



Facility Name & ID Number Alden Terrace of McHenry Rehabilitation

# 0040691 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	316	Skilled (SNF)	316	115,340	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	316	TOTALS	316	115,340	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	2,600	1,490	9,881	13,971	8
9	SNF/PED					9
10	ICF	50,655	2,951	341	53,947	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	53,255	4,441	10,222	67,918	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 58.89%

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 03/01/95

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 03/01/95 NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 316 and days of care provided 5,052

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation # 0040691 Report Period Beginning: 1/1/10 Ending: 12/31/10

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	296,341	40,884	21,800	359,025	421	359,446	(1,354)	358,092		1
2	Food Purchase		455,842		455,842	(45,946)	409,896	(9,948)	399,948		2
3	Housekeeping	233,873	55,441		289,314	1,554	290,868	8,317	299,185		3
4	Laundry	88,459	42,489		130,948	301	131,249		131,249		4
5	Heat and Other Utilities			231,997	231,997		231,997	2,967	234,964		5
6	Maintenance	41,302		253,024	294,326	11,185	305,511	11,594	317,105		6
7	Other (specify):* <b>Related Party</b>							8,448	8,448		7
8	<b>TOTAL General Services</b>	659,975	594,656	506,821	1,761,452	(32,485)	1,728,967	20,024	1,748,991		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			22,500	22,500		22,500		22,500		9
10	Nursing and Medical Records	3,934,847	309,005	10,908	4,254,760	(83,054)	4,171,706	75,320	4,247,026		10
10a	Therapy	135,154	511	11,400	147,065	84	147,149		147,149		10a
11	Activities	264,249	13,939	5,098	283,286		283,286		283,286		11
12	Social Services	67,345			67,345		67,345		67,345		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related Party</b>							10,533	10,533		15
16	<b>TOTAL Health Care and Programs</b>	4,401,595	323,455	49,906	4,774,956	(82,970)	4,691,986	85,853	4,777,839		16
	<b>C. General Administration</b>										
17	Administrative	84,595			84,595		84,595	158,856	243,451		17
18	Directors Fees										18
19	Professional Services			892,244	892,244	(16,687)	875,557	(793,886)	81,671		19
20	Dues, Fees, Subscriptions & Promotions			85,864	85,864		85,864	(69,037)	16,827		20
21	Clerical & General Office Expenses	196,721	22,470	86,179	305,370	(10,820)	294,550	335,710	630,260		21
22	Employee Benefits & Payroll Taxes			722,127	722,127	38,936	761,063	(7,672)	753,391		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,744	5,744		5,744	4,093	9,837		24
25	Other Admin. Staff Transportation			5,603	5,603		5,603	19,123	24,726		25
26	Insurance-Prop.Liab.Malpractice			341,751	341,751		341,751	200	341,951		26
27	Other (specify):* <b>Related Party</b>			110,619	110,619		110,619	(34,058)	76,561		27
28	<b>TOTAL General Administration</b>	281,316	22,470	2,250,131	2,553,917	11,429	2,565,346	(386,671)	2,178,675		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,342,886	940,581	2,806,858	9,090,325	(104,026)	8,986,299	(280,794)	8,705,505		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			125,379	125,379		125,379	(13,521)	111,858			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			164,552	164,552		164,552	(88,340)	76,212			32
33	Real Estate Taxes			275,675	275,675		275,675	6,645	282,320			33
34	Rent-Facility & Grounds			1,653,619	1,653,619		1,653,619		1,653,619			34
35	Rent-Equipment & Vehicles			15,062	15,062		15,062	49,053	64,115			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,234,287	2,234,287		2,234,287	(46,163)	2,188,124			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		335,294	490,158	825,452	104,026	929,478	69,271	998,749			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			173,010	173,010		173,010		173,010			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		335,294	663,168	998,462	104,026	1,102,488	69,271	1,171,759			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,342,886	1,275,875	5,704,313	12,323,074		12,323,074	(257,686)	12,065,388			45

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

Alden Terrace of McHenry Rehabilitation

IDPH Facility ID Number: #0042010

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2010

Report Period Ending: 12/31/2010

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<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(45,946.00)	Employee Meals
	22	45,946.00	Employee Meals
22		(7,010.00)	Uniforms
	1	421.00	Uniforms
	3	1,554.00	Uniforms
	4	301.00	Uniforms
	6	129.00	Uniforms
	10	4,285.00	Uniforms
	11	84.00	Uniforms
	21	236.00	Uniforms
10		(104,026.00)	Oxygen - to appropriate cost center
	39	104,026.00	Oxygen - to appropriate cost center
21		(11,056.00)	Vendor Settlements
	5	11,056.00	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(16,687.00)	Clinical Coordinators (Pathway Billing)
	10	16,687.00	Clinical Coordinators (Pathway Billing)

Net

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**Alden Terrace of McHenry Rehabilitation**

ID# 0040691

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (823)	5	1
2	Intercompany Interests	(149,082)	32	2
3	Misc Income - Medical records	(880)	21	3
4	Misc Income - Jury Duty	(795)	21	4
5	Marketing Manager (6701-100-009)	(56,760)	21	5
6	Employee Benefits - Marketing Manager	(7,672)	22	6
7	Back out PAC Fees (30%)	(3,643)	20	7
8	Deming Leadership Training adj (30%)	(825)	24	8
9	Back out Chamber of Commerce exp (6825)	(590)	20	9
10				10
11				11
12	elim depre exp PG 12 <\$2,500	(5,082)	30	12
13	elim depre exp PG 13 <\$2,500	(9,546)	30	13
14	adj to exp P12 <\$2,500 CY purch	2,902	6	14
15	adj to exp PG 13 <\$2,500	10,557	6	15
16	expense Related Party items <\$2,500 PG 13	320	6	16
17				17
18	adj YTD depreciation	(358)	30	18
19				19
20	adj ABC Related Party profit PG 12 prior years	(58)	30	20
21	adj ABC Related Party profit PG 12	(26)	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	<b>Total</b>	(222,361)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	6,169	(7,523)	0	0	0	0	0	0	0	(1,354)	1
2	Food Purchase	(1,539)	0	0	(8,409)	0	0	0	0	0	0	0	(9,948)	2
3	Housekeeping	0	0	8,317	0	0	0	0	0	0	0	0	8,317	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(823)	0	3,790	0	0	0	0	0	0	0	0	2,967	5
6	Maintenance	9,819	0	2,422	0	0	0	(647)	0	0	0	0	11,594	6
7	Other (specify):*	0	0	8,448	0	0	0	0	0	0	0	0	8,448	7
8	<b>TOTAL General Services</b>	<b>7,457</b>	<b>0</b>	<b>29,146</b>	<b>(15,932)</b>	<b>0</b>	<b>0</b>	<b>(647)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20,024</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	70,574	512	4,234	0	0	0	0	0	0	75,320	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,533	0	0	0	0	0	0	0	0	10,533	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>81,107</b>	<b>512</b>	<b>4,234</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85,853</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	158,856	0	0	0	0	0	0	0	0	158,856	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,266)	0	(778,620)	0	0	0	0	0	0	0	0	(793,886)	19
20	Fees, Subscriptions & Promotions	(41,686)	0	(27,351)	0	0	0	0	0	0	0	0	(69,037)	20
21	Clerical & General Office Expenses	(58,420)	0	353,624	13,522	26,984	0	0	0	0	0	0	335,710	21
22	Employee Benefits & Payroll Taxes	(7,672)	0	0	0	0	0	0	0	0	0	0	(7,672)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(825)	0	4,918	0	0	0	0	0	0	0	0	4,093	24
25	Other Admin. Staff Transportation	0	0	19,123	0	0	0	0	0	0	0	0	19,123	25
26	Insurance-Prop.Liab.Malpractice	0	0	200	0	0	0	0	0	0	0	0	200	26
27	Other (specify):*	(110,619)	0	72,623	2,529	1,409	0	0	0	0	0	0	(34,058)	27
28	<b>TOTAL General Administration</b>	<b>(234,488)</b>	<b>0</b>	<b>(196,627)</b>	<b>16,051</b>	<b>28,393</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(386,671)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(227,031)</b>	<b>0</b>	<b>(86,374)</b>	<b>631</b>	<b>32,627</b>	<b>0</b>	<b>(647)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(280,794)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(15,070)	0	1,549	0	0	0	0	0	0	0	0	(13,521)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(165,776)	0	76,528	0	908	0	0	0	0	0	0	(88,340)	32
33	Real Estate Taxes	0	0	6,316	0	329	0	0	0	0	0	0	6,645	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	49,053	0	0	0	0	0	0	0	0	49,053	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(180,846)</b>	<b>0</b>	<b>133,446</b>	<b>0</b>	<b>1,237</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(46,163)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(13,761)	(28,609)	111,641	0	0	0	0	0	69,271	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(13,761)</b>	<b>(28,609)</b>	<b>111,641</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69,271</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(407,877)	0	47,072	(13,130)	5,255	111,641	(647)	0	0	0	0	(257,686)	45

**VII. RELATED PARTIES**

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

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

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,790	\$	3,790	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,918		4,918	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		19,123		19,123	17
18	V	26 Insurance		Alden Management Services, Inc.		200		200	18
19	V	20 Dues & Subscriptions	29,004	Alden Management Services, Inc.		1,653		(27,351)	19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549		1,549	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,316		6,316	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		49,053		49,053	22
23	V	32 Interest		Alden Management Services, Inc.		76,528		76,528	23
24	V	1 Dietary		Alden Management Services, Inc.		6,169		6,169	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,317		8,317	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		8,448		8,448	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		70,574		70,574	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		10,533		10,533	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		158,856		158,856	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		72,623		72,623	30
31	V	19 Professional Fees	844,198	Alden Management Services, Inc.		65,578		(778,620)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		353,624		353,624	32
33	V	6 Repair & Maint	52,802	Alden Management Services, Inc.		55,224		2,422	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 926,004			\$ 973,076	\$ *	47,072	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 <u>Diet. Consultant</u>	\$ 21,800	<u>Prism Health Care Services, Inc.</u>	0.00%	\$ 3,090	\$ (18,710)
16	V	1 <u>Dietary Salary</u>		<u>Prism Health Care Services, Inc.</u>		11,187	11,187
17	V	2 <u>Tube Feeding</u>	28,422	<u>Prism Health Care Services, Inc.</u>		20,013	(8,409)
18	V	10 <u>Equip Rental</u>	6,660	<u>Prism Health Care Services, Inc.</u>		7,172	512
19	V	39 <u>Ancillary Supplies</u>	33,251	<u>Prism Health Care Services, Inc.</u>		19,490	(13,761)
20	V	21 <u>Gen'l &amp; Admin Salary</u>		<u>Prism Health Care Services, Inc.</u>		9,491	9,491
21	V	27 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		1,772	1,772
22	V	27 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		757	757
23	V	21 <u>Gen'l &amp; Admin</u>		<u>Prism Health Care Services, Inc.</u>		4,031	4,031
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	<b>Total</b>		\$ 90,133			\$ 77,003	\$ * (13,130)

\* 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>	\$ 169,818	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 238,819	\$ 69,001
16	V	39 <u>IV</u>	107,269	<u>Forum Extended Care Services II, Inc.</u>		13,301	(93,968)
17	V	39 <u>Wound Care</u>	17,307	<u>Forum Extended Care Services II, Inc.</u>		13,665	(3,642)
18	V	10 <u>House Stock</u>	16,016	<u>Forum Extended Care Services II, Inc.</u>		14,717	(1,299)
19	V	10 <u>Pharmacy Consultant</u>	8,049	<u>Forum Extended Care Services II, Inc.</u>		13,582	5,533
20	V	27 <u>Employee Vaccin.</u>	3,087	<u>Forum Extended Care Services II, Inc.</u>		2,437	(650)
21	V	27 <u>Employee Benefits: G&amp;A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,059	2,059
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		16,537	16,537
23	V	21 <u>Gen'l &amp; Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		10,447	10,447
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		908	908
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		329	329
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 321,546			\$ 326,801	\$ * 5,255

\* 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	\$ 476,225	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 587,866	\$ 111,641	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		\$ 476,225			\$ 587,866	\$ *	111,641	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 and Maintenance	\$ 52,950	Alden Bennett Construction Company, Inc.	0.00%	\$ 52,303	\$ (647)
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		\$ 52,950			\$ 52,303	\$ * (647)

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

Alden Terrace of McHenry F Alden Terrace of McHenry Rehabilitation

Provider No. 0040691

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 Terrace of McHenry Rehabilitation # 0040691 Report Period Beginning: 1/1/10 Ending: 12/31/10

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,211	2.116	5.29	Salary	\$ 9,789	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,008	2.116	5.29	Salary	3,632	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,429	2.116	5.29	Salary	2,091	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 15,512		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 Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending: 12/31/10

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	1,283,623	33	\$ 71,628	\$ 67,918	\$ 3,790	1
2	24	Travel/Seminar	Patient days	1,283,623	33	92,957	67,918	4,918	2
3	25	Other Admin Travel	Patient days	1,283,623	33	361,409	67,918	19,123	3
4	26	Insurance	Patient days	1,283,623	33	3,773	67,918	200	4
5	20	Dues/Subscriptions	Patient days	1,283,623	33	31,234	67,918	1,653	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient days	1,283,623	33	135,456	67,918	6,316	7
8	35	Rent-Equip & Vehicles	Patient days	1,283,623	33	927,091	67,918	49,053	8
9	32	Interest	Patient days	1,283,623	33	1,179,658	67,918	76,528	9
10	1	Diet. Salary	Patient days	1,283,623	33	116,597	116,597	6,169	10
11	3	Housekeeping Salary	Patient days	1,283,623	33	157,195	157,195	8,317	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,283,623	33	159,672	67,918	8,448	12
13	10	Nurs & Med Record Salary	Patient days	1,283,623	33	1,369,902	1,369,902	70,574	13
14	15	Employee Benefits-Health Care	Patient days	1,283,623	33	199,071	67,918	10,533	14
15	17	Administrative Salary	Patient days	1,283,623	33	2,862,453	2,862,453	158,856	15
16	27	Employee Benefits-Administr.	Patient days	1,283,623	33	1,372,540	67,918	72,623	16
17	19	Professional Fees	Patient days	1,283,623	33	1,239,391	672,679	65,578	17
18	21	Gen'l & Administrative	Patient days	1,283,623	33	6,683,349	5,909,984	353,624	18
19	6	Repairs & Maintenance	Patient days	1,283,623	33	1,043,713	824,986	55,224	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 973,076	25

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation # 0040691 Report Period Beginning: 1/1/10 Ending: 12/31/10

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

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1										1									
2										2									
3										3									
4										4									
5										5									
<b>Working Capital</b>																			
6	<b>Related party-AMS</b>		x	working capital						76,528	6								
7	<b>Related party-FECH</b>		x	working capital						908	7								
8											8								
9	<b>TOTAL Facility Related</b>									77,436	9								
<b>B. Non-Facility Related*</b>																			
10	<b>Interest Income (4975)</b>									(1,224)	10								
11											11								
12											12								
13											13								
14	<b>TOTAL Non-Facility Related</b>									(1,224)	14								
15	<b>TOTALS (line 9+line14)</b>									76,212	15								

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

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 9,000 B. General Construction Type: Exterior Masonry Frame \_\_\_\_\_ 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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

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				\$	\$		\$	\$	\$
5									
6									
7									
8									
	<b>Improvement Type**</b>								
9	Climate Service (Ventilation)	1995		1,828	50	15	50		1,828
10	Climate Service (Ventilation)	1995		1,915	62	15	62		1,915
11	Climate Service _Controls	1995		2,885	98	15	98		2,885
12	Climate Service-Controls	1995		1,251	43	15	43		1,251
13	Climate Service (A?C Motors,Transfomer)	1995		1,840	70	15	70		1,840
14	climate Services _Controls	1995		1,200	53	15	53		1,200
15	JD & Sons-Roofing	1995		7,500		10			7,500
16	Grat Lakes Plumbing _Discahrge Pump	1995		3,563	156	15	156		3,563
17	Midwest Wlectrical	1995		3,332		5			3,332
18	Climate Services, Inc.-Ventilation	1995		2,295	127	15	127		2,295
19	CSI-New Pump	1995		1,483		10			1,483
20	Eagle Flag & Banner	1995		680		12			680
21	Equipment International _Repair Dishwasher	1996		1,793		5			1,793
22	JD & Sons-Roofing	1996		7,700		10			7,700
23	ABC_Roof top Condensor	1996		8,668		10			8,668
24	Install Walk in refrigeratror	1997		2,177		5			2,177
25	Install Ceramic Tile	1997		1,535		5			1,535
26	Engine/generator repaired	1997		3,099		5			3,099
27	New Cylinder	1997		12,800		5			12,800
28	Instill new condenser	1997		8,166		5			8,166
29	Install new cylinder	1997		15,300		5			15,300
30	Install Floor tile	1997		4,102		5			4,102
31	HVAC Boiler	1997		5,888		5			5,888
32	Custom wall plates	1997		386		10			386
33	A&B Custom Cable Wall plates	1997		1,918		10			1,918
34									
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

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 (install new fixtures, relocate outlets)	1998	\$ 1,759	\$	5	\$	\$	\$ 1,759	37
38	Wigdahl Electric (repair lighting, timeclock)	1998	1,853		5			1,853	38
39	Climate Service (repaired boiler)	1998	16,029		10			16,029	39
40	Atash (repair spinkler system)	1998	1,558		10			1,558	40
41	J.D. & Son (roof repair)	1998	10,000		10			10,000	41
42	CSI (dietary refrigerator)	1998	1,670		10			1,670	42
43	CSI (sump cover)	1998	4,900		10			4,900	43
44	Patten (generator repairs)	1998	3,856	193	20	193		2,395	44
45	CSI (insulate duct on air handler)	1998	2,750	183	15	183		2,259	45
46	CSI (repair air conditioner)	1998	1,698		10			1,698	46
47	CSI (replace gaskets on hot water coil)	1998	3,934	197	20	197		2,395	47
48	North Town Food Service (repair dish machine)	1999	1,861		10			1,861	48
49	Alden Bennet Construction (tank replacement)	1999	8,649	346	25	346		4,094	49
50	Patten (Fuel Tank Repairs, need invoice)	1999	1,724		10			1,724	50
51	Chicago Cooling Corp. (repair of unit 5, and inspection)6/99	1999	2,367		10			2,367	51
52	Climate Service, Inc. (replace 15 ton condenser)	1999	9,374	625	15	625		7,187	52
53	Climate Service, Inc.(replace 10 ton condenser)	1999	7,100	473	15	473		5,441	53
54	Climate Service, Inc. (compressor)	1999	7,466	498	15	498		5,684	54
55	Climate Service, Inc.(vac pump)	1999	1,644	110	15	110		1,245	55
56	Climate Service, Inc.(compressor maintenance)	1999	1,728	115	15	115		1,295	56
57	Capps Plumbing & Sewer(install trap & rodded pipes)	1999	1,835		10			1,835	57
58	Climate Service, Inc.(tank repair and maintenance)	1999	2,380	95	25	95		1,054	58
59	Shine Rite Maintenance(refinish tile floors)	1999	4,805		10			4,805	59
60	Alden Bennet Construction (tile/roofing)	2000	8,214	148	10	148		8,214	60
61	Alden Bennet Construction (tile/roofing)	2000	11,459	763	10	763		11,459	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 223,917	\$ 4,405		\$ 4,405	\$	\$ 208,085	70

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 223,917	\$ 4,405		\$ 4,405	\$	\$ 208,085	1
2	Fox Valley Fire & Safety (replace smoke detectors)	2000	3,731	94	10	94		3,731	2
3	CSI Coker Service (repair dishwasher)	2000	3,299	82	10	82		3,299	3
4	Welding Supply Inc (repair alarm system)	2000	2,750	92	10	92		2,750	4
5	Welding Supply Inc (repair alarm system)	2000	6,649	221	10	221		6,649	5
6	System Electric Inc (new controls for oxygen system)	2000	1,785		8			1,785	6
7	GT Mechanical (repair laundry compressor)	2000	2,700	135	10	135		2,700	7
8	CSI Coker Service (repair dishwasher)	2000	1,536	75	10	75		1,536	8
9	Equipment International (repair laundry equipment)	2000	1,670	97	10	97		1,670	9
10	GT Mechanical (repair pneumatic system compressor)	2000	2,431	142	10	142		2,431	10
11	Advanced Parts & Service (repair food processor)	2000	2,026	116	10	116		2,026	11
12	CSI Coker Service (repair boiler)	2000	5,985	496	10	496		5,985	12
13									13
14									14
15	Capps -Plumbing & 2670 (install new bolt flange checkvalve)	2001	1,865	124	15	124		1,241	15
16	Sentry Protection Systems (annual maintenance on the fire alarm)	2001	2,151	143	15	143		1,408	16
17	CSI- Coker Service, 039721	2001	1,523	152	10	152		1,496	17
18	Patten (replace with updated phase monitor)	2001	1,898	190	10	190		1,883	18
19	Rockford Steam (hvac work)	2001	6,562	656	10	656		6,342	19
20									20
21	GT Mechanical (replace compressor)	2001	4,947	330	15	330		3,134	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017	202	10	202		1,952	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516	168	15	168		1,581	23
24	CSI Coker (bldng. Improvement)	2001	1,708	114	15	114		1,092	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742	2,074	10	2,074		20,395	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 304,409	\$ 10,108		\$ 10,108	\$	\$ 283,171	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 304,409	\$ 10,108		\$ 10,108	\$	\$ 283,171	1
2	EQUINT Equipment International (gas dryer)	2002	3,240	324	10	324		2,673	2
3	AQUSER .REBUILD 2 WATER SOFTNE	2002	2,500	250	10	250		2,063	3
4	ALDBEN Alden Bennett Construct (need invoice)	2002	18,173	1,212	15	1,212		10,907	4
5	ENGSEC Engineered Security Sys	2002	3,091	206	15	206		1,734	5
6	ALDBEN Alden Bennett Construct	2002	25,143	1,676	15	1,676		14,247	6
7	ALDBEN Alden Bennett Construct (building improvement)	2002	3,391	226	15	226		1,959	7
8	TTIRRI T & T Irrigation Inc.(lawn sprinkler system)	2002	15,000	600	25	600		5,150	8
9	PATTEN (replace batteries of radiator & install crank case)	2002	1,517	101	15	101		884	9
10	FEMORA (REPLACED 50 SMOKE DETEC)	2002	8,364	836	10	836		7,386	10
11	FEMORA (REPAIR FIRE ALARM)	2002	3,374	337	10	337		2,606	11
12	GTMECH Gt Mechanical Inc (install new shaft & bearing).	2002	2,216	148	15	148		1,319	12
13	ALDBEN Alden Bennett Construct(install radar,painting & fire d	2002	12,850	857	15	857		6,998	13
14									14
15	Aqua Service-overhaul-water softener units	2002	2,490		5			2,490	15
16	ABC various repairs	2002	54,669	2,733	20	2,733		22,548	16
17	ABC-various reopairs	2002	23,660	1,577	15	1,577		12,879	17
18	Aurora Tri State Fire-smoke detectors	2002	4,322	432	10	432		3,528	18
19	Aurora Tri State Fire-smoke detectors	2002	6,200	620	10	620		5,115	19
20	Aurora Tri State Fire-install alarms	2002	6,559	656	10	656		5,412	20
21	Simplex Grinnell-remove old andsul dry clean unit	2002	2,987	299	10	299		2,416	21
22	A&B Custom Cable-install cable/outlets	2003	4,908	286	10	286		2,288	22
23	GT Mechanical-boiler repair	2003	4,892	489	11	489		3,912	23
24	ABC-receiving door/sensor	2003	6,623	662	10	662		5,296	24
25	ABC-ceiling heaters installed	2003	4,570	457	10	457		3,618	25
26	ABC-aluminum outdoor fencing	2003	5,137	342	15	342		2,682	26
27	Real Green sprinkler maintenance	2003	3,730		5			3,730	27
28	GT Mechanical- HVAC air handler repairs	2003	1,533		5			1,533	28
29	Action Fence Contractor-rail pipe railings	2003	1,875	188	10	188		1,363	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 537,422	\$ 25,622		\$ 25,622	\$	\$ 419,907	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 537,422	\$ 25,622		\$ 25,622	\$	\$ 419,907	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		485	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Adjust for ABC Related Party Profit	2008	(168)	(28)		(28)		(35)	30
31	Adjust for ABC Related Party Profit	2009	(230)	(30)		(30)		(30)	31
32	Adjust for ABC Related Party Profit	2010	(1,118)	(26)		(26)		(26)	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 606,164	\$ 26,926		\$ 26,926	\$	\$ 487,447	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 606,164	\$ 26,926		\$ 26,926	\$	\$ 487,447	1
2	Alden Bennett Const.-Roof repair	2004	16,439	1,644	10	1,644		10,960	2
3	Alden Bennett Const.-Floor repair	2004	2,429	243	10	243		1,620	3
4	Alden Bennett Const.-Roof repair	2004	1,854	185	10	185		1,204	4
5	CSI Coker-install thermostats	2004	1,853		5			1,853	5
6	GT Mechanical-replace motor pump	2004	1,362		5			1,362	6
7	Alden Bennett Const. Repair control valves	2004	2,643		5			2,643	7
8	GT Mechanical-receiver,controller/gauge	2004	2,165	217	10	217		1,356	8
9	Capps Plumbing-repair toilets,dishwasher	2004	1,635	164	10	164		1,025	9
10	Capps Plumbing-repair/rod main kitchen	2004	4,375	438	10	438		2,737	10
11	Alden Bennett Cons.lock setrs	2004	5,110		5			5,110	11
12	CSI Coker-replace A/C system	2004	5,103	510	10	510		3,273	12
13	Insinc Tellnet-DSL cable	2004	1,334	133	10	133		920	13
14	Alden Bennett Cons. Bathroom upgrades	2004	10,405	1,041	10	1,041		7,026	14
15	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		2,186	15
16	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		3,653	16
17	Alden Bennett Cons. Bathroom upgrades	2004	7,281	728	10	728		4,853	17
18	ABC - New window casement	2005	2,820	282	10	282		1,410	18
19	ABC - Time & Material Job# 8020	2005	1,756	176	10	176		1,056	19
20	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 h	2005	2,242	224	10	224		1,326	20
21	ABC - Time & Material Job# 8020	2005	5,676	567	10	567		3,308	21
22	EWS Welding - Equip Repair ( Repair Oxygen back up system)	2005	3,429	429	8	429		2,502	22
23	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314	331	10	331		1,904	23
24	ABC - Time & Material Job# 8020	2005	19,770	1,977	10	1,977		11,368	24
25	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 room	2005	2,317	290	8	290		1,667	25
26	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	66	20	66		374	26
27	GT Mechanical - Replace Compressor	2005	6,460	431	15	431		2,442	27
28	ABC - Time & Material Job# 8020	2005	14,550	1,455	10	1,455		8,124	28
29	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan H	2005	2,054	137	15	137		765	29
30	A&B Custom Cable - 103 rms Cable TV Svc and Install master an	2005	10,094	1,009	10	1,009		5,466	30
31	AMS Generator Repairs	2006	5,006	1,001	5	1,001		4,838	31
32	TOPNOT Replace Freezer Door 1 of 2	2006	4,100	410	10	410		1,879	32
33	TOPNOT Replace Freezer Door 2 of 2	2006	4,100	410	10	410		1,879	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 777,024	\$ 42,316		\$ 42,316	\$	\$ 589,536	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning:

1/1/10

Ending:

12/31/10

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 777,024	\$ 42,316		\$ 42,316	\$	\$ 589,536	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328	333	10	333		1,804	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650	265	10	265		1,413	3
4	A&B Custom Cable - paid by LG	2005	6,250	625	10	625		3,333	4
5	Oak Fire - Repaired System	2005	2,715	272	10	272		1,428	5
6	GTMECH Replace Shaft and Bearings	2006	2,646	265	10	265		1,192	6
7	MG Mechincal - Heat Pump Mini-split system	2006	4,850	485	10	485		2,061	7
8	ABC - raise floor	2006	2,750	275	10	275		1,123	8
9	ABC - flooring and paint	2006	2,652	265	10	265		1,060	9
10	Water Filter Steamer	2007	16,815	1,682	10	1,682		5,466	10
11	New Blacktop Paving and seal coat	2007	66,518	6,652	10	6,652		21,065	11
12	ABC Concrete and steel work-fire protection	2006	20,329	2,033	10	2,033		8,301	12
13	ABC Fire Protection	2006	25,647	1,282	20	1,282		5,128	13
14									14
15	ABC New roof	2008	29,424	2,942	10	2,942		7,110	15
16	GTMECH Repaired boiler2	2008	6,034	603	10	603		1,256	16
17									17
18									18
19									19
20	ABC - New MI Unit - Medical Gas/Doors & Frames/Security Cam	2009	23,516	1,568	15	1,568		3,136	20
21	ABC - New MI Unit - Carpentry/Hardware/Painting/Plumbing	2009	39,557	2,637	15	2,637		5,274	21
22	ABC - New MI Unit - Carpentry/HVAC/Resilient Flooring/Door &	2009	55,975	3,732	15	3,732		5,287	22
23									23
24									24
25	ABC - install sprinkler extention	2009	10,728	429	25	429		787	25
26	ABC - install sprinkler extension due to Life safety code	2009	37,230	1,489	25	1,489		2,482	26
27	ABC - replace damaged sidewalk	2009	7,505	500	15	500		792	27
28									28
29	Pattern - Repair generator	2009	2,695	539	5	539		1,033	29
30	Top Notch - 1 cooler compressor	2009	4,735	316	15	316		579	30
31	Equipment Int'l - Repair washer	2009	3,587	717	5	717		1,315	31
32	Equipment Int'l - Repair washer	2009	2,519	503	5	503		839	32
33	Top Notch - 1 new booster	2009	5,596	560	10	560		933	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,163,275	\$ 73,285		\$ 73,285	\$	\$ 673,733	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 12F, Carried Forward		\$ 1,163,275	\$ 73,285		\$ 73,285	\$	\$ 673,733	1
2	ADG - remodel wing	2010	15,038	376		376		376	2
3	EWS - oxygen wall outlet	2010	3,199	133		133		133	3
4	ABC - fire panel	2010	31,162	520		520		520	4
5	ABC - asphalt	2010	35,721	1,488		1,488		1,488	5
6	ABC - remodel wing	2010	24,470	136		136		136	6
7	TopNotch - freezer repair	2010	3,533	589		589		589	7
8	Belec - electric breakers	2010	3,389	339		339		339	8
9	ADG - remodel wing	2010	42,345	235		235		235	9
10	Focus Fire Protection - sprinkler	2010	6,305	105		105		105	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)		\$ 1,328,437	\$ 77,206		\$ 77,206	\$	\$ 677,654	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	\$ 303,106	\$ 26,795	\$ 26,795	\$		\$ 136,140	71
72	Current Year Purchases	99,132	5,042	5,042			5,042	72
73	Fully Depreciated Assets	266,187	2,815	2,815			266,187	73
74								74
75	TOTALS	\$ 668,425	\$ 34,652	\$ 34,652	\$		\$ 407,369	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				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party	various	98-02	4,148				3	4,148	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)	\$ 2,001,010	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 111,858	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 111,858	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)	\$ 1,089,171	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: T.L. Enterprises, Inc

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

If NO, see instructions.  YES  NO

	1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:			\$ <u>1,653,619</u>	<u>18</u>		3
4	Additions						4
5							5
6							6
7	<b>TOTAL</b>			\$ <u>1,653,619</u>			7

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

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

9. Option to Buy:  YES  NO Terms: \$80,000/ bed until 2013 \*

**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: \$ 23,616 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>33,393</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>33,393</u>	21

10. Effective dates of current rental agreement:

Beginning 03/01/1995

Ending 02/28/2013

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

Fiscal Year Ending Annual Rent

12. 12/31/2011 \$ 1,653,619

13. 12/31/2012 \$ 1,653,619

14. 12/31/2013 \$ 1,653,619

\* 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	\$		\$ 213,011	\$		\$ 213,011	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			42,442			42,442	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			220,174			220,174	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				238,818		238,818	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>					111,641	172,663		284,304	13
14	TOTAL			\$		\$ 587,268	\$ 411,481		\$ 998,749	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	\$213,010.95
2.	ST	39-3	To Col 5	42,442.22
3.				
4.	PT	39-3	To Col 5	220,173.85
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			169,818.38
	Manual Input from Related Party- Forum Drugs			69,000.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	238,818.38
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	111,641.00
	Other			180,006.76
	Manual Input: Related Party - Prism			(13,761.00)
	Manual Input: Related Party FECII - I.V.			(93,967.00)
	Manual Input: Related Party FECII - Wound Care			(3,642.00)
	Oxygen, from reclass worksheet (Pg 4A)			104,026.00
13.	Col 6: Supplies Total		To Col 6	172,662.76
13.	Total Line 13, Column 8			284,303.76
14.	Total			998,749.16

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>56,000</u> )	<u>858,715</u>		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	<u>9,123</u>		6
7	Other Prepaid Expenses	<u>1,807</u>		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>43,013</u>		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 912,658</b>	<b>\$</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	<u>1,419,656</u>		15
16	Equipment, at Historical Cost	<u>665,777</u>		16
17	Accumulated Depreciation (book methods)	<u>(1,116,698)</u>		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	<u>176,241</u>		21
22	Other Long-Term Assets (spe <u>Purchase Option</u> )	<u>948,000</u>		22
23	Other(specify): <u>Due from Affiliates</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 2,092,976</b>	<b>\$</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 3,005,634</b>	<b>\$</b>	<b>25</b>

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ <u>716,509</u>	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>166,850</u>		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>444,713</u>		30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>70,378</u>		31
32	Accrued Real Estate Taxes(Sch.IX-B)	<u>274,200</u>		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Insur, Due State, Sales Tax, etc.</u>	<u>565,437</u>		36
37	<u>Due to Affiliates</u>	<u>828,316</u>		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 3,066,403</b>	<b>\$</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>	<u>11,963,293</u>		43
44	<u>S/holder loans, Others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$ 11,963,293</b>	<b>\$</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 15,029,696</b>	<b>\$</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (12,024,062)</b>	<b>\$</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 3,005,634</b>	<b>\$</b>	<b>48</b>

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (10,363,342)	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)	6,478	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (10,356,864)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,667,198)	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)	\$ (1,667,198)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (12,024,062)	24 *

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

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		2	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,453,002	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,453,002	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	98,384	6
7	Oxygen	86,518	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 184,902	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,325	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	12,749	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 15,074	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,223	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,223	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	see page 19A	1,675	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,675	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,655,876	30

2		3	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,761,452	31
32	Health Care	4,774,956	32
33	General Administration	2,553,917	33
<b>B. Capital Expense</b>			
34	Ownership	2,234,287	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	825,452	35
36	Provider Participation Fee	173,010	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,323,074	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,667,198)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,667,198)	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 Terrace of McHenry Rehabilitation and Hea # 004-0691 Report Period Beginning: 1/1/2010 Ending: 12/31/2010

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**Details of Page 19, Line 28**

Misc Income (Med Records)	<b>4977-100-001</b>	880.00
Misc Income (Jury Duty)	<b>4977-100-002</b>	-
Misc Income (Food Rebate)	<b>4977-100-005</b>	795.00
Total		<u><b>1,675.00</b></u>

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

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	2,205	2,205	\$ 87,367	\$ 39.62	1
2	Assistant Director of Nursing	2,056	2,056	82,669	40.21	2
3	Registered Nurses	38,760	41,678	1,324,043	31.77	3
4	Licensed Practical Nurses	24,351	26,145	699,589	26.76	4
5	CNAs & Orderlies	98,097	105,574	1,478,217	14.00	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,768	1,840	36,253	19.70	9
10	Activity Assistants	5,239	5,448	66,548	12.22	10
11	Social Service Workers	3,551	3,715	67,345	18.13	11
12	Dietician					12
13	Food Service Supervisor	2,152	2,282	53,628	23.50	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,355	25,629	242,713	9.47	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	41,302	19.86	17
18	Housekeepers	21,305	23,180	233,871	10.09	18
19	Laundry	8,478	8,965	88,459	9.87	19
20	Administrator	1,808	2,096	76,024	36.27	20
21	Assistant Administrator	200	200	8,571	42.86	21
22	Other Administrative	9,464	9,714	284,023	29.24	22
23	Office Manager	2,056	2,080	25,050	12.04	23
24	Clerical	2,531	2,674	22,803	8.53	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	158,564	38.12	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral/Clinical	6,817	7,136	161,449	22.62	32
33	Other(specify) Alzheimer Supervi	10,600	10,857	104,398	9.62	33
34	TOTAL (lines 1 - 33)	272,033	289,714	\$ 5,342,886 *	\$ 18.44	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	1817/monthly	\$ 21,800	1-3	35
36	Medical Director	1875/monthly	22,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	632/monthly	7,584	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	246/monthly	2,948	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 54,832		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



Legal Fees Reported on Pg 21, Section C:	16,253.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(15,266.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<hr/>
Allowable Legal Fees	<hr/> <b>987.00</b> <hr/>

NOTE:

Legal invoices are not required to be submitted this year because the amount is below \$5,000.



Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation

# 0040691

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 Associations \$8,500
- (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. \$ 51,892 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. \$ 173,010  
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. \$ 45,946 Has any meal income been offset against related costs? No Indicate the amount. \$ NA
- (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.