

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000 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	237	Skilled (SNF)	237	86,505	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	237	TOTALS	237	86,505	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	7,297	1,646	7,769	16,712	8	
9	SNF/PED					9	
10	ICF	46,621	1,934		48,555	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	53,918	3,580	7,769	65,267	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.45%

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 06/15/93

J. Was the facility purchased or leased after January 1, 1978?
YES Date 06/01/92 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 237 and days of care provided 5,784

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 Town Manor Rehabilitation & Health # 0038000 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	419,070	54,531	21,800	495,401	1,582	496,983	(1,595)	495,388		1
2	Food Purchase		467,641		467,641	(43,336)	424,305	(51,392)	372,913		2
3	Housekeeping	278,814	62,769		341,583	1,827	343,410	(8,469)	334,941		3
4	Laundry	80,258	28,955	10	109,223	178	109,401		109,401		4
5	Heat and Other Utilities			294,878	294,878		294,878	(10,756)	284,122		5
6	Maintenance	49,013		338,019	387,032	13,710	400,742	(11,789)	388,953		6
7	Other (specify):* Related Party Benefit							9,821	9,821		7
8	TOTAL General Services	827,155	613,896	654,707	2,095,758	(26,039)	2,069,719	(74,180)	1,995,539		8
	B. Health Care and Programs										
9	Medical Director			44,400	44,400		44,400		44,400		9
10	Nursing and Medical Records	3,699,564	309,741	12,162	4,021,467	(17,312)	4,004,155	72,266	4,076,421		10
10a	Therapy	250,831	379	11,788	262,998	107	263,105		263,105		10a
11	Activities	105,439	3,779	1,101	110,319		110,319		110,319		11
12	Social Services	40,485			40,485		40,485		40,485		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefit							10,122	10,122		15
16	TOTAL Health Care and Programs	4,096,319	313,899	69,451	4,479,669	(17,205)	4,462,464	82,388	4,544,852		16
	C. General Administration										
17	Administrative	164,959			164,959		164,959	133,474	298,433		17
18	Directors Fees										18
19	Professional Services			1,007,593	1,007,593	(14,335)	993,258	(873,148)	120,110		19
20	Dues, Fees, Subscriptions & Promotions			89,844	89,844		89,844	(74,179)	15,665		20
21	Clerical & General Office Expenses	187,556	38,101	113,893	339,550	(13,046)	326,504	358,870	685,374		21
22	Employee Benefits & Payroll Taxes			940,283	940,283	25,367	965,650	(7,397)	958,253		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,608	4,608		4,608	4,126	8,734		24
25	Other Admin. Staff Transportation			5,839	5,839		5,839	18,376	24,215		25
26	Insurance-Prop.Liab.Malpractice			261,435	261,435		261,435	12,162	273,597		26
27	Other (specify):* Related Party Benefit			137,420	137,420		137,420	(62,121)	75,299		27
28	TOTAL General Administration	352,515	38,101	2,560,915	2,951,531	(2,014)	2,949,517	(489,837)	2,459,680		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,275,989	965,896	3,285,073	9,526,958	(45,258)	9,481,700	(481,629)	9,000,071		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			79,224	79,224		79,224	333,249	412,473			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			226,638	226,638		226,638	491,633	718,271			32
33	Real Estate Taxes							765,940	765,940			33
34	Rent-Facility & Grounds			1,776,232	1,776,232		1,776,232	(1,776,232)				34
35	Rent-Equipment & Vehicles			11,971	11,971		11,971	47,139	59,110			35
36	Other (specify):* MIP							58,298	58,298			36
37	TOTAL Ownership			2,094,065	2,094,065		2,094,065	(79,973)	2,014,092			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		448,576	806,071	1,254,647	45,258	1,299,905	(162,936)	1,136,969			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			129,758	129,758		129,758		129,758			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		448,576	935,829	1,384,405	45,258	1,429,663	(162,936)	1,266,727			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,275,989	1,414,472	6,314,967	13,005,428		13,005,428	(724,538)	12,280,890			45

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

Reclassifications on Pgs 3 & 4 - Column 5

Report Period Beginning: 1/1/2010

Report Period Ending: 12/31/2010

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(43,336.00)	Employee Meals
	22	43,336.00	Employee Meals
22		(17,969.00)	Uniforms
	1	1,582.00	Uniforms
	3	1,827.00	Uniforms
	4	178.00	Uniforms
	6	45.00	Uniforms
	10	13,611.00	Uniforms
	11	107.00	Uniforms
	21	619.00	Uniforms
10		(45,258.00)	Oxygen - to appropriate cost center
	39	45,258.00	Oxygen - to appropriate cost center
21		(13,665.00)	Vendor Settlements
	5	13,665.00	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(14,335.00)	Clinical Coordinators (Pathway Billing)
	10	14,335.00	Clinical Coordinators (Pathway Billing)
Net		-	

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	(8)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,845)	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	(854)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,777)	2		13
14	Non-Care Related Interest	(90,876)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,155)	21		17
18	Fines and Penalties	(21,964)	32		18
19	Entertainment	(483)	20		19
20	Contributions	(14,720)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(47,873)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(137,420)	27		24
25	Fund Raising, Advertising and Promotional	(27,917)	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)	\$ (347,892)		\$	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)	(140,789)	Various	34
35	Other- Attach Schedule	(235,857)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (376,646)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (724,538)		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 Town Manor Rehabilitation & Health Care Center

ID# 0038000
 Report Period Beginning: 1/1/10
 Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (387)	5	1
2	Late fees on telephone	(12)	21	2
3	Intercompany interests	(113,799)	32	3
4	Misc Income (med records, jury duty, food rebate)	(2,703)	21	4
5	Marketing Manager (6701-100-009)	(40,830)	21	5
6	back out employee benefit - Marketing Manager	(7,397)	22	6
7	back out Bank Charges - TM LLC	(175)	21	7
8	Deming Leadership training adj	(600)	24	8
9	adj prior year's tax refund	55,648	33	9
10				10
11	reduce depreciation exp PG 12 <\$2,500 TM	(3,071)	30	11
12	reduce depreciation exp PG 12 <\$2,500 Cicero	(2,770)	30	12
13	expense capital item PG 12 <\$2,500	0	6	13
14	reduce depreciation exp PG 13 <\$2,500	(22,482)	30	14
15	expense capital item PG 13 <\$2,500	24,592	6	15
16	expense capital item PG 13 <\$2,500 Related Party	320	6	16
17	adjust depreciation expense	307	30	17
18	adj for ABC related party - prior years -PG 12	(12)	30	18
19	adj for ABC related party - current year - PG 12	(5)	30	19
20				20
21	back out IHCA PAC fees 2010	(3,643)	20	21
22	Risk Management Expense adj	0	19	22
23	eliminate Housekeeping- Hospice portion 2010	(16,462)	3	23
24	eliminate Utilities - Hospice portion 2010	(14,211)	5	24
25	eliminate Maintenance - Hospice portion 2010	(18,652)	6	25
26	eliminate Real Estate Tax - Hospice portion 2010	(34,823)	33	26
27	eliminate Depreciation - Hospice portion 2010	(2,212)	30	27
28	eliminate Interest - Hospice portion 2010	(32,478)	32	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	(235,857)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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	5,928	(7,523)	0	0	0	0	0	0	0	(1,595)	1
2	Food Purchase	(1,785)	0	0	(49,607)	0	0	0	0	0	0	0	(51,392)	2
3	Housekeeping	(16,462)	0	7,993	0	0	0	0	0	0	0	0	(8,469)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(14,598)	0	3,842	0	0	0	0	0	0	0	0	(10,756)	5
6	Maintenance	3,415	0	(14,657)	0	0	0	(547)	0	0	0	0	(11,789)	6
7	Other (specify):*	0	0	8,117	1,704	0	0	0	0	0	0	0	9,821	7
8	TOTAL General Services	(29,430)	0	11,223	(55,426)	0	0	(547)	0	0	0	0	(74,180)	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	67,820	512	3,934	0	0	0	0	0	0	72,266	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	10,122	0	0	0	0	0	0	0	0	10,122	15
16	TOTAL Health Care and Programs	0	0	77,942	512	3,934	0	0	0	0	0	0	82,388	16
	C. General Administration													
17	Administrative	0	0	133,474	0	0	0	0	0	0	0	0	133,474	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(47,873)	48,249	(873,524)	0	0	0	0	0	0	0	0	(873,148)	19
20	Fees, Subscriptions & Promotions	(46,763)	0	(27,416)	0	0	0	0	0	0	0	0	(74,179)	20
21	Clerical & General Office Expenses	(44,875)	2,569	339,621	30,443	31,112	0	0	0	0	0	0	358,870	21
22	Employee Benefits & Payroll Taxes	(7,397)	0	0	0	0	0	0	0	0	0	0	(7,397)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(600)	0	4,726	0	0	0	0	0	0	0	0	4,126	24
25	Other Admin. Staff Transportation	0	0	18,376	0	0	0	0	0	0	0	0	18,376	25
26	Insurance-Prop.Liab.Malpractice	0	11,970	192	0	0	0	0	0	0	0	0	12,162	26
27	Other (specify):*	(137,420)	0	69,788	3,989	1,522	0	0	0	0	0	0	(62,121)	27
28	TOTAL General Administration	(284,928)	62,788	(334,763)	34,432	32,634	0	0	0	0	0	0	(489,837)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(314,358)	62,788	(245,598)	(20,482)	36,568	0	(547)	0	0	0	0	(481,629)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(30,245)	348,558	14,936	0	0	0	0	0	0	0	0	333,249	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(259,971)	677,016	73,541	0	1,047	0	0	0	0	0	0	491,633	32
33	Real Estate Taxes	20,825	722,584	22,151	0	380	0	0	0	0	0	0	765,940	33
34	Rent-Facility & Grounds	0	(1,776,232)	0	0	0	0	0	0	0	0	0	(1,776,232)	34
35	Rent-Equipment & Vehicles	0	0	47,139	0	0	0	0	0	0	0	0	47,139	35
36	Other (specify):*	0	58,298	0	0	0	0	0	0	0	0	0	58,298	36
37	TOTAL Ownership	(269,391)	30,224	157,767	0	1,427	0	0	0	0	0	0	(79,973)	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	(37,846)	(61,043)	(64,047)	0	0	0	0	0	(162,936)	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	(37,846)	(61,043)	(64,047)	0	0	0	0	0	(162,936)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(583,749)	93,012	(87,831)	(58,328)	(23,048)	(64,047)	(547)	0	0	0	0	(724,538)	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 Rent Income	\$ 1,776,232	Town Manor Associates, L.L.C.	0.00%	\$	\$ (1,776,232)	1
2	V	32 Investment Income - RR	536	Town Manor Associates, L.L.C.			(536)	2
3	V	19 Accounting Fees		Town Manor Associates, L.L.C.		9,533	9,533	3
4	V	33 Real Estate Tax		Town Manor Associates, L.L.C.		722,584	722,584	4
5	V	26 Property & Liability Insurance		Town Manor Associates, L.L.C.		11,970	11,970	5
6	V	32 Interest on Mortgage		Town Manor Associates, L.L.C.		562,299	562,299	6
7	V	32 Interest on Operating Loss Loan		Town Manor Associates, L.L.C.		111,628	111,628	7
8	V	30 Depreciation		Town Manor Associates, L.L.C.		348,558	348,558	8
9	V	32 Amortization		Town Manor Associates, L.L.C.		3,625	3,625	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, L.L.C.		58,298	58,298	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, L.L.C.		2,569	2,569	11
12	V	19 Professional Fees		Town Manor Associates, L.L.C.		38,716	38,716	12
13	V							13
14	Total		\$ 1,776,768			\$ 1,869,780	\$ * 93,012	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%	\$ 3,842	\$ 3,842 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		4,726	4,726 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,376	18,376 17
18	V	26 Insurance		Alden Management Services, Inc.		192	192 18
19	V	20 Dues and Subscription	29,004	Alden Management Services, Inc.		1,588	(27,416) 19
20	V	30 Depreciation		Alden Management Services, Inc.		14,936	14,936 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		22,151	22,151 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		47,139	47,139 22
23	V	32 Interest		Alden Management Services, Inc.		73,541	73,541 23
24	V	1 Dietary		Alden Management Services, Inc.		5,928	5,928 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,993	7,993 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		8,117	8,117 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		67,820	67,820 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		10,122	10,122 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		133,474	133,474 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		69,788	69,788 30
31	V	19 Professional Fee	936,542	Alden Management Services, Inc.		63,018	(873,524) 31
32	V	21 General and Administrative		Alden Management Services, Inc.		339,621	339,621 32
33	V	6 Repairs and Maintenance	67,726	Alden Management Services, Inc.		53,069	(14,657) 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,033,272			\$ 945,441	\$ * (87,831) 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	90,786	Prism Health Care Services, Inc.		41,179	(49,607)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	83,686	Prism Health Care Services, Inc.		45,840	(37,846)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		21,368	21,368
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		3,989	3,989
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,704	1,704
23	V	21 General and Administrative		Prism Health Care Services, Inc.		9,075	9,075
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		\$ 202,932			\$ 144,604	\$ * (58,328)

* 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>	\$ 179,147	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 251,937	\$ 72,790
16	V	39 <u>IV</u>	148,700	<u>Forum Extended Care Services II, Inc.</u>		18,439	(130,261)
17	V	39 <u>Wound Care</u>	16,966	<u>Forum Extended Care Services II, Inc.</u>		13,394	(3,572)
18	V	10 <u>House Stock</u>	14,445	<u>Forum Extended Care Services II, Inc.</u>		13,274	(1,171)
19	V	10 <u>Pharmacy Consultant</u>	7,427	<u>Forum Extended Care Services II, Inc.</u>		12,532	5,105
20	V	27 <u>Employee Vaccination</u>	4,055	<u>Forum Extended Care Services II, Inc.</u>		3,203	(852)
21	V	27 <u>Employee Benefit: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,374	2,374
22	V	21 <u>Salary: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		19,067	19,067
23	V	21 <u>General and Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		12,045	12,045
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,047	1,047
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		380	380
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		\$ 370,740			\$ 347,692	\$ * (23,048)

* 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	\$ 792,111	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 728,064	\$ (64,047)
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		\$ 792,111			\$ 728,064	\$ * (64,047)

* 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	\$ 44,712	Alden Bennett Construction Company, Inc.	0.00%	\$ 44,165	\$(547)
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		\$ 44,712			\$ 44,165	\$ * (547)

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

Alden Town Manor Rehabil Alden Town Manor Rehabilitation & Health Care (Provider No. 0038000

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 Town Manor Rehabilitation & Health # 0038000 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	175,594	2.032	5.08	Salary	\$ 9,406	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,150	2.032	5.08	Salary	3,490	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,511	2.032	5.08	Salary	2,009	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	\$ 14,905		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 Town Manor Rehabilitation & Health Care Center # 0038000 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	\$ 65,267	\$ 3,842	1
2	24	Travel/Seminar	Patient days	1,283,623	33	92,957	65,267	4,726	2
3	25	Other Admin Travel	Patient days	1,283,623	33	361,409	65,267	18,376	3
4	26	Insurance	Patient days	1,283,623	33	3,773	65,267	192	4
5	20	Dues/Subscriptions	Patient days	1,283,623	33	31,234	65,267	1,588	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	14,936	6
7	33	Real Estate Tax	Patient days	1,283,623	33	135,456	65,267	22,151	7
8	35	Rent-Equip & Vehicles	Patient days	1,283,623	33	927,091	65,267	47,139	8
9	32	Interest	Patient days	1,283,623	33	1,179,658	65,267	73,541	9
10	1	Diet. Salary	Patient days	1,283,623	33	116,597	116,597	5,928	10
11	3	Housekeeping Salary	Patient days	1,283,623	33	157,195	157,195	7,993	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,283,623	33	159,672	65,267	8,117	12
13	10	Nurs & Med Record Salary	Patient days	1,283,623	33	1,369,902	1,369,902	67,820	13
14	15	Employee Benefits-Health Care	Patient days	1,283,623	33	199,071	65,267	10,122	14
15	17	Administrative Salary	Patient days	1,283,623	33	2,862,453	2,862,453	133,474	15
16	27	Employee Benefits-Administr.	Patient days	1,283,623	33	1,372,540	65,267	69,788	16
17	19	Professional Fees	Patient days	1,283,623	33	1,239,391	672,679	63,018	17
18	21	Gen'l & Administrative	Patient days	1,283,623	33	6,683,349	5,909,984	339,621	18
19	6	Repairs & Maintenance	Patient days	1,283,623	33	1,043,713	824,986	53,069	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 945,441	25

Facility Name & ID Number Alden Town Manor Rehabilitation & Health (# 0038000 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	\$58,980.00	11/2002	\$ 10,617,600	\$ 9,663,761	12/2037	6.7500	\$ 562,299	1							
2	Cambridge (GL7057)		x	operating loss loan	\$11,691.00	11/2002	2,104,700	1,915,622	10/2038	6.7500	111,628	2							
3												3							
4	interest - Hospice Portion		x								(32,478)	4							
5												5							
Working Capital																			
6	Related party-AMS		x	working capital							73,541	6							
7	Related party-FECH		x	working capital							1,047	7							
8	Cap Lease Oblig (LLC) GL7105		x	capital Lease							3,625	8							
9	TOTAL Facility Related				\$70,671.00		\$ 12,722,300	\$ 11,579,383			\$ 719,662	9							
B. Non-Facility Related*																			
10	Interest Inc-Repl Resrv GL4972										(514)	10							
11	Interest Inc-GL4646/4975										(877)	11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (1,391)	14							
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 11,579,383			\$ 718,271	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 58,298 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.)

2009 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2009 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2009.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>287,845.00</u>	\$ <u>22,151.00</u>
2.	<u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,344.00</u>	\$ <u>380.00</u>
3.	<u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,107.98</u>	\$ <u>2,107.98</u>
4.	<u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,107.98</u>	\$ <u>2,107.98</u>
5.	<u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>64,667.50</u>	\$ <u>64,667.50</u>
6.	<u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>90,258.00</u>	\$ <u>90,258.00</u>
7.	<u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>338,846.62</u>	\$ <u>338,846.62</u>
8.	<u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>150,790.92</u>	\$ <u>150,790.92</u>
9.	<u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,357.39</u>	\$ <u>63,357.39</u>
10.	<u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,357.39</u>	\$ <u>63,357.39</u>
TOTALS			\$ <u><u>1,098,682.78</u></u>	\$ <u><u>798,024.78</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. _____	Total from PG 10a	\$ 1,098,682.78	\$ 798,024.78
2. <u>16-32-116-023-0000</u>	Nursing Home Facility	\$ 4,855.17	\$ 4,855.17
3. <u>16-32-116-024-0000</u>	Nursing Home Facility	\$ 4,285.25	\$ 4,285.25
4. <u>16-32-116-006-0000</u>	Nursing Home Fac - Parking Lot	\$ 1,947.77	\$ 1,947.77
5. <u>16-32-116-007-0000</u>	Nursing Home Fac - Parking Lot	\$ 1,629.28	\$ 1,629.28
6. <u>16-32-116-008-0000</u>	Nursing Home Fac - Parking Lot	\$ 2,891.46	\$ 2,891.46
7. <u>16-32-116-009-0000</u>	Nursing Home Fac - Parking Lot	\$ 4,373.86	\$ 4,373.86
8. <u>16-32-116-010-0000</u>	Nursing Home Fac - Parking Lot	\$ 3,030.22	\$ 3,030.22
9. <u>16-32-116-011-0000</u>	Nursing Home Fac - Parking Lot	\$ 1,708.42	\$ 1,708.42
10. _____	Nursing Home - Hospice RE Tax port	\$ _____	\$ (20,044.00)
TOTALS		\$ <u>1,123,404.21</u>	\$ <u>802,702.21</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning:

1/1/10

Ending:

12/31/10

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195 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>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	66,775		\$ 1,137,260	3

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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	249		1992	1992	9,104,204	289,022	30	303,473	14,451	5,445,061	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Window glass repair	1992		1,600		10			1,600	9
10		CSI - boiler repair	1994		3,268		3			3,268	10
11		Tower cleaners - drapery	1995		1,557		5			1,557	11
12		Bartlett heating -pipe insulation	1995		3,700	82	15	82		3,700	12
13		CSI - a/c repair	1995		4,093		10			4,093	13
14		CSI - a/c repair	1995		4,027		10			4,027	14
15		CSI - pipe insulation	1995		1,981	45	15	45		1,981	15
16		CSI - chiller HVAC	1996		6,042		10			6,042	16
17		The floor source - carpet installation	1996		5,345		10			5,345	17
18		Ward door specialist, Inc. - metal door	1996		1,385	92	15	92		1,337	18
19		Shalom landscaping - planting	1996		8,000		10			8,000	19
20		The floor source - carpet installation	1996		6,049		10			6,049	20
21		Bartlett heating -pipe insulation	1996		18,526	824	15	824		18,526	21
22		Over charged by Bartlett	1996		(10,500)					(10,500)	22
23		Alden Bennett const. - heating, vent , a/c	1996		69,300	3,465	20	3,465		49,954	23
24		Alden Bennett construction - sanitary sewer lift station	1996		23,921	1,196	20	1,196		17,243	24
25		Arrigo enterprises, Inc. - heating and cooling sys. Corridor	1996		10,931	547	20	547		7,925	25
26		Misco shawnee, Inc. - tile	1996		9,232	462	20	462		6,655	26
27		Misco shawnee, Inc. - tile	1996		9,020	451	20	451		6,502	27
28		General parts - repair dishwasher	1997		2,139		5			2,139	28
29		System Electric - 120 volt circuit installed and replaced	1997		2,085		5			2,085	29
30		Climate - freon into a/c	1997		6,221		5			6,221	30
31		Long elevator - install new eyes on elevator door	1997		3,180		5			3,180	31
32		A&B cable - outlets installation	1997		11,520		5			11,520	32
33		Arrigo enterprises, Inc. - corridor renovation	1997		24,366	1,218	20	1,218		17,257	33
34		ABC - hvac repairs	1998		39,300	1,965	20	1,965		25,054	34
35		ABC - sanitary sewer lift station	1998		1,259	63	20	63		803	35
36		Coit drapery	1998		12,976		5			12,976	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 Town Manor Rehabilitation & Health Care Center

0038000

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	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$	10	\$	\$	\$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071	138	15	138		1,668	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		1,460	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		1,294	46
47	Climater service - repair rooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		3,879	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940	580	10	580		9,940	50
51	ABC	2000	8,502	143	10	143		8,502	51
52	Fox valley fire & safety	2000	1,887	47	10	47		1,887	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		2,359	53
54	ABC reverse accruals	2000	(2,571)	(43)	10	(43)		(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		1,224	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109	258	10	258		3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529	1,553	10	1,553		13,718	59
60	Patten (service elevator)	2001	1,547	77	20	77		771	60
61	Patten (water pump)	2001	2,325	116	20	116		1,151	61
62	CSI coker services (speed reduction unit)	2001	3,779	378	10	378		3,717	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		1,341	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		2,368	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		870	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784	378	10	378		3,718	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 304,467		\$ 318,918	\$ 14,451	\$ 5,790,134	70

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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		\$ 9,518,731	\$ 304,467		\$ 318,918	\$ 14,451	\$ 5,790,134	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		1,305	3
4	Alden Bennett Construction (carpet material)	2001	6,636	664	10	664		6,638	4
5	Alden Bennett Construction (repair cabinets and tip in various arc)	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844	284	10	284		2,391	11
12	GT Mechanical (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	180	10	180		1,396	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		733	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	496	10	496		3,886	17
18	Thybonny Wallcoverings (Design works)	2003	2,098	210	10	210		1,575	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,522	10	2,522		17,234	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	271	10	271		1,649	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		3,367	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		2,220	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		1,172	33
34	TOTAL (lines 1 thru 33)		\$ 9,631,392	\$ 310,364		\$ 324,815	\$ 14,451	\$ 5,880,537	34

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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		\$ 9,631,392	\$ 310,364		\$ 324,815	\$ 14,451	\$ 5,880,537	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946	400	5	400		23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewar	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		1,725	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320	88	5	88		1,320	7
8	TOPNOT (replace tank heat)	2005	2,298	152	5	152		2,298	8
9	TOPNOT (replace motor)	2005	1,935	129	5	129		1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750	75	5	75		750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925	1,654	5	1,654		9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856	891	5	891		4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509	276	5	276		1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186	952	5	952		5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277	419	5	419		2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		2,943	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		8,017	17
18	ABC - exhaust fan	2006	5,662	566	10	566		2,406	18
19	ABC - paints and repairs	2006	5,171	1,034	5	1,034		4,223	19
20	ABC - insulation	2006	5,880	588	10	588		2,401	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072	1,014	5	1,014		3,296	22
23	Topnotch - new motor, speed reducer	2007	3,613	361	10	361		1,414	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592	1,918	5	1,918		7,033	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	457	10	457		1,638	25
26	ABC - New HVAC motor	2007	3,188	638	5	638		2,126	26
27	ABC - new ceiling tiles	2007	4,289	858	5	858		2,717	27
28	ABC - new plumbing faucet	2007	6,344	1,269	5	1,269		4,018	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$ 326,730		\$ 341,181	\$ 14,451	\$ 5,990,460	34

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

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

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		\$ 9,778,511	\$ 326,730		\$ 341,181	\$ 14,451	\$ 5,990,460	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	10	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									28
29	(forward the 4 items below for the 2011 Cost Report)								29
30	TM - Parking Lot	1/1/1994	334,637	13,385	25	13,385		227,553	30
31	Adjust for ABC Related Party Profit	2008	(111)	(16)		(16)		(20)	31
32	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(6)	32
33	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(5)	33
34	TOTAL (lines 1 thru 33)		\$ 10,182,998	\$ 341,456		\$ 355,907	\$ 14,451	\$ 6,285,561	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 12D, Carried Forward		\$ 10,182,998	\$ 341,456		\$ 355,907	\$ 14,451	\$ 6,285,561	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		394	2
3									3
4	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		3,309	4
5	ABC - new tiles	2008	4,802	480	10	480		1,240	5
6	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		819	6
7	ABC - masonry work for patio piers	2009	5,256	526	10	526		876	7
8	ABC - replaced patio door	2009	2,852	285	10	285		475	8
9	ABC - receiving door	2009	6,451	645	10	645		1,075	9
10									10
11	In-patient hospice unit (12 beds decertified)	2009	(12,363)	(2,212)		(2,212)		(2,789)	11
12									12
13									13
14	ABC - Asphalt	2010	12,834	401		401		401	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)		\$ 10,225,988	\$ 343,757		\$ 358,208	\$ 14,451	\$ 6,291,361	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	\$ 725,481	\$ 29,874	\$ 29,874	\$	various	\$ 301,413	71
72	Current Year Purchases	275,159	25,525	25,525		various	23,707	72
73	Fully Depreciated Assets	1,184,285	(1,134)	(1,134)		various	1,184,285	73
74								74
75	TOTALS	\$ 2,184,925	\$ 54,265	\$ 54,265	\$		\$ 1,509,405	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	Midwest Transit	Bus/Passenger	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77	Bus/Van	Ford/2000 various	2005-2006	5,599				5	3,416	77
78										78
79	Related Party	various	98-02	4,148					4,148	79
80	TOTALS			\$ 59,573	\$	\$	\$		\$ 57,390	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)	\$ 13,607,746	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 398,022	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 412,473	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,858,156	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	In Patient Hospice Unit (12 beds decert)	\$ 12,363	\$ 2,212	\$ 2,789	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 12,363	\$ 2,212	\$ 2,789	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 Town Manor Rehabilitation & Health Care Center # 0038000 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? YES NO

If NO, see instructions.

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

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

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

9. Option to Buy: YES NO Terms: _____*

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

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

16. Rental Amount for movable equipment: \$ 13,725 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>32,090</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>32,090</u>	21

10. Effective dates of current rental agreement:

Beginning 06/30/02

Ending 06/29/12

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 354,975	\$		\$ 354,975	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			88,411			88,411	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			348,724			348,724	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				251,937		251,937	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>					(64,046)	156,968		92,922	13
14	TOTAL			\$		\$ 728,064	\$ 408,905		\$ 1,136,969	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	\$354,975.44
2.	ST	39-3	To Col 5	88,410.63
3.				
4.	PT	39-3	To Col 5	348,724.38
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			179,146.53
	Manual Input from Related Party- Forum Drugs			72,790.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	251,936.53
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	(64,046.00)
	Other			283,390.11
	Manual Input: Related Party - Prism			(37,846.00)
	Manual Input: Related Party FECII - I.V.			(130,262.00)
	Manual Input: Related Party FECII - Wound Care			(3,572.00)
	Oxygen, from reclass worksheet (Pg 4A)			45,258.00
13.	Col 6: Supplies Total		To Col 6	156,968.11
13.	Total Line 13, Column 8			92,922.11
14.	Total			1,136,969.09

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center # 0038000

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>146,000</u>)	963,176	963,176	3
4	Supply Inventory (priced at)	21,486	21,486	4
5	Short-Term Investments			5
6	Prepaid Insurance		12,152	6
7	Other Prepaid Expenses	1,621	1,621	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties/Escrows</u>	146,753	537,535	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,133,036	\$ 1,535,970	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	252,269	252,269	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	766,792	771,864	15
16	Equipment, at Historical Cost	615,371	2,038,916	16
17	Accumulated Depreciation (book methods)	(1,040,129)	(7,463,918)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		431,236	21
22	Other Long-Term Assets (spe <u>Refi Fees</u>)		168,580	22
23	Other(specify): <u>Due from Affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 594,303	\$ 6,440,411	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,727,339	\$ 7,976,381	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 937,628	\$ 956,139	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	346,349	346,349	28
29	Short-Term Notes Payable		183,582	29
30	Accrued Salaries Payable	425,895	425,895	30
31	Accrued Taxes Payable (excluding real estate taxes)	76,390	76,390	31
32	Accrued Real Estate Taxes(Sch.IX-B)		808,200	32
33	Accrued Interest Payable		55,774	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>	59,769	59,769	36
37	<u>Due to Affiliates</u>	1,467,018	1,467,018	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,313,049	\$ 4,379,116	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		1,885,251	39
40	Mortgage Payable		9,510,549	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	2,330,054	1,308,809	43
44	<u>S/holder loans, Others</u>	1,637,122	1,637,122	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,967,176	\$ 14,341,731	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,280,225	\$ 18,720,847	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,552,886)	\$ (10,744,466)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,727,339	\$ 7,976,381	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,910,866)	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)	10,207	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,900,659)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(652,227)	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)	\$ (652,227)	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)	\$ (5,552,886)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care (# 0038000 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	\$ 11,877,354	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,877,354	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	216,407	6
7	Oxygen	56,837	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 273,244	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	55	12
13	Barber and Beauty Care	217	13
14	Non-Patient Meals	8	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	166	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 446	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	854	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 854	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Gain on Sale of Fixed Assets/Miscellaneous	7,733	28
28a	Rental Income- FHH(non Operating revenue)	193,570	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 201,303	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,353,201	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,095,758	31
32	Health Care	4,479,669	32
33	General Administration	2,951,531	33
B. Capital Expense			
34	Ownership	2,094,065	34
C. Ancillary Expense			
35	Special Cost Centers	1,254,647	35
36	Provider Participation Fee	129,758	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,005,428	40
41	Income before Income Taxes (line 30 minus line 40)**	(652,227)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (652,227)	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.

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning:

1/1/10

Ending:

12/31/10

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,648	1,744	\$ 81,157	\$ 46.53	1
2	Assistant Director of Nursing	1,672	1,672	65,027	38.89	2
3	Registered Nurses	17,446	18,276	567,105	31.03	3
4	Licensed Practical Nurses	47,341	49,858	1,262,704	25.33	4
5	CNAs & Orderlies	105,734	113,729	1,356,476	11.93	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,148	5,524	75,107	13.60	8
9	Activity Director	2,000	2,071	40,084	19.35	9
10	Activity Assistants	5,511	6,006	65,356	10.88	10
11	Social Service Workers	2,096	2,112	40,485	19.17	11
12	Dietician					12
13	Food Service Supervisor	752	832	17,842	21.44	13
14	Head Cook	944	1,024	14,105	13.77	14
15	Cook Helpers/Assistants	33,266	36,234	387,123	10.68	15
16	Dishwashers					16
17	Maintenance Workers	1,936	2,116	49,013	23.16	17
18	Housekeepers	23,288	25,618	278,814	10.88	18
19	Laundry	5,524	6,009	80,258	13.36	19
20	Administrator	1,624	1,824	110,822	60.76	20
21	Assistant Administrator	1,912	1,920	54,137	28.20	21
22	Other Administrative	11,952	12,096	312,288	25.82	22
23	Office Manager	2,056	2,080	27,412	13.18	23
24	Clerical	2,639	2,746	23,580	8.59	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,110	4,207	123,064	29.25	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	6,303	6,336	95,211	15.03	32
33	Other(specify) Alzheimer Unit	9,355	10,355	148,819	14.37	33
34	TOTAL (lines 1 - 33)	294,257	314,389	\$ 5,275,989 *	\$ 16.78	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/month	\$ 21,800	1-3	35
36	Medical Director	3700/month	44,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	117/month	1,411	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				44
45	Social Service Consultant	23/month	276	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 67,887		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:	49,973.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(47,873.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<hr/>
Allowable Legal Fees	<hr/> <u>2,100.00</u>

Facility Name & ID Number Alden Town Manor Rehabilitation & Health Care Center

0038000

Report Period Beginning: 1/1/10

Ending: 12/31/10

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA=\$8,501 Il. Assoc. of HC=\$2,988
- (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. \$ 61,274 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. \$ 129,758
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. \$ 43,336 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (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.