FOR BHF USE

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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.

I. IDPH License ID Number: 0038000

Facility Name: Alden - Town Manor Rehabilitation and Health Care Center, Inc.

Address: 6120 W. Ogden (Number) Cicero (City) 60804 (Zip Code)

County: Cook

Telephone Number: (708) 863 - 0500 **Fax #** (708) 863 - 4893

HFS ID Number:

Date of Initial License for Current Owners: 09/16/92

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 724-6622
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	237	Skilled (SNF)	237	86,505	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	237	TOTALS	237	86,505	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	5,981	1,326	5,770	13,077	8
9	SNF/PED					9
10	ICF	47,118	2,390	1,969	51,477	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	53,099	3,716	7,739	64,554	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.62%

D. How many bed-hold days during this year were paid by the Department?
none (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
none

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [x]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [x]

I. On what date did you start providing long term care at this location?
Date started 06/15/93

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

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 237 and days of care provided 5,278

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Heal # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	434,554	47,724	22,800	505,078	1,998	507,076	(3,612)	503,464			1
2	Food Purchase		541,419		541,419	(52,272)	489,147	(70,231)	418,916			2
3	Housekeeping	285,220	58,802		344,022	2,306	346,328	(5,925)	340,403			3
4	Laundry	102,346	33,322		135,668	225	135,893		135,893			4
5	Heat and Other Utilities			304,505	304,505		304,505	(13,001)	291,504			5
6	Maintenance	50,600		287,946	338,546	57	338,603	56,078	394,681			6
7	Other (specify):* Related party							12,091	12,091			7
8	TOTAL General Services	872,720	681,267	615,251	2,169,238	(47,686)	2,121,552	(24,600)	2,096,952			8
	B. Health Care and Programs											
9	Medical Director			28,650	28,650		28,650		28,650			9
10	Nursing and Medical Records	3,752,878	313,792	8,966	4,075,636	22,802	4,098,438	59,340	4,157,778			10
10a	Therapy	202,055	4,400	12,438	218,893		218,893		218,893			10a
11	Activities	132,814	11,330	2,335	146,479	136	146,615		146,615			11
12	Social Services	44,671			44,671		44,671		44,671			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							8,390	8,390			15
16	TOTAL Health Care and Programs	4,132,418	329,522	52,389	4,514,329	22,938	4,537,267	67,730	4,604,997			16
	C. General Administration											
17	Administrative	121,886			121,886		121,886	159,295	281,181			17
18	Directors Fees											18
19	Professional Services			1,020,424	1,020,424	(34,575)	985,849	(867,579)	118,270			19
20	Dues, Fees, Subscriptions & Promotions			126,175	126,175		126,175	(106,571)	19,604			20
21	Clerical & General Office Expenses	172,919	31,252	112,774	316,945	780	317,725	413,659	731,384			21
22	Employee Benefits & Payroll Taxes			1,049,175	1,049,175	29,585	1,078,760	(1,218)	1,077,542			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,636	7,636		7,636	3,596	11,232			24
25	Other Admin. Staff Transportation			3,445	3,445		3,445	22,416	25,861			25
26	Insurance-Prop.Liab.Malpractice			265,342	265,342		265,342	13,524	278,866			26
27	Other (specify):* Related party			279,198	279,198		279,198	(206,399)	72,799			27
28	TOTAL General Administration	294,805	31,252	2,864,169	3,190,226	(4,210)	3,186,016	(569,277)	2,616,739			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,299,943	1,042,041	3,531,809	9,873,793	(28,958)	9,844,835	(526,147)	9,318,688			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center #0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			82,680	82,680		82,680	360,778	443,458			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			242,849	242,849		242,849	677,318	920,167			32
33	Real Estate Taxes							758,427	758,427			33
34	Rent-Facility & Grounds			1,707,424	1,707,424		1,707,424	(1,707,424)				34
35	Rent-Equipment & Vehicles			15,541	15,541		15,541	51,652	67,193			35
36	Other (specify):* M.I.P.							72,281	72,281			36
37	TOTAL Ownership			2,048,494	2,048,494		2,048,494	213,032	2,261,526			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		470,532	695,438	1,165,970	28,958	1,194,928	(104,687)	1,090,241			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			129,758	129,758		129,758		129,758			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		470,532	825,196	1,295,728	28,958	1,324,686	(104,687)	1,219,999			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,299,943	1,512,573	6,405,499	13,218,015		13,218,015	(417,802)	12,800,213			45

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

Alden - Town Manor Rehabilitation and Health Care Center, Inc. IDPH Facility No. 0038000
Report Period Beginning: 1/1/2011
Ending: 12/31/2011

Reclassifications - Pages 3 & 4, Column 5

From Line	To Line	Amount	Description
2		(52,272.00)	Employee Meals
	22	52,272.00	Employee Meals
22		(22,687.00)	Uniforms
	10	17,185.00	Uniforms
	1	1,998.00	Uniforms
	3	2,306.00	Uniforms
	4	225.00	Uniforms
	6	57.00	Uniforms
	11	136.00	Uniforms
	21	780.00	Uniforms
10		(28,958.00)	Oxygen - to appropriate cost center
	39	28,958.00	Oxygen - to appropriate cost center
19		(34,575.00)	Clinical Coordinators (Pathway Billing)
	10	34,575.00	Clinical Coordinators (Pathway Billing)
Net		-	

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Cen # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 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	(9,221)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(49)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,235)	2		13
14	Non-Care Related Interest	(79,985)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(2,201)	21		17
18	Fines and Penalties	(28,062)	32		18
19	Entertainment	(1,409)	20		19
20	Contributions	(27,320)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(55,847)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(279,198)	27		24
25	Fund Raising, Advertising and Promotional	(21,683)	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)**	$ (507,210)		$	30

BHF USE ONLY								
48		49		50		51		52	

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 Amount	2 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)	322,010	Various	34
35	Other- Attach Schedule	(232,602)	Pg 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 89,408		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (417,802)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			x			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			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Alden - Town Manor Rehabilitation and Health Care Center, Inc.

ID# 0038000

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 <$2,500 - TM	$ (6,323)	30	1
2	Elim Deprec Exp on Pg 12 < $2500 - Cicero	(22,534)	30	2
3	Expense capital items Pg 12 < $2,500 - curr yr purchs +	7,116	6	3
4	Expense capital items Pg 13 < $2,500 - curr yr purchs +	35,634	6	4
5	Expense capital items Pg 13 < $2,500 - Related Party	709	6	5
6	adj for ABC related party profit - Pg 12	(16)	30	6
7	adj for ABC related party profit - Pg 12	(6)	30	7
8	adj for ABC related party profit - Pg 12	(5)	30	8
9				9
10				10
11	Late fees on utilities	(2,184)	5	11
12	Late fees on telephone	0	21	12
13	Intercompany interests	(134,802)	32	13
14				14
15	Marketing Manager (GL 6701-100-009)	(6,155)	21	15
16	back out employee benefit - Marketing Manager	(1,218)	22	16
17	back out bank charges - Cicero	0	21	17
18	Deming Leadership Training adjustment	(800)	24	18
19	adj prior year's tax refund - 2008 Spec Obj Refund	37,288	33	19
20	back out IHCA PAC fees 2011	(3,643)	20	20
21	back out Cicero Chamber of Commerce Fees	(400)	20	21
22	Eliminate Housekeeping - Hospice portion 2011	(16,579)	3	22
23	Eliminate Utilities - Hospice portion 2011	(14,675)	5	23
24	Eliminate Maintenance - Hospice portion 2011	(16,315)	6	24
25	Eliminate Real estate Tax - Hospice portion 2011	(35,364)	33	25
26	Eliminate Depreciation - Hospice portion 2011	(350)	30	26
27	Eliminate Interest - Hospice portion 2011	(37,985)	32	27
28	back out Legal Fees - Group Midcap charge	(6,232)	19	28
29	back out Accounting Fees - Group Midcap charge	(3,093)	19	29
30	Misc Income - Medical Records	(805)	10	30
31	Misc Income - Food Rebate	(3,677)	2	31
32	Misc Income - Jury Duty	(188)	21	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**	(232,602)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center # 0038000 **Report Period Beginning:** 1/1/2011 **Ending:** 12/31/2011

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	7,151	(10,763)	0	0	0	0	0	0	0	(3,612)	1
2	Food Purchase	(5,912)	0	0	(64,319)	0	0	0	0	0	0	0	(70,231)	2
3	Housekeeping	(16,579)	0	10,654	0	0	0	0	0	0	0	0	(5,925)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(16,859)	0	3,858	0	0	0	0	0	0	0	0	(13,001)	5
6	Maintenance	17,923	18,655	19,206	0	0	0	294	0	0	0	0	56,078	6
7	Other (specify):*	0	0	10,203	1,888	0	0	0	0	0	0	0	12,091	7
8	**TOTAL General Services**	(21,427)	18,655	51,072	(73,194)	0	0	294	0	0	0	0	(24,600)	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	(805)	0	55,369	34	4,742	0	0	0	0	0	0	59,340	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	8,390	0	0	0	0	0	0	0	0	8,390	15
16	**TOTAL Health Care and Programs**	(805)	0	63,759	34	4,742	0	0	0	0	0	0	67,730	16
	C. General Administration													
17	Administrative	0	0	159,295	0	0	0	0	0	0	0	0	159,295	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(65,172)	43,241	(845,648)	0	0	0	0	0	0	0	0	(867,579)	19
20	Fees, Subscriptions & Promotions	(54,455)	0	(52,116)	0	0	0	0	0	0	0	0	(106,571)	20
21	Clerical & General Office Expenses	(8,544)	250	346,811	44,254	30,888	0	0	0	0	0	0	413,659	21
22	Employee Benefits & Payroll Taxes	(1,218)	0	0	0	0	0	0	0	0	0	0	(1,218)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(800)	0	4,396	0	0	0	0	0	0	0	0	3,596	24
25	Other Admin. Staff Transportation	0	0	22,416	0	0	0	0	0	0	0	0	22,416	25
26	Insurance-Prop.Liab.Malpractice	0	13,324	200	0	0	0	0	0	0	0	0	13,524	26
27	Other (specify):*	(279,198)	0	67,371	4,722	706	0	0	0	0	0	0	(206,399)	27
28	**TOTAL General Administration**	(409,387)	56,815	(297,275)	48,976	31,594	0	0	0	0	0	0	(569,277)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(431,619)	75,470	(182,444)	(24,184)	36,336	0	294	0	0	0	0	(526,147)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Cente # 0038000 **Report Period Beginning:** 1/1/2011 **Ending:** 12/31/2011

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

	Capital Expense D. Ownership	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)	
30	Depreciation	(29,234)	368,439	21,573	0	0	0	0	0	0	0	0	360,778	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(280,883)	856,513	100,673	0	1,015	0	0	0	0	0	0	677,318	32
33	Real Estate Taxes	1,924	733,795	22,270	0	438	0	0	0	0	0	0	758,427	33
34	Rent-Facility & Grounds	0	(1,707,424)	0	0	0	0	0	0	0	0	0	(1,707,424)	34
35	Rent-Equipment & Vehicles	0	0	51,652	0	0	0	0	0	0	0	0	51,652	35
36	Other (specify):*	0	72,281	0	0	0	0	0	0	0	0	0	72,281	36
37	**TOTAL Ownership**	(308,193)	323,604	196,168	0	1,453	0	0	0	0	0	0	213,032	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	(64,868)	(59,357)	19,538	0	0	0	0	0	(104,687)	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	(64,868)	(59,357)	19,538	0	0	0	0	0	(104,687)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(739,812)	399,074	13,724	(89,052)	(21,568)	19,538	294	0	0	0	0	(417,802)	45

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group	100	See PG6-Supp		See PG6-Supp		

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. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	$ 1,707,424	Town Manor Associates, L.L.C.		$	$ (1,707,424)	1
2	V	32	Investment Income - RR	831	Town Manor Associates, L.L.C.			(831)	2
3	V	19	Accounting/Professional Fees		Town Manor Associates, L.L.C.		43,241	43,241	3
4	V	33	Real Estate Tax		Town Manor Associates, L.L.C.		733,795	733,795	4
5	V	26	Property & Liability Insurance		Town Manor Associates, L.L.C.		13,324	13,324	5
6	V	32	Interest on Mortgage		Town Manor Associates, L.L.C.		483,136	483,136	6
7	V	32	Interest on Operating Loss Loan		Town Manor Associates, L.L.C.		74,072	74,072	7
8	V	30	Depreciation		Town Manor Associates, L.L.C.		368,439	368,439	8
9	V	32	Amortization		Town Manor Associates, L.L.C.		69,146	69,146	9
10	V	36	Mortgage Insurance Premium		Town Manor Associates, L.L.C.		72,281	72,281	10
11	V	21	Misc Administrative Expenses		Town Manor Associates, L.L.C.		250	250	11
12	V	32	Loan Prepayment Fee		Town Manor Associates, L.L.C.		230,990	230,990	12
13	V	6	Repairs and Maintenance		Town Manor Associates, L.L.C.		18,655	18,655	13
14	Total			$ 1,708,255			$ 2,107,329	$ * 399,074	14

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	Alden Management Services, Inc.	0.00%	$ 3,858	$ 3,858	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		4,396	4,396	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		22,416	22,416	17
18	V	26	Insurance		Alden Management Services, Inc.		200	200	18
19	V	20	Dues and Subscription	54,882	Alden Management Services, Inc.		2,766	(52,116)	19
20	V	30	Depreciation		Alden Management Services, Inc.		21,573	21,573	20
21	V	33	Real estate taxes		Alden Management Services, Inc.		22,270	22,270	21
22	V	35	Rent - Equipment & Vehic		Alden Management Services, Inc.		51,652	51,652	22
23	V	32	Interest		Alden Management Services, Inc.		100,673	100,673	23
24	V	1	Dietary		Alden Management Services, Inc.		7,151	7,151	24
25	V	3	Housekeeping		Alden Management Services, Inc.		10,654	10,654	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		10,203	10,203	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		55,369	55,369	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		8,390	8,390	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		159,295	159,295	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		67,371	67,371	30
31	V	19	Professional Fee	901,912	Alden Management Services, Inc.		56,264	(845,648)	31
32	V	21	General and Administrative		Alden Management Services, Inc.		346,811	346,811	32
33	V	6	Repairs and Maintenance	46,720	Alden Management Services, Inc.		65,926	19,206	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,003,514			$ 1,017,238	$ * 13,724	39

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Diet Consultant	$ 22,800	Prism Health Care Services, Inc.	0.00%	$ 380	$ (22,420)	15
16	V	1	Diet Salary		Prism Health Care Services, Inc.		11,657	11,657	16
17	V	2	Tube Feeding	111,382	Prism Health Care Services, Inc.		47,063	(64,319)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Supplies	104,936	Prism Health Care Services, Inc.		40,068	(64,868)	19
20	V	21	Salary - G & A		Prism Health Care Services, Inc.		28,307	28,307	20
21	V	27	Employee Benefit		Prism Health Care Services, Inc.		4,722	4,722	21
22	V	7	Employee Benefit		Prism Health Care Services, Inc.		1,888	1,888	22
23	V	21	General and Administrative		Prism Health Care Services, Inc.		15,947	15,947	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			$ 245,778			$ 156,726	$ * (89,052)	39

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 181,751	Forum Extended Care Services II, Inc.	0.00%	$ 251,875	$ 70,124	15
16	V	39	IV	141,605	Forum Extended Care Services II, Inc.		16,646	(124,959)	16
17	V	39	Wound Care	21,642	Forum Extended Care Services II, Inc.		17,120	(4,522)	17
18	V	10	House Stock	24,354	Forum Extended Care Services II, Inc.		22,533	(1,821)	18
19	V	10	Pharmacy Consultant	8,762	Forum Extended Care Services II, Inc.		15,325	6,563	19
20	V	27	Employee Vaccination	8,208	Forum Extended Care Services II, Inc.		6,491	(1,717)	20
21	V	27	Employee Benefit: G & A		Forum Extended Care Services II, Inc.		2,423	2,423	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		19,459	19,459	22
23	V	21	General and Administrative		Forum Extended Care Services II, Inc.		11,429	11,429	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,015	1,015	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		438	438	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			$ 386,322			$ 364,754	$ * (21,568)	39

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 682,207	Community Physical Therapy & Associates, Ltd.	0.00%	$ 701,745	$ 19,538	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			$ 682,207			$ 701,745	$ * 19,538	39

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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. [x] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	$ 37,717	Alden Bennett Construction Company, Inc.	0.00%	$ 38,011	$ 294	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			$ 37,717			$ 38,011	$ * 294	39

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	2
3			Alden-Long Grove Rehabilitation and Health Ca	Long Grove				3
4			Alden-Lincoln Park Rehabilitation and Health Ca	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	5
6			Alden-Lakeland Rehabilitation and Health Care (	Chicago				6
7			Alden of Old Town East, Inc.	Bloomingdale	Alden Gardens of Bloom	Bloomingdale	Supportive Living Fac	7
8			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden Estates of Naperville, Inc.	Naperville	Alden Gardens of Water	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health C	Bloomingdale	Prism Health Care Servi	Schaumburg	Nursing and Durable I	11
12			Alden Village Health Facility for Children and Yo	Bloomingdale	Community Physical The	Addison	Therapy Provider	12
13			Alden - Orland Park Rehabilitation and Health Ca	Orland Park	Alden Bennett Construct	Chicago	General Contractor	13
14			Alden - Princeton Rehabilitation and Health Car	Chicago	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable I	14
15			Alden of Old Town West, Inc.	Bloomingdale	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16								16
17			Alden Trails, Inc.	Bloomingdale				17
18			Alden - Poplar Creek Rehabilitation and Health C	Hoffman Estates				18
19			Alden - North Shore Rehabilitation and Health C	Skokie				19
20			Alden - Des Plaines Rehabilitation and Health Ca	Des Plaines				20
21			Alden Estates of Evanston, Inc.	Evanston				21
22			Alden - Alma Nelson Manor, Inc.	Rockford				22
23			Alden - Park Strathmoor, Inc.	Rockford				23
24			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				24
25			Alden Estates of Barrington, Inc.	Barrington				25
26			Alden of Waterford, LLC	Aurora				26
27			Alden Springs, Inc.	Bloomingdale				27
28			Alden Village North, Inc.	Chicago				28
29			Alden Estates of Skokie, Inc.	Skokie				29
30			Alden Estates of Countryside, Inc.	Jefferson, WI				30

Facility Name & ID Number Alden - Town Manor Rehabilitation and Hea # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,921	1.964	4.91	Salary	$ 9,079	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,271	1.964	4.91	Salary	3,369	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,581	1.964	4.91	Salary	1,939	6-7	3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 14,387		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Cente # 0038000 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

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 [x] 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: (773-724-6622
Fax Number: (773-724-6622

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,315,389	34	$ 78,619	$	64,554	$ 3,858	1
2	24	Travel and Seminar	Patient Days	1,315,389	34	89,570		64,554	4,396	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		64,554	22,416	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		64,554	200	4
5	20	Dues and Subscription	Patient Days	1,315,389	34	56,361		64,554	2,766	5
6	30	Depreciation	No of providers/usage	34	34	291,758		1	21,573	6
7	33	Real Estate taxes	Patient Days	1,315,389	34	156,401		64,554	22,270	7
8	35	Rent - Equipment & Vehic	Patient Days	1,315,389	34	1,052,493		64,554	51,652	8
9	32	Interest	Patient Days	1,315,389	34	1,368,621		64,554	100,673	9
10	1	Dietary	Patient Days	1,315,389	34	145,718	145,718	64,554	7,151	10
11	3	Housekeeping	Patient Days	1,315,389	34	217,102	217,102	64,554	10,654	11
12	7	Employee Benefit - Gen Services	Patient Days	1,315,389	34	207,899		64,554	10,203	12
13	10	Nurse & Medical Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	64,554	55,369	13
14	15	Employee Benefit - Health Care	Patient Days	1,315,389	34	170,963		64,554	8,390	14
15	17	Administrative Salary	Patient Days	1,315,389	34	2,886,253	2,886,253	64,554	159,295	15
16	27	Employee Benefit - Admin	Patient Days	1,315,389	34	1,372,783		64,554	67,371	16
17	19	Professional Fee	Patient Days	1,315,389	34	1,146,467	654,108	64,554	56,264	17
18	21	General and Administrative	Patient Days	1,315,389	34	7,066,809	5,970,419	64,554	346,811	18
19	6	Repairs and Maintenance	Patient Days	1,315,389	34	1,343,350	1,077,524	64,554	65,926	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 19,296,460	$ 12,135,573		$ 1,017,238	25

Facility Name & ID Number Alden - Town Manor Rehabilitation and Heal # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Cambridge (GL7055)		x	Mortgage	$58,980.00	11/2002	$ 10,617,600	$ paid off	12/2037	6.7500	$ 154,559	1
2	Cambridge (GL7055) new loan		x	Mortgage - new loan	$57,636.00	02/2011	12,722,300	12,599,775	03/2046	4.1700	384,207	2
3	Cambridge (GL7057)		x	operating loss loan	$11,691.00	11/2002	2,104,700	paid off	10/2038	6.7500	18,442	3
4	Cambridge		x	early debt retirement fee							230,990	4
5	Interest - Hospice portion										(37,985)	5
	Working Capital											
6	Related party-AMS		x	Working Capital							100,673	6
7	Related party-FECII		x	Working Capital							1,015	7
8	Capital Lease Oblig (LLC) GL7105		x	Capital Lease							69,146	8
9	TOTAL Facility Related				$128,307.00		$ 25,444,600	$ 12,599,775			$ 921,047	9
	B. Non-Facility Related*											
10	Interest Inc-Repl Resrv GL4972										(831)	10
11	Interest Inc - GL4646/4975										(49)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (880)	14
15	TOTALS (line 9+line14)						$ 25,444,600	$ 12,599,775			$ 920,167	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** 72,281 **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 - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 773,377	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$ 777,983	2
3. Under or (over) accrual (line 2 minus line 1).		$ 4,606	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 731,113	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 735,719	7
	Plus: Related Party Taxes (2) - See Pg RE_Tax	22,708	
		$ 758,427	

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	769,825	8
	2007	805,675	9
	2008	790,847	10
	2009	764,588	11
	2010	777,983	12

The current year accrual is based on an estimated 3% increase of the prior year tax.

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2010	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.** This denial must be no more than four years old at the time the cost report is filed.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME **Alden - Town Manor Rehabilitation and Health Care Center, Inc.** COUNTY

FACILITY IDPH LICENSE NUMBER

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 724 - 6622 FAX #: (773) 283 - 3997

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See attached supplement	Related Party-Alden Management Ser	$ 300,377.00	$ 22,270.00
2.	See attached supplement	Related Party-Forum Extended Care	$ 42,023.00	$ 438.00
3.	16-32-115-017-0000	Nursing Home Facility	$ 2,089.96	$ 2,089.96
4.	16-32-115-018-0000	Nursing Home Facility	$ 2,089.96	$ 2,089.96
5.	16-32-115-019-0000	Nursing Home Facility	$ 64,115.24	$ 64,115.24
6.	16-32-115-020-0000	Nursing Home Facility	$ 89,485.25	$ 89,485.25
7.	16-32-115-026-0000	Nursing Home Facility	$ 335,953.21	$ 335,953.21
8.	16-32-116-020-0000	Nursing Home Facility	$ 149,503.34	$ 149,503.34
9.	16-32-116-021-0000	Nursing Home Facility	$ 62,816.41	$ 62,816.41
10.	16-32-116-022-0000	Nursing Home Facility	$ 62,816.41	$ 62,816.41
		TOTALS	$ 1,111,269.78	$ 791,577.78

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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

IMPORTANT NOTICE

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

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

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

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

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden - Town Manor Rehabilitation and Health Care Center, I COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 724 - 6622 FAX #: (773) 283 - 3997

A. **Summary of Real Estate Tax Cost**

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

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.		Total from PG 10a	$ 1,111,269.78	$ 791,577.78
2.	16-32-116-023-0000	Nursing Home Facility	$ 4,813.73	$ 4,813.73
3.	16-32-116-024-0000	Nursing Home Facility	$ 4,248.70	$ 4,248.70
4.	16-32-116-006-0000	Nursing Home Fac - Parking Lot	$ 1,931.07	$ 1,931.07
5.	16-32-116-007-0000	Nursing Home Fac - Parking Lot	$ 1,615.34	$ 1,615.34
6.	16-32-116-008-0000	Nursing Home Fac - Parking Lot	$ 2,866.81	$ 2,866.81
7.	16-32-116-009-0000	Nursing Home Fac - Parking Lot	$ 4,336.46	$ 4,336.46
8.	16-32-116-010-0000	Nursing Home Fac - Parking Lot	$ 3,004.37	$ 3,004.37
9.	16-32-116-011-0000	Nursing Home Fac - Parking Lot	$ 1,693.81	$ 1,693.81
10.		Nursring Home - Hospice RE Tax port	$	$ (34,823.00)
		TOTALS	$ 1,135,780.07	$ 781,265.07

B. **Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (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? [x] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [x] (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 [x] 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	Nursing facility	66,775	1991	$ 1,137,260	1
2					2
3	TOTALS	66,775		$ 1,137,260	3

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	249		1992	1992	9,104,204	289,022	30	303,473	14,451	5,748,534	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Window glass repair			1992	1,600		10			1,600	9
10	CSI - boiler repair			1994	3,268		3			3,268	10
11	Tower cleaners - drapery			1995	1,557		5			1,557	11
12	Bartlett heating -pipe insulation			1995	3,700		15			3,700	12
13	CSI - a/c repair			1995	4,093		10			4,093	13
14	CSI - a/c repair			1995	4,027		10			4,027	14
15	CSI - pipe insulation			1995	1,981		15			1,981	15
16	CSI - chiller HVAC			1996	6,042		10			6,042	16
17	The floor source - carpet installation			1996	5,345		10			5,345	17
18	Ward door specialist, Inc. - metal door			1996	1,385	48	15	48		1,385	18
19	Shalom landscaping - planting			1996	8,000		10			8,000	19
20	The floor source - carpet installation			1996	6,049		10			6,049	20
21	Bartlett heating -pipe insulation			1996	18,526		15			18,526	21
22	Over charged by Bartlett			1996	(10,500)					(10,500)	22
23	Alden Bennett const. - heating, vent , a/c			1996	69,300	3,465	20	3,465		53,419	23
24	Alden Bennett construction - sanitary sewer lift station			1996	23,921	1,196	20	1,196		18,439	24
25	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor			1996	10,931	547	20	547		8,472	25
26	Misco shawnee, Inc. - tile			1996	9,232	462	20	462		7,117	26
27	Misco shawnee, Inc. - tile			1996	9,020	451	20	451		6,953	27
28	General parts - repair dishwasher			1997	2,139		5			2,139	28
29	System Electric - 120 volt circuit installed and replaced			1997	2,085		5			2,085	29
30	Climate - freeon into a/c			1997	6,221		5			6,221	30
31	Long elevator - install new eyes on elevator door			1997	3,180		5			3,180	31
32	A&B cable - outlets installation			1997	11,520		5			11,520	32
33	Arrigo enterprises, Inc. - corridor renovation			1997	24,366	1,218	20	1,218		18,475	33
34	ABC - hvac repairs			1998	39,300	1,965	20	1,965		27,019	34
35	ABC - sanitary sewer lift station			1998	1,259	63	20	63		866	35
36	Coit drapery			1998	12,976		5			12,976	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	$ 3,267	$	10	$	$	$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071	138	15	138		1,806	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		1,585	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		1,409	46
47	Climater service - repair roooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		4,229	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		2,582	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		1,344	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529	1,033	10	1,033		15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		848	60
61	Patten (water pump)	2001	2,325	116	20	116		1,267	61
62	CSI coker services (speed reduction unit)	2001	3,779	62	10	62		3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		1,482	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		2,613	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		960	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784	66	10	66		3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		$ 9,518,731	$ 301,339		$ 315,790	$ 14,451	$ 6,106,701	70

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,518,731	$ 301,339		$ 315,790	$ 14,451	$ 6,106,701	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		1,446	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various are	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844	284	10	284		2,675	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	180	10	180		1,576	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		833	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	496	10	496		4,382	17
18	Thybony Wallcoverings (Design works)	2003	2,098	210	10	210		1,785	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,522	10	2,522		19,756	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	271	10	271		1,920	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		3,872	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		2,553	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		1,362	33
34	TOTAL (lines 1 thru 33)		$ 9,631,392	$ 306,572		$ 321,024	$ 14,451	$ 6,202,334	34

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 9,631,392	$ 306,572		$ 321,024	$ 14,451	$ 6,202,334	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewar	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		2,025	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laudry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		3,552	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		9,735	17
18	ABC - exhaust fan	2006	5,662	566	10	566		2,972	18
19	ABC - paints and repairs	2006	5,171	948	5	948		5,171	19
20	ABC - insulation	2006	5,880	588	10	588		2,989	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072	1,014	5	1,014		4,310	22
23	Topnotch - new motor, speed reducer	2007	3,613	361	10	361		1,775	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592	1,918	5	1,918		8,951	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	457	10	457		2,095	25
26	ABC - New HVAC motor	2007	3,188	638	5	638		2,764	26
27	ABC - new ceiling tiles	2007	4,289	858	5	858		3,575	27
28	ABC - new plumbing faucet	2007	6,344	1,269	5	1,269		5,287	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,778,511	$ 317,816		$ 332,268	$ 14,451	$ 6,323,501	34

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,778,511	$ 317,816		$ 332,268	$ 14,451	$ 6,323,501	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	22
23									23
24	forward the 5 items below to 2012 Cost Report								24
25	TM - Parking Lot	1/1/1994	334,637	13,385	25	13,385		240,938	25
26	Adjust for ABC Related Party Profit	2008	(111)	(16)		(16)		(36)	26
27	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(12)	27
28	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(15)	28
29	Adjust for ABC Related Party Profit	2011	294	1		1		1	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,191,498	$ 332,133		$ 346,585	$ 14,451	$ 6,635,021	34

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 10,191,498	$ 332,133		$ 346,585	$ 14,451	$ 6,635,021	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		533	2
3	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		4,590	3
4	ABC - new tiles	2008	4,802	480	10	480		1,720	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		1,575	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		1,402	6
7	ABC - replaced patio door	2009	2,852	285	10	285		760	7
8	ABC - receiving door	2009	6,451	645	10	645		1,720	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(22,120)	(2,212)		(2,212)		(2,212)	10
11									11
12	ABC - Asphalt	2010	12,834	1,604	8	1,604		2,005	12
13									13
14	In-patient hospice unit (12 beds decertified)	2011	(199,276)	(350)		(350)		(350)	14
15									15
16	ABC - emergency repair HVAC	2011	4,794	240	15	240		240	16
17	ABC - Fire exit devices	2011	24,417	244	25	244		244	17
18	ABC - handrail for the patio	2011	5,560	46	10	46		46	18
19	ABC - damaged hardware repair	2011	2,989	548	5	548		548	19
20	ADG - furniture fabrics	2011	3,933	328	10	328		328	20
21	ABC - thermal units/lights repairs	2011	6,624	1,104	5	1,104		1,104	21
22	GT Mechanical - laundry room repair	2011	8,341	1,251	5	1,251		1,251	22
23	ABC - plumbing repairs	2011	5,800	677	5	677		677	23
24	TopNotch - motor assembly	2011	2,600	173	5	173		173	24
25	ABC - handrail for the patio	2011	7,740	387	5	387		387	25
26	ABC - motor for the A/C unit	2011	25,424	847	10	847		847	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100	207	5	207		207	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 10,126,777	$ 341,339		$ 355,791	$ 14,451	$ 6,652,816	34

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-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	$ 918,342	$ 67,207	$ 67,207	$		$ 375,799	71
72	Current Year Purchases	514,717	19,024	19,024			16,843	72
73	Fully Depreciated Assets	1,238,279	1,436	1,436			1,238,279	73
74								74
75	TOTALS	$ 2,671,338	$ 87,667	$ 87,667	$		$ 1,630,921	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77	Bus/Van		2005-2006	5,599					5,599	77
78										78
79	Related Party - AMS	various	98-02	4,026					4,026	79
80	TOTALS			$ 9,625	$	$	$		$ 9,625	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 13,945,000	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 429,006	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 443,458	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 14,451	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 8,293,362	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	Building Improvement	15,026	93
94			94
95		$ 15,026	95

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

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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 [x] NO

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

10. Effective dates of current rental agreement:
    Beginning 06/30/02
    Ending 06/29/12

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2012	$ varies
13.	12/31/2013	$ varies
14.	12/31/2014	$ varies

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 [x] NO Terms: ____ *

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

15. Is Movable equipment rental included in building rental? [x] YES [ ] NO
16. Rental Amount for movable equipment: $ 17,635 Description: copy machine lease GL 6861, postage meter & office equipment 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	related party- Pg 6A	various	$ #######	$ 35,085	17
18					18
19	Auto lease GL 6890	various	0.00		19
20					20
21	TOTAL		$ #######	$ 35,085	21

* 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.

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   - [ ] YES
   - [x] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nursing on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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.

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

		1	2	3	4	5	6	7	8	
	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	$		$ 283,059	$		$ 283,059	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			99,211			99,211	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			300,507			300,507	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				251,875		251,875	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1,39-3, if any								12
13	Other (specify): See Pg 16A					19,538	136,051		155,589	13
14	TOTAL			$		$ 702,315	$ 387,926		$ 1,090,241	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.

Page 16

XIV. Special Services (Direct Cost)	Col 1: Ref. No.	To Pg 16: Col. No.	Col 5: PT,OT, & ST	Col 6: Supplies
1. OT	39-3	To Col 5	283,059.00	
2. ST	39-3	To Col 5	99,211.00	
3.				
4. PT	39-3	To Col 5	300,507.00	
5.				
6.				
7.				
8.				
Phamacy Supplies per GL				181,751.00
Manual Input from Related Party- Forum Drugs				70,124.00
9. Total to line 9 Pharmacy	See Pg 16A	To Col 6		251,875.00
10.				
11.				
12. Exceptional Care-Salaries:	See pg 16A	To Col. 3		-
12. Exceptional Care-Supplies:	See pg 16A	To Col. 6		-
Total Exceptional Care (Line 12, Col 8)				-
13. Other:	See Pg 16A			
13. Col 5: Manual Input: Related Party - CPT		To Col 5	19,538.00	
Other				301,443.00
Manual Input: Related Party - Prism				(64,868.00)
Manual Input: Related Party FECII - I.V.				(124,959.00)
Manual Input: Related Party FECII - Wound Care				(4,523.00)
Oxygen, from reclass worksheet (Pg 4A)				28,958.00
13. Col 6: Supplies Total		To Col 6		136,051.00
13. Total Line 13, Column 8				155,589.00
14. Total				1,090,241.00

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 (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	$ 289,971	$ 386,153	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 187,000)	2,584,555	2,584,555	3
4	Supply Inventory (priced at)	21,486	21,486	4
5	Short-Term Investments			5
6	Prepaid Insurance		18,725	6
7	Other Prepaid Expenses	7,032	7,032	7
8	Accounts Receivable (owners or related parties)		8,047	8
9	Other(specify): Due from 3rd parties/Escrows	167,481	508,844	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,070,525	$ 3,534,842	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	242,927	242,927	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	849,096	880,302	15
16	Equipment, at Historical Cost	690,544	2,302,074	16
17	Accumulated Depreciation (book methods)	(1,105,054)	(7,897,280)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		804,954	21
22	Other Long-Term Assets (spe Refi Fees, CIP-Bldg Improvmnt		246,191	22
23	Other(specify): Due from affiliates			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 677,513	$ 6,820,632	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 3,748,038	$ 10,355,474	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 723,773	$ 745,501	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	189,207	189,207	28
29	Short-Term Notes Payable		169,432	29
30	Accrued Salaries Payable	454,200	454,200	30
31	Accrued Taxes Payable (excluding real estate taxes)	96,137	96,137	31
32	Accrued Real Estate Taxes(Sch.IX-B)		801,300	32
33	Accrued Interest Payable		43,784	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	167,825	167,825	36
37	Due to affiliates	1,624,878	1,624,878	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,256,020	$ 4,292,264	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,430,343	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates	5,894,878	4,626,379	43
44	S/holder loans, others	1,366,598	1,366,598	44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 7,261,476	$ 18,423,320	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 10,517,496	$ 22,715,584	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (6,769,458)	$ (12,360,110)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 3,748,038	$ 10,355,474	48

*(See instructions.)

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (5,552,886)	1
2	Restatements (describe):		2
3	external audit adjustment made after 2010 cost report was		3
4	submitted. These have no effect on prior year's report:		4
5	Bad debt, Medicare revenues (non allowables)	85,476	5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (5,467,410)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,302,048)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,302,048)	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)**	$ (6,769,458)	24 *

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Ca # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,460,065	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 11,460,065	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	214,175	6
7	Oxygen	35,576	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 249,751	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	97	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,356	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,697	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 3,150	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	49	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 49	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Gain on Sale of Fixed Assets/Miscellaneous	13,197	28
28a	Rental Income - FHH (Non Operating Revenue)	189,755	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 202,952	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 11,915,967	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,169,238	31
32	Health Care	4,514,329	32
33	General Administration	3,190,226	33
	B. Capital Expense		
34	Ownership	2,048,494	34
	C. Ancillary Expense		
35	Special Cost Centers	1,165,970	35
36	Provider Participation Fee	129,758	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 13,218,015	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,302,048)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,302,048)	43

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

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden - Town Manor Rehabilitation and # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

Details of Page 19, Line 28

Description	Amount
Medical Records	$ 805
Jury Duty	$ 86
Food Vendor rebate	$ 3,677
Miscellaneous	$ 102
Gain on Sale of Fixed Assets (GL 4985)	8,527
Line 28 Total:	13,197

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Cente # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,199	$ 92,707	$ 42.16	1
2	Assistant Director of Nursing	2,497	2,574	92,353	35.88	2
3	Registered Nurses	21,798	22,822	684,147	29.98	3
4	Licensed Practical Nurses	44,012	46,738	1,201,439	25.71	4
5	CNAs & Orderlies	109,029	117,129	1,385,242	11.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,104	11,099	131,862	11.88	8
9	Activity Director	2,064	2,080	39,822	19.15	9
10	Activity Assistants	8,152	8,729	92,992	10.65	10
11	Social Service Workers	1,936	1,972	41,551	21.07	11
12	Dietician					12
13	Food Service Supervisor	1,840	1,840	32,126	17.46	13
14	Head Cook	2,432	2,432	28,779	11.83	14
15	Cook Helpers/Assistants	32,192	34,530	373,649	10.82	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	50,600	24.33	17
18	Housekeepers	22,997	25,311	285,533	11.28	18
19	Laundry	6,747	7,379	102,346	13.87	19
20	Administrator	1,752	1,760	84,270	47.88	20
21	Assistant Administrator	1,160	1,230	37,616	30.58	21
22	Other Administrative	6,760	7,153	175,915	24.59	22
23	Office Manager	1,992	2,087	28,003	13.42	23
24	Clerical	3,804	3,950	36,747	9.30	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,483	3,507	106,600	30.40	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	793	807	11,932	14.79	31
32	Other Health C: Unit Director	2,498	2,498	47,343	18.95	32
33	Other(specify) Alzheimer Dir/Alz	8,368	9,177	136,369	14.86	33
34	TOTAL (lines 1 - 33)	300,570	321,083	$ 5,299,943 *	$ 16.51	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	1900/month	$ 22,800	1-3	35
36	Medical Director	2387/month	28,650	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/month	5,976	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	68/month	820	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 58,246		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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 - Town Manor Rehabilitation and Health Car # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Catalina Soto-Jones	Administrator	0	$ 50,001
various	Administrators In Training	0	34,269
Laura Feliciano	Asst. Administrator	0	27,116
Linda Williams	Asst. Administrator	0	10,500
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 121,886

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services, Inc.	Consulting	$ 865,912
AMS (eliminated)	Allocated Legal Fees	36,000
BDO Seidman	Accounting Fees	1,974
Ken Fisch	Legal Fees - Collections	55,847
Pathway (reclassed to Nursing)	Clinical Consultant	34,575
Medifax	Billing Consultant	569
Linda Roberts & Associates	Food Service Audit	2,339
First Advantage	Tax Services	4,390
Alden Group (Midcap accounting ch	Accounting Fees	3,093
Ungaretti & Harris/BN. Greenburg	Legal Fees - Collections	8,576
KPMG/Ava Daly/Via Language Trai	Accounting Fees	917
Alden Group (Midcap legal chgs)	Legal Fees - Non-Collections	6,232
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 1,020,424

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 173,397
Unemployment Compensation Insurance	170,985
FICA Taxes	398,650
Employee Health Insurance	66,350
Employee Meals	52,272
Illinois Municipal Retirement Fund (IMRF)*	
Union, Health & Welfare	151,837
Dental and Life	1,572
Pension	45,013
Empl Relations, Misc Payroll Costs, Drug Tests	9,406
Vaccinations, 401k match & Tuition Reimb	9,278
back out benefit for Marketing Manager	(1,218)
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,077,542

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	50
Health Care Worker Background Check	
(Indicate # of checks performed 277)	2,778
Patient Background Checks 263	2,626
Surety Bond Fees	1,389
IL Health Care Association	8,501
IL Association of Health Care	1,494
Related party - AMS	2,766
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 19,604

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related party - AMS	4,396
Seminar Expense	
Deming leadership Training	3,200
Service training/Dementia/Rehab	3,636
Certification	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 11,232

**See instructions.

Legal Fee Support

Legal Fees Reported on Pg 21, Section C:	70,655.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(55,847.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	(6,232.00)
Allowable Legal Fees	**8,576.00**

Seminar Expense Support

	Related Party - AMS			4,396.00
Sep-11	COMPHY Thayil, Bindu 091311	250.00	8-Sep-11	
Aug-11	COMPHY Duren,L. Leader Devlp C	250.00	8-Aug-11	
May-11	COMPHY Melendez,M.Deming	500.00	08-511	
Apr-11	COMPHY 042611 Mallillin,AnaMar	500.00	08-411	
Mar-11	COMPHY Thayil,B. 032211	500.00	08-311	
Mar-11	COMPHY Caballero,M. 032211	500.00	08-311	
Mar-11	COMPHY Spoo Brazis,D. 032211	500.00	08-311	
Mar-11	COMPHY Duren,Laura Deming Clas	500.00	08-211	
Jan-11	COMPHY Feliciano-Dixon,L. Demi	500.00	08-111	3,200.00
Oct-11	AMEEXP Floyd-ILL Healthcare As	920.00		
Apr-11	ILLHCA Sponsorship IHCA Co	326.92		
Oct-11	WRIEXP R.Molitor-Mictotrain Te	537.50		
Oct-11	WRIEXP R.Molitor-Mictotrain Te	350.00		
Oct-11	WRIEXP R.Molitor-Notebale Even	57.36		
Nov-11	REI108 Nursing Documentation	195.00	Soto,C.	
Dec-11	REI108 NCCDP	185.00	Chikita,G.	
Apr-11	LIFSNT Dementia Course	625.00	Dementia Course	
Feb-11	NATINV Annual Conf.sponser	260.00		
Oct-11	WRIEXP E.Davis-Hinseminars	179.00		3,635.78
	TOTAL			**11,231.78**

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Cer # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	2a Temperature service	3/96	$ 1,407	15	$ 94	$ 94	$ 94	$ 94	$ 0	$ 0	$ 0	$ 0	$ 0
2	2b Temperature service	3/96	605	15	40	40	40	40	0	0	0	0	0
3	Air conditioner repair	6/96	2,740	15	183	183	183	183	114	0	0	0	0
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 4,752		$ 317	$ 317	$ 317	$ 317	$ 114	$	$	$	$

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0038000 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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=$1,494**

(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. $ **85,988** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **x** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **x** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **129,758**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **52,272** Has any meal income been offset against related costs? **No** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **No**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **No**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $

(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.