

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435 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	300	Skilled (SNF)	300	109,500	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	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF	7,703	572	7,612	15,887	8
9	SNF/PED					9
10	ICF	59,935	165	397	60,497	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	67,638	737	8,009	76,384	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.76%

D. How many bed-hold days during this year were paid by the Department?

0 (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 9/9/1981

J. Was the facility purchased or leased after January 1, 1978?

YES Date 9/9/1981 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 300 and days of care provided 6,110

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 Wentworth Rehabilitation & Health C: # 0026435 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	330,194	33,198	21,800	385,192	1,105	386,297	(586)	385,711		1
2	Food Purchase		425,751		425,751	(27,760)	397,991	(40,189)	357,802		2
3	Housekeeping	303,618	71,004		374,622	1,601	376,223	9,352	385,575		3
4	Laundry	109,956	24,802		134,758	156	134,914		134,914		4
5	Heat and Other Utilities			287,586	287,586	18,457	306,043	434	306,477		5
6	Maintenance	56,222		236,379	292,601		292,601	56,394	348,995		6
7	Other (specify):* Security/Related Part	120,373			120,373		120,373	10,802	131,175		7
8	TOTAL General Services	920,363	554,755	545,765	2,020,883	(6,441)	2,014,442	36,206	2,050,648		8
	B. Health Care and Programs										
9	Medical Director			40,600	40,600		40,600		40,600		9
10	Nursing and Medical Records	3,135,551	172,546	8,452	3,316,549	6,896	3,323,445	83,360	3,406,805		10
10a	Therapy	91,224	707	5,400	97,331		97,331		97,331		10a
11	Activities	413,719	11,519	3,526	428,764	386	429,150		429,150		11
12	Social Services	33,808			33,808		33,808		33,808		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Benefits							11,843	11,843		15
16	TOTAL Health Care and Programs	3,674,302	184,772	57,978	3,917,052	7,282	3,924,334	95,203	4,019,537		16
	C. General Administration										
17	Administrative	162,445			162,445		162,445	156,172	318,617		17
18	Directors Fees										18
19	Professional Services			1,008,058	1,008,058	(16,714)	991,344	(831,453)	159,891		19
20	Dues, Fees, Subscriptions & Promotions			124,864	124,864		124,864	(104,975)	19,889		20
21	Clerical & General Office Expenses	274,931	34,744	101,029	410,704	(17,471)	393,233	319,530	712,763		21
22	Employee Benefits & Payroll Taxes			854,745	854,745	16,723	871,468	(21,992)	849,476		22
23	Inservice Training & Education										23
24	Travel and Seminar			7,889	7,889		7,889	4,180	12,069		24
25	Other Admin. Staff Transportation			4,842	4,842		4,842	21,501	26,343		25
26	Insurance-Prop.Liab.Malpractice			314,981	314,981		314,981	9,525	324,506		26
27	Other (specify):* Related Party Benefits			227,185	227,185		227,185	(140,392)	86,793		27
28	TOTAL General Administration	437,376	34,744	2,643,593	3,115,713	(17,462)	3,098,251	(587,904)	2,510,347		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,032,041	774,271	3,247,336	9,053,648	(16,621)	9,037,027	(456,494)	8,580,533		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			109,428	109,428		109,428	291,690	401,118			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			153,642	153,642		153,642	626,678	780,320			32
33	Real Estate Taxes			356,346	356,346	(356,346)		195,887	195,887			33
34	Rent-Facility & Grounds			960,495	960,495	356,346	1,316,841	(1,316,841)				34
35	Rent-Equipment & Vehicles			26,350	26,350		26,350	55,155	81,505			35
36	Other (specify):* MIP							55,819	55,819			36
37	TOTAL Ownership			1,606,261	1,606,261		1,606,261	(91,612)	1,514,649			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		397,139	762,781	1,159,920	16,621	1,176,541	25,810	1,202,351			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		397,139	927,031	1,324,170	16,621	1,340,791	25,810	1,366,601			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,032,041	1,171,410	5,780,628	11,984,079		11,984,079	(522,296)	11,461,783			45

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

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

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(27,759.65)	Employee Meals
	22	27,759.65	Employee Meals
22		(11,037.00)	Uniforms
	10	6,803.00	Uniforms
	1	1,105.00	Uniforms
	3	1,601.00	Uniforms
	4	156.00	Uniforms
	6		Uniforms
	11	386.00	Uniforms
	21	986.00	Uniforms
10		(16,621.05)	Oxygen - to appropriate cost center
	39	16,621.05	Oxygen - to appropriate cost center
33		(356,346.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	356,346.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(18,456.86)	Vendor Settlements (Peoples Energy GAS)
	5	18,456.86	Vendor Settlements (Peoples Energy GAS)
<u>Others, if any:</u>			
19		(16,713.83)	Clinical Coordinators (Pathway Billing)
	10	16,713.83	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				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	368	30		9
10	Interest and Other Investment Income	(62)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(40)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5)	21		17
18	Fines and Penalties	(12,108)	32		18
19	Entertainment	(11,801)	20		19
20	Contributions	(16,120)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(31,470)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(227,185)	27		24
25	Fund Raising, Advertising and Promotional	(46,589)	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)	\$ (345,012)		\$	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)	112,060	Various	34
35	Other- Attach Schedule	(289,344)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (177,284)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (522,296)		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 Wentworth Rehabilitation & Health Care Center

ID# 0026435

Report Period Beginning: 1/1/10

Ending: 12/31/10

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilites	\$ (3,827)	5	1
2	Intercompany Interest not allowed	(137,780)	32	2
3				3
4	Misc Income (Record copies)	(448)	10	4
5	Misc Income (Jury Duty)	(52)	21	5
6	Misc Income (Food Rebate)	(301)	2	6
7	Misc Income (Polling Site Usage)	(525)	6	7
8	Misc Income (Miscallaneous - Refund)	(128)	21	8
9	Misc Income (Miscallaneous - Wage Service Fee)	(30)	21	9
10				10
11	Marketing Manager & Aides (GL#6701-100-009)	(129,470)	21	11
12	Back out % Employee Benefit for Mktg Manager	(21,992)	22	12
13	Back out 30% PAC Fees from IHCA bills	(3,643)	20	13
14	Adj Deming Leadership Training	(1,350)	24	14
15				15
16	Bank charges - Wentworth LLC	(44)	21	16
17				17
18				18
19	Eliminate deprec exp on Pg 12 items < \$2,500 - WW	(5,914)	30	19
20	Expense PG 5 capital items <\$2,500 on Pg 12 - WW	2,398	6	20
21	Eliminate deprec exp on Pg 13 items < \$2,500 - WW	(13,404)	30	21
22	Expense item <\$2,500 on Pg 13 items - WW	28,383	6	22
23				23
24				24
25	Correct YTD Depreciation	(1,216)	30	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(289,344)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	6,937	(7,523)	0	0	0	0	0	0	0	(586)	1
2	Food Purchase	(341)	0	0	(39,848)	0	0	0	0	0	0	0	(40,189)	2
3	Housekeeping	0	0	9,352	0	0	0	0	0	0	0	0	9,352	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,827)	0	4,261	0	0	0	0	0	0	0	0	434	5
6	Maintenance	30,256	0	26,594	0	0	0	(456)	0	0	0	0	56,394	6
7	Other (specify):*	0	0	9,499	1,303	0	0	0	0	0	0	0	10,802	7
8	TOTAL General Services	26,087	0	56,643	(46,068)	0	0	(456)	0	0	0	0	36,206	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	(448)	0	79,353	512	3,943	0	0	0	0	0	0	83,360	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	11,843	0	0	0	0	0	0	0	0	11,843	15
16	TOTAL Health Care and Programs	(448)	0	91,196	512	3,943	0	0	0	0	0	0	95,203	16
	C. General Administration													
17	Administrative	0	0	156,172	0	0	0	0	0	0	0	0	156,172	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(31,470)	55,574	(855,557)	0	0	0	0	0	0	0	0	(831,453)	19
20	Fees, Subscriptions & Promotions	(78,153)	324	(27,146)	0	0	0	0	0	0	0	0	(104,975)	20
21	Clerical & General Office Expenses	(129,730)	44	397,609	23,285	28,322	0	0	0	0	0	0	319,530	21
22	Employee Benefits & Payroll Taxes	(21,992)	0	0	0	0	0	0	0	0	0	0	(21,992)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(1,350)	0	5,530	0	0	0	0	0	0	0	0	4,180	24
25	Other Admin. Staff Transportation	0	0	21,501	0	0	0	0	0	0	0	0	21,501	25
26	Insurance-Prop.Liab.Malpractice	0	9,301	224	0	0	0	0	0	0	0	0	9,525	26
27	Other (specify):*	(227,185)	0	81,656	3,051	2,086	0	0	0	0	0	0	(140,392)	27
28	TOTAL General Administration	(489,880)	65,243	(220,011)	26,336	30,408	0	0	0	0	0	0	(587,904)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(464,240)	65,243	(72,172)	(19,220)	34,351	0	(456)	0	0	0	0	(456,494)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center# 0026435

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	(20,166)	310,307	1,549	0	0	0	0	0	0	0	0	291,690	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(149,950)	689,628	86,047	0	953	0	0	0	0	0	0	626,678	32
33	Real Estate Taxes	0	188,439	7,102	0	346	0	0	0	0	0	0	195,887	33
34	Rent-Facility & Grounds	0	(1,316,841)	0	0	0	0	0	0	0	0	0	(1,316,841)	34
35	Rent-Equipment & Vehicles	0	0	55,155	0	0	0	0	0	0	0	0	55,155	35
36	Other (specify):*	0	55,819	0	0	0	0	0	0	0	0	0	55,819	36
37	TOTAL Ownership	(170,116)	(72,648)	149,853	0	1,299	0	0	0	0	0	0	(91,612)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(28,487)	(29,590)	83,887	0	0	0	0	0	25,810	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(28,487)	(29,590)	83,887	0	0	0	0	0	25,810	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(634,356)	(7,405)	77,681	(47,707)	6,060	83,887	(456)	0	0	0	0	(522,296)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,316,841	Alden - Wentworth, LLC	0.00%	\$	\$ (1,316,841)	1
2	V	32 Investment Income - RR	266	Alden - Wentworth, LLC			(266)	2
3	V	19 Legal Fees - Non Collection		Alden - Wentworth, LLC		46,824	46,824	3
4	V	21 Bank charges		Alden - Wentworth, LLC		44	44	4
5	V	20 Dues & Subscription		Alden - Wentworth, LLC		324	324	5
6	V	19 Professional Fees/Accounting Fees		Alden - Wentworth, LLC		8,750	8,750	6
7	V	33 Real Estate Tax Expense		Alden - Wentworth, LLC		188,439	188,439	7
8	V	26 General Insurance Expense		Alden - Wentworth, LLC		9,301	9,301	8
9	V	36 Mortgage Insurance Premium		Alden - Wentworth, LLC		55,819	55,819	9
10	V	32 Interest on Loan- Mortgage & other		Alden - Wentworth, LLC		675,766	675,766	10
11	V	30 Depreciation Expense		Alden - Wentworth, LLC		310,307	310,307	11
12	V	32 Amortization Expense		Alden - Wentworth, LLC		14,128	14,128	12
13	V							13
14	Total		\$ 1,317,107			\$ 1,309,702	\$ * (7,405)	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%	\$ 4,261	\$	4,261	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		5,530		5,530	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		21,501		21,501	17
18	V	26 Insurance		Alden Management Services, Inc.		224		224	18
19	V	20 Dues & Subscriptions	29,004	Alden Management Services, Inc.		1,858		(27,146)	19
20	V	30 Depreciation		Alden Management Services, Inc.		1,549		1,549	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,102		7,102	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		55,155		55,155	22
23	V	32 Interest		Alden Management Services, Inc.		86,047		86,047	23
24	V	1 Dietary		Alden Management Services, Inc.		6,937		6,937	24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,352		9,352	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,499		9,499	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		79,353		79,353	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		11,843		11,843	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		156,172		156,172	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		81,656		81,656	30
31	V	19 Professional Fees	929,292	Alden Management Services, Inc.		73,735		(855,557)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		397,609		397,609	32
33	V	6 Repair & Maint	35,470	Alden Management Services, Inc.		62,064		26,594	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 993,766			\$ 1,071,447	\$ *	77,681	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 21,800	Prism Health Care Services, Inc.	0.00%	\$ 3,090	\$ (18,710)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		11,187	11,187
17	V	2 Tube Feeding	66,255	Prism Health Care Services, Inc.		26,407	(39,848)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		7,172	512
19	V	39 Supplies	60,501	Prism Health Care Services, Inc.		32,014	(28,487)
20	V	39 Vent Rental		Prism Health Care Services, Inc.			
21	V	21 Salary G & A		Prism Health Care Services, Inc.		16,343	16,343
22	V	27 Employee Benefit		Prism Health Care Services, Inc.		3,051	3,051
23	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,303	1,303
24	V	21 G & A		Prism Health Care Services, Inc.		6,942	6,942
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		\$ 155,216			\$ 107,509	\$ * (47,707)

* 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>	\$ 185,564	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 260,962	\$ 75,398
16	V	39 <u>I.V. Drugs</u>	116,024	<u>Forum Extended Care Services II, Inc.</u>		14,387	(101,637)
17	V	39 <u>Wound Care</u>	15,924	<u>Forum Extended Care Services II, Inc.</u>		12,573	(3,351)
18	V	10 <u>House Stock</u>	12,422	<u>Forum Extended Care Services II, Inc.</u>		11,415	(1,007)
19	V	10 <u>Pharmacy Consultant</u>	7,200	<u>Forum Extended Care Services II, Inc.</u>		12,150	4,950
20	V	27 <u>Employee Vaccination</u>	348	<u>Forum Extended Care Services II, Inc.</u>		273	(75)
21	V	27 <u>Employee Benefit - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,161	2,161
22	V	21 <u>Salary - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		17,357	17,357
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		10,965	10,965
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		953	953
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		346	346
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		\$ 337,482			\$ 343,542	\$ * 6,060

* 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	\$ 605,573	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 689,460	\$ 83,887	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 605,573			\$ 689,460	\$ * 83,887	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 Repair & Maintenance	\$ 37,304	Alden Bennett Construction Company, Inc.	0.00%	\$ 36,848	\$ (456)	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 37,304			\$ 36,848	\$ *	(456)	39

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

Alden Wentworth Rehabilitation & Health Care Center Provider No. 0026435

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 Wentworth Rehabilitation & Health C # 0026435 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	173,994	2.38	5.95	Salary	\$ 11,006	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,556	2.38	5.95	Salary	4,084	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,169	2.38	5.95	Salary	2,351	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	\$ 17,441		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 Wentworth Rehabilitation & Health Care Center # 0026435 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	\$ 76,366	\$ 4,261	1
2	24	Travel/Seminar	Patient Days	1,283,623	33	92,957	76,366	5,530	2
3	25	Other Admin Travel	Patient Days	1,283,623	33	361,409	76,366	21,501	3
4	26	Insurance	Patient Days	1,283,623	33	3,773	76,366	224	4
5	20	Dues/Subscriptions	Patient Days	1,283,623	33	31,234	76,366	1,858	5
6	30	Depreciation	No. of Providers	33	33	64,513	1	1,549	6
7	33	Real Estate Tax	Patient Days	1,283,623	33	135,456	76,366	7,102	7
8	35	Rent-Equip & Vehicles	Patient Days	1,283,623	33	927,091	76,366	55,155	8
9	32	Interest	Patient Days	1,283,623	33	1,179,658	76,366	86,047	9
10	1	Dietary Salary	Patient Days	1,283,623	33	116,597	116,597	6,937	10
11	3	Housekeeping Salary	Patient Days	1,283,623	33	157,195	157,195	9,352	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,283,623	33	159,672	76,366	9,499	12
13	10	Nurs/Med Records Salary	Patient Days	1,283,623	33	1,369,902	1,369,902	79,353	13
14	15	Employee Benef-Health Care	Patient Days	1,283,623	33	199,071	76,366	11,843	14
15	17	Administrative Salary	Patient Days	1,283,623	33	2,862,453	2,862,453	156,172	15
16	27	Employee Benef-Administrative	Patient Days	1,283,623	33	1,372,540	76,366	81,656	16
17	19	Professional Fees	Patient Days	1,283,623	33	1,239,391	672,679	73,735	17
18	21	Gen'l & Administrative	Patient Days	1,283,623	33	6,683,349	5,909,984	397,609	18
19	6	Repairs & Maintenance	Patient Days	1,283,623	33	1,043,713	824,986	62,064	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 18,071,602	\$ 11,913,796	\$ 1,071,447	25

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Ca # 0026435 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 (GL 2505/7055)		x	Mortgage	\$62,424.82	11/09	\$ 10,572,400	\$ 10,511,389	11/2049	0.0657	\$ 675,767	1							
2												2							
3	Amortization - Refinancing fees		X								14,128	3							
4												4							
5	Insurance Interest (GL 7053)		X	Medical Malpractice							3,754	5							
Working Capital																			
6	Related party-AMS		X								86,047	6							
7	Related party-FECH		X								953	7							
8												8							
9	TOTAL Facility Related				\$62,424.82		\$ 10,572,400	\$ 10,511,389			\$ 780,649	9							
B. Non-Facility Related*																			
10	Int Inc (Corp)										(329)	10							
11												11							
12												12							
13												13							
14	TOTAL Non-Facility Related						\$	\$			\$ (329)	14							
15	TOTALS (line 9+line14)						\$ 10,572,400	\$ 10,511,389			\$ 780,320	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 55,819 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 Wentworth Rehabilitation & Health Care Center COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0026435

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</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>287,845.00</u>	\$ <u>7,102.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,344.00</u>	\$ <u>346.00</u>
3. <u>20-21-413-034-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,103.56</u>	\$ <u>3,103.56</u>
4. <u>20-21-414-001-0000</u>	<u>Nursing Home Facility</u>	\$ <u>18,653.52</u>	\$ <u>18,653.52</u>
5. <u>20-21-414-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,255.26</u>	\$ <u>1,255.26</u>
6. <u>20-21-414-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>1,229.72</u>	\$ <u>1,229.72</u>
7. <u>20-21-414-032-0000</u>	<u>Nursing Home Facility</u>	\$ <u>43,658.71</u>	\$ <u>43,658.71</u>
8. <u>20-21-414-031-0000</u>	<u>Nursing Home Facility</u>	\$ <u>52,365.15</u>	\$ <u>52,365.15</u>
9. <u>20-21-414-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>52,633.19</u>	\$ <u>52,633.19</u>
10. <u>20-21-414-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>87,245.05</u>	\$ <u>87,245.05</u>
TOTALS		\$ <u><u>583,333.16</u></u>	\$ <u><u>267,592.16</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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,814 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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>71,388</u>		<u>\$ 132,461</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	71,388		\$ 132,461	3

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	300	2005	2005	\$ 3,456,698	\$ 86,417	40	\$ 86,417	\$ 0	\$ 475,296
5		2009	2009	3,396,151	87,081	39	87,081		101,594
6									
7									
8	Related Party-Forum		1978	13,669		25			13,669
	Improvement Type**								
9									
10	Heating Repairs		1987	3,410		10			3,410
11	Glass/Pump repairs/electrical work		1988	13,872		5-10			13,872
12	condensor repair/HVAC-Misc Construction		1990	58,637		5-10			58,637
13	clean Boiler/TV Service/repairs tower belts/Glass		1991	61,199		5-10			61,199
14	Ejector pumps		1992	35,689	160	5-15	160		35,503
15	Wire Partitioning/Transfer box/piping/drain/motor		1993	33,591		5-15			33,591
16	Plumbing/elevator/Pump Motor/Sink tops/Boiler		1994	28,780	1,073	15-20	1,073		25,223
17	Tile work/door frames/filter & pumpassembly/water		1995	27,562		10-12			27,562
18	Plumbing repairs		1996	4,560		10			4,560
19	Repair ramp lighting		1996	1,600		10			1,600
20	Install new flooring		1996	2,800	140	20	140		2,116
21	Install new flooring		1996	1,763	88	20	88		1,263
22	Install new flooring		1996	2,800	140	20	140		2,042
23	Install new flooring		1996	2,800	140	20	140		2,030
24	Repaired roof		1996	1,675		10			1,675
25	TV Antenna & Outlets		1997	2,298		5			2,298
26	Repaving		1997	3,305		5	88		3,305
27	Boiler parts		1997	4,938		5	140		4,938
28	Boiler repairs		1997	4,820		5	140		4,820
29	Install tubes for HVAC		1997	4,742		5			4,742
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

1/1/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl (Repair Lighting And lamps)	1998	3,886		5			3,886	37
38	Long Elevator (Installed Door retractors)	1998	5,100	255	20	255		3,273	38
39	Midwest (Replace Booster Heater)	1998	3,359		10			3,359	39
40	Mr. Root (Repair Ejector Pumps)	1998	5,100		10			5,100	40
41	Mr rooter (repair Basement replacement pump)	1998	2,600		10			2,600	41
42	Climate Service (Replace Hot Water Pump)	1998	6,237	416	15	416		5,025	42
43	Alden Bennett construction	1998	11,000	733	15	733		8,800	43
44	ABC Tank replacement	1999	12,409	827	15	827		9,099	44
45	alden Bennett	1999	11,000	733	15	733		8,800	45
46	North Town Food Service (Install booster heater)	1999	1,674		10			1,674	46
47	Fox Valley Fire & Safety	1999	2,690	179	15	179		2,047	47
48	alden Bennett(Carpentry LAbor0	1999	5,954		10			5,954	48
49	Alden Bennett (Specialty Prooducts)	1999	4,647		10			4,647	49
50	Capps Plumbing & Sewer	1999	3,390		10			3,390	50
51	Fox Valley Fire (Sprinkler System)	1999	2,981	199	15	199		2,236	51
52	Alden Bennett (Hardware)	1999	1,843		10			1,843	52
53	Climate Services (PVI Water heater)	1999	11,150	743	15	743		8,548	53
54	Alden Bennet Construction 99 AJE (Sheet Metal Work)	1999	11,000		15			11,000	54
55	Alden Bennett (leasehold improvements)	2000	5,384	269	10	269		5,115	55
56	Alden Bennett (leasehold improvements)	2000	1,518	63	10	63		1,429	56
57	Climate Service (A/C Repair)	2000	9,393		5			9,393	57
58	Capps Plumbing & Sewer (Kitchen repair)	2000	2,842		5			2,842	58
59	Capps Plumbing Service (faucets)	2000	2,890		10			2,890	59
60	Kraft Paper Sales Co (Unside farbage to dumpster)	2000	1,258	10	10	10		1,258	60
61	Kraft Paper Sales Co (Walkoff Mats)	2000	1,884		5			1,884	61
62	New Horizons (telephone repair)	2000	3,756	63	10	63		3,756	62
63	Fox valley Fire & Safety (smoke detector wiring)	2000	5,482	365	15	365		3,957	63
64	Patten Industries (heating repair)	2000	3,012		5			3,012	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,310,798	\$ 180,095		\$ 180,463	\$ 0	\$ 1,011,762	70

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

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		\$ 7,310,798	\$ 180,095		\$ 180,463	\$ 368	\$ 1,011,762	1
2	Equipment International (doorlock electronic timer)	2000	1,655	12	10	12		1,655	2
3	DePaul Plumbing (installation of 1 1/2" water line)	2000	5,483	219	25	219		2,376	3
4	System Electric (sprinkler pump motor & wiring)	2000	2,990	199	15	199		2,141	4
5	System Electric (various kitchen & laundry repairs)	2000	4,605		5			4,605	5
6	D.B.S Contracting (automatic lawn sprinkler system)	2000	44,985	1,799	25	1,799		19,194	6
7	GT Mechanical (HCVAC Repairs)	2000	439		5			439	7
8	Patten Industries (batteries for generator)	2000	1,857		5			1,857	8
9	GT Mechanical (replace cooling coils)	2000	2,500	104	10	104		2,500	9
10	GT Mechanical (replace cooling coils)	2000	14,200	592	10	592		14,200	10
11	Capps Plumbing (rebuilt toilet, two handle lavatory)	2000	2,395	160	15	160		1,743	11
12	Capps Plumbing (repair scullery drain install faucets)	2000	3,446	27	10	27		3,446	12
13	Install Coolant hoses, Lines, Heater	2001	2,443		5			2,443	13
14	Power supply and wiring re phone system	2001	7,258	726	10	726		7,258	14
15	Power supply and wiring re phone system	2001	1,663	166	10	166		1,649	15
16	Coker services-Boiler	2001	3,163	158	20	158		1,555	16
17	Capps Plumbing	2001	2,665		5			2,665	17
18	T&T	2001	1,756		5			1,756	18
19	Alden Bennett Construction Co.	2001	1,431		5			1,431	19
20	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	1,170		5			1,170	20
21	Capps Plumbing - Repiping & new faucets on kitchen dish washer	2002	2,645		5			2,645	21
22	Healthcare Products - Repair Wheelchairs	2002	988		5			988	22
23	Washtown Equip - Repair Washer - motor bearings / valves / belts	2002	2,208		5			2,208	23
24	GT Mech - Repair boiler - gas valves	2002	1,143		5			1,143	24
25	GT Mech - Repair boiler - installed rebuild kit	2002	1,841		5			1,841	25
26	GT Mech - Repair boiler - replaced Chimney cap	2002	1,295		5			1,295	26
27	CSI Coker - Repair dishwasher	2002	4,279		5			4,279	27
28	Healthcare Products - Repair Wheelchairs	2002	1,721		5			1,721	28
29	Long Elev. And Machine Co. - repair elevator	2002	1,148		5			1,148	29
30	DBS Contracting	2002	2,699		5			2,699	30
31	CSI Coker - Repair cooking equip	2002	1,527		5			1,527	31
32	Capps Plumbing - Repair hot water system	2002	1,940	194	10	194		1,568	32
33	Capps Plumbing - Repair hot water system	2002	2,135	214	10	214		1,726	33
34	TOTAL (lines 1 thru 33)		\$ 7,442,472	\$ 184,665		\$ 185,033	\$ 368	\$ 1,110,633	34

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

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		\$ 7,442,472	\$ 184,665		\$ 185,033	\$ 368	\$ 1,110,633	1
2	System Elec. - Installed conduit & wiring for fire alarm	2002	1,435	144	10	144		1,184	2
3	Capps Plumbing - Repair dish washer	2002	1,284		5			1,284	3
4	System Elec. - Repair elevator	2002	1,363	136	10	136		1,170	4
5	ABC - Remodel Bathroom 1	2002	3,772	189	20	189		1,619	5
6	GT Mech - Scopper Boiler and Storage Tank	2002	14,500	967	15	967		8,297	6
7	ABC - Remodel Bathroom 2	2002	5,025	251	20	251		2,072	7
8	ABC - Leasehold Improvements	2002	11,627	581	20	581		4,748	8
9	Tyco - Smoke Detectors	2002	1,023		7			1,023	9
10	ABC - Smoke Dampers	2002	9,701		7			9,701	10
11	CSI - Repair Dishwasher	2003	1,886		5			1,886	11
12	GT Mech - Repair AC	2003	1,538		5			1,538	12
13	Simplex - Repair Drain System	2003	1,503	150	10	150		1,101	13
14	CAPPS - Repair water booster pump	2003	1,895		5			1,895	14
15	Simplex - Doors	2003	3,435	344	10	344		2,748	15
16	Simplex - Wet Chem System	2003	2,695	270	10	270		2,089	16
17	Directional Boring Services - Sprinkler System	2003	10,000	833	12	833		6,667	17
18	AMS-New generator	2004	2,148	143	15	143		954	18
19	GT Mech Circu pump for heat	2004	1,747	103	17	103		643	19
20	CSI repair to oven	2004	2,627	263	10	263		1,773	20
21	CSI new wiring	2004	1,718	172	10	172		1,174	21
22	GT Mech Chiller Repair	2004	4,196	420	10	420		2,798	22
23	ABC Sewage ejector pump	2004	10,724	1,072	10	1,072		7,328	23
24	ABC Hvac	2004	2,971	297	10	297		2,054	24
25	ABC-Remodeling 4th floor	2004	25,103	1,004	25	1,004		6,024	25
26	ABC-Remodeling 4th floor	2005	7,734	387	20	387		2,320	26
27	GT Mech-install fan coil unit	2005	2,504		5			2,504	27
28	GT Mech-exhaust fan replacement motor	2005	2,234	223	10	223		1,285	28
29	ABC-Remodeling 4th floor	2005	5,568	371	15	371		2,072	29
30	Top Notch- 2 hp motor	2005	2,155	216	10	216		1,203	30
31	Oakfirst Fire-install nurse call system	2005	2,423	242	10	242		1,352	31
32	ABC-Remodeling 4th floor	2005	9,433	629	15	629		3,512	32
33	ABC-Remodeling 4th floor	2005	17,007	1,134	15	1,134		6,331	33
34	TOTAL (lines 1 thru 33)		\$ 7,615,446	\$ 195,205		\$ 195,574	\$ 368	\$ 1,202,980	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 12C, Carried Forward		\$ 7,615,446	\$ 195,205		\$ 195,574	\$ 368	\$ 1,202,980	1
2	Forum Prof Ctr: Remodeling	1979	12,778		20			12,778	2
3	Forum Prof Ctr: Build Improv - multiple	1980	24,885		15			24,885	3
4	Forum Prof Ctr: Tennant Improv	1986	785		13			785	4
5	Forum Prof Ctr: AMS remodel	1990	5,337		10			5,337	5
6	Forum Prof Ctr: Roof	1994	2,815	175	16	175		2,815	6
7	Forum Prof Ctr: Build Improv-multiple	1995	993	62	16	62		927	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,568	112	10	112		1,517	8
9	Forum Prof Ctr: Remodel/electrical	2001	611	33	7	33		544	9
10	Forum Prof Ctr: bathroom remodel	2002	540	50	5	50		452	10
11	Forum Prof Ctr: remodel suites/etc.	2003	694	70	9	70		555	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,138	104	7	104		1,762	12
13	Forum Prof Ctr: Suite renovation	2005	432	62	10	62		432	13
14	Forum Prof Ctr: Superior installations, etc.	2006	85	12	4	12		85	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	415	65	7	65		215	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	346	60	7	60		142	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	715	68	7	68		82	17
18	Forum Prof Ctr: Building Renovations	2010	1,161	330	7	330		330	18
19	Alden Mgt Servs: Remodel suites	1993	7,174	23	7	23		7,163	19
20	Alden Mgt Servs: Remodel suites	2002	299		7			299	20
21	Alden Mgt Servs: Remodel suites	2003	6,486	161	7	161		6,474	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,685,703	\$ 196,593		\$ 196,961	\$ 368	\$ 1,270,559	34

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

1/1/10

Ending:

12/31/10

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,685,703	\$ 196,593		\$ 196,961	\$ 368	\$ 1,270,559	1
2	Patten-intake motor	2005	1,586	227	7	227		1,229	2
3	ABC-vinyl flooring	2005	3,064	306	10	306		1,607	3
4	Epic Service and Supply-floor cleaner	2005	1,114	159	7	159		835	4
5	ABC-2nd floor rennovation	2005	74,572	4,971	15	4,971		25,688	5
6	Oakfirst Fire-install fire alarm system	2005	12,500	833	15	833		4,234	6
7	ABC-2nd floor rennovation	2005	6,610	441	15	441		2,205	7
8	ABC- replace glass black window for boiler room	2006	9,184	918	10	918	0	4,514	8
9	ABC - time and material billings for renovations	2006	3,722	372	10	372		1,798	9
10	ABC - re-wire 36 lines of tv cables	2006	5,070	507	10	507	0	2,493	10
11	smoke detectors	2006	3,961	264	15	264		1,089	11
12	finish hardware acoustical resilient flooring , plumbing, heating	2006	25,451	707	15	707		3,818	12
13	motor and impeller assy/ booster heater	2006	7,000	467	15	467		1,946	13
14	boiler assy	2006	3,550	178	20	178		830	14
15	install new elevator recall system	2006	7,229	361	20	361		1,657	15
16									16
17	replace hose & pump	2007	6,594	1,319	5	1,319		4,726	17
18	cooling system	2007	6,742	674	10	674		2,359	18
19	replace worn & broken locks	2007	3,703	741	5	741		2,532	19
20	elevator passenger	2007	7,322	488	15	488		1,667	20
21	repaire trane chiller	2007	4,175	835	5	835		2,714	21
22	ABC - repair air cond compressor	2007	39,119	3,912	10	3,912		12,714	22
23	ABC - replace concrete	2007	6,896	690	10	690		2,242	23
24									24
25	Pattern - Repair Generator	2008	2,543	509	5	509		1,314	25
26	Pattern - Remove & install battery	2008	2,566	513	5	513		1,283	26
27	ABC - replaced damage doors with new doors and tiles	2008	3,045	305	10	305		660	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,933,021	\$ 217,289		\$ 217,658	\$ 369	\$ 1,356,713	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 7,933,021	\$ 217,289		\$ 217,658	\$ 368	\$ 1,356,713	1
2	AMS Maintenance Allocation - install hookups & framing	2009	7,596	380	20	380		443	2
3	GT Mech - Repair condenser	2009	2,962	592	5	592		987	3
4	Pattern - Repair generator	2009	2,547	509	5	509		849	4
5	Pattern - Repair generator	2009	3,537	707	5	707		1,061	5
6	Top Notch - 1 evaporator coil	2009	5,341	1,068	5	1,068		1,513	6
7	AMS Maintenance Allocation - repaired drywall	2009	7,450	745	10	745		869	7
8	SkiMont -repaired boiler & hot water heater	2009	2,892	578	5	578		578	8
9									9
10	ABC - Caulk Work; Uncalked & recalked main entry & patio	2010	2,754	459	5	459		459	10
11	ABC - Concrete Patio & remove tripping hazards for resident safe	2010	3,593	140	15	140		140	11
12	ABC - Drywall & Vinyl Flooring Replaced	2010	66,560	1,109	15	1,109		1,109	12
13	ABC - Deck Railing repaired	2010	5,616	468	5	468		468	13
14	BELEC - Door Heater Cooler & Freezer Repaired	2010	6,666	556	5	556		556	14
15	SKIMOR - Dialysis waste piping repaired	2010	3,100	155	5	155		155	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,053,635	\$ 224,756		\$ 225,125	\$ 368	\$ 1,365,901	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,039,068	\$ 169,251	\$ 169,251	\$		\$ 369,827	71
72	Current Year Purchases	137,303	5,912	5,912			5,912	72
73	Fully Depreciated Assets	571,720	830	830			571,720	73
74								74
75	TOTALS	\$ 1,748,091	\$ 175,993	\$ 175,993	\$		\$ 947,459	75

D. Vehicle Depreciation (See instructions.)*

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

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 9,938,335	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 400,749	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 401,118	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 368	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,317,508	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435 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:		300	10/29/86	\$	ended 6/30/05		3
4	Additions							4
5								5
6								6
7	TOTAL		300		\$			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: \$ 18,976 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>37,547</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>710.40</u>	<u>8,525</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>46,072</u>	21

10. Effective dates of current rental agreement:

Beginning 7/01/05

Ending 7/01/15

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. <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	\$		\$ 324,710	\$		\$ 324,710	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			48,397			48,397	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			232,466			232,466	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				260,962		260,962	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>					83,887	251,928		335,816	13
14	TOTAL			\$		\$ 689,460	\$ 512,891		\$ 1,202,351	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)

Service Description	Col. 1: Ref. No.	To Pg 16: Col. No.	
1. OT	39-3	To Col 5	\$324,709.90
2. ST	39-3	To Col 5	48,396.83
3.			
4. PT	39-3	To Col 5	232,465.93
5.			
6.			
7.			
8.			
Pharmacy Supplies per GL			185,564.16
Manual Input from Related Party- Forum Drugs			75,398.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6	260,962.16
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	83,887.40
Other			368,783.24
Manual Input: Related Party - Prism			(28,487.00)
Manual Input: Related Party FECII - I.V.			(101,637.00)
Manual Input: Related Party FECII - Wound Care			(3,352.00)
Oxygen, from reclass worksheet			16,621.05
13. Col 6: Supplies Total		To Col 6	251,928.29
13. Total Line 13, Column 8			251,928.29
14. Total (should equal page 4, Ln 39, Col 8)			1,202,350.51

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center # 0026435

Report Period Beginning: 1/1/10

Ending: 12/31/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (150,000))	948,035	948,035	3
4	Supply Inventory (priced at)	291	291	4
5	Short-Term Investments			5
6	Prepaid Insurance		68,292	6
7	Other Prepaid Expenses	26,415	26,415	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	82,254	82,254	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,056,996	\$ 1,125,288	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		600,000	13
14	Buildings, at Historical Cost		6,852,849	14
15	Leasehold Improvements, at Historical Cost	1,359,414	1,429,567	15
16	Equipment, at Historical Cost	1,025,151	1,801,992	16
17	Accumulated Depreciation (book methods)	(1,714,137)	(2,450,391)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		313,143	21
22	Other Long-Term Assets (spe <u>Haz Ins/RE Taxes</u>)		173,764	22
23	Other(specify): <u>Refinance Fees</u>		392,232	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 670,428	\$ 9,113,156	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,727,424	\$ 10,238,443	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 824,616	\$ 866,746	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	131,945	131,945	28
29	Short-Term Notes Payable		60,294	29
30	Accrued Salaries Payable	482,293	482,293	30
31	Accrued Taxes Payable (excluding real estate taxes)	72,976	72,976	31
32	Accrued Real Estate Taxes(Sch.IX-B)		311,600	32
33	Accrued Interest Payable		57,550	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>	82,932	97,532	36
37	<u>Due to Affiliates (Short Term)</u>	1,141,097	1,141,097	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,735,859	\$ 3,222,032	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,451,095	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	11,556,654	9,967,997	43
44	<u>S/holder loans, Others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 11,556,654	\$ 20,419,092	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,292,513	\$ 23,641,124	46
47	TOTAL EQUITY(page 18, line 24)	\$ (12,565,089)	\$ (13,402,681)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,727,424	\$ 10,238,443	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (11,862,846)	1
2	Restatements (describe):		2
3	External audit adjustment made after 2006 cost report was	6,149	3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables).		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (11,856,697)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(708,392)	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)	\$ (708,392)	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)	\$ (12,565,089)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Ce # 0026435 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	\$ 11,154,141	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,154,141	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	101,759	6
7	Oxygen	13,279	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 115,038	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		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	2,025	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,025	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	62	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 62	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Page 19A	4,421	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,421	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,275,687	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	2,020,883	31
32	Health Care	3,917,052	32
33	General Administration	3,115,713	33
B. Capital Expense			
34	Ownership	1,606,261	34
C. Ancillary Expense			
35	Special Cost Centers	1,159,920	35
36	Provider Participation Fee	164,250	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,984,079	40
41	Income before Income Taxes (line 30 minus line 40)**	(708,392)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (708,392)	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 Wentworth Rehabilitation & Health Care C # 0026435 Report Period Beginning: 1/1/10 Ending: 12/31/10

Details of Page 19, Line 28

Misc Income (Record copies)	448
Misc Income (Jury Duty)	52
Misc Income (Food Rebate)	301
Misc Income (Polling Site Usage)	525
Misc Income (Misc - Refund)	128
Misc Income (Misc - Wage Service Fee)	30
Adjustment of prior year expenses	199
Gain on Sale of Prior Year Assets	2,737
Total	<u>4,421</u>

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

Report Period Beginning:

1/1/10

Ending:

12/31/10

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,102	2,102	\$ 90,088	\$ 42.86	1
2	Assistant Director of Nursing	3,784	3,784	129,285	34.17	2
3	Registered Nurses	10,423	11,355	366,743	32.30	3
4	Licensed Practical Nurses	45,683	49,274	1,255,724	25.48	4
5	CNAs & Orderlies	95,288	102,556	1,044,952	10.19	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,787	2,999	37,023	12.35	8
9	Activity Director	2,056	2,080	42,768	20.56	9
10	Activity Assistants	8,908	10,121	114,433	11.31	10
11	Social Service Workers	1,592	1,626	33,807	20.79	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	42,363	20.37	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,479	26,200	287,832	10.99	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	56,222	27.03	17
18	Housekeepers	27,794	29,893	303,618	10.16	18
19	Laundry	8,662	9,592	109,956	11.46	19
20	Administrator	2,080	2,080	97,267	46.76	20
21	Assistant Administrator	2,080	2,080	65,179	31.34	21
22	Other Administrative	9,309	9,511	264,883	27.85	22
23	Office Manager	1,992	1,992	38,648	19.40	23
24	Clerical	2,184	2,562	25,600	9.99	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,128	4,160	141,434	34.00	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,560	1,645	24,318	14.78	31
32	Other Health Care Unit Dir/Beh Coun	14,744	15,402	289,860	18.82	32
33	Other(specify) Security/Alz Sup	13,190	14,142	170,038	12.02	33
34	TOTAL (lines 1 - 33)	287,985	309,316	\$ 5,032,041 *	\$ 16.27	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	Monthly	\$ 21,800	1-3	35
36	Medical Director	Monthly	40,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	7,200	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	Monthly	1,072	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 70,672		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Charlene, Hill-Jeon	Administrator	0	\$ 95,843	Workers' Compensation Insurance	\$ 140,710	IDPH License Fee	\$	
Berry, Niquitta	Assistant Administrator	0	66,602	Unemployment Compensation Insurance	60,086	Advertising: Employee Recruitment	1,781	
				FICA Taxes	379,889	Health Care Worker Background Check		
				Employee Health Insurance	72,897	(Indicate # of checks performed 119)	1,190	
				Employee Meals	27,760	Patient Background Checks	95	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,288	
				Union, Health, & Welfare/Pension	174,416	IL Healthcare Association	8,501	
				Dental Insurance/Life Insurance	1,973	Chicago Title Land Trust/SOS/Cambridge/C	661	
				Misc Payroll Costs/401K Match	2,751	Creative Forecasting/ILASSHC	3,660	
				Employee Drug Tests/Vaccinations	2,811	Related party - AMS	1,858	
				Employee Relations	8,175	Less: Public Relations Expense	()	
				Back out % Employee Benefit for Mktg Manager	(21,992)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 162,445	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 19,889
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description			Description	
Amount				Line #			Amount	
\$				\$			\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting Fees		\$ 880,800				Out-of-State Travel	
BDO Seidman/Ava P Daley	Accounting Fees		14,337				\$	
Virchow Kruase/Baker Tilly	Accounting Fees		6,214					
Kenneth Fisch/Janet L Hermann	Legal Fees: Non-Collections		887				In-State Travel	
AMS (Eliminated)	Allocated Legal Fees		48,492					
Medi.com	Billing Consultants		801				Leadership/Deming Training Adj	
Pathway-Reclass to Nursing	Clinical Consulting		16,714				(1,350)	
Linda Roberts & Assoc	Food Service Audit		420				Related party - AMS	
First Advantage	Tax Consulting		1,025				5,530	
VALSAL/FREMER	Guardian Consultants		3,040				Seminar Expense	
Kenneth J Fisch	Legal Fees: Collections		31,470				Leadership/Deming Training	
McCorkle Ct Rprts/MPRO Adm. Or	IDP Consultant/Records		3,858				4,500	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)							IHCA/IL Council Seminar	
\$ 1,008,058							2,050	
							CAMTRA/PESI/Pathway	
							1,339	
							Entertainment Expense	
							()	
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	
							\$ 12,069	

* 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	Improvement Type	2 Month & Year Improvement Was Made	3 Total Cost	4 Useful Life	5 Amount of Expense Amortized Per Year								
					6 FY2007	7 FY2008	8 FY2009	9 FY2010	10 FY2011	11 FY2012	12 FY2013	13 FY2014	14 FY2015
1	Motor laundry	3/96	\$ 2,750	15	\$	\$	\$ 183	\$ 183	\$ 183	\$	\$	\$	\$
2	Replace valve	4/96	1,959	20			98	98	98	98	98	98	
3	Boiler Stack	6/96	1,207	15			80	80	80				
4	Cubicle curtain	8/95	252	20			13	13	13	13	13	13	
5	Motor repair	8/95	5,827	15			388	388					
6													
7													
8	Painting > \$1,500	01/04	2,230	5			74						
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 14,225		\$	\$	\$ 836	\$ 762	\$ 374	\$ 111	\$ 111	\$ 111	\$

Facility Name & ID Number Alden Wentworth Rehabilitation & Health Care Center

0026435

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=\$ 3,600
- (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. \$ 16,120 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. \$ 164,250
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. \$ 27,760 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. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.