

		FOR BHF USE					

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**2010**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**  
**FINANCIAL AND STATISTICAL REPORT (COST REPORT)**  
**FOR LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2010)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p><b>I. IDPH License ID Number:</b> <u>0038455</u></p> <p><b>Facility Name:</b> <u>Alden Village Health Facility</u></p> <p><b>Address:</b> <u>267 East Lake Street</u> <u>Bloomington</u> <u>60108</u>  Number City Zip Code</p> <p><b>County:</b> <u>Du Page</u></p> <p><b>Telephone Number:</b> <u>(630) 529-3350</u> <b>Fax #</b> <u>(630) 529-9866</u></p> <p><b>HFS ID Number:</b> _____</p> <p><b>Date of Initial License for Current Owners:</b> <u>11/02/1992</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;"><b>IRS Exemption Code</b> _____</td> <td style="border: none;"><input checked="" type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steven M. Kroll</u> <b>Telephone Number:</b> <u>(773) 286-3883</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/10</u> to <u>12/31/10</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Print Name and Title) _____ (Firm Name &amp; Address) _____ (Telephone) <u>( )</u> Fax # ( )</td> </tr> </table> <p align="right"><b>MAIL TO: BUREAU OF HEALTH FINANCE</b>  <b>ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES</b>  201 S. Grand Avenue East  Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Joan Carl</u> (Title) <u>Vice-President</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # ( )
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State																											
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<b>IRS Exemption Code</b> _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____																											
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Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>( )</u> Fax # ( )																												

Facility Name & ID Number Alden Village Health Facility

# 0038455 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		Skilled (SNF)		0	1
2	119	Skilled Pediatric (SNF/PED)	119	43,435	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	119	TOTALS	119	43,435	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
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED	40,388	383	155	40,926	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,388	383	155	40,926	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.22%

D. How many bed-hold days during this year were paid by the Department? 761 (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 11/01/92

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 11/01/92 NO

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

Medicare Intermediary \_\_\_\_\_

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Village Health Facility # 0038455 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	201,702	20,017	10,800	232,519	3,031	235,550	(10)	235,540		1
2	Food Purchase		691,452		691,452	(23,130)	668,322	(395,866)	272,456		2
3	Housekeeping	159,826	36,118		195,944	3,157	199,101	5,012	204,113		3
4	Laundry	47,021	27,836		74,857		74,857		74,857		4
5	Heat and Other Utilities			149,644	149,644	6,460	156,104	1,463	157,567		5
6	Maintenance	49,481		162,973	212,454		212,454	47,574	260,028		6
7	Other (specify):* <b>Related Party Benefit</b>							10,573	10,573		7
8	<b>TOTAL General Services</b>	458,030	775,423	323,417	1,556,870	(10,482)	1,546,388	(331,254)	1,215,134		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			43,200	43,200		43,200		43,200		9
10	Nursing and Medical Records	2,685,608	233,534	8,333	2,927,475	(42,822)	2,884,653	39,134	2,923,787		10
10a	Therapy					188,894	188,894	67,309	256,203		10a
11	Activities		3,427	213,242	216,669	1,577	218,246		218,246		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation	43,997			43,997		43,997		43,997		14
15	Other (specify):* <b>Related Party Benefit</b>							6,347	6,347		15
16	<b>TOTAL Health Care and Programs</b>	2,729,605	236,961	264,775	3,231,341	147,649	3,378,990	112,790	3,491,780		16
	<b>C. General Administration</b>										
17	Administrative	129,797			129,797		129,797	83,696	213,493		17
18	Directors Fees										18
19	Professional Services			721,112	721,112	(2,090)	719,022	(648,391)	70,631		19
20	Dues, Fees, Subscriptions & Promotions			25,842	25,842		25,842	(15,972)	9,870		20
21	Clerical & General Office Expenses	110,540	17,798	53,465	181,803	(6,418)	175,385	325,743	501,128		21
22	Employee Benefits & Payroll Taxes			532,488	532,488	15,323	547,811	(99)	547,712		22
23	Inservice Training & Education										23
24	Travel and Seminar			3,955	3,955		3,955	2,139	6,094		24
25	Other Admin. Staff Transportation			20,456	20,456		20,456	11,523	31,979		25
26	Insurance-Prop.Liab.Malpractice			324,943	324,943		324,943	120	325,063		26
27	Other (specify):* <b>Related Party Benefit</b>			76,313	76,313		76,313	(22,934)	53,379		27
28	<b>TOTAL General Administration</b>	240,337	17,798	1,758,574	2,016,709	6,815	2,023,524	(264,175)	1,759,349		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,427,972	1,030,182	2,346,766	6,804,920	143,982	6,948,902	(482,638)	6,466,264		29

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

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

Facility Name &amp; ID Number

Alden Village Health Facility

#0038455

Report Period Beginning:

1/1/10

Ending:

12/31/10

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			47,534	47,534		47,534	441,424	488,958			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			56,058	56,058		56,058	983,291	1,039,349			32
33	Real Estate Taxes							182,322	182,322			33
34	Rent-Facility & Grounds			1,477,849	1,477,849		1,477,849	(1,472,799)	5,050			34
35	Rent-Equipment & Vehicles			32,300	32,300		32,300	29,559	61,859			35
36	Other (specify):* MIP							94,518	94,518			36
37	<b>TOTAL Ownership</b>			1,613,741	1,613,741		1,613,741	258,315	1,872,056			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	274,991	206,034	518,211	999,236	(143,982)	855,254	15,377	870,631			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			441,814	441,814		441,814		441,814			42
43	Other (specify):* DD Day Training			1,025,665	1,025,665		1,025,665		1,025,665			43
44	<b>TOTAL Special Cost Centers</b>	274,991	206,034	1,985,690	2,466,715	(143,982)	2,322,733	15,377	2,338,110			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,702,963	1,236,216	5,946,197	10,885,376		10,885,376	(208,946)	10,676,430			45

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

Alden Village Health Facility  
 Reclassifications on Pgs 3 & 4 - Column 5

IDPH Facility ID Number: 0038455

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		(23,130.00)	Employee Meals
	22	23,130.00	Employee Meals
22		(7,807.00)	Uniforms
	10		Uniforms
	1	3,031.00	Uniforms
	3	2,696.00	Uniforms
	4	-	Uniforms
	6	-	Uniforms
	11	1,577.00	Uniforms
	21	503.00	Uniforms
10		(44,912.00)	Oxygen - to appropriate cost center
	39	44,912.00	Oxygen - to appropriate cost center
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)
21		(6,920.45)	Vendor Settlements
	5	6,459.86	Vendor Settlements (may effect more than one line)
	3	460.59	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(2,089.81)	Clinical Coordinators (Pathway Billing)
	10	2,089.81	Clinical Coordinators (Pathway Billing)
<u>DD Providers Only:</u>			
39		(188,893.96)	PT, OT, & ST CPT Therapy Costs
	10A	188,893.96	PT, OT, & ST CPT Therapy Costs
Net		<hr/>	-



Alden Village Health Facility

ID# 0038455

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (821)	5	1
2	Intercompany Interest with AMS	(54,549)	32	2
3	Misc Income - Garnishment Processing	(78)	22	3
4	Misc Income - Record Copies	(20)	21	4
5	Misc Income - Other	(149)	32	5
6	Misc Income - Jury Duty	(21)	22	6
7	Reduce deprec exp on Pg 12 items under \$2500-VL,LLC	(1,609)	30	7
8	Reduce deprec exp on Pg 12 items under \$2500-VL	(1,953)	30	8
9	Expense capital items > \$2500 on Pg 12 items-VL	5,199	6	9
10	Reduce deprec exp on Pg 13 items under \$2500	(7,995)	30	10
11	Expense capital items > \$2500 on Pg 13 items	13,978	6	11
12	Expenses on Pg-12 & Pg-13 -Related Party	320	6	12
13	30% Backout PAC fees	(1,971)	20	13
14	Record Depreciation for Deffered Maint.	(195)	6	14
15	Bank Fees Paid by LLC	(175)	21	15
16	Deming Adjustment	(825)	24	16
17	Elim ABC Deprec Exp -Pg 12D items	(14)	30	17
18	Back out Bloomingdale Chamber Comm	(500)	20	18
19	Intercompany interest	(1,489)	32	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				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>	(52,866)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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	3,717	(3,727)	0	0	0	0	0	0	0	(10)	1
2	Food Purchase	(157)	0	0	(395,709)	0	0	0	0	0	0	0	(395,866)	2
3	Housekeeping	0	0	5,012	0	0	0	0	0	0	0	0	5,012	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(821)	0	2,284	0	0	0	0	0	0	0	0	1,463	5
6	Maintenance	16,602	3,862	27,347	0	0	0	(237)	0	0	0	0	47,574	6
7	Other (specify):*	0	0	5,091	5,482	0	0	0	0	0	0	0	10,573	7
8	<b>TOTAL General Services</b>	<b>15,624</b>	<b>3,862</b>	<b>43,451</b>	<b>(393,954)</b>	<b>0</b>	<b>0</b>	<b>(237)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(331,254)</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	42,527	512	(3,905)	0	0	0	0	0	0	39,134	10
10a	Therapy	0	0	0	0	0	67,309	0	0	0	0	0	67,309	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	6,347	0	0	0	0	0	0	0	0	6,347	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>48,874</b>	<b>512</b>	<b>(3,905)</b>	<b>67,309</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>112,790</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	83,696	0	0	0	0	0	0	0	0	83,696	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,896)	10,900	(657,395)	0	0	0	0	0	0	0	0	(648,391)	19
20	Fees, Subscriptions & Promotions	(17,577)	609	996	0	0	0	0	0	0	0	0	(15,972)	20
21	Clerical & General Office Expenses	(210)	12,330	213,087	97,742	2,794	0	0	0	0	0	0	325,743	21
22	Employee Benefits & Payroll Taxes	(99)	0	0	0	0	0	0	0	0	0	0	(99)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(825)	0	2,964	0	0	0	0	0	0	0	0	2,139	24
25	Other Admin. Staff Transportation	0	0	11,523	0	0	0	0	0	0	0	0	11,523	25
26	Insurance-Prop.Liab.Malpractice	0	0	120	0	0	0	0	0	0	0	0	120	26
27	Other (specify):*	(76,313)	0	43,761	12,830	(3,212)	0	0	0	0	0	0	(22,934)	27
28	<b>TOTAL General Administration</b>	<b>(96,920)</b>	<b>23,839</b>	<b>(301,248)</b>	<b>110,572</b>	<b>(418)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(264,175)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(81,295)</b>	<b>27,701</b>	<b>(208,923)</b>	<b>(282,870)</b>	<b>(4,323)</b>	<b>67,309</b>	<b>(237)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(482,638)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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	(11,571)	451,446	1,549	0	0	0	0	0	0	0	0	441,424	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(62,309)	999,392	46,114	0	94	0	0	0	0	0	0	983,291	32
33	Real Estate Taxes	0	178,482	3,806	0	34	0	0	0	0	0	0	182,322	33
34	Rent-Facility & Grounds	0	(1,472,799)	0	0	0	0	0	0	0	0	0	(1,472,799)	34
35	Rent-Equipment & Vehicles	0	0	29,559	0	0	0	0	0	0	0	0	29,559	35
36	Other (specify):*	0	94,518	0	0	0	0	0	0	0	0	0	94,518	36
37	<b>TOTAL Ownership</b>	<b>(73,880)</b>	<b>251,039</b>	<b>81,028</b>	<b>0</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258,315</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	(1,981)	8,685	8,673	0	0	0	0	0	15,377	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>(1,981)</b>	<b>8,685</b>	<b>8,673</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15,377</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(155,175)	278,740	(127,895)	(284,851)	4,490	75,982	(237)	0	0	0	0	(208,946)	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	34 Rent Income	\$ 1,472,799	Village II, Inc.	0.00%	\$	\$ (1,472,799)	1
2	V	32 Investment Income - RR	135	Village II, Inc.			(135)	2
3	V	19 Accounting Fee		Village II, Inc.		10,680	10,680	3
4	V	33 Real Estate Tax		Village II, Inc.		178,482	178,482	4
5	V	6 R & M -Replacement Reserve		Village II, Inc.		3,862	3,862	5
6	V	32 Interest On Mortg. Note		Village II, Inc.		979,991	979,991	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.		94,518	94,518	7
8	V	30 Depreciation		Village II, Inc.		451,446	451,446	8
9	V	32 Amortization		Village II, Inc.		19,536	19,536	9
10	V	21 General Insurance expense		Village II, Inc.		12,155	12,155	10
11	V	21 Bank Fees		Village II, Inc.		175	175	11
12	V	19 Professional Fees		Village II, Inc.		220	220	12
13	V	20 Licenses & Inspections/Dues & Subscriptions		Village II, Inc.		609	609	13
14	Total		\$ 1,472,934			\$ 1,751,674	\$ * 278,740	14

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning: 1/1/10

Ending: 12/31/10

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 2,284	\$	2,284	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		2,964		2,964	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		11,523		11,523	17
18	V	26 Insurance		Alden Management Services, Inc.		120		120	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		996		996	19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549		1,549	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,806		3,806	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		29,559		29,559	22
23	V	32 Interest		Alden Management Services, Inc.		46,114		46,114	23
24	V	1 Dietary		Alden Management Services, Inc.		3,717		3,717	24
25	V	3 Housekeeping		Alden Management Services, Inc.		5,012		5,012	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		5,091		5,091	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		42,527		42,527	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		6,347		6,347	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		83,696		83,696	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		43,761		43,761	30
31	V	19 Professional Fees	696,911	Alden Management Services, Inc.		39,516		(657,395)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		213,087		213,087	32
33	V	6 Repair & Maint.	5,928	Alden Management Services, Inc.		33,275		27,347	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 702,839			\$ 574,944	\$ *	(127,895)	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	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 1,531	\$ (9,269)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		5,542	5,542
17	V	2 Tube Feeding	514,256	Prism Health Care Services, Inc.		118,547	(395,709)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Ancillary Supplies	121,055	Prism Health Care Services, Inc.		78,173	(42,882)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		40,901	40,901
21	V	21 Gen'L & Admin Salary		Prism Health Care Services, Inc.		68,733	68,733
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		12,830	12,830
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		5,482	5,482
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		29,009	29,009
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		\$ 652,771			\$ 367,920	\$ * (284,851)

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning: 1/1/10

Ending: 12/31/10

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 <u>Drugs</u>	\$ 6,150	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 8,648	\$ 2,498	15
16	V	39 <u>Wound Care</u>		<u>Forum Extended Care Services II, Inc.</u>		6,187	6,187	16
17	V	10 <u>House Stock</u>	7,837	<u>Forum Extended Care Services II, Inc.</u>		13,195	5,358	17
18	V	10 <u>Pharmacy Consultant</u>	14,359	<u>Forum Extended Care Services II, Inc.</u>		5,096	(9,263)	18
19	V	27 <u>Employee Vaccin.</u>	3,020	<u>Forum Extended Care Services II, Inc.</u>		1,525	(1,495)	19
20	V	27 <u>Employee Benefits: G&amp;A</u>	1,930	<u>Forum Extended Care Services II, Inc.</u>		213	(1,717)	20
21	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		1,712	1,712	21
22	V	21 <u>Gen'l &amp; Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		1,082	1,082	22
23	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		94	94	23
24	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		34	34	24
25	V	30 <u>Depreciation</u>		<u>Forum Extended Care Services II, Inc.</u>				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	<b>Total</b>		\$ 33,296			\$ 37,786	\$ * 4,490	39

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning: 1/1/10

Ending: 12/31/10

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a Therapy	\$ 188,894	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 256,203	\$ 67,309	15
16	V	39 Respiratory Therapy	129,117	Community Physical Therapy & Associates, Ltd.		137,790	8,673	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	<b>Total</b>		\$ 318,011			\$ 393,993	\$ * 75,982	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	\$ 19,332	Alden Bennett Construction Company, Inc.	0.00%	\$ 19,095	\$ (237)
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	<b>Total</b>		\$ 19,332			\$ 19,095	\$ * (237)

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

Alden Village Health Facility Alden Village Health Facility

Provider No. 0038455

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 Village Health Facility # 0038455 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	179,102	1.276	3.19	Salary	\$ 5,898	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	66,452	1.276	3.19	Salary	2,188	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,260	1.276	3.19	Salary	1,260	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	\$ 9,346		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 Village Health Facility

# 0038455

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	\$ 40,926	\$ 2,284	1	
2	24	Trav & Seminar	Patient Days	1,283,623	33	92,957	40,926	2,964	2	
3	25	Other Admin Travel	Patient Days	1,283,623	33	361,409	40,926	11,523	3	
4	26	Insurance	Patient Days	1,283,623	33	3,773	40,926	120	4	
5	20	Dues & Subscriptions	Patient Days	1,283,623	33	31,234	40,926	996	5	
6	30	Depreciation	No of Providers/usage	33	33	64,513	1	1,549	6	
7	33	Real Estate Tax	Patient Days	1,283,623	33	135,456	40,926	3,806	7	
8	35	Rent-Equip & Vehicle	Patient Days/ysage	1,283,623	33	927,091	40,926	29,559	8	
9	32	Interest	Patient Days	1,283,623	33	1,179,658	40,926	46,114	9	
10	1	Dietary	Patient Days/usage	1,283,623	33	116,597	116,597	40,926	3,717	10
11	3	Housekeeping	Patient Days	1,283,623	33	157,195	157,195	40,926	5,012	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,283,623	33	159,672	40,926	5,091	12	
13	10	Nurs & Med Records Salary	Patient Days	1,283,623	33	1,369,902	1,369,902	40,926	42,527	13
14	15	Employee Benefits -Health Care	Patient Days	1,283,623	33	199,071	40,926	6,347	14	
15	17	Administrative Salary	Patient Days	1,283,623	33	2,862,453	2,862,453	40,926	83,696	15
16	27	Employee Benefits - Admin	Patient Days/usage	1,283,623	33	1,372,540	40,926	43,761	16	
17	19	Professional fees	Patient Days	1,283,623	33	1,239,391	672,679	40,926	39,516	17
18	21	Gen'I & Admin	Patient Days	1,283,623	33	6,683,349	5,909,984	40,926	213,087	18
19	6	Repair & Maint.	Patient Days	1,283,623	33	1,043,713	824,986	40,926	33,275	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 574,944	25	

Facility Name & ID Number

Alden Village Health Facility

# 0038455

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

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

1	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge		x	Mortgage		8/29/06	\$ 15,183,700	\$ 15,034,337	6/1/2048	6.5000	\$ 979,991	1						
2												2						
3			X									3						
4	Amortization-Fin/Refin Fee		X									4						
5											19,536	5						
<b>Working Capital</b>																		
6	Related party-AMS		X	Working Capital							46,114	6						
7	Related party-FECH		X	Working Capital							94	7						
8												8						
9	<b>TOTAL Facility Related</b>						\$ 15,183,700	\$ 15,034,337			\$ 1,045,735	9						
<b>B. Non-Facility Related*</b>																		
10	Int Income on Repl Reserve										(135)	10						
11	Interest and Other Investment Income										(6,251)	11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (6,386)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 15,183,700	\$ 15,034,337			\$ 1,039,349	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 94,518 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 Village Health Facility

# 0038455

Report Period Beginning:

1/1/10

Ending:

12/31/10

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 68,462 B. General Construction Type: Exterior BRICK Frame STEEL Number of Stories 1

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>1992</u>	<u>\$ 580,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>			<b>\$ 580,000</b>	<b>3</b>

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

1/1/10

Ending:

12/31/10

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4									4
5		1998		2,216,218	56,839		56,839		697,595
6	119	2009	2009	11,600,002	297,436	39	297,436		570,086
7									7
8	Related Party-Forum		1978	14,056		25			14,056
	Improvement Type**								
9	Repair Heater pump, replace temp controller		1992	2,131		10			2,131
10	Water heater moyor;valve repair		1993	9,288		5-15			9,288
11	Carpentry work, water heater repair		1994	63,064		3-15			63,064
12	Fire alarm repairs; brickwork; install circuits		1995	185,123	5,752	3-25	5,752		136,313
13	Village construction		1996	14,046	562	25	562		8,850
14	Install fire door		1996	2,977	198	15	198		2,943
15	Replace compressor		1997	1,825		5			1,825
16	Roof patching		1998	1,700		10			1,700
17	Replace condensing unit		1998	4,810	321	15	321		4,009
18	install damper motor &detector		1998	2,104	140	15	140		1,718
19	Replace furnace equipment		1999	1,827	122	15	122		1,462
20	install automatic door		1999	8,107		10			8,107
21	Install display and digital phones		2000	1,726	100	10	100		1,726
22	Replace HVAC burners		2000	1,607		3			1,607
23	Replace 5 ton condensing unit		2000	1,950		5			1,950
24	Install 100 amp disconnect and cable		2000	1,920		5			1,920
25	Roof repair		2000	1,583		5			1,583
26	Door Alarms		2001	19,015	1,902	10	1,902		18,065
27	Display phone and digital phone		2001	1,609	161	10	161		1,596
28	ABC (misc. repairs)		2002	2,362		5			2,362
29	Capps Plumbing (gas regulators for main gas to building)		2002	4,375	438	10	438		3,902
30	GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350	535	10	535		4,591
31	ABC (wall mounted eye wash)		2002	2,507	251	10	251		2,110
32	ABC (misc. repairs)		2002	1,800		5			1,800
33									33
34									34
35									35
36									36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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	ABC--Parking lot repairs	2003	\$ 20,730	\$ 2,073	10	\$ 2,073	\$	\$ 16,584	37
38	ABC- misc constrction	2003	7,580	758	10	758		5,496	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200	320	10	320		2,507	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		436	42
43	ABC- roof repair	2003	10,121	1,012	10	1,012		7,169	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		4,371	44
45	Patton Ind-gernerator repair	2004	2,050	205	10	205		1,315	45
46	ABC - roof repairs	2004	1,918	192	10	192		1,248	46
47	GT Mechanical-heater repair	2004	1,506	151	10	151		929	47
48	GT Mechanical-heater repair	2004	1,878	188	10	188		1,143	48
49	ABC-roof repairs	2004	3,356	336	10	336		2,014	49
50	ABC-new tile	2004	9,043	904	10	904		6,178	50
51	ABC-doors	2004	3,293	220	15	220		1,502	51
52	ABC-roof canopy	2004	3,581	358	10	358		2,417	52
53	INS, Inc-rewire for DSL	2004	1,512	151	10	151		1,045	53
54	ABC-various remodeling	2004	4,661		5			4,661	54
55	ABC-new water heater for kitchen	2004	14,644	976	15	976		6,345	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227	123	10	123		779	57
58	Capps Plumbing-install 2 discharge lines	2005	865	144	5	144		865	58
59	Patton Ind-gernerator repair	2005	1,747	176	5	176		1,747	59
60	Oak Fire-change out 30 detectors	2005	1,885	63	5	63		1,885	60
61	Equipment International-washer repairs	2005	1,905	317	5	317		1,905	61
62	ABC-firestop installation	2005	3,213	321	10	321		1,660	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		3,337	63
64	GT Mechanical-replace storage tank	2005	8,935	894	10	894		5,215	64
65	ABC-diswasher repairs	2006	6,824	682	10	682		3,354	65
66	ABC - elevator pump	2006	10,042	502	20	502		2,092	66
67	ABC - elevator power supply	2006	4,974	249	20	249		1,017	67
68	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		1,086	68
69	ABC-Repave parking lot	2006	3,600	450	8	450		2,175	69
70	TOTAL (lines 4 thru 69)		\$ 14,333,259	\$ 378,097		\$ 378,097	\$	\$ 1,665,220	70

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

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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		\$ 14,333,259	\$ 378,097		\$ 378,097	\$	\$ 1,665,220	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		9,957	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		4,210	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		1,536	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refr	2008	2,703	270	10	270		675	5
6	JulAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		483	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	626	8	626		1,461	7
8	ABC- Installed new railings	2009	4,540	303	15	303		480	8
9	ALDBEN -Roof Installation	2009	14,288	1,429	10	1,429		1,508	9
10	ALDBEN- RoofTop Screening fire protect	2009	8,436	844	10	844		844	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106	821	5	821		1,642	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		438	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)		\$ 14,431,181	\$ 387,486		\$ 387,486	\$	\$ 1,688,453	34

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

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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>		\$ 14,431,181	\$ 387,486		\$ 387,486	\$	\$ 1,688,453	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	10	62		432	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29	ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(5)	29
30	ABC- Adjustment for realted party profit	2009	(209)	(6)		(6)		(6)	30
31	ABC- Adjustment for realted party profit	2010	(237)	(3)		(3)		(3)	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,500,963	\$ 388,863		\$ 388,863	\$	\$ 1,756,017	34

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning:

1/1/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,225,751	\$ 95,130	\$ 95,130	\$		\$ 502,454	71
72	Current Year Purchases	17,713	143	143			143	72
73	Fully Depreciated Assets	287,335	429	429			287,335	73
74								74
75	TOTALS	\$ 1,530,799	\$ 95,702	\$ 95,702	\$		\$ 789,932	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	Bus Purch-Anrie Yusim		2004	\$ 45,183	\$	\$		5	\$ 45,183	76
77	Bus Purch AMS transfer		2000	49,938					49,938	77
78	Bus repairs, including 2 in MRs on Vlg II		2006	20,826	4,393	4,393		5	20,826	78
79	Related Party-AMS		98-'02	4,148				3	4,148	79
80	TOTALS			\$ 120,095	\$ 4,393	\$ 4,393	\$		\$ 120,095	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)	\$ 16,731,858	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 488,958	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 488,958	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)	\$ 2,666,044	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: Related party-cost is backed out

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		<u>Related party-cost is backed out</u>		\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 14,887 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>20,122</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>24,149</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>44,271</u>	21

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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

Fiscal Year Ending Annual Rent

12. /2011 \$ Varies

13. /2012 \$ Varies

14. /2013 \$ Varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$			\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				8,648		8,648	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		274,991			70,993		345,983	12
13	Other (specify): <u>See Pg 16A</u>					8,673	507,327		516,000	13
14	<b>TOTAL</b>			\$ 274,991		\$ 8,673	\$ 586,967		\$ 870,631	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.

Village, Inc  
2010

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	\$64,499.25
2.	ST	39-3	To Col 5	20,769.15
3.				
4.	PT	39-3	To Col 5	103,625.56
5.				
6.				
7.				
8.				
				<b>188,893.96</b>
	<b>Less: OT, ST, &amp; PT costs - reclassified to 10A for DD facilities</b>			(188,893.96)
				0.00
	Pharmacy Supplies per GL			6,148.52
	Manual Input from Related Party- Forum Drugs			2,499.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	8,647.52
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	274,990.50
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	70,992.51
	Total Exceptional Care (Line 12, Col 8)			345,983.01
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	8,673.00
	Other			458,209.19
	Manual Input: Related Party - Prism			(1,981.00)
	Manual Input: Related Party FECII - I.V.			0.00
	Manual Input: Related Party FECII - Wound Care			6,187.00
	Oxygen, from reclass worksheet (Pg 4A)			44,912.00
13.	Col 6: Supplies Total		To Col 6	507,327.19
13.	Total Line 13, Column 8			516,000.19
14.	Total			870,630.72

Facility Name & ID Number Alden Village Health Facility

# 0038455

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>1,500</u> )	434,444	434,444	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance		11,055	6
7	Other Prepaid Expenses	6,456	49,292	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	26,030	109,330	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 466,930	\$ 604,121	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	678,771	1,780,363	15
16	Equipment, at Historical Cost	500,022	629,855	16
17	Accumulated Depreciation (book methods)	(932,697)	(2,680,723)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		133,391	21
22	Other Long-Term Assets (spe <u>CIP,ReplResrvs,S/holders</u> )		499,670	22
23	Other(specify): <u>Due from Affiliates</u>	2,043,864	2,120,836	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,289,960	\$ 16,880,114	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,756,890	\$ 17,484,235	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,210,818	\$ 1,217,430	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	50,884	50,884	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	322,331	322,331	30
31	Accrued Taxes Payable (excluding real estate taxes)	51,136	51,136	31
32	Accrued Real Estate Taxes(Sch.IX-B)		115,100	32
33	Accrued Interest Payable		81,436	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>	19,868	19,868	36
37	<u>S.T. portion of L.T. debt</u>		97,678	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,655,037	\$ 1,955,863	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,936,658	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>			43
44	<u>S/holder loans, Others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 14,936,658	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 1,655,037	\$ 16,892,522	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,101,853	\$ 591,714	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,756,890	\$ 17,484,235	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,298,534	1
2	Restatements (describe):		2
3	external audit adjustment made after 2006 cost report was	618,740	3
4	submitted. These have no effect on prior years report.		4
5	Bad Debt, Medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,917,274	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(815,421)	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)	\$ (815,421)	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)	\$ 1,101,853	24 *

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

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

Report Period Beginning: 1/1/10

Ending: 12/31/10

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 8,919,429	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 8,919,429	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	28,974	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 28,974	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	444	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	(1,771)	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ (1,327)	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	6,102	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 6,102	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Day Training Income</b>		28
28a	<b>See page -19A</b>	1,116,777	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,116,777	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,069,955	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,556,870	31
32	Health Care	3,231,341	32
33	General Administration	2,016,709	33
<b>B. Capital Expense</b>			
34	Ownership	1,613,741	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,024,901	35
36	Provider Participation Fee	441,814	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,885,376	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(815,421)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (815,421)	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 Village Health Facility

# 0038455

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

**Details of Page 19, Line 28**

Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	268
Wage Service Fee- Backed out with line reference 22 on page 5A	
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Food Rebates- Backed out with line reference 2 on page 5A	
DayTraining Income	1,114,260
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	2,248

1,116,777

Total of line 28

Misc Income - Interest	<b>149</b>
Misc Income - Record Copies	<b>20</b>
Misc Income - Jury Duty	<b>21</b>
Misc Income - Vending Machine Receipt	<b>0</b>
Misc Income - Food Vendor Rebate	<b>0</b>
Misc Income - Wages Service Fee	<b>78</b>
	<b><u>267.98</u></b>

Facility Name & ID Number Alden Village Health Facility

# 0038455

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	712	731	\$ 30,718	\$ 42.02	1
2	Assistant Director of Nursing	2,080	2,080	70,205	33.75	2
3	Registered Nurses	29,037	30,881	901,508	29.19	3
4	Licensed Practical Nurses	14,790	15,627	376,157	24.07	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,622	1,622	32,064	19.77	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,482	17,810	169,637	9.52	15
16	Dishwashers					16
17	Maintenance Workers	1,596	1,596	37,111	23.25	17
18	Housekeepers	16,526	17,542	172,196	9.82	18
19	Laundry	4,440	4,801	47,021	9.79	19
20	Administrator	2,080	2,080	74,396	35.77	20
21	Assistant Administrator	1,798	1,798	55,402	30.81	21
22	Other Administrative	1,892	1,892	52,847	27.93	22
23	Office Manager	1,936	2,112	34,605	16.38	23
24	Clerical	2,370	2,476	23,089	9.33	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	7,552	7,627	126,526	16.59	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	119,805	127,378	1,455,484	11.43	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) DT Transportation	2,473	2,669	43,997	16.48	33
34	TOTAL (lines 1 - 33)	227,191	240,722	\$ 3,702,963 *	\$ 15.38	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	900/Monthly	\$ 10,800	1-3	35
36	Medical Director	3600/Monthly	43,200	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/Monthly	2,616	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	3,291	211,040	11-3	44
45	Social Service Consultant	3	552	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,294	\$ 268,208		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden Village Health Facility

# 0038455

Report Period Beginning: 1/1/10

Ending: 12/31/10

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Harris, Yvonne	Assistant Administ	0	\$ 55,402	Workers' Compensation Insurance	\$ 97,073	IDPH License Fee	\$	
Longo, Laurie M	Administrator	0	74,395	Unemployment Compensation Insurance	37,350	Advertising: Employee Recruitment	403	
				FICA Taxes	272,248	Health Care Worker Background Check		
				Employee Health Insurance	106,008	(Indicate # of checks performed 118 )	1,180	
				Employee Meals	23,130	Patient Background Checks	94	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,144	
				Dental, Life, Relations, Pension & Misc	6,097	Related Party-Village, LLC	609	
				Employee Drug Test	2,656			
				401k Match	1,317	IHCA dues, less pac fees	4,598	
				Employee Vaccinations	1,931	Related Party-AMS	996	
				Offset Benefit Costs with Misc. Income	(98)	Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 129,797	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)				\$ 547,712		\$ 9,870		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
None	\$			Not Applicable		\$	Out-of-State Travel	\$
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	In-State Travel	
(Attach a copy of any management service agreement)							IL Health Care Association	1,205
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services	Consulting Fees	\$ 677,675						
BDO Siedman/Virchow Krause	Accounting Fees	16,437						
Kenneth J. Fisch	Legal-Non Collection	675						
Medi.Com/Pathway	Billing/Consultants	2,408						
First Advantage	Tax Consultants	658						
Kenneth J. Fisch	Legal-Collection	1,896						
C.Hopking Hearing Health	Audiology Consultant	1,320						
AMS (Eliminated)	Allocated Legal Fees	19,236						
Janet L. Hermann	Legal-Non Collection	237						
Linda Roberts & Assoc.,	Food Audit	570						
Note: \$2,090 of the above Pathways cost was reclassified to Ln 10 on Pg 3.								
TOTAL (agree to Schedule V, line 19, column 3)			\$ 721,112	TOTAL		\$	Leadership Training	1,925
(If total legal fees exceed \$5,000, attach copy of invoices.)							Seminar Expense	
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 6,094

\* Attach copy of IMRF notifications

\*\*See instructions.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Compressor A/C	11/94	\$ 2,191	15	\$ 146	\$ 146	\$ 146	\$ 0				
2	Relocating water pipe	7/95	3,545	15	127	127	127	64				
3	Painting	5/09	839	3			163	280	279	117	0	0
4												
5												
6												
7												
8												
9												
10												
11												
12												
13	Note, only fill in for											
14	items that result in											
15	expense in the											
16	current year's											
17	column (FY2010).											
18												
19												
20	TOTALS		\$ 6,575		\$ 273	\$ 273	\$ 436	\$ 344	\$ 279	\$ 117	\$	\$

Facility Name &amp; ID Number Alden Village Health Facility

# 0038455

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=\$4,598 Il. Assoc. of HC=\$0
- (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. \$ 36,472 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. \$ 441,814  
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. \$ 23,130 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
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? Yes**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ 88,596
- (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.