

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896 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	217	Skilled (SNF)	217	79,205	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	217	TOTALS	217	79,205	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	19,737	3,081	15,229	38,047	8
9	SNF/PED					9
10	ICF	21,613	2,561		24,174	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,350	5,642	15,229	62,221	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.56%

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 05/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 217 and days of care provided 12,177

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 Poplar Creek Rehabilitation & Health # 0032896 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	391,797	39,774	21,800	453,371	1,764	455,135	(1,871)	453,264		1
2	Food Purchase		389,569		389,569	(39,047)	350,522	(12,962)	337,560		2
3	Housekeeping	236,251	44,557		280,808	755	281,563	7,620	289,183		3
4	Laundry	64,216	18,655		82,871	333	83,204		83,204		4
5	Heat and Other Utilities			207,681	207,681		207,681	2,450	210,131		5
6	Maintenance	53,187	317	227,923	281,427	10,633	292,060	45,136	337,196		6
7	Other (specify):* Related Party Benefits							8,855	8,855		7
8	TOTAL General Services	745,451	492,872	457,404	1,695,727	(25,562)	1,670,165	49,228	1,719,393		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,508,492	309,373	7,133	3,824,998	(48,112)	3,776,886	68,491	3,845,377		10
10a	Therapy	139,857	1,305	11,400	152,562		152,562		152,562		10a
11	Activities	82,725	3,231	7,590	93,546	425	93,971		93,971		11
12	Social Services	36,278			36,278		36,278		36,278		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							9,650	9,650		15
16	TOTAL Health Care and Programs	3,767,352	313,909	50,123	4,131,384	(47,687)	4,083,697	78,141	4,161,838		16
	C. General Administration										
17	Administrative	103,692			103,692		103,692	127,245	230,937		17
18	Directors Fees										18
19	Professional Services			1,049,663	1,049,663	(11,100)	1,038,563	(949,558)	89,005		19
20	Dues, Fees, Subscriptions & Promotions			72,870	72,870		72,870	(59,755)	13,115		20
21	Clerical & General Office Expenses	315,639	33,791	74,391	423,821	(10,353)	413,468	338,678	752,146		21
22	Employee Benefits & Payroll Taxes			821,107	821,107	29,786	850,893	(11,832)	839,061		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,265	3,265		3,265	3,963	7,228		24
25	Other Admin. Staff Transportation			11,967	11,967		11,967	17,519	29,486		25
26	Insurance-Prop.Liab.Malpractice			227,837	227,837		227,837	10,336	238,173		26
27	Other (specify):* Related Party Benefits			27,020	27,020		27,020	46,640	73,660		27
28	TOTAL General Administration	419,331	33,791	2,288,120	2,741,242	8,333	2,749,575	(476,764)	2,272,811		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,932,134	840,572	2,795,647	8,568,353	(64,916)	8,503,437	(349,395)	8,154,042		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center #0032896 Report Period Beginning: 1/1/10 Ending: 12/31/10

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			77,824	77,824		77,824	381,463	459,287			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			115,400	115,400		115,400	518,860	634,260			32
33	Real Estate Taxes							333,907	333,907			33
34	Rent-Facility & Grounds			1,194,764	1,194,764		1,194,764	(1,194,764)				34
35	Rent-Equipment & Vehicles			26,971	26,971		26,971	44,939	71,910			35
36	Other (specify):* MIP							45,494	45,494			36
37	TOTAL Ownership			1,414,959	1,414,959		1,414,959	129,899	1,544,858			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		862,760	1,327,243	2,190,003	64,916	2,254,919	(199,408)	2,055,511			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			118,808	118,808		118,808		118,808			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		862,760	1,446,051	2,308,811	64,916	2,373,727	(199,408)	2,174,319			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,932,134	1,703,332	5,656,657	12,292,123		12,292,123	(418,904)	11,873,219			45

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

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

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(39,047.00)	Employee Meals
	22	39,047.00	Employee Meals
22		(9,261.00)	Uniforms
	1	1,764.00	Uniforms
	3	755.00	Uniforms
	4	333.00	Uniforms
	6	280.00	Uniforms
	10	5,704.00	Uniforms
	11	425.00	Uniforms
	21	-	Uniforms
10		(64,916.00)	Oxygen - to appropriate cost center
	39	64,916.00	Oxygen - to appropriate cost center
33		na	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	na	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(10,353.00)	Vendor Settlements
	5	10,353.00	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(11,100.00)	Clinical Coordinators (Pathway Billing)
	10	11,100.00	Clinical Coordinators (Pathway Billing)
Net		<hr/>	-

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(6,780)	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				9
10	Interest and Other Investment Income	(13,203)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,499)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(13,023)	32		18
19	Entertainment	(2,158)	20		19
20	Contributions	(13,072)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,421)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(27,021)	27		24
25	Fund Raising, Advertising and Promotional	(12,259)	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)	\$ (91,436)		\$	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)	(134,857)	Various	34
35	Other- Attach Schedule	(192,611)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (327,468)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (418,904)		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 Poplar Creek Rehabilitation & Health Care Center

ID# 0032896

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (1,022)	5	1
2	Intercompany interests	(102,377)	32	2
3	Misc Income (med records, jury duty, food rebate)	(2,622)	21	3
4	Marketing Manager & Aides (GL6701-100-009)	(71,074)	21	4
5	Employee Benefit - Marketing Manager	(11,832)	22	5
6	IHCA PAC Fees to backout	(3,594)	20	6
7	Bank Charges - Poplar Creek LLC	0	21	7
8	Deming Leadership Training Adj (GL6816)	(543)	24	8
9	Add back prior year tax refund (GL7003)	0	33	9
10	reduce depreciation exp on P12 <\$2,500	(2,523)	30	10
11	reduce depreciation exp on P12 <\$2,500 PC LLC	(4,460)	30	11
12	expense capital items>\$2,500 PG12	3,175	6	12
13	back out Hoffman Estate Chamber of Commerce	(1,182)	20	13
14	adjustment on depreciation	2,195	30	14
15	adj Deferred maintenance to actual		6	15
16				16
17	adj for ABC related party profit - PG12	(22)	30	17
18	adj for ABC related party profit - PG12	(8)	30	18
19	adj for ABC related party profit - PG12	(5)	30	19
20				20
21				21
22	reduce depreciation exp on P13 <\$2,500	(15,814)	30	22
23	expense item on P13 <\$2,500	18,777	6	23
24	expense capital items>\$2,500 PG13, related party	320	6	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	(192,611)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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	5,652	(7,523)	0	0	0	0	0	0	0	(1,871)	1
2	Food Purchase	(2,499)	0	0	(10,463)	0	0	0	0	0	0	0	(12,962)	2
3	Housekeeping	0	0	7,620	0	0	0	0	0	0	0	0	7,620	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,022)	0	3,472	0	0	0	0	0	0	0	0	2,450	5
6	Maintenance	15,492	0	30,076	0	0	0	(432)	0	0	0	0	45,136	6
7	Other (specify):*	0	0	7,740	1,115	0	0	0	0	0	0	0	8,855	7
8	TOTAL General Services	11,971	0	54,560	(16,871)	0	0	(432)	0	0	0	0	49,228	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	0	0	64,654	512	3,325	0	0	0	0	0	0	68,491	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	9,650	0	0	0	0	0	0	0	0	9,650	15
16	TOTAL Health Care and Programs	0	0	74,304	512	3,325	0	0	0	0	0	0	78,141	16
	C. General Administration													
17	Administrative	0	0	127,245	0	0	0	0	0	0	0	0	127,245	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,421)	16,180	(964,317)	0	0	0	0	0	0	0	0	(949,558)	19
20	Fees, Subscriptions & Promotions	(32,265)	0	(27,490)	0	0	0	0	0	0	0	0	(59,755)	20
21	Clerical & General Office Expenses	(73,696)	847	323,962	19,910	67,655	0	0	0	0	0	0	338,678	21
22	Employee Benefits & Payroll Taxes	(11,832)	0	0	0	0	0	0	0	0	0	0	(11,832)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(543)	0	4,506	0	0	0	0	0	0	0	0	3,963	24
25	Other Admin. Staff Transportation	0	0	17,519	0	0	0	0	0	0	0	0	17,519	25
26	Insurance-Prop.Liab.Malpractice	0	10,153	183	0	0	0	0	0	0	0	0	10,336	26
27	Other (specify):*	(27,021)	0	66,531	2,609	4,521	0	0	0	0	0	0	46,640	27
28	TOTAL General Administration	(146,778)	27,180	(451,861)	22,519	72,176	0	0	0	0	0	0	(476,764)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(134,807)	27,180	(322,997)	6,160	75,501	0	(432)	0	0	0	0	(349,395)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(20,637)	400,551	1,549	0	0	0	0	0	0	0	0	381,463	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(128,603)	575,078	70,108	0	2,277	0	0	0	0	0	0	518,860	32
33	Real Estate Taxes	0	327,295	5,786	0	826	0	0	0	0	0	0	333,907	33
34	Rent-Facility & Grounds	0	(1,194,764)	0	0	0	0	0	0	0	0	0	(1,194,764)	34
35	Rent-Equipment & Vehicles	0	0	44,939	0	0	0	0	0	0	0	0	44,939	35
36	Other (specify):*	0	45,494	0	0	0	0	0	0	0	0	0	45,494	36
37	TOTAL Ownership	(149,240)	153,654	122,382	0	3,103	0	0	0	0	0	0	129,899	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	(28,479)	(155,391)	(15,538)	0	0	0	0	0	(199,408)	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	(28,479)	(155,391)	(15,538)	0	0	0	0	0	(199,408)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(284,047)	180,834	(200,615)	(22,319)	(76,787)	(15,538)	(432)	0	0	0	0	(418,904)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,194,764	Alden Nursing Center of Poplar Creek, LLC	0.00%	\$	\$ (1,194,764)	1
2	V	32 Investment Income RR	306	Alden Nursing Center of Poplar Creek, LLC			(306)	2
3	V	19 Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		7,680	7,680	3
4	V	33 Real Estate Tax		Alden Nursing Center of Poplar Creek, LLC		327,295	327,295	4
5	V	26 Property/Liability Insurance		Alden Nursing Center of Poplar Creek, LLC		10,153	10,153	5
6	V	32 Interest on Mortgage		Alden Nursing Center of Poplar Creek, LLC		573,100	573,100	6
7	V	30 Depreciation		Alden Nursing Center of Poplar Creek, LLC		400,551	400,551	7
8	V	32 Amortization		Alden Nursing Center of Poplar Creek, LLC		2,284	2,284	8
9	V	36 Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		45,494	45,494	9
10	V	21 Misc Administrative Fees		Alden Nursing Center of Poplar Creek, LLC		847	847	10
11	V	19 Professional Fees		Alden Nursing Center of Poplar Creek, LLC		8,500	8,500	11
12	V							12
13	V							13
14	Total		\$ 1,195,070			\$ 1,375,904	\$ * 180,834	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%	\$ 3,472	\$ 3,472 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		4,506	4,506 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		17,519	17,519 17
18	V	26 Insurance		Alden Management Services, Inc.		183	183 18
19	V	20 Dues and Subscription	29,004	Alden Management Services, Inc.		1,514	(27,490) 19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549	1,549 20
21	V	33 Real Estate taxes		Alden Management Services, Inc.		5,786	5,786 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		44,939	44,939 22
23	V	32 Interest		Alden Management Services, Inc.		70,108	70,108 23
24	V	1 Dietary		Alden Management Services, Inc.		5,652	5,652 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,620	7,620 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		7,740	7,740 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		64,654	64,654 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		9,650	9,650 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		127,245	127,245 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		66,531	66,531 30
31	V	19 Professional Fee	1,024,394	Alden Management Services, Inc.		60,077	(964,317) 31
32	V	21 General and Administrative		Alden Management Services, Inc.		323,962	323,962 32
33	V	6 Repairs and Maintenance	20,516	Alden Management Services, Inc.		50,592	30,076 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,073,914			\$ 873,299	\$ * (200,615) 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 Diet Salary		Prism Health Care Services, Inc.		11,187	11,187
17	V	2 Tube Feeding	39,602	Prism Health Care Services, Inc.		29,139	(10,463)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	64,658	Prism Health Care Services, Inc.		36,179	(28,479)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		13,975	13,975
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		2,609	2,609
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,115	1,115
23	V	21 General and Administrative		Prism Health Care Services, Inc.		5,935	5,935
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		\$ 132,720			\$ 110,401	\$ * (22,319)

* 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>	\$ 405,685	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 570,522	\$ 164,837
16	V	39 <u>IV</u>	361,921	<u>Forum Extended Care Services II, Inc.</u>		44,878	(317,043)
17	V	39 <u>Wound Care</u>	15,134	<u>Forum Extended Care Services II, Inc.</u>		11,949	(3,185)
18	V	10 <u>House Stock</u>	13,919	<u>Forum Extended Care Services II, Inc.</u>		12,791	(1,128)
19	V	10 <u>Pharmacy Consultant</u>	6,478	<u>Forum Extended Care Services II, Inc.</u>		10,931	4,453
20	V	27 <u>Employee Vaccination</u>	3,047	<u>Forum Extended Care Services II, Inc.</u>		2,406	(641)
21	V	27 <u>Employee Benefit: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		5,162	5,162
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		41,462	41,462
23	V	21 <u>General and Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		26,193	26,193
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		2,277	2,277
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		826	826
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		\$ 806,184			\$ 729,397	\$ * (76,787)

* 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	\$ 1,294,104	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,278,566	\$ (15,538)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,294,104			\$ 1,278,566	\$ * (15,538)

* 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 and Maintenance	\$ 35,312	Alden Bennett Construction Company, Inc.	0.00%	\$ 34,880	\$	(432)	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		\$ 35,312			\$ 34,880	\$ *	(432)	39

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

Alden Poplar Creek Rehabil Alden Poplar Creek Rehabilitation & Health Care Provider No. 0032896

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 Poplar Creek Rehabilitation & Health # 0032896 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	176,033	1.94	4.85	Salary	\$ 8,967	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,313	1.94	4.85	Salary	3,327	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,604	1.94	4.85	Salary	1,916	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	\$ 14,210		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 Poplar Creek Rehabilitation & Health Care Center # 0032896 Report Period Beginning: 1/1/10 Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

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	\$ 62,221	\$ 3,472	1
2	24	Travel/Seminar	Patient days	1,283,623	33	92,957	62,221	4,506	2
3	25	Other Admin Travel	Patient days	1,283,623	33	361,409	62,221	17,519	3
4	26	Insurance	Patient days	1,283,623	33	3,773	62,221	183	4
5	20	Dues/Subscriptions	Patient days	1,283,623	33	31,234	62,221	1,514	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	62,221	5,786	7
8	35	Rent-Equip & Vehicles	Patient days	1,283,623	33	927,091	62,221	44,939	8
9	32	Interest	Patient days	1,283,623	33	1,179,658	62,221	70,108	9
10	1	Diet. Salary	Patient days	1,283,623	33	116,597	116,597	5,652	10
11	3	Housekeeping Salary	Patient days	1,283,623	33	157,195	157,195	7,620	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,283,623	33	159,672	62,221	7,740	12
13	10	Nurs & Med Record Salary	Patient days	1,283,623	33	1,369,902	1,369,902	64,654	13
14	15	Employee Benefits-Health Care	Patient days	1,283,623	33	199,071	62,221	9,650	14
15	17	Administrative Salary	Patient days	1,283,623	33	2,862,453	2,862,453	127,245	15
16	27	Employee Benefits-Administr.	Patient days	1,283,623	33	1,372,540	62,221	66,531	16
17	19	Professional Fees	Patient days	1,283,623	33	1,239,391	672,679	60,077	17
18	21	Gen'l & Administrative	Patient days	1,283,623	33	6,683,349	5,909,984	323,962	18
19	6	Repairs & Maintenance	Patient days	1,283,623	33	1,043,713	824,986	50,592	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 873,299	25

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health # 0032896 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			
A. Directly Facility Related																			
Long-Term																			
1	Cambridge (GL7055)		x	Mortgage		09/02	\$ 9,875,100	\$ 9,038,444	12/2037	6.5000	\$ 573,100	1							
2												2							
3												3							
4												4							
5	Amortization of Finance Fees (GL7105)										2,284	5							
Working Capital																			
6	Related party-AMS		x	working capital							70,108	6							
7	Related party-FECH		x	working capital							2,277	7							
8												8							
9	TOTAL Facility Related						\$ 9,875,100	\$ 9,038,444			\$ 647,769	9							
B. Non-Facility Related*																			
10	Interest Income Repl Reserve										(326)	10							
11	Patient Interest Income GL4646/4975										(13,183)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (13,509)	14							
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 9,038,444			\$ 634,260	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 45,494 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 Poplar Creek Rehabilitation & Health Care Center

0032896

Report Period Beginning:

1/1/10

Ending:

12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 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>62,115</u>	<u>1978</u>	<u>\$ 90,580</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	62,115		\$ 90,580	3

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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	217	1995	1988	9,202,500	230,062	40	230,062		3,482,951	4
5										5
6										6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10	Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11	Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12	Replace boiler/replace a/c unit/replace condensor		1991	11,622		5-15			11,622	12
13	Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458	199	5-25	199		14,250	13
14	HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195	1,181	5-20	1,181		66,120	14
15	HVAC/prior credits applied		1994	(5,559)		10-15			(5,559)	15
16	A/C work/electricity repair/HVAC repairs		1995	23,105		5-15			23,105	16
17	Increase lighting levels on first floor		1996	8,838	589	15	589		8,345	17
18	Repair and epoxy all shower bases		1996	7,164	478	15	478		6,770	18
19	Clean coils to existing NU-AHL		1996	7,166		10			7,166	19
20	Laundry-enclose dryer area, door etc.		1996	7,763	388	20	388		5,530	20
21	Redesign PT,OT, activity area		1996	11,943	597	20	597		8,658	21
22	Repair restucco 2 entrance monuments		1996	5,016		10			5,016	22
23	Remove & replace roof with new		1996	89,573	4,479	20	4,479		63,823	23
24	Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801	2,787	15	2,787		39,945	24
25	Add alternate biler phasing standby/back		1996	5,972	398	15	398		5,673	25
26	Change roof exhausts		1996	13,137	876	15	876		12,555	26
27	Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28	Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492	6,125	20	6,125		87,278	28
29	Siegert (sprinkler system)		1996	29,000	1,933	15	1,933		28,514	29
30	Tri-star install cooler assec.		1997	1,864		5			1,864	30
31	Cummis/onan -install pump		1997	4,959		5			4,959	31
32	Network environment -repair pipe		1997	8,000		5			8,000	32
33	Network environment -repair pipe		1997	6,800		5			6,800	33
34	A&B install cable in all rooms		1997	4,680		10			4,680	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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 electric-insall outlet and lights	1998	1,778		5			1,778	37
38	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	38
39	CSI-maint. On choller and clean condensor valves	1998	8,400		10			8,400	39
40	CSI -repair compressor and freon	1998	2,330	155	15	155		1,913	40
41	CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42	ABC	1998	1,748,376	47,254	5-20	47,254		609,749	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881	494	20	494		5,722	44
45	CSI-repair condensor	1999	1,528		10			1,528	45
46	Fos valley fire & safety-smoke detectors	1999	6,502		10			6,502	46
47	CSI-repair boiler	1999	1,875	125	15	125		1,396	47
48	CSI - compressor	1999	1,531	102	15	102		1,131	48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735	849	15	849		9,410	50
51	Climate Services, -replace coil/thermostat	1999	5,425		10			5,425	51
52	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		1,303	52
53	New Horizons	2000	525		3			525	53
54	New Horizons	2000	667		3			667	54
55	New Horizons	2000	714		3			714	55
56	New Horizons	2000	824		3			824	56
57	Alden Design	2000	4,440	222	20	222		2,294	57
58	Alden Design	2000	5,500	275	20	275		2,819	58
59	Walter Mayer -interior finishes	2000	4,000	267	15	267		2,891	59
60	CSI-window treatment	2000	19,411		5			19,411	60
61	DBS contracting - Alden sign	2000	1,500		5			1,500	61
62	Equipment Int.-repair dryer	2000	1,864		3			1,864	62
63	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,769,879	\$ 299,959		\$ 299,959	\$	\$ 4,818,552	70

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

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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	Totals from Page 12A, Carried Forward		\$ 11,769,879	\$ 299,959		\$ 299,959	\$	\$ 4,818,552	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washtown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565	557	10	557		5,429	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		2,960	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650	165	10	165		1,526	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398		5			2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		25,492	19
20	ABC - Misc. Repairs	2002	3,734	373	10	373		3,078	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885		5			1,885	22
23	Capps Plumbing (install new drain)	2002	1,685		5			1,685	23
24	GT Mechanical (condenser pump motor)	2002	2,505	251	10	251		2,154	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769	777	10	777		6,604	25
26	GT Mechanical (replaced motor)	2002	3,112		5			3,112	26
27	Alden Bennett Construction(chain link gate)	2002	2,565		5			2,565	27
28	GT Mechanical (replace motor)	2002	2,287		5			2,287	28
29	GT Mechanical (taco pump)	2002	3,808	381	10	381		3,175	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500	250	10	250		2,042	30
31	New Horizons Communication (phone & jacks instal	2002	3,651	365	10	365		2,951	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,902,871	\$ 306,368		\$ 306,368	\$	\$ 4,911,576	34

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

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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	Totals from Page 12B, Carried Forward		\$ 11,902,871	\$ 306,368		\$ 306,368	\$	\$ 4,911,576	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785	578	10	578		4,335	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731	573	10	573		4,345	3
4	Alden Bennett Construction(elevator)	2003	2,595		5			2,595	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283		5			5,283	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833		5			2,833	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598		5			1,598	7
8	GT Mechanical (plumbing reapiers)	2003	2,544		5			2,544	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437		3			1,437	9
10	GT Mechanical (plumbing reapiers)	2004	2,810		5			2,810	10
11	GT Mechanical (plumbing reapiers)	2004	1,267		5			1,267	11
12	GT Mechanical (plumbing reapiers)	2004	4,055	270	15	270		1,800	12
13	GT Mechanical (plumbing reapiers)	2004	4,469		5			4,469	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		680	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550		5			2,550	15
16	System Electric (electrical work)	2005	1,080	126	5	126		1,080	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426	238	5	238		1,426	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541	154	10	154		871	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185	291	5	291		2,185	19
20	Door alarm	2005	2,508	376	5	376		1,504	20
21	CSI Coker (Dishwasher repair)	2005	3,467	117	5	117		3,467	21
22	Equipment International (tumbler weldment)	2005	3,656	366	10	366		2,043	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769	62	5	62		3,769	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800	63	5	63		3,800	24
25	GT Mechanical (replace lower motor)	2005	4,558	912	5	912		2,964	25
26	ABC (windows)	2005	4,756	714	5	714		4,756	26
27	GT Mechanical (major repair to AC)	2005	6,216	622	10	622		3,524	27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854	571	5	571		1,998	29
30	ABC (Flagpole, aerator, shower)	2006	2,838	568	5	568		1,917	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167	633	5	633		2,005	31
32	Capps Plumbing (new tempering and IP valves)	2006	4,388	293	15	293		1,294	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,000,170	\$ 314,001		\$ 314,001	\$	\$ 4,988,725	34

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

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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	Totals from Page 12C, Carried Forward		\$ 12,000,170	\$ 314,001		\$ 314,001	\$	\$ 4,988,725	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	43	5	43		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	Adj for ABC related party profit	2008	(801)	(44)		(44)		(55)	28
29	Adj for ABC related party profit	2009	(283)	(12)		(12)		(12)	29
30	Adj for ABC related party profit	2010	(432)	(5)		(5)		(5)	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,068,912	\$ 315,308		\$ 315,308	\$	\$ 5,056,231	34

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

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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	Totals from Page 12D, Carried Forward		\$ 12,068,912	\$ 315,308		\$ 315,308	\$	\$ 5,056,231	1
2	Lee's Carpet - office carpet	2007	3,153	315	10	315		1,208	2
3	ABC - Parking Lot repair	2007	5,165	516	10	516		1,634	3
4	ABC - new smoke detectors	2007	7,883	789	10	789		3,090	4
5	ABC - new door	2007	2,626	263	10	263		1,008	5
6	ABC - new carpet	2007	17,048	1,705	10	1,705		6,394	6
7	ABC - new door operator	2007	2,559	511	5	511		1,832	7
8	ABC - new carpet	2007	42,573	4,257	10	4,257		15,254	8
9	ABC - new carpet	2007	23,548	2,355	10	2,355		8,242	9
10	ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		9,285	10
11	ABC - new piping condenser	2007	27,385	2,738	10	2,738		9,583	11
12	ABC - new carpet	2007	10,740	1,074	10	1,074		3,759	12
13	ABC - Parking Lot repair	2007	9,393	939	10	939		2,895	13
14	ABC - new carpet	2007	12,809	1,281	10	1,281		4,483	14
15	ABC - new elevator rails	2007	6,633	663	10	663		2,044	15
16	ABC - new evac signage	2007	4,201	420	10	420		1,295	16
17	ABC - push button security lock	2008	3,050	610	5	610		1,423	17
18	Oak Fire - 1st FI Nurse call system & annunciator repairs	2008	3,150	315	10	315		840	18
19	ABC - new door hardware	2008	4,267	427	10	427		1,103	19
20									20
21	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		410	21
22	American Backflow - 1.25 hot laundry RPZ repair	2008	3,480	348	10	348		841	22
23	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		3,931	23
24	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		657	24
25	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		1,352	25
26	ABC - new window, sun shades, 2nd & 3rd FL	2008	2,644	264	10	264		748	26
27	RB Higgins - 30 pressure relief mattresses	2008	4,335	867	5	867		2,240	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,345,508	\$ 341,445		\$ 341,445	\$	\$ 5,141,782	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 12,345,508	\$ 341,445		\$ 341,445	\$	\$ 5,141,782	1
2	ABC - new door hardware - alzheimer unit residents	2008	8,225	823	10	823		1,715	2
3	ABC - sewage pump	2008	16,242	1,624	10	1,624		3,248	3
4	ABC - new HVAC motors	2008	6,058	606	10	606		1,212	4
5									5
6									6
7	White Way Sign - signage	2008	17,495	1,749	10	1,749		3,498	7
8	ABC - new asphalt	2008	9,944	1,243	8	1,243		2,486	8
9	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		1,541	9
10	Oakton Glass - 48 pcs clear acrylic	2009	7,172	717	10	717		1,016	10
11	ABC - paving parking lot	2009	16,740	2,092	8	2,092		2,266	11
12	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		2,159	12
13	TopNotch - repairs new compressor	2009	4,057	811	5	811		1,555	13
14	ABC - new stone base for parking lot	2009	9,398	627	15	627		784	14
15	ABC - reseal parking lot	2009	4,959	620	8	620		775	15
16									16
17	ABC - sewer repair	2010	7,057	1,294	5	1,294		1,294	17
18	St. Alexius - paving roadwork	2010	8,945	932	8	932		932	18
19	Garelli Pavement - asphalt/seal coating	2010	5,750	239	8	239		239	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)		\$ 12,520,563	\$ 357,781		\$ 357,781	\$	\$ 5,166,502	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	\$ 1,051,485	\$ 86,372	\$ 86,372	\$	various	\$ 688,550	71
72	Current Year Purchases	80,181	3,513	3,513		various	3,513	72
73	Fully Depreciated Assets	745,166	11,621	11,621		various	745,166	73
74								74
75	TOTALS	\$ 1,876,832	\$ 101,506	\$ 101,506	\$		\$ 1,437,229	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related Party	Various	98-02	\$ 4,148	\$	\$	\$	3	\$ 4,148	76
77										77
78										78
79										79
80	TOTALS			\$ 4,148	\$	\$	\$		\$ 4,148	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,492,123	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 459,287	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 459,287	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,607,879	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 Poplar Creek Rehabilitation & Health Care Center # 0032896 Report Period Beginning: 1/1/10 Ending: 12/31/10

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party - cost is 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: \$ 14,016 Description: copy mach gl 6861, postage meter & 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>30,592</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>30,592</u>	21

10. Effective dates of current rental agreement:

Beginning Nov 2007

Ending Oct 2017

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

Fiscal Year Ending Annual Rent

12. 12/31/2011 \$ varies

13. 12/31/2012 \$ varies

14. 12/31/2013 \$ varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 492,355	\$		\$ 492,355	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			62,946			62,946	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			738,802			738,802	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				570,522		570,522	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>					(15,537)	206,423		190,886	13
14	TOTAL			\$		\$ 1,278,566	\$ 776,945		\$ 2,055,511	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	\$492,355.25
2.	ST	39-3	To Col 5	62,946.24
3.				
4.	PT	39-3	To Col 5	738,802.12
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			405,684.72
	Manual Input from Related Party- Forum Drugs			164,837.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	570,521.72
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(15,537.00)
	Other			490,214.71
	Manual Input: Related Party - Prism			(28,479.00)
	Manual Input: Related Party FECII - I.V.			(317,043.00)
	Manual Input: Related Party FECII - Wound Care			(3,185.00)
	Oxygen, from reclass worksheet (Pg 4A)			64,915.00
13.	Col 6: Supplies Total		To Col 6	206,422.71
13.	Total Line 13, Column 8			190,885.71
14.	Total			2,055,511.04

NOTE - See prior year worksheet for this home for any exceptional items that are specific to this
 Once this worksheet ties to Pg 4, Ln 39, Col 8, you can transfer the amounts to Pg 16.

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center # 0032896

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	2	
		Operating	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>60,000</u>)	1,299,411	1,299,411	3
4	Supply Inventory (priced at)	2,173	2,173	4
5	Short-Term Investments			5
6	Prepaid Insurance		251,458	6
7	Other Prepaid Expenses	1,125	45,830	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	124,640	124,640	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,427,349	\$ 1,723,512	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,273,592	14
15	Leasehold Improvements, at Historical Cost	874,004	908,534	15
16	Equipment, at Historical Cost	797,644	2,093,051	16
17	Accumulated Depreciation (book methods)	(1,208,051)	(6,464,984)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		297,163	21
22	Other Long-Term Assets (spe <u>Refinancing Fees</u>)		123,538	22
23	Other(specify): <u>Due from Affiliates</u>	10,599,759	10,111,775	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,063,356	\$ 18,653,223	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,490,705	\$ 20,376,735	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 710,695	\$ 723,951	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	190,384	190,384	28
29	Short-Term Notes Payable		134,129	29
30	Accrued Salaries Payable	417,107	417,107	30
31	Accrued Taxes Payable (excluding real estate taxes)	71,424	71,424	31
32	Accrued Real Estate Taxes(Sch.IX-B)		503,000	32
33	Accrued Interest Payable		47,452	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>	58,956	58,956	36
37	<u>Due to Affiliates</u>	1,689,307	1,689,307	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,137,873	\$ 3,835,710	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,904,315	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>			43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 8,904,315	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,137,873	\$ 12,740,025	46
47	TOTAL EQUITY(page 18, line 24)	\$ 9,352,832	\$ 7,636,710	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 12,490,705	\$ 20,376,735	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,368,756	1
2	Restatements (describe):		2
3	external audit adjustment made after 2009 cost report was		3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables)	8,895	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,377,651	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,975,181	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,975,181	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)	\$ 9,352,832	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care (# 0032896 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	\$ 14,017,931	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,017,931	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	158,925	6
7	Oxygen	62,760	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 221,685	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,378	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,358	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,904	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 7,640	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,203	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,203	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc Inc/gain on Sale of Fixed Assets</u>	6,845	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,845	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,267,304	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,695,727	31
32	Health Care	4,131,384	32
33	General Administration	2,741,242	33
B. Capital Expense			
34	Ownership	1,414,959	34
C. Ancillary Expense			
35	Special Cost Centers	2,190,003	35
36	Provider Participation Fee	118,808	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,292,123	40
41	Income before Income Taxes (line 30 minus line 40)**	1,975,181	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,975,181	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 - Poplar Creek Rehabilitation and Health Ca # 003-2896 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

Details of Page 19, Line 28

Medical records	1,421.00
Jury Duty	462.00
Food Vendor rebate	423.00
Miscellaneous	316.00
Gains on Sale of Fixed Assets	<u>4,223.00</u>
Total	<u><u>6,845.00</u></u>

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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	2,080	2,080	\$ 95,973	\$ 46.14	1
2	Assistant Director of Nursing	1,672	1,680	71,363	42.48	2
3	Registered Nurses	31,712	33,765	1,164,152	34.48	3
4	Licensed Practical Nurses	22,134	23,736	663,891	27.97	4
5	CNAs & Orderlies	94,864	100,365	1,273,408	12.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,330	4,690	66,463	14.17	8
9	Activity Director	2,080	2,080	38,639	18.58	9
10	Activity Assistants	4,067	4,476	44,086	9.85	10
11	Social Service Workers	2,072	2,080	36,278	17.44	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	51,267	24.65	13
14	Head Cook					14
15	Cook Helpers/Assistants	31,421	33,415	340,530	10.19	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	53,187	25.57	17
18	Housekeepers	20,351	21,990	236,251	10.74	18
19	Laundry	6,255	6,914	64,216	9.29	19
20	Administrator	2,080	2,080	103,812	49.91	20
21	Assistant Administrator					21
22	Other Administrative	10,459	10,529	301,943	28.68	22
23	Office Manager	2,080	2,080	41,768	20.08	23
24	Clerical	3,761	3,891	45,202	11.62	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,672	3,672	121,706	33.14	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer Aides/S	8,723	9,307	117,999	12.68	33
34	TOTAL (lines 1 - 33)	257,973	272,990	\$ 4,932,134 *	\$ 18.07	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	900/monthly	\$ 21,800	1-3	35
36	Medical Director	2000/monthly	24,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	434/monthly	5,208	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	272/monthly	3,266	11-3	44
45	Social Service Consultant	92/monthly	1,104	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 55,378		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jeffrey Russell	Administrator	0	\$ 103,692	Workers' Compensation Insurance	\$ 131,805	IDPH License Fee	\$	
				Unemployment Compensation Insurance	30,534	Advertising: Employee Recruitment	568	
				FICA Taxes	368,555	Health Care Worker Background Check		
				Employee Health Insurance	60,121	(Indicate # of checks performed 52)	520	
				Employee Meals	39,047	Patient Background Checks	2,510	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	800	
				Union, Health and Welfare	157,113	IL Health Care Association	7,203	
				Pension	51,362			
				Dental & Life	2,022			
				Empl Rel, Drug Tests, Vaccination, Misc		Related party - AMS	1,514	
				Payroll Costs, 401k match	10,334	Less: Public Relations Expense	()	
				Back out benefits for Marketing Manager	(11,832)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 103,692	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
B. Administrative - Other					\$ 839,061		\$ 13,115	
Description			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
			\$	Description	Line #	Amount	G. Schedule of Travel and Seminar**	
						\$	Description	Amount
							Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Related party - AMS	4,506
C. Professional Services							Seminar Expense	
Vendor/Payee	Type		Amount				Leadership Training	1,207
Alden Management Services	Consulting Fees		\$ 989,318				IL Council of Administrators, Alzheimer	1,515
AMS (Eliminated)	Allocated Legal Fees		35,076					
Baker Tilly, Virchow Krause, KPMC	Accounting Fees		6,448				Entertainment Expense	()
Ken Fisch	Legal Fees		2,383				(agree to Sch. V, line 24, col. 8)	
BDO Seidman	Tax Preparation Fees		3,223				TOTAL	\$ 7,228
Pathway	Clinical Consultant (reclassified)		11,099					
Medcom	Billing Consultant		580					
Linda Roberts & Associates	Food Service Audit		960					
First Advantage	Tax Services		576					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 1,049,663	TOTAL		\$		

* Attach copy of IMRF notifications

**See instructions.

Legal Fees Reported on Pg 21, Section C:	2,383.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(1,421.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>-</u>
Allowable Legal Fees	<u>962.00</u>

Facility Name & ID Number Alden Poplar Creek Rehabilitation & Health Care Center

0032896

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. IL Health Care Association \$7,203
- (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. \$ 61,951 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. \$ 118,808
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. \$ 39,047 Has any meal income been offset against related costs? _____ 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: Audit is for the Alden Group Ltd.
- (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? N/A
Attach invoices and a summary of services for all architect and appraisal fees.