FOR BHF USE

LL1

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: 004-0709

Facility Name: Alden Lincoln Park Rehabilitation and Health Care Center, Inc.

Address: 504 W. Wellington Ave. (Number) Chicago (City) 60657-5421 (Zip Code)

County: Cook

Telephone Number: (773) 281 - 6200 **Fax #** (773) 281 - 5623

HFS ID Number:

Date of Initial License for Current Owners: 03/01/95

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 Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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	96	Skilled (SNF)	96	35,040	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	96	TOTALS	96	35,040	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	1,911	275	3,369	5,555	8
9	SNF/PED					9
10	ICF	22,288	967	1,572	24,827	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,199	1,242	4,941	30,382	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.71%

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 03/01/95

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

K. Was the facility certified for Medicare during the reporting year?
YES [x] NO [ ] If YES, enter number of beds certified 33 and days of care provided 2,652

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 Lincoln Park Rehabilitation and Healt # 004-0709 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	223,832	17,117	22,800	263,749	1,718	265,467	(7,397)	258,070			1
2	Food Purchase		243,100		243,100	(29,845)	213,255	(51,759)	161,496			2
3	Housekeeping	89,227	30,418		119,645	542	120,187	5,014	125,201			3
4	Laundry	64,330	9,256	8	73,594	654	74,248		74,248			4
5	Heat and Other Utilities			101,796	101,796		101,796	1,535	103,331			5
6	Maintenance	67,582		159,334	226,916	227	227,143	6,733	233,876			6
7	Other (specify):* Related party							5,849	5,849			7
8	TOTAL General Services	444,971	299,891	283,938	1,028,800	(26,704)	1,002,096	(40,025)	962,071			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000		9,000			9
10	Nursing and Medical Records	1,581,964	139,837	6,124	1,727,925	(14,320)	1,713,605	26,797	1,740,402			10
10a	Therapy	47,185	3,865		51,050		51,050		51,050			10a
11	Activities	57,435	2,694	3,415	63,544	144	63,688		63,688			11
12	Social Services	45,851			45,851		45,851		45,851			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							3,949	3,949			15
16	TOTAL Health Care and Programs	1,732,435	146,396	18,539	1,897,370	(14,176)	1,883,194	30,746	1,913,940			16
	C. General Administration											
17	Administrative	139,248			139,248		139,248	60,899	200,147			17
18	Directors Fees											18
19	Professional Services			437,449	437,449	(11,706)	425,743	(386,278)	39,465			19
20	Dues, Fees, Subscriptions & Promotions			90,402	90,402		90,402	(82,226)	8,176			20
21	Clerical & General Office Expenses	125,416	15,189	65,985	206,590	519	207,109	195,270	402,379			21
22	Employee Benefits & Payroll Taxes			432,132	432,132	20,343	452,475	(1,297)	451,178			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,947	3,947		3,947	1,969	5,916			24
25	Other Admin. Staff Transportation			424	424		424	10,550	10,974			25
26	Insurance-Prop.Liab.Malpractice			107,790	107,790		107,790	94	107,884			26
27	Other (specify):* Related party			102,455	102,455		102,455	(67,149)	35,306			27
28	TOTAL General Administration	264,664	15,189	1,240,584	1,520,437	9,156	1,529,593	(268,168)	1,261,425			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,442,070	461,476	1,543,061	4,446,607	(31,724)	4,414,883	(277,447)	4,137,436			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 Lincoln Park Rehabilitation and Health Care Center, #004-0709 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			43,842	43,842		43,842	(1,454)	42,388			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			56,795	56,795		56,795	(15,537)	41,258			32
33	Real Estate Taxes			102,386	102,386		102,386	13,904	116,290			33
34	Rent-Facility & Grounds			502,366	502,366		502,366		502,366			34
35	Rent-Equipment & Vehicles			11,182	11,182		11,182	24,310	35,492			35
36	Other (specify):*											36
37	**TOTAL Ownership**			716,571	716,571		716,571	21,223	737,794			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		229,262	247,960	477,222	31,724	508,946	(31,565)	477,381			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			52,560	52,560		52,560		52,560			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		229,262	300,520	529,782	31,724	561,506	(31,565)	529,941			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,442,070	690,738	2,560,152	5,692,960		5,692,960	(287,789)	5,405,171			45

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

Alden Lincoln Park Rehabilitation and Health Care Center, Inc. IDPH Facility No. 004-0709
Report Period Beginning: 1/1/2011
Ending: 12/31/2011

Reclassifications - Pages 3 & 4, Column 5

From Line	To Line	Amount	Description
2		(29,845.00)	Employee Meals
	22	29,845.00	Employee Meals
22		(9,502.00)	Uniforms
	10	5,698.00	Uniforms
	1	1,718.00	Uniforms
	3	542.00	Uniforms
	4	654.00	Uniforms
	6	227.00	Uniforms
	11	144.00	Uniforms
	21	519.00	Uniforms
10		(31,724.00)	Oxygen - to appropriate cost center
	39	31,724.00	Oxygen - to appropriate cost center
33		-	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	-	Rent - Real Estate Tax on associated landowner (Pg 6)
19		-	Reclass from Professional Fees to Real Estate tax
	33	-	Reclass from Professional Fees to Real Estate tax
21		-	Vendor Settlements
		-	Vendor Settlements (may effect more than one line)
19		(11,706.00)	Clinical Coordinators (Pathway Billing)
	10	11,706.00	Clinical Coordinators (Pathway Billing)
Net		-	

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Cent # 004-0709 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	(5,229)	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	(560)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(506)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(497)	21		17
18	Fines and Penalties	(2,340)	32		18
19	Entertainment	(593)	20		19
20	Contributions	(11,729)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,188)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(102,455)	27		24
25	Fund Raising, Advertising and Promotional	(13,804)	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)**	$ (157,901)		$	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)	(67,369)	Various	34
35	Other- Attach Schedule	(62,519)	Pg 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (129,888)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (287,789)		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

STATE OF ILLINOIS

Alden Lincoln Park Rehabilitation and Health Care Center, Inc.

ID# 004-0709

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 -	$ (2,276)	30	1
2	Elim Deprec Exp on Pg 13 < $2500 -	(8,078)	30	2
3	Expense Pg 12 < $2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 <$2,500 - curr yr purchs +	8,622	6	4
5	Expense Pg 13 <$2,500	709	30	5
6	Elim ABC Pg 12 series - Related party profit	(8)	30	6
7	Elim ABC Pg 12 series - Related party profit	(6)	30	7
8	Elim ABC Pg 12 series - Related party profit	(10)	30	8
9	adjustment on depreciation expense	28	30	9
10	adjustment on Real Estate Tax expense	10,133	33	10
11	Late Fees on Utilities	(281)	5	11
12	Intercompany Interests	(54,455)	32	12
13	Miscellaneous Income	(66)	6	13
14	Misc Income - Food Rebate	(1,472)	2	14
15	Misc Income - Poll site	(150)	6	15
16	Misc Income - Medical Records	(486)	10	16
17	back out Marketing Manager salaries (6701-100-009)	(7,328)	21	17
18	back out Employee Benefit - Marketing Manager	(1,297)	22	18
19	back out IHCA PAC fees (30%)	(1,590)	20	19
20	Deming Leadership Training (20%)	(100)	24	20
21	add back prior year Real Estate Tax Refund	295	33	21
22	other Nursing Income	(31)	21	22
23	back out Chamber of Commerce dues (6825)	(580)	20	23
24	back out Legal Fees - Group Midcap charge	(2,489)	19	24
25	back out Accounting Fees - Group Midcap charge	(1,253)	19	25
26	back out Lake View East Chamber of Commerce dues (68	(350)	20	26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(62,519)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, # 004-0709 **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	3,366	(10,763)	0	0	0	0	0	0	0	(7,397)	1
2	Food Purchase	(1,978)	0	0	(49,781)	0	0	0	0	0	0	0	(51,759)	2
3	Housekeeping	0	0	5,014	0	0	0	0	0	0	0	0	5,014	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(281)	0	1,816	0	0	0	0	0	0	0	0	1,535	5
6	Maintenance	3,177	0	3,263	0	0	0	293	0	0	0	0	6,733	6
7	Other (specify):*	0	0	4,802	1,047	0	0	0	0	0	0	0	5,849	7
8	**TOTAL General Services**	918	0	18,261	(59,497)	0	0	293	0	0	0	0	(40,025)	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	(486)	0	26,059	34	1,190	0	0	0	0	0	0	26,797	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	3,949	0	0	0	0	0	0	0	0	3,949	15
16	**TOTAL Health Care and Programs**	(486)	0	30,008	34	1,190	0	0	0	0	0	0	30,746	16
	C. General Administration													
17	Administrative	0	0	60,899	0	0	0	0	0	0	0	0	60,899	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(23,930)	0	(362,348)	0	0	0	0	0	0	0	0	(386,278)	19
20	Fees, Subscriptions & Promotions	(28,646)	0	(53,580)	0	0	0	0	0	0	0	0	(82,226)	20
21	Clerical & General Office Expenses	(7,856)	0	163,225	24,555	15,346	0	0	0	0	0	0	195,270	21
22	Employee Benefits & Payroll Taxes	(1,297)	0	0	0	0	0	0	0	0	0	0	(1,297)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(100)	0	2,069	0	0	0	0	0	0	0	0	1,969	24
25	Other Admin. Staff Transportation	0	0	10,550	0	0	0	0	0	0	0	0	10,550	25
26	Insurance-Prop.Liab.Malpractice	0	0	94	0	0	0	0	0	0	0	0	94	26
27	Other (specify):*	(102,455)	0	31,708	2,620	978	0	0	0	0	0	0	(67,149)	27
28	**TOTAL General Administration**	(164,284)	0	(147,383)	27,175	16,324	0	0	0	0	0	0	(268,168)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(163,852)	0	(99,114)	(32,288)	17,514	0	293	0	0	0	0	(277,447)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center # 004-0709 **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	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(9,641)	0	8,187	0	0	0	0	0	0	0	0	(1,454)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(57,355)	0	41,314	0	504	0	0	0	0	0	0	(15,537)	32
33	Real Estate Taxes	10,428	0	3,258	0	218	0	0	0	0	0	0	13,904	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	24,310	0	0	0	0	0	0	0	0	24,310	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(56,568)	0	77,069	0	722	0	0	0	0	0	0	21,223	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	(20,984)	(15,833)	5,252	0	0	0	0	0	(31,565)	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	(20,984)	(15,833)	5,252	0	0	0	0	0	(31,565)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(220,420)	0	(22,045)	(53,272)	2,403	5,252	293	0	0	0	0	(287,789)	45

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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				$			$	$	1
2	V									2
3	V									3
4	V									4
5	V									5
6	V									6
7	V									7
8	V									8
9	V									9
10	V									10
11	V									11
12	V									12
13	V									13
14	Total				$			$	$ *	14

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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%	$ 1,816	$ 1,816	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		2,069	2,069	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		10,550	10,550	17
18	V	26	Insurance		Alden Management Services, Inc.		94	94	18
19	V	20	Dues and Subscription	54,882	Alden Management Services, Inc.		1,302	(53,580)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real estate taxes		Alden Management Services, Inc.		3,258	3,258	21
22	V	35	Rent - Equipment & Vehic		Alden Management Services, Inc.		24,310	24,310	22
23	V	32	Interest		Alden Management Services, Inc.		41,314	41,314	23
24	V	1	Dietary		Alden Management Services, Inc.		3,366	3,366	24
25	V	3	Housekeeping		Alden Management Services, Inc.		5,014	5,014	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		4,802	4,802	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		26,059	26,059	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		3,949	3,949	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		60,899	60,899	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		31,708	31,708	30
31	V	19	Professional Fee	388,828	Alden Management Services, Inc.		26,480	(362,348)	31
32	V	21	General and Administrative		Alden Management Services, Inc.		163,225	163,225	32
33	V	6	Repairs and Maintenance	27,765	Alden Management Services, Inc.		31,028	3,263	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 471,475			$ 449,430	$ * (22,045)	39

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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	71,418	Prism Health Care Services, Inc.		21,637	(49,781)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Supplies	35,488	Prism Health Care Services, Inc.		14,504	(20,984)	19
20	V	21	Salary - G & A		Prism Health Care Services, Inc.		15,706	15,706	20
21	V	27	Employee Benefit		Prism Health Care Services, Inc.		2,620	2,620	21
22	V	7	Employee Benefit		Prism Health Care Services, Inc.		1,047	1,047	22
23	V	21	General and Administrative		Prism Health Care Services, Inc.		8,849	8,849	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			$ 136,366			$ 83,094	$ * (53,272)	39

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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	$ 108,247	Forum Extended Care Services II, Inc.	0.00%	$ 150,011	$ 41,764	15
16	V	39	IV	62,829	Forum Extended Care Services II, Inc.		7,386	(55,443)	16
17	V	39	Wound Care	10,310	Forum Extended Care Services II, Inc.		8,156	(2,154)	17
18	V	10	House Stock	7,170	Forum Extended Care Services II, Inc.		6,634	(536)	18
19	V	10	Pharmacy Consultant	2,304	Forum Extended Care Services II, Inc.		4,030	1,726	19
20	V	27	Employee Vaccination	1,074	Forum Extended Care Services II, Inc.		849	(225)	20
21	V	27	Employee Benefit: G & A		Forum Extended Care Services II, Inc.		1,203	1,203	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		9,668	9,668	22
23	V	21	General and Administrative		Forum Extended Care Services II, Inc.		5,678	5,678	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		504	504	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		218	218	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			$ 191,934			$ 194,337	$ * 2,403	39

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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	$ 240,108	Community Physical Therapy & Associates, Ltd.	0.00%	$ 245,360	$ 5,252	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			$ 240,108			$ 245,360	$ * 5,252	39

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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	$ 37,670	Alden Bennett Construction Company, Inc.	0.00%	$ 37,963	$ 293	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			$ 37,670			$ 37,963	$ * 293	39

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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					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 C	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			Alden - Town Manor Rehabilitation and Health C	Cicero				16
17			Alden Trails, Inc.	Bloomingdale				17
18			Alden - Poplar Creek Rehabilitation and Health (	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 Lincoln Park Rehabilitation and Heal # 004-0709 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	180,727	0.924	2.31	Salary	$ 4,273	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,055	0.924	2.31	Salary	1,585	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,607	0.924	2.31	Salary	913	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	$ 6,771		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 Lincoln Park Rehabilitation and Health Care Center # 004-0709 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	$	30,382	$ 1,816	1
2	24	Travel and Seminar	Patient Days	1,315,389	34	89,570		30,382	2,069	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		30,382	10,550	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		30,382	94	4
5	20	Dues and Subscription	Patient Days	1,315,389	34	56,361		30,382	1,302	5
6	30	Depreciation	No of providers/usage	34	34	291,758		30,382	8,187	6
7	33	Real Estate taxes	Patient Days	1,315,389	34	156,401		30,382	3,258	7
8	35	Rent - Equipment & Vehic	Patient Days	1,315,389	34	1,052,493		30,382	24,310	8
9	32	Interest	Patient Days	1,315,389	34	1,368,621		30,382	41,314	9
10	1	Dietary	Patient Days	1,315,389	34	145,718	145,718	30,382	3,366	10
11	3	Housekeeping	Patient Days	1,315,389	34	217,102	217,102	30,382	5,014	11
12	7	Employee Benefit - Gen Services	Patient Days	1,315,389	34	207,899		30,382	4,802	12
13	10	Nurse & Medical Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	30,382	26,059	13
14	15	Employee Benefit - Health Care	Patient Days	1,315,389	34	170,963		30,382	3,949	14
15	17	Administrative Salary	Patient Days	1,315,389	34	2,886,253	2,886,253	30,382	60,899	15
16	27	Employee Benefit - Admin	Patient Days	1,315,389	34	1,372,783		30,382	31,708	16
17	19	Professional Fee	Patient Days	1,315,389	34	1,146,467	654,108	30,382	26,480	17
18	21	General and Administrative	Patient Days	1,315,389	34	7,066,809	5,970,419	30,382	163,225	18
19	6	Repairs and Maintenance	Patient Days	1,315,389	34	1,343,350	1,077,524	30,382	31,028	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 19,296,460	$ 12,135,573		$ 449,430	25

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Healt # 004-0709 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							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Related party-AMS		x	Working Capital							41,314	6
7	Related party-FECII		x	Working Capital							504	7
8												8
9	TOTAL Facility Related						$	$			$ 41,818	9
	B. Non-Facility Related*											
10	Interest Income (GL 4646/4975)										(560)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (560)	14
15	TOTALS (line 9+line14)						$	$			$ 41,258	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** 36

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 **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.**	$ 106,700	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.)		$ 108,114	2
3. Under or (over) accrual (line 2 minus line 1).		$ 1,414	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 111,400	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.		$ 112,814	7
	Plus: Related Party Taxes (2) - See Pg RE_Tax	3,476	
		$ 116,290	

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2006	108,548	8
	2007	107,389	9
	2008	108,466	10
	2009	103,604	11
	2010	108,114	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 Lincoln Park Rehabilitation and Health Care Center, In COUNTY Cook

FACILITY IDPH LICENSE NUMBER 004-0709

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	$ 3,258.00
2.	See attached supplement	Related Party-Forum Extended Care	$ 42,023.00	$ 218.00
3.	14-28-108-023-0000	Nursing Home Facility	$ 108,114.15	$ 108,114.15
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 450,514.15	$ 111,590.15

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.

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 32,252 B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity? [ ] (a) Own the Facility [ ] (b) Rent from a Related Organization. [x] (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			$	1
2					2
3	TOTALS			$	3

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Sprinkler heads			1995	1,832	73	25	73		1,189	9
10	Roof repairs			1995	2,000		10			2,000	10
11	Installed Electric AMPS			1996	1,870		5			1,870	11
12	Signs			1996	1,800		10			1,800	12
13	Water Heater			1997	6,180		5			6,180	13
14	Replace Pipes			1997	5,949		5			5,949	14
15	Exhaust Fans			1997	8,403		5			8,403	15
16	Washing machine motor			1998	1,576		8			1,576	16
17	ABC (General construction) Major repairs/improvement			1999	5,713		10			5,713	17
18	ABC (General construction) Major repairs/improvement			1999	2,326		10			2,326	18
19	ABC (General construction) Major repairs/improvement			1999	2,092		10			2,092	19
20	ABC (General construction) Major repairs/improvement			1999	1,870		10			1,870	20
21	ABC (General construction) Major repairs/improvement			1999	12,658		10			12,658	21
22	ABC (General construction) Major repairs/improvement			1999	2,250		10			2,250	22
23	ABC (General construction) Major repairs/improvement			1999	10,225		10			10,225	23
24	Climate Services (exhaust fan)			1999	2,280		5			2,280	24
25	Oxygen exhaust system			2000	8,555		8			8,555	25
26	Elevator door repair			2000	1,518		5			1,518	26
27	Lawn Sprinkler			2000	15,500	620	25	620		7,027	27
28	ABC (General construction) Major repairs/improvement			2000	6,937		5			6,937	28
29	ABC (General construction) New hot water system			2000	49,596	2,480	20	2,480		29,346	29
30	ABC (General construction) Replace showers			2000	23,903		10			25,498	30
31	Replace Fire Pump			2001	3,230	162	20	162		1,780	31
32	14 Kilowatt water heater booster			2001	2,783	187	10	187		2,783	32
33	ABC (General construction) Major repairs/improvement			2001	3,402		5			3,402	33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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	Capps Plumbing (pipe & wall repair)	2002	$ 1,985	$	5	$	$	$ 1,985	37
38	ABC (misc construction work)	2002	3,442		5			3,442	38
39	ABC (repair ejector pump)	2002	7,893		5			7,893	39
40	Capps Plumbing (water pump)	2002	3,275	164	20	164		1,544	40
41	TNS (DSL Cable)	2004	1,358		5			1,358	41
42	ABC (1st Floors Stairs)	2004	1,699	170	10	170		1,204	42
43	Oak Fire security System, new base dual zone card	2005	1,350		5			1,350	43
44	Washtown (repair Washer motor)	2005	1,563		5			1,563	44
45	ABC (repair Mop basin)	2005	1,613		5			1,800	45
46	ABC - seal holes and replace fill materials 3rd floor	2006	5,793	579	10	579		3,329	46
47	TopNotch - booster heater	2006	3,217	322	10	322		1,690	47
48	ABC - wall covering	2007	10,494	1,049	10	1,049		4,896	48
49	ABC - HM door and frame	2008	3,270	327	10	327		1,199	49
50	Central States - springkler system	2008	3,700	740	5	740		2,220	50
51	ABC - patio door	2008	2,501	250	10	250		813	51
52	ABC - repair electrical room and patio doors	2008	2,915	292	10	292		900	52
53	JD Roofing - asphalt roof patched	2009	3,600	360	10	360		840	53
54	Oak Fire - wirings for sprinkler system	2009	5,070	507	10	507		1,310	54
55	ABC - roof replaced	2010	3,886	389	10	389		519	55
56	ABC - elevator	2010	66,555	3,328	20	3,328		3,605	56
57	Rockford - railings repaired	2010	4,440	444	10	444		666	57
58									58
59	Elevator cylinder replacement - South elevator - ABC	2011	14,809	185	20	185		185	59
60	Pipes boiler room repair - ABC	2011	7,669	32	20	32		32	60
61	Pump, main circuit boiler, Grease trap - ABC	2011	5,097	170	5	170		170	61
62	Pump, main controller - ABC	2011	3,828	64	10	64		64	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 355,470	$ 12,893		$ 12,893	$	$ 199,804	70

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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		$ 355,470	$ 12,893		$ 12,893	$	$ 199,804	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									24
25									25
26									26
27	Adjust for ABC Related Party Profit	2008	(50)	(8)		(8)		(18)	27
28	Adjust for ABC Related Party Profit	2009	(161)	(6)		(6)		(12)	28
29	Adjust for ABC Related Party Profit	2010	(862)	(5)		(5)		(10)	29
30	Adjust for ABC Related Party Profit	2011	293	1		1		1	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 433,152	$ 13,833		$ 13,833	$	$ 270,409	34

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care (# 004-0709 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	$ 178,736	$ 21,495	$ 21,495	$		$ 93,500	71
72	Current Year Purchases	67,682	6,981	6,981			6,981	72
73	Fully Depreciated Assets	207,586	79	79			207,586	73
74								74
75	TOTALS	$ 454,004	$ 28,555	$ 28,555	$		$ 308,067	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										77
78										78
79	Related Party	various	98-02	4,026				3	4,026	79
80	TOTALS			$ 4,026	$	$	$		$ 4,026	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)	$ 891,182	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 42,388	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 42,388	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 582,502	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, # 004-0709 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: T.L. Enterprises, Inc.
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		96		$ 502,366	16		3
4	Additions							4
5								5
6								6
7	TOTAL		96		$ 502,366 **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: [x] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 03/01/95
Ending 02/28/13

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2012	$ 502,366
13.	12/31/2013	$ 83,728
14.		$

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

15. Is Movable equipment rental included in building rental? [ ] YES [ ] NO
16. Rental Amount for movable equipment: $ 30,366 Description: copy machine (GL 6861) & 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	$ #######	$ 16,513	17
18					18
19	Auto lease GL 6890	various	207.00	207	19
20					20
21	TOTAL		$ #######	$ 16,720	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 Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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 Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 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	$		$ 103,631	$		$ 103,631	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			28,748			28,748	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			108,915			108,915	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				150,011		150,011	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					5,252	80,824		86,076	13
14	TOTAL			$		$ 246,546	$ 230,835		$ 477,381	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)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	Col 5: PT,OT, & ST / Col 6: Supplies
1.	OT	39-3	To Col 5	$103,631.00
2.	ST	39-3	To Col 5	28,748.00
3.				
4.	PT	39-3	To Col 5	108,915.00
5.				
6.				
7.				
8.				
	Phamacy Supplies per GL			108,247.00
	Manual Input from Related Party- Forum Drugs			41,764.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	150,011.00
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	5,252.00
	Other			127,682.00
	Manual Input: Related Party - Prism			(20,984.00)
	Manual Input: Related Party FECII - I.V.			(55,443.00)
	Manual Input: Related Party FECII - Wound Care			(2,155.00)
	Oxygen, from reclass worksheet (Pg 4A)			31,724.00
13.	Col 6: Supplies Total		To Col 6	80,824.00
13.	Total Line 13, Column 8			86,076.00
14.	Total			477,381.00

STATE OF ILLINOIS

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, I # 004-0709 **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	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 120,000)	1,068,723		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	5,301		6
7	Other Prepaid Expenses	5,210		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	50,354		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,129,588	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	457,564		15
16	Equipment, at Historical Cost	429,092		16
17	Accumulated Depreciation (book methods)	(559,281)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	256,284		21
22	Other Long-Term Assets (spe Purchase Option	288,000		22
23	Other(specify): Due from affiliates			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 871,659	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,001,247	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 557,070	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	51,279		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	218,492		30
31	Accrued Taxes Payable (excluding real estate taxes)	39,726		31
32	Accrued Real Estate Taxes(Sch.IX-B)	111,400		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	106,658		36
37	Due to affiliates	640,412		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,725,037	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates	1,135,888		43
44	S/holder loans, others			44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,135,888	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,860,925	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (859,678)	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,001,247	$	48

***(See instructions.)**

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 **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**	$ (297,303)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (297,303)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(562,375)	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)**	$ (562,375)	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)**	$ (859,678)	24 *

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

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care # 004-0709 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	$ 4,993,429	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,993,429	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	110,400	6
7	Oxygen	21,457	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 131,857	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	191	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	2,374	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,565	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	560	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 560	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28		2,174	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 2,174	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,130,585	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,028,800	31
32	Health Care	1,897,370	32
33	General Administration	1,520,437	33
	B. Capital Expense		
34	Ownership	716,571	34
	C. Ancillary Expense		
35	Special Cost Centers	477,222	35
36	Provider Participation Fee	52,560	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 5,692,960	40
41	**Income before Income Taxes (line 30 minus line 40)****	(562,375)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (562,375)	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.**

Details of Page 19, Line 28

Description	Amount
Misc receipts (from employees - reissue lost checks, etc)	66
Medical Records	486
Jury Duty	-
Food Rebate	1,472
Rent - Poll site	150
Line 28 Total:	2,174

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, # 004-0709 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	2,057	2,057	$ 74,688	$ 36.31	1
2	Assistant Director of Nursing					2
3	Registered Nurses	14,945	16,007	455,901	28.48	3
4	Licensed Practical Nurses	14,199	14,859	376,817	25.36	4
5	CNAs & Orderlies	46,869	51,333	586,667	11.43	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,896	1,896	31,997	16.88	9
10	Activity Assistants	2,683	2,755	25,438	9.23	10
11	Social Service Workers	2,080	2,080	45,851	22.04	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	47,724	22.94	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,788	15,501	176,108	11.36	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	67,582	32.49	17
18	Housekeepers	7,844	8,410	89,227	10.61	18
19	Laundry	5,253	5,941	64,330	10.83	19
20	Administrator	2,800	2,800	111,786	39.92	20
21	Assistant Administrator	952	960	27,462	28.61	21
22	Other Administrative	4,080	4,080	111,230	27.26	22
23	Office Manager	2,120	2,120	32,544	15.35	23
24	Clerical	3,037	3,103	28,827	9.29	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,856	1,856	56,245	30.30	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer Directo	1,864	2,035	31,646	15.55	33
34	TOTAL (lines 1 - 33)	132,483	141,953	$ 2,442,070 *	$ 17.20	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	750/month	9,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	192/month	2,304	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	285/month	3,415	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 37,519		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 Lincoln Park Rehabilitation and Health Care # 004-0709 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Carrie Groulx	Administrator	0	$ 96,401
Carl Brett	Assistant Administrator	0	27,462
Allison Pease	Administrator In Training	0	15,385
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 139,248

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	$ 352,828
AMS (eliminated)	Allocated Legal Fees	36,000
BDO Seidman	Tax Preparation Fees	2,916
Baker Tilly/Virchow Krause/KPMG	Accounting Fees	8,703
First Advantage	Tax Services	100
Ken Fisch	Legal Fees - Collections	20,188
Pathway (reclassed)	Clinical Support	11,706
Linda Roberts & Associates	Food Service Audit	1,047
Medcom	Billing Consultant	219
Alden Group (eliminated)	Legal Fees	2,489
Alden Group (eliminated)	Accounting Fees	1,253
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 437,449

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 73,842
Unemployment Compensation Insurance	26,666
FICA Taxes	184,613
Employee Health Insurance	39,523
Employee Meals	29,845
Illinois Municipal Retirement Fund (IMRF)*	
Union, Health and Welfare	55,645
Dental and Life Ins	1,268
Pension	18,241
Employee Relations/Miscellaneous Payroll Costs	8,578
Drug Tests/Vaccination	2,818
401k Match/Tuition Reimbursement	11,436
back out Marketing Manager benefit	(1,297)
TOTAL (agree to Schedule V, line 22, col.8)	$ 451,178

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	50
Health Care Worker Background Check	
(Indicate # of checks performed 106)	1,068
Patient Background Checks 77	776
Surety Bond Fees	500
IL Health Care Associations	3,709
IL Association of Health Care	576
Central Lakeview Merchant Association	195
Related party - AMS	1,302
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 8,176

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related parties - AMS	2,069
Seminar Expense	
Deming Leadership Training	400
ILHA Administrators/nursing seminar	1,609
IL Council of Admin/Dementia/ActivityDirec	1,838
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 5,916

* Attach copy of IMRF notifications

**See instructions.

Legal Fee Support

Legal Fees Reported on Pg 21, Section C:	22,677.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(20,188.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	(2,489.00)
Allowable Legal Fees	-

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

Seminar Expense Support

	Related Party - AMS			2,069.00
Apr-11	5/3/2011 COMPHY ALAIN DELAUNAY DEM	500.00	22-411	400.00
Oct-11	AMEEXP Floyd-ILL Healthcare As	1,040.00		
Apr-11	ILLHCA Sponsorship IHCA Co	326.92		
Oct-11	AMEEXP Floyd-Hotel Pere Marque	133.34		
Oct-11	AMEEXP Floyd-Sheraton Hotels	108.48		1,608.74
May-11	WRIEXP R.Molitor-HIN Semin	199.00		
Sep-11	CROCED Disorder Course	139.00	PsychDisorder	
Aug-11	OAKCOM Oakton Community Colleg	96.00	ANTILLA, E.	
Oct-11	WRIEXP J.Stelter-Hinseminars	199.00		633.00
Apr-11	ALZASS TRAIN THE TRAINER IL DE	135.00	IL DEMENTIA CAR	135.00
Dec-11	HARCOL CANDICE VIERO	375.00	ACT DIR. COURSE	
Dec-11	HARCOL JODI HORNIK	375.00	ACT DIR. COURSE	750.00
Feb-11	NATINV Annual Conf.sponser	260.00		260.00
Oct-11	WRIEXP R.Molitor-ILL Council	60.00		60.00
	Total			**5,915.74**

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Cent # 004-0709 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			$		$	$	$	$	$	$	$	$	$
2	Climate Service - boil	1/96	2,015	15	134	134	134	134					
3	Great Lakes - plumbing fi	3/96	1,739	20	87	87	87	87	87	87	87	87	87
4	Building Plumbing Heat	10/96	1,831	15	122	122	122	122	30				
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 5,585		$ 343	$ 343	$ 343	$ 343	$ 117	$ 87	$ 87	$ 87	$ 87

Facility Name & ID Number Alden Lincoln Park Rehabilitation and Health Care Center, Inc. # 004-0709 **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. **IL Health Care Association $5,299**

(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. $ **25,930** 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. $ **52,560**
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. $ **29,845** Has any meal income been offset against related costs? 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? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.