Alden bennett construction	2001	9,690	1,066	10	969	(97)	9,690	25
26	New horizons commu1884(installation hardware phone)	2001	1,986	199	10	199		1,970	26
27	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	256,971	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856		5			1,856	28
29	CSI-Coker	2002	2,502		5			2,502	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628		5			1,628	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000	900	10	900		7,200	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324		5			4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417		5			5,417	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,067,769	\$ 39,571		\$ 37,430	\$ (2,141)	\$ 617,343	34

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

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

# 0040683

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>		\$ 1,067,769	\$ 39,571		\$ 37,430	\$ (2,141)	\$ 617,343	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public sp	2003	22,250	2,781	8	2,781		21,091	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289		5			4,289	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments	2003	12,949	1,619	8	1,619		11,872	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	709	8	709		5,201	5
6	Controlled Irrigation (repair sprinkler system)	2003	2,137		5			2,137	6
7	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025	1,873	10	1,703	(170)	13,623	7
8	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		2,248	8
9	Alden Bennett Constr (roof repairs)	2003	12,754	1,403	10	1,275	(128)	10,201	9
10	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2003	3,927	288	15	262	(26)	2,095	10
11	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	2,990	8	2,990		22,425	11
12	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		1,873	12
13	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	30,401	8	30,401		228,007	13
14	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PI	2003	6,175	710	10	618	(93)	4,944	14
15	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	33,234	4,154	8	4,154		30,464	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	20,151	2,519	8	2,519		18,262	16
17	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393	9,821	8	5,799	(4,022)	46,393	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477	25,871	8	23,560	(2,311)	188,477	18
19	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		3,184	19
20									20
21	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		1,743	21
22	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	3,066	22
23	CSI Coker -1 Walkin cooler replacement	2004	2,980		5			2,980	23
24	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	111	15	111		694	24
25	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		3,902	25
26	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		1,424	26
27	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		1,478	27
28	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		1,849	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		954	29
30	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)	(2,757)	8	(2,757)		(19,071)	30
31	TNS Inc. (DSL cable)	2004	1,725	29	5	29		1,754	31
32	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recl	2004	13,902	2,228	8	1,738	(491)	12,165	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,748,376	\$ 127,571		\$ 118,166	\$ (9,405)	\$ 1,247,064	34

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

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

# 0040683

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>		\$ 1,748,376	\$ 127,571		\$ 118,166	\$ (9,405)	\$ 1,247,064	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	(33)	(2)		(2)		(5)	30
31	Adjust for ABC Related Party Profit	2009	(2,179)	(80)		(80)		(121)	31
32	Adjust for ABC Related Party Profit	2010	(189)	(2)		(2)		(2)	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,816,232	\$ 128,874		\$ 119,469	\$ (9,405)	\$ 1,314,514	34

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

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

# 0040683

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>		\$ 1,816,232	\$ 128,874		\$ 119,469	\$ (9,405)	\$ 1,314,514	1
2	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2004	(33,234)	(4,154)	8	(4,154)		(30,464)	2
3	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2004	(20,151)	(2,519)	8	(2,519)		(18,262)	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	2,301	132	20	115	(17)	805	4
5	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	308	5
6	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,	2004	15,285	1,758	10	1,529	(229)	10,703	6
7	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755	376	10	376		2,600	7
8	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160	716	10	716		4,952	8
9	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969	97	10	97		671	9
10	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/	2004	5,512	551	10	551		3,857	10
11	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		1,180	11
12	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107	3,013	8	3,013		20,841	12
13	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generato	2004	10,656	426	25	426		2,698	13
14	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		3,473	14
15									15
16	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	735	10	735		4,042	16
17	Alden Bennett Comstruction(Passage on door)	2005	3,662	732	5	732		3,662	17
18	ABC( piping and electrical work)	2005	4,619	462	10	462		2,349	18
19	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler	2005	9,514	381	25	381		2,222	19
20	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		624	20
21	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		449	21
22	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151		868	22
23	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		512	23
24	CSI Coker(Refridgerator Repairs)	2005	3,971	397	10	397		2,283	24
25	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139	275	5	275		4,139	25
26	Cybor Fire Protection(Sprinkler repair)	2005	4,660	466	10	466		2,641	26
27	Cybor Fire Protection(Sprinkler repair)	2005	2,000	200	10	200		1,100	27
28	GT Mechanical(Dining room AC Repairs)	2005	1,922	192	10	192		1,040	28
29	Capps Plumbing (Drainage Major repairs)	2005	1,755	176	10	176		924	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,900,648	\$ 134,458		\$ 124,800	\$ (9,659)	\$ 1,344,732	34

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

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

# 0040683

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 12E, Carried Forward</b>		\$ 1,900,648	\$ 134,458		\$ 124,800	\$ (9,659)	\$ 1,344,732	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		1,716	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		2,337	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		1,125	4
5	GT Mechanical Repair work on Heaters	2005	1,665	305	5	305		1,665	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758	321	5	321		1,758	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	174	10	174		885	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		9,327	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		9,023	10
11	Replace Multiple Doors	2006	4,949	495	10	495		2,062	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		1,687	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		1,260	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		2,619	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		2,487	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	187	(2)	893	16
17	Installed Water Heater	2006	11,078	739	15	739		3,324	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		969	18
19	Installed new piping	2006	4,470	179	25	179		879	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		488	20
21									21
22	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		4,043	22
23	Aldben electrical secutity system	2007	11,248	750	15	750		3,000	23
24	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		1,958	24
25	Censau replaced broken pipe in attic	2007	3,807	381	10	381		1,492	25
26	Topnot Installed booster heater	2007	4,970	497	10	497		1,905	26
27	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		5,020	27
28	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		1,270	28
29	ALDBEN Construct	2007	17,231	1,723	10	1,723		6,318	29
30	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		7,963	30
31	Topnot new kitchen freezer door	2007	4,655	466	10	466		1,669	31
32	ALDBEN new wiring for fire and phone system	2007	(8,745)	(1,749)	5	(1,749)		(6,122)	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,102,942	\$ 151,812		\$ 142,151	\$ (9,661)	\$ 1,417,752	34

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

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

# 0040683

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 12F, Carried Forward</b>		\$ 2,102,942	\$ 151,812		\$ 142,151	\$ (9,661)	\$ 1,417,752	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606		2,071	2
3	Masland contract carpet	2007	4,623	925	5	925		3,082	3
4	Installed Cable wiring	2007	6,639	1,328	5	1,328		4,426	4
5	Resident room carpet	2007	5,390	1,078	5	1,078		3,594	5
6	Central States Automaition A/C	2007	15,203	1,520	10	1,520		4,941	6
7	New Carpet	2007	5,392	539	10	539		1,707	7
8	Seal and stripe parking Lot	2007	7,229	904	8	904		2,862	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		1,320	9
10	Parking lot sealed	2007	8,308	831	10	831		2,493	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	286	10	286		833	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		523	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	574	10	574		1,196	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		1,326	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		1,595	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		662	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		2,535	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		1,119	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		527	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	22,543	1,127	20	1,127		1,409	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		224	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		1,159	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	10,629	531	20	531		620	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	60,966	3,048	20	3,048		3,302	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	6,058	303	20	303		303	27
28	Central States - New Sprinklers	2009	3,429	686	5	686		1,086	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		582	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		602	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505	501	5	501		543	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,405,765	\$ 174,209		\$ 164,548	\$ (9,661)	\$ 1,464,394	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12G, Carried Forward</b>		\$ 2,405,765	\$ 174,209		\$ 164,548	\$ (9,661)	\$ 1,464,394	1
2									2
3	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	78	25	78		78	3
4	Fire Protection:Heads Sprinkler Dining Room - FOCFIR	2010	7,227	602	5	602		602	4
5	Sprinkler Heads Install - FOCFIR	2010	3,820	255	5	255		255	5
6	Pipes Sprinkler Fire Prtoect - FOCFIR	2010	3,162	105	5	105		105	6
7	Asphalt Sealcoating - ALDBEN	2010	15,479	161	8	161		161	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 2,438,796	\$ 175,410		\$ 165,749	\$ (9,661)	\$ 1,465,596	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	\$ 499,214	\$ 54,063	\$ 54,063	\$		\$ 283,175	71
72	Current Year Purchases	156,052	9,532	9,532			9,532	72
73	Fully Depreciated Assets	333,244	2,522	2,522			333,244	73
74								74
75	TOTALS	\$ 988,510	\$ 66,117	\$ 66,117	\$		\$ 625,951	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	Car Engine/Bus/Van	Dodge Van/Various	'98 - '04	\$ 8,164	\$	\$	\$		\$ 8,164	76
77										77
78										78
79	Related party - AMS	Various	'98 - '02	4,148				3	4,148	79
80	TOTALS			\$ 12,312	\$	\$	\$		\$ 12,312	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)	\$ 3,439,618	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 241,527	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 231,866	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (9,661)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,103,859	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 Long Grove Rehabilitation & Health Care Center # 0040683 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: T.L. Enterprises

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

If NO, see instructions.  YES  NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>248</u>	<u>3/1/1995</u>	\$ <u>1,297,778</u>	<u>15</u>	<u>15</u>	3
4	Additions						4
5							5
6							6
7	TOTAL	<u>248</u>		\$ <u>1,297,778</u>			7

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

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

9. Option to Buy:  YES  NO Terms: Purchase Option/Deposits \*

**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: \$ 15,872 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>#####</u>	\$ <u>33,152</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>569.04</u>	<u>6,828</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>39,980</u>	21

10. Effective dates of current rental agreement:

Beginning 3/1/1995

Ending 2/28/2013

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

Fiscal Year Ending Annual Rent

12. 12/31/2011 \$ 1,297,778

13. 12/31/2012 \$ 1,297,778

14. 12/31/2013 \$ 1,297,778

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 310,313	\$		\$ 310,313	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			79,466			79,466	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			439,570			439,570	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 prescripts				373,464		373,464	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>					(50,225)	203,001		152,776	13
14	TOTAL			\$		\$ 779,124	\$ 576,466		\$ 1,355,590	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.

Col 5: PT,OT, & ST  
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$0.00	\$310,313.37
2.	ST	39-3	To Col 5	0.00	79,465.63
3.					
4.	PT	39-3	To Col 5	0.00	439,570.28
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			0.00	265,561.47
	Manual Input from Related Party- Forum Drugs				107,903.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	373,464.47
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00	0.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(50,225.00)
	Other			0.00	303,311.84
	Manual Input: Related Party - Prism				(38,734.00)
	Manual Input: Related Party FECII - I.V.				(157,594.00)
	Manual Input: Related Party FECII - Wound Care				(2,433.00)
	Oxygen, from reclass worksheet (Pg 4A)				98,450.59
13.	Col 6: Supplies Total		To Col 6	0.00	203,001.43
13.	Total Line 13, Column 8			0.00	152,776.43
14.	Total			0.00	1,355,590.18

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center # 0040683

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>96,000</u> )	<u>1,001,133</u>		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	<u>8,444</u>		6
7	Other Prepaid Expenses	<u>45,518</u>		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>129,479</u>		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 1,184,574</b>	<b>\$</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	<u>2,755,178</u>		15
16	Equipment, at Historical Cost	<u>975,428</u>		16
17	Accumulated Depreciation (book methods)	<u>(2,206,013)</u>		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	<u>100,152</u>		21
22	Other Long-Term Assets (spe <u>Purchase Option/Accr</u>	<u>747,573</u>		22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 2,372,318</b>	<b>\$</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 3,556,892</b>	<b>\$</b>	<b>25</b>

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ <u>838,166</u>	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>277,234</u>		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>401,751</u>		30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>70,896</u>		31
32	Accrued Real Estate Taxes(Sch.IX-B)	<u>155,700</u>		32
33	Accrued Interest Payable			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>	<u>479,432</u>		36
37	<u>Due to Affiliates (Short Term)</u>	<u>1,250,802</u>		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 3,473,981</b>	<b>\$</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>	<u>16,709,255</u>		43
44	<u>S/holder loans, Others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 16,709,255</b>	<b>\$</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 20,183,236</b>	<b>\$</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (16,626,344)</b>	<b>\$</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 3,556,892</b>	<b>\$</b>	<b>48</b>

\*(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>(15,579,661)</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>external audit adjustment made after 2008 cost report was</b>		<b>3</b>
<b>4</b>	<b>submitted. These have no effect on prior year's report.</b>		<b>4</b>
<b>5</b>	<b>Fines &amp; Penalties - adj. to an unallowable cost:</b>	<b>(36,107)</b>	<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>(15,615,768)</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(1,010,576)</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>(1,010,576)</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>(16,626,344)</b>	<b>24</b> *

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

Facility Name &amp; ID Number Alden Long Grove Rehabilitation &amp; Health Care Ct # 0040683 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	\$ 11,224,347	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,224,347	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	321,308	6
7	Oxygen	63,392	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 384,701	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	983	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	4,118	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	12,174	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 17,275	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,992	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,992	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Pg 19A	734	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 734	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,629,048	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,960,364	31
32	Health Care	4,603,343	32
33	General Administration	2,611,754	33
<b>B. Capital Expense</b>			
34	Ownership	1,930,161	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,398,222	35
36	Provider Participation Fee	135,780	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,639,624	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,010,576)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,010,576)	43

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

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

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

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care C # 0040683 Report Period Beginning: 1/1/10 Ending: 12/31/10

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**Details of Page 19, Line 28**

Miscellaneous Income - Miscellaneous (WC Refund)	173.67
Miscellaneous Income - Garnishment	34.91
Miscellaneous Income - Medical records	495.15
Miscellaneous Income - Jury Duty Receipt	30.00
<b>Total Page 19A</b>	<b><u><u>733.73</u></u></b>

Facility Name & ID Number Alden Long Grove Rehabilitation & Health Care Center

# 0040683

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	1,984	2,021	\$ 92,102	\$ 45.57	1
2	Assistant Director of Nursing	1,512	1,544	48,393	31.34	2
3	Registered Nurses	39,649	41,846	1,398,326	33.42	3
4	Licensed Practical Nurses	24,441	25,504	710,177	27.85	4
5	CNAs & Orderlies	103,345	110,210	1,323,585	12.01	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,035	3,205	61,000	19.03	8
9	Activity Director	4,174	4,292	39,915	9.30	9
10	Activity Assistants	4,406	4,597	54,084	11.77	10
11	Social Service Workers	2,056	2,080	36,544	17.57	11
12	Dietician					12
13	Food Service Supervisor	2,023	2,044	52,882	25.87	13
14	Head Cook	2,080	2,080	26,683	12.83	14
15	Cook Helpers/Assistants	32,424	34,035	355,442	10.44	15
16	Dishwashers					16
17	Maintenance Workers	2,056	2,080	40,351	19.40	17
18	Housekeepers	21,980	23,356	229,884	9.84	18
19	Laundry	5,959	6,417	62,370	9.72	19
20	Administrator	2,080	2,080	75,704	36.40	20
21	Assistant Administrator					21
22	Other Administrative	12,579	12,694	366,607	28.88	22
23	Office Manager	2,080	2,080	27,827	13.38	23
24	Clerical	2,977	3,097	28,656	9.25	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,740	3,748	121,587	32.44	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	6,702	7,074	119,020	16.82	32
33	Other(specify) Sec/Beh Clin Dir/A	13,929	14,697	188,338	12.81	33
34	TOTAL (lines 1 - 33)	295,211	310,781	\$ 5,459,477 *	\$ 17.57	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 10,800	1-3	35
36	Medical Director	Monthly	38,100	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,952	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	Monthly	3,484	11-3	44
45	Social Service Consultant	Monthly	268	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,604		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			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
Lesley A Hieras	Administrator	0	\$ 75,703	Workers' Compensation Insurance	\$ 163,890	IDPH License Fee	\$	
				Unemployment Compensation Insurance	43,177	Advertising: Employee Recruitment	258	
				FICA Taxes	405,605	Health Care Worker Background Check		
				Employee Health Insurance	131,256	(Indicate # of checks performed 74 )	740	
				Employee Meals	37,998	Patient Background Checks	2,290	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee	838	
				Dental & Life Insurance	3,391	IL Health Care Association	8,501	
				Employee Relations	8,204	Creative Forecasting	60	
				Misc Payroll Costs/401K Match	3,002			
				Employee Drug Test/Vaccinations	5,247	Related party - AMS	1,641	
						Less: Public Relations Expense	( )	
				Back Out % of Employee Benefits	(19,808)	Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,		TOTAL (agree to Sch. V,		
(List each licensed administrator separately.)			\$ 75,703	line 22, col.8)		line 20, col. 8)		
				\$ 781,962		\$ 14,328		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**	
Description			Amount	to Owners or Employees			Description	
			\$	Description			Amount	
				Line #			Amount	
				Amount			Out-of-State Travel	
							\$	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL			\$	
(Attach a copy of any management service agreement)							In-State Travel	
C. Professional Services							Leadership/Deming Training	
Vendor/Payee	Type		Amount				(735)	
Alden Management Services	Consulting Fees		\$ 843,622				Related party	
Baker Tilly	Accounting Fees		1,467				4,883	
BDO Seidman/Ava Daley	Accounting Fees		3,337				Seminar Expense	
Virchow Krause/KPMG	Accounting Fees		6,217				Leadership/Deming Training	
Janet L Hermann	Legal Fees-Non Collections		237				3,500	
AMS (Eliminated)	Allocated Legal Fees		40,092				Health Education/National/CTS	
Pathway	Clinical Consultant		14,949				850	
Medifax//Behavioral Counselor	Billing Consultant		663				ILLHCA/Illinois Council Sem/PESI	
Linda Roberts & Assoc	Food Service Audit		3,030				2,305	
Kenneth J Fisch	Legal Fees-Collections		4,698				Entertainment Expense	
							( )	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V,	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 918,311	\$			line 24, col. 8)	
							\$ 10,803	

\* Attach copy of IMRF notifications

\*\*See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	Maj Serv Cleveland Mach	2/02	3,373	10	337	337	337	337	337	28		
3	Chemical Filter	11/96	2,229	15	149	149	149	149	149	0		
4	GTMECH-Compressor	5/04	3,120	5	624	624	208	0	0	0		
5	TOPNOT-Cooler Repair	10/05	1,590	5	318	318	318	265	0	0		
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 10,312		\$ 1,428	\$ 1,428	\$ 1,012	\$ 751	\$ 486	\$ 28	\$	\$

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

# 0040683

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
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,369 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. \$ 135,780  
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. \$ 37,998 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No  
Attach invoices and a summary of services for all architect and appraisal fees.