

Facility Name & ID Number Alden of Waterford

0042036 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	<u>99</u>	Skilled (SNF)	<u>99</u>	<u>36,135</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>99</u>	TOTALS	<u>99</u>	<u>36,135</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	<u>1,065</u>	<u>5,361</u>	<u>12,974</u>	<u>19,400</u>	8
9	SNF/PED					9
10	ICF	<u>7,161</u>	<u>2,645</u>		<u>9,806</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>8,226</u>	<u>8,006</u>	<u>12,974</u>	<u>29,206</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.82%

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 12/29/2001

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 99 and days of care provided 12,165

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 of Waterford # 0042036 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
	A. General Services										
1	Dietary	494,299	29,219	21,800	545,318	577	545,895	(4,870)	541,025		1
2	Food Purchase		267,280		267,280	(24,631)	242,649	(20,691)	221,958		2
3	Housekeeping	137,076	24,698		161,774	756	162,530	3,577	166,107		3
4	Laundry	34,740	11,742	27	46,509	91	46,600		46,600		4
5	Heat and Other Utilities			238,359	238,359	8,938	247,297	(509)	246,788		5
6	Maintenance	29,500		288,779	318,279	(9)	318,270	(8,833)	309,437		6
7	Other (specify):* Security/Related Party			1,631	1,631		1,631	4,513	6,144		7
8	TOTAL General Services	695,615	332,939	550,596	1,579,150	(14,278)	1,564,872	(26,813)	1,538,059		8
	B. Health Care and Programs										
9	Medical Director			34,500	34,500		34,500		34,500		9
10	Nursing and Medical Records	2,344,718	224,829	3,769	2,573,316	3,014	2,576,330	32,396	2,608,726		10
10a	Therapy		1,692	11,787	13,479		13,479		13,479		10a
11	Activities	91,594	3,558	8,970	104,122	115	104,237		104,237		11
12	Social Services	42,577			42,577		42,577		42,577		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							4,529	4,529		15
16	TOTAL Health Care and Programs	2,478,889	230,079	59,026	2,767,994	3,129	2,771,123	36,925	2,808,048		16
	C. General Administration										
17	Administrative	130,323			130,323		130,323	59,728	190,051		17
18	Directors Fees										18
19	Professional Services			583,515	583,515	(17,998)	565,517	(517,288)	48,229		19
20	Dues, Fees, Subscriptions & Promotions			108,483	108,483		108,483	(99,363)	9,120		20
21	Clerical & General Office Expenses	241,982	24,982	89,282	356,246	(8,845)	347,401	156,175	503,576		21
22	Employee Benefits & Payroll Taxes			584,960	584,960	19,260	604,220	(11,268)	592,952		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,043	7,043		7,043	765	7,808		24
25	Other Admin. Staff Transportation			3,447	3,447		3,447	8,223	11,670		25
26	Insurance-Prop.Liab.Malpractice			103,944	103,944		103,944	9,406	113,350		26
27	Other (specify):* Related Party			88,235	88,235		88,235	(50,628)	37,607		27
28	TOTAL General Administration	372,305	24,982	1,568,909	1,966,196	(7,583)	1,958,613	(444,250)	1,514,363		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,546,809	588,000	2,178,531	6,313,340	(18,732)	6,294,608	(434,138)	5,860,470		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			15,107	15,107		15,107	307,002	322,109			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			134,990	134,990		134,990	661,734	796,724			32
33	Real Estate Taxes			71,583	71,583	(69,590)	1,993	75,083	77,076			33
34	Rent-Facility & Grounds			1,156,830	1,156,830	71,583	1,228,413	(1,228,413)				34
35	Rent-Equipment & Vehicles			11,775	11,775		11,775	21,094	32,869			35
36	Other (specify):* M.I.P.							62,395	62,395			36
37	TOTAL Ownership			1,390,285	1,390,285	1,993	1,392,278	(101,105)	1,291,173			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	162	821,145	1,603,145	2,424,452	16,739	2,441,191	(179,728)	2,261,463			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,203	54,203		54,203		54,203			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	162	821,145	1,657,348	2,478,655	16,739	2,495,394	(179,728)	2,315,666			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,546,971	1,409,145	5,226,164	10,182,280		10,182,280	(714,971)	9,467,309			45

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

Alden of Waterford

IDPH Facility ID Number: #0042010

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		(24,631.00)	Employee Meals
	22	24,631.00	Employee Meals
22		(5,371.00)	Uniforms
	1	577.00	Uniforms
	3	756.00	Uniforms
	4	91.00	Uniforms
	6	(9.00)	Uniforms
	10	3,748.00	Uniforms
	11	115.00	Uniforms
	21	93.00	Uniforms
10		(16,739.00)	Oxygen - to appropriate cost center
	39	16,739.00	Oxygen - to appropriate cost center
33		(71,583.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	71,583.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(8,938.00)	Vendor Settlements
	5	8,938.00	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(16,005.00)	Clinical Coordinators (Pathway Billing)
	10	16,005.00	Clinical Coordinators (Pathway Billing)
19		(1,993.00)	Mayer Brown real estate assessment challenge
	33	1,993.00	Mayer Brown real estate assessment challenge
Net		<hr/>	-

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5)

5)

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

1/1/10

Ending:

12/31/10

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(5,850)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(193,644)	30		9
10	Interest and Other Investment Income	(6,090)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,400)	2		13
14	Non-Care Related Interest	(2,907)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(9,048)	21		17
18	Fines and Penalties	(608)	32		18
19	Entertainment	(5,943)	20		19
20	Contributions	(10,193)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(19,187)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(88,235)	27		24
25	Fund Raising, Advertising and Promotional	(52,781)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (398,886)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	104,205	Various	34
35	Other- Attach Schedule	(420,290)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (316,085)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (714,971)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden of WaterfordID# 0042036Report Period Beginning: 1/1/10Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (2,139)	5	1
2	Misc income - record copies [g/l 4977-100-001]	(103)	10	2
3	Misc income - wage service fee [g/l 4977-100-006]	(190)	21	3
4	Misc income - W/C settlement [g/l 4977-100-000]	(167)	22	4
5	Marketing Mgr & Aides (g/l 6701 sub 009 & 015)	(67,314)	21	5
6	Mktg Mgr & Aides employee benefits deduction	(11,101)	22	6
7	IL Health Care Assoc. dues (30%)	(1,639)	20	7
8	Leadership (Deming) training cost [4,500 x 30%]	(1,350)	24	8
9	Batavia, Oswego, Yorkville chambers of commerce fees	(514)	20	9
10	Back out LP mtg int in excess of CON asset limit	(313,961)	32	10
11	Back out LP MIP in excess of CON asset limit	(20,136)	36	11
12				12
13				13
14	Add back related party (AMS) f/a's < \$2,500	320	6	14
15	Expense fixed assets < \$2,500	2,052	6	15
16	Eliminate deprec on f/s < \$2,500	(1,337)	30	16
17				17
18				18
19	Expense fixed assets < \$2,500 [Pg 13]	1,797	6	19
20	Back out depreciation on assets < \$2,500 [Pg 13]	(7,045)	30	20
21	Correct YTD depreciation	2,537	30	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(420,290)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,653	(7,523)	0	0	0	0	0	0	0	(4,870)	1
2	Food Purchase	(4,400)	0	0	(16,291)	0	0	0	0	0	0	0	(20,691)	2
3	Housekeeping	0	0	3,577	0	0	0	0	0	0	0	0	3,577	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,139)	0	1,630	0	0	0	0	0	0	0	0	(509)	5
6	Maintenance	(1,681)	3,309	(758)	0	0	0	(189)	(9,514)	0	0	0	(8,833)	6
7	Other (specify):*	0	0	3,633	880	0	0	0	0	0	0	0	4,513	7
8	TOTAL General Services	(8,220)	3,309	10,735	(22,934)	0	0	(189)	(9,514)	0	0	0	(26,813)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(103)	0	30,348	512	1,639	0	0	0	0	0	0	32,396	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	4,529	0	0	0	0	0	0	0	0	4,529	15
16	TOTAL Health Care and Programs	(103)	0	34,877	512	1,639	0	0	0	0	0	0	36,925	16
	C. General Administration													
17	Administrative	0	0	59,728	0	0	0	0	0	0	0	0	59,728	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(19,187)	7,339	(505,440)	0	0	0	0	0	0	0	0	(517,288)	19
20	Fees, Subscriptions & Promotions	(71,070)	0	(28,293)	0	0	0	0	0	0	0	0	(99,363)	20
21	Clerical & General Office Expenses	(76,552)	749	152,065	15,719	64,194	0	0	0	0	0	0	156,175	21
22	Employee Benefits & Payroll Taxes	(11,268)	0	0	0	0	0	0	0	0	0	0	(11,268)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,350)	0	2,115	0	0	0	0	0	0	0	0	765	24
25	Other Admin. Staff Transportation	0	0	8,223	0	0	0	0	0	0	0	0	8,223	25
26	Insurance-Prop.Liab.Malpractice	0	9,320	86	0	0	0	0	0	0	0	0	9,406	26
27	Other (specify):*	(88,235)	0	31,229	2,059	4,319	0	0	0	0	0	0	(50,628)	27
28	TOTAL General Administration	(267,662)	17,408	(280,287)	17,778	68,513	0	0	0	0	0	0	(444,250)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(275,985)	20,717	(234,675)	(4,644)	70,152	0	(189)	(9,514)	0	0	0	(434,138)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Waterford

0042036

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)	
	D. Ownership													
30	Depreciation	(199,489)	504,942	1,549	0	0	0	0	0	0	0	0	307,002	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(323,566)	981,190	1,950	0	2,160	0	0	0	0	0	0	661,734	32
33	Real Estate Taxes	0	71,583	2,716	0	784	0	0	0	0	0	0	75,083	33
34	Rent-Facility & Grounds	0	(1,228,413)	0	0	0	0	0	0	0	0	0	(1,228,413)	34
35	Rent-Equipment & Vehicles	0	0	21,094	0	0	0	0	0	0	0	0	21,094	35
36	Other (specify):*	(20,136)	82,531	0	0	0	0	0	0	0	0	0	62,395	36
37	TOTAL Ownership	(543,191)	411,833	27,309	0	2,944	0	0	0	0	0	0	(101,105)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(22,459)	(169,186)	11,917	0	0	0	0	0	(179,728)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(22,459)	(169,186)	11,917	0	0	0	0	0	(179,728)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(819,176)	432,550	(207,366)	(27,103)	(96,090)	11,917	(189)	(9,514)	0	0	0	(714,971)	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
Alden of Waterford Investments, LLC See Pg6L	100	See Pg 6K		See Pg 6K		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	34	Rental income	\$ 1,228,413	Waterford Rehab and Courts, LLC	100.00%	\$	\$ (1,228,413)	1
2	V	32	Interest income-R/R	10,963	Waterford Rehab and Courts, LLC			(10,963)	2
3	V	32	Interest income	110,956	Waterford Rehab and Courts, LLC			(110,956)	3
4	V	19	Accounting fees		Waterford Rehab and Courts, LLC		4,895	4,895	4
5	V	19	Professional fees		Waterford Rehab and Courts, LLC		2,444	2,444	5
6	V	6	Repairs & Maintenance		Waterford Rehab and Courts, LLC		3,309	3,309	6
7	V	21	Other administrative		Waterford Rehab and Courts, LLC		749	749	7
8	V	33	Real estate taxes		Waterford Rehab and Courts, LLC		71,583	71,583	8
9	V	26	Property & liability insurance		Waterford Rehab and Courts, LLC		9,320	9,320	9
10	V	36	Mortgage insurance premium		Waterford Rehab and Courts, LLC		82,531	82,531	10
11	V	32	Mortgage interest		Waterford Rehab and Courts, LLC		1,099,025	1,099,025	11
12	V	30	Depreciation		Waterford Rehab and Courts, LLC		504,942	504,942	12
13	V	32	Amortization		Waterford Rehab and Courts, LLC		4,084	4,084	13
14	Total		\$ 1,350,332				\$ 1,782,882	\$ * 432,550	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,630	\$ 1,630 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		2,115	2,115 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		8,223	8,223 17
18	V	26 Insurance		Alden Management Services, Inc.		86	86 18
19	V	20 Dues & Subscriptions	29,004	Alden Management Services, Inc.		711	(28,293) 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V						
22	V	33 Real Estate tax		Alden Management Services, Inc.		2,716	2,716 22
23	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		21,094	21,094 23
24	V	32 Interest		Alden Management Services, Inc.		1,950	1,950 24
25	V	1 Dietary		Alden Management Services, Inc.		2,653	2,653 25
26	V	3 Housekeeping		Alden Management Services, Inc.		3,577	3,577 26
27	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		3,633	3,633 27
28	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		30,348	30,348 28
29	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		4,529	4,529 29
30	V	17 Administrative Salary		Alden Management Services, Inc.		59,728	59,728 30
31	V	27 Employee Benefits-Admin.		Alden Management Services, Inc.		31,229	31,229 31
32	V	19 Professional Fees	533,640	Alden Management Services, Inc.		28,200	(505,440) 32
33	V	21 Gen'l & Admin.		Alden Management Services, Inc.		152,065	152,065 33
34	V	6 Repair & Maint.	24,505	Alden Management Services, Inc.		23,747	(758) 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 587,149			\$ 379,783	\$ * (207,366) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 21,800	Prism Health Care Services, Inc.	0.00%	\$ 3,090	\$ (18,710)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		11,187	11,187
17	V	2 Tube Feeding	26,242	Prism Health Care Services, Inc.		9,951	(16,291)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	50,076	Prism Health Care Services, Inc.		27,617	(22,459)
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		11,033	11,033
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,059	2,059
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		880	880
23	V	21 Gen'l & Admin.		Prism Health Care Services, Inc.		4,686	4,686
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		\$ 104,778			\$ 77,675	\$ * (27,103)

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 1/1/10

Ending: 12/31/10

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 376,472	Forum Extended Care Services II, Inc.	0.00%	\$ 529,440	\$ 152,968
16	V	39 IV	366,428	Forum Extended Care Services II, Inc.		45,437	(320,991)
17	V	39 Wound Care	5,522	Forum Extended Care Services II, Inc.		4,359	(1,163)
18	V	10 House Stock	10,193	Forum Extended Care Services II, Inc.		9,367	(826)
19	V	10 Pharmacy Consultant	3,587	Forum Extended Care Services II, Inc.		6,052	2,465
20	V	27 Employee Vaccin.	2,751	Forum Extended Care Services II, Inc.		2,172	(579)
21	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		4,898	4,898
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		39,341	39,341
23	V	21 Gen'l & Admin.		Forum Extended Care Services II, Inc.		24,853	24,853
24	V	32 Interest		Forum Extended Care Services II, Inc.		2,160	2,160
25	V	33 Real Estate tax		Forum Extended Care Services II, Inc.		784	784
26	V			Forum Extended Care Services II, Inc.			
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		\$ 764,953			\$ 668,863	\$ * (96,090)

* 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	\$ 1,561,710	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,573,627	\$ 11,917	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		\$ 1,561,710			\$ 1,573,627	\$ * 11,917	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 & Maintenance	\$ 15,427	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,238	\$ (189)
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		\$ 15,427			\$ 15,238	\$ * (189)

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning: 1/1/10

Ending: 12/31/10

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 Grounds maintenance	\$ 100,980	Waterford Management Services, Inc.	0.00%	\$ 91,466	\$ (9,514)
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		\$ 100,980			\$ 91,466	\$ * (9,514)

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

Alden of Waterford

Alden of Waterford

Provider No. 0042036

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			

Alden of Waterford LLC
IDPH Facility ID Number
Reporting Period Beginning
Reporting Period Ending

Page 6L
004-2036
01/01/10
12/31/10

Owners of Alden of Waterford Investments, LLC

1	Floyd Schlossberg		40.72%
2	AMS		26.00%
3	Hilda Dworiki	Class "B" Partner	2.08%
4	Josef Dembo	Class "B" Partner	3.12%
5	Edward & Paulina Osser	Class "B" Partner	3.12%
6	Robert & Charlotte Traverso Family Trust	Class "B" Partner	6.24%
7	Max Fisch	Class "B" Partner	2.08%
8	Joan & Sam Carl	Class "B" Partner	3.12%
9	David Sezonov	Class "B" Partner	3.12%
10	Joe & Goldie Dembo	Class "B" Partner	1.04%
11	Edward & Paulina Osser	Class "B" Partner	1.04%
12	Joe & Goldie Dembo	Class "B" Partner	1.04%
13	Edward & Paulina Osser	Class "B" Partner	1.04%
14	Joan & Sam Carl	Class "B" Partner	3.12%
15	John Vercillo	Class "B" Partner	3.12%
			<hr/>
			100.00%

Facility Name & ID Number

Alden of Waterford

#

0042036

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	40.72	180,791	0.912	2.28	Salary	\$ 4,209	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,078	0.912	2.28	Salary	1,562	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,621	0.912	2.28	Salary	899	6-7	3
4	Joan Carl	Secretary	Vice-President	6.24	180,791	0.912	2.28	Salary	4,209	17-7	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	D. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Waterford. She has an equity interest in										10
11	the real estate of Alma Nelson, Park Strathmoor and Meadow Park.										11
12											12
13								TOTAL	\$ 10,879		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 of Waterford

0042036

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	\$ 29,206	\$ 1,630	1
2	24	Travel/Seminar	Patient Days	1,283,623	33	92,957	29,206	2,115	2
3	25	Other Admin Travel	Patient Days	1,283,623	33	361,409	29,206	8,223	3
4	26	Insurance	Patient Days	1,283,623	33	3,773	29,206	86	4
5	20	Dues/Subscriptions	Patient Days	1,283,623	33	31,234	29,206	711	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	29,206	2,716	7
8	35	Rent-Equip & Vehicles	Patient Days	1,283,623	33	927,091	29,206	21,094	8
9	32	Interest	Patient Days	1,283,623	33	1,179,658	29,206	1,950	9
10	1	Diet. Salary	Patient Days	1,283,623	33	116,597	116,597	2,653	10
11	3	Housekeeping Salary	Patient Days	1,283,623	33	157,195	157,195	3,577	11
12	7	Employee Benefits-Gen'l Servs	Patient Days	1,283,623	33	159,672	29,206	3,633	12
13	10	Nurs & Med Record Salary	Patient Days	1,283,623	33	1,369,902	1,369,902	30,348	13
14	15	Employee Benefits-Health Care	Patient Days	1,283,623	33	199,071	29,206	4,529	14
15	17	Administrative Salary	Patient Days	1,283,623	33	2,862,453	2,862,453	59,728	15
16	27	Employee Benefits-Administr.	Patient Days	1,283,623	33	1,372,540	29,206	31,229	16
17	19	Professional Fees	Patient Days	1,283,623	33	1,239,391	672,679	28,200	17
18	21	Gen'l & Administrative	Patient Days	1,283,623	33	6,683,349	5,909,984	152,065	18
19	6	Repairs & Maintenance	Patient Days	1,283,623	33	1,043,713	824,986	23,747	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 379,783	25

Facility Name & ID Number

Alden of Waterford

0042036

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		8	9	10										
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	A. Directly Facility Related																			
	Long-Term																			
1	Heartland Bank of IL		x	Mortgage	\$79,386.00	01/01/02	\$ 12,667,104	\$ 12,043,321	04/01/41	7.7500	\$ 936,856	1								
2	Int realted to f/a > CON limit		x	Mortgage							(313,961)	2								
3	Cambridge Realty		x	Operating loss loan (OLL)	\$16,318.00	05/01/08	2,870,223	2,790,183	04/01/41	5.7800	162,169	3								
4	First Bank		x	Working Capital	Varies	07/30/09	800,000		07/01/10	Varies	20,519	4								
5	Amortization-Fin/refin Fee		x	Operating loss loan (OLL)							4,084	5								
	Working Capital																			
6	Related party-AMS		x								1,950	6								
7	Related party-FECH		x								2,160	7								
8												8								
9	TOTAL Facility Related				\$95,704.00		\$ 16,337,327	\$ 14,833,504			\$ 813,777	9								
	B. Non-Facility Related*																			
10	Waterford LP revenue		x	Replacement reserve int							(10,963)	10								
11	Interest income on LLC		x	Patient interest income							(6,090)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (17,053)	14								
15	TOTALS (line 9+line14)						\$ 16,337,327	\$ 14,833,504			\$ 796,724	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 62,395 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 of Waterford

0042036

Report Period Beginning:

1/1/10

Ending:

12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,206 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

None

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>	<u>152,896</u>	<u>1994</u>	<u>\$ 662,733</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	152,896		\$ 662,733	3

Facility Name & ID Number Alden of Waterford

0042036

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	99		2001	\$ 11,880,012	\$ 297,000	40	\$ 171,168	\$ (125,832)	\$ 1,762,603	4
5	Adjustment to correct to CON costs (net=-6,846,713)			(5,033,299)						5
6										6
7										7
8										8
	Improvement Type**									
9	storm/sewer-ltd p/s		2001	218,336	8,733	25	8,733		81,509	9
10	concrete/curbs/gutters-ltd p/s		2001	21,491	1,433	15	1,433		13,374	10
11	concrete walks-ltd p/s		2001	46,391	3,093	15	3,093		28,868	11
12	asphalt paving-ltd p/s		2001	40,929	4,093	10	4,093		38,201	12
13	street lighting-ltd p/s		2001	129,677	8,645	15	8,645		80,687	13
14	wrought iron fencing-ltd p/s		2001	60,821	2,433	25	2,433		22,708	14
15	piers-ltd p/s		2001	64,296	4,286	15	4,286		39,973	15
16	exterior signs-ltd p/s		2001	20,853	1,738	12	1,738		16,221	16
17	brick pavers-ltd p/s		2001	5,213	521	10	521		4,863	17
18	waterfalls-ltd p/s		2001	53,870	2,693	20	2,693		25,135	18
19	gate house-ltd p/s		2001	26,066	1,738	15	1,738		16,221	19
20	retaining walls-ltd p/s		2001	19,115	956	20	956		8,922	20
21	external roads-ltd p/s		2001	261,213	26,121	10	26,121		243,796	21
22										22
23	storm/sewer-ltd p/s		2003	16,853	674	25	674		5,392	23
24	concrete/curbs/gutters-ltd p/s		2003	1,659	111	15	111		888	24
25	concrete walks-ltd p/s		2003	3,581	239	15	239		1,912	25
26	asphalt paving-ltd p/s		2003	3,159	316	10	316		2,528	26
27	street lighting-ltd p/s		2003	10,009	667	15	667		5,336	27
28	wrought iron fencing-ltd p/s		2003	4,695	188	25	188		1,351	28
29	piers-ltd p/s		2003	4,963	331	15	331		2,648	29
30	exterior signs-ltd p/s		2003	1,610	134	12	134		1,072	30
31	brick pavers-ltd p/s		2003	402	40	10	40		320	31
32	waterfalls-ltd p/s		2003	4,158	208	20	208		1,664	32
33	gate house-ltd p/s		2003	2,012	134	15	134		1,072	33
34	retaining walls-ltd p/s		2003	1,475	74	20	74		592	34
35	external roads-ltd p/s		2003	20,163	2,016	10	2,016		16,128	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden of Waterford

0042036

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	Mech. Projects- install exhaust,gas line, electric to steamer-corp	2002	4,254	213	20	213		1,915	37
38	Long elevator- correct elevator problem-corp	2001	882	88	10	88		800	38
39	Affcus- repair fire alarm-corp	2002	1,552		5			1,552	39
40	GT Mech- chiller repair-corp	2002	1,924		5			1,924	40
41	ISS replace nurses station	2003	1,956		5			1,956	41
42	CSI Coker-filter system (boiler)	2004	1,723	86	20	86		595	42
43	ABC-medical gas repair	2004	2,291	229	10	229		1,584	43
44	CSI Coker-filter system (boiler)	2004	2,050	103	20	103		702	44
45	ABC-sod yards/parkway/etc	2004	9,189	919	10	919		6,126	45
46	ISS/Chicago Sound-power supply call light	2004	2,084	139	15	139		880	46
47	Central States-Adapters/valve caps	2005	1,243	83	15	83		491	47
48	ABC [Stripe-It-Right] - Sealcoat, crackfill & stripe asphalt	2005	3,079	308	10	308		1,668	48
49	Cybor Fire Protection - Sprinkler head replacement	2005	2,900	193	15	193		1,046	49
50	ABC [ISS/Chicago Sound]-8 Jeron provider 680 vent alarms	2005	3,381	225	15	225		1,201	50
51	GT Mechanical - Compressor & chiller circuit	2005	8,600	573	15	573		2,961	51
52	ABC - Replace ceiling tiles	2005	952	79	12	79		395	52
53	ABC - Emergency outlets vent	2007	4,268	213	20	213		852	53
54	Wtrfd Inv - Montgomery Road expansion	2006	16,186	405	40	405		1,654	54
55									55
56									56
57	ABC-[Cobra Concrete&Stripe It]-Replace walk/curb concrete with wire	2007	1,694	113	15	113		395	57
58	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		1,623	58
59	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		1,551	59
60	GT Mechanical-HVAC parts(bearing assembliescouplemotor)	2008	5,171	517	10	517		1,393	60
61									61
62	GT Mechanical - Replace bearing assembly/seal/motor	2009	2,773	555	5	555		1,017	62
63	GT Mechanical - HVAC bearing assembly seal & coupler	2009	3,210	642	5	642		696	63
64	GT Mechanical - Pump elect. (bearing assembly)	2009	2,823	565	5	565		612	64
65									65
66	Top Notch - Compressor for freezer	2010	2,464	370	5	370		370	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,985,021	\$ 376,099		\$ 250,267	\$ (125,832)	\$ 2,459,943	70

**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	Totals from Page 12A, Carried Forward		\$ 7,985,021	\$ 376,099		\$ 250,267	\$ (125,832)	\$ 2,459,943	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									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,055,279	\$ 377,487		\$ 251,655	\$ (125,832)	\$ 2,527,521	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	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		\$ 8,055,279	\$ 377,487		\$ 251,655	\$ (125,832)	\$ 2,527,521	1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 8,055,279	\$ 377,487		\$ 251,655	\$ (125,832)	\$ 2,527,521	34

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

Facility Name & ID Number Alden of Waterford

0042036

Report Period Beginning:

1/1/10

Ending:

12/31/10

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	\$ 576,148	\$ 117,934	\$ 50,122	\$ (67,812)		\$ 328,590	71
72	Current Year Purchases	225,204	19,615	19,615			19,615	72
73	Fully Depreciated Assets	92,009	717	717			92,009	73
74								74
75	TOTALS	\$ 893,361	\$ 138,266	\$ 70,454	\$ (67,812)		\$ 440,214	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	Passenger Bus	2001 Ford Eldorado	2001	\$ 50,888	\$	\$	\$	4	\$ 50,888	76
77										77
78										78
79	Related party - AMS	Various	'98 - '02	4,148				3	4,148	79
80	TOTALS			\$ 55,036	\$	\$	\$		\$ 55,036	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,666,409	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 515,753	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 322,109	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (193,644)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,022,771	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 backed out

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			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: \$ 13,738 Description: Copy machine lease, postage meter rental & various office equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>14,360</u>	17
18					18
19			<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>14,360</u>	21

10. Effective dates of current rental agreement:

Beginning 05/01/2001

Ending 04/30/2011

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

Fiscal Year Ending Annual Rent

12. 12/2011 \$ Varies

13. 12/2012 \$ Varies

14. 12/2013 \$ 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. <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	\$		\$ 638,441	\$		\$ 638,441	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			159,160			159,160	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			764,109			764,109	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				529,439		529,439	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>			162		11,917	158,235		170,314	13
14	TOTAL			\$ 162		\$ 1,573,627	\$ 687,674		\$ 2,261,463	14

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

XIV. Special Services (Direct Cost)

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$638,440.57
2.	ST	39-3	To Col 5	159,160.35
3.				
4.	PT	39-3	To Col 5	764,109.03
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			376,472.23
	Manual Input from Related Party- Forum Drugs			152,967.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	529,439.23
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col.	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col.	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		161.70
13.	Col 5: Manual Input: Related Party - CPT		To Col	11,917.00
	Other			486,107.99
	Manual Input: Related Party - Prism			(22,459.00)
	Manual Input: Related Party FECII - I.V.			(320,992.00)
	Manual Input: Related Party FECII - Wound Care			(1,162.00)
	Oxygen, from reclass worksheet (Pg 4A)			16,740.00
13.	Col 6: Supplies Total		To Col 6	158,234.99
13.	Total Line 13, Column 8			170,151.99
14.	Total			2,261,462.87

Facility Name & ID Number Alden of Waterford

0042036

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*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>65,000</u>)	1,219,905	1,219,905	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		94,784	5
6	Prepaid Insurance		25,458	6
7	Other Prepaid Expenses	2,128	2,128	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	55,897	55,897	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,277,930	\$ 1,398,172	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		662,733	13
14	Buildings, at Historical Cost		11,880,012	14
15	Leasehold Improvements, at Historical Cost	80,030	1,142,274	15
16	Equipment, at Historical Cost	170,023	2,038,852	16
17	Accumulated Depreciation (book methods)	(151,703)	(4,540,923)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		873,248	21
22	Other Long-Term Assets (spe <u>Financing net</u>)		183,265	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 98,350	\$ 12,239,461	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,376,280	\$ 13,637,633	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 963,684	\$ 963,390	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	152,485	152,485	28
29	Short-Term Notes Payable		140,438	29
30	Accrued Salaries Payable	346,731	346,731	30
31	Accrued Taxes Payable (excluding real estate taxes)	63,959	63,959	31
32	Accrued Real Estate Taxes(Sch.IX-B)		65,040	32
33	Accrued Interest Payable	9,195	100,414	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	58,874	58,874	36
37	<u>Due to Affiliates</u>	1,971,586	50,178	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,566,514	\$ 1,941,509	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		2,754,696	39
40	Mortgage Payable		11,938,370	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	4,748,088	4,748,088	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,748,088	\$ 19,441,154	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,314,602	\$ 21,382,663	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,938,322)	\$ (7,745,030)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,376,280	\$ 13,637,633	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,203,640)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2008 cost report	2,030	3
4	was submitted. These have no effect on prior year's		4
5	report: bad debt, medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,201,610)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	263,288	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 263,288	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (6,938,322)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Waterford

0042036

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,308,850	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,308,850	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	111,795	6
7	Oxygen	6,881	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 118,676	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	41	12
13	Barber and Beauty Care	2,567	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	5	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	5,679	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,292	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	6,090	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,090	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg 19A	3,660	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,660	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,445,568	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,579,150	31
32	Health Care	2,767,994	32
33	General Administration	1,966,196	33
B. Capital Expense			
34	Ownership	1,390,285	34
C. Ancillary Expense			
35	Special Cost Centers	2,424,452	35
36	Provider Participation Fee	54,203	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,182,280	40
41	Income before Income Taxes (line 30 minus line 40)**	263,288	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 263,288	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 of Waterford, LLC

004-2036

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

Details of Page 19, Line 28

Ref Line

Record Copies (g/l 4977-100-001)	103.00	10
W/C Settlement (g/l 4977-100-000)	167.00	22
Wage/Service Fees (g/l 4977-100-006)	190.00	21
Gain on sale of assets (g/l 4985)	3,200.00	
Total of PG 19, Line 28	<u>3,660.00</u>	

Facility Name & ID Number Alden of Waterford

0042036

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	2,032	2,184	\$ 104,200	\$ 47.71	1
2	Assistant Director of Nursing	2,080	2,080	79,022	37.99	2
3	Registered Nurses	30,793	32,333	1,025,500	31.72	3
4	Licensed Practical Nurses	9,243	10,239	261,629	25.55	4
5	CNAs & Orderlies	55,532	59,252	751,531	12.68	5
6	CNA Trainees					6
7	Licensed Therapist	15	15	162	10.80	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,768	1,852	37,839	20.43	9
10	Activity Assistants	6,099	6,255	53,755	8.59	10
11	Social Service Workers	1,990	1,990	42,577	21.40	11
12	Dietician					12
13	Food Service Supervisor	14	14	262	18.71	13
14	Head Cook	3,915	3,915	76,025	19.42	14
15	Cook Helpers/Assistants	35,693	37,892	418,011	11.03	15
16	Dishwashers					16
17	Maintenance Workers	1,258	1,258	29,500	23.45	17
18	Housekeepers	12,751	13,759	137,076	9.96	18
19	Laundry	3,638	3,791	34,740	9.16	19
20	Administrator	2,080	2,080	114,306	54.95	20
21	Assistant Administrator	592	592	16,017	27.06	21
22	Other Administrative	7,816	7,908	188,194	23.80	22
23	Office Manager	2,080	2,080	30,492	14.66	23
24	Clerical	2,817	2,817	23,296	8.27	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,040	2,040	58,953	28.90	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	3,904	3,936	63,884	16.23	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	188,150	198,282	\$ 3,546,971 *	\$ 17.89	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	1,817/monthly	\$ 21,800	1-3	35
36	Medical Director	2,875/monthly	34,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	198/monthly	2,376	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	338/monthly	4,051	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 62,727		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 of Waterford

0042036

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 \$3,826 Il. Assoc. of HC=\$1,188
- (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. \$ 25,593 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. \$ 54,203
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. \$ 24,631 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.