



Facility Name & ID Number Alden Alma Nelson Manor, Inc.

# 004-4891 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	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	268	Skilled (SNF)	268	97,820	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	268	TOTALS	268	97,820	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	2,078	3,969	13,458	19,505	8	
9	SNF/PED					9	
10	ICF	44,291	2,461	1,564	48,316	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	46,369	6,430	15,022	67,821	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.33%

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

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 08/01/2000

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

YES  Date 08/01/2000 NO

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

YES  NO  If YES, enter number of beds certified 128 and days of care provided 11,815

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  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 Alma Nelson Manor, Inc. # 004-4891 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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	357,527	56,352	22,800	436,679	2,025	438,704	(3,248)	435,456		1
2	Food Purchase		475,937		475,937	(39,695)	436,242	(39,487)	396,755		2
3	Housekeeping	381,305	77,680		458,985	1,780	460,765	11,194	471,959		3
4	Laundry	102,340	44,006	368	146,714	650	147,364		147,364		4
5	Heat and Other Utilities			260,184	260,184		260,184	1,209	261,393		5
6	Maintenance	107,713		241,108	348,821		348,821	63,048	411,869		6
7	Other (specify):* <b>Related party</b>							12,529	12,529		7
8	<b>TOTAL General Services</b>	<b>948,885</b>	<b>653,975</b>	<b>524,460</b>	<b>2,127,320</b>	<b>(35,240)</b>	<b>2,092,080</b>	<b>45,245</b>	<b>2,137,325</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	4,238,636	264,915	6,432	4,509,983	8,535	4,518,518	61,134	4,579,652		10
10a	Therapy	54,039	5,381	11,788	71,208		71,208		71,208		10a
11	Activities	301,550	15,902	5,845	323,297	325	323,622		323,622		11
12	Social Services	121,516			121,516		121,516		121,516		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related party</b>							8,815	8,815		15
16	<b>TOTAL Health Care and Programs</b>	<b>4,715,741</b>	<b>286,198</b>	<b>54,065</b>	<b>5,056,004</b>	<b>8,860</b>	<b>5,064,864</b>	<b>69,949</b>	<b>5,134,813</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	100,078			100,078		100,078	135,942	236,020		17
18	Directors Fees										18
19	Professional Services			1,120,818	1,120,818	(24,011)	1,096,807	(1,012,636)	84,171		19
20	Dues, Fees, Subscriptions & Promotions			139,681	139,681		139,681	(115,981)	23,700		20
21	Clerical & General Office Expenses	341,890	33,594	102,486	477,970	1,263	479,233	360,179	839,412		21
22	Employee Benefits & Payroll Taxes			1,061,445	1,061,445	13,946	1,075,391	(14,917)	1,060,474		22
23	Inservice Training & Education										23
24	Travel and Seminar			6,885	6,885		6,885	3,768	10,653		24
25	Other Admin. Staff Transportation			5,544	5,544		5,544	23,550	29,094		25
26	Insurance-Prop.Liab.Malpractice			285,589	285,589		285,589	11,047	296,636		26
27	Other (specify):* <b>Related party</b>			235,932	235,932		235,932	(156,912)	79,020		27
28	<b>TOTAL General Administration</b>	<b>441,968</b>	<b>33,594</b>	<b>2,958,380</b>	<b>3,433,942</b>	<b>(8,802)</b>	<b>3,425,140</b>	<b>(765,960)</b>	<b>2,659,180</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>6,106,594</b>	<b>973,767</b>	<b>3,536,905</b>	<b>10,617,266</b>	<b>(35,182)</b>	<b>10,582,084</b>	<b>(650,766)</b>	<b>9,931,318</b>		<b>29</b>

\*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 Alma Nelson Manor, Inc. #004-4891 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					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			42,855	42,855		42,855	372,814	415,669			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			182,690	182,690		182,690	569,715	752,405			32
33	Real Estate Taxes							245,030	245,030			33
34	Rent-Facility & Grounds			1,059,511	1,059,511		1,059,511	(1,059,511)				34
35	Rent-Equipment & Vehicles			18,241	18,241		18,241	54,266	72,507			35
36	Other (specify):* MIP							55,531	55,531			36
37	<b>TOTAL Ownership</b>			1,303,297	1,303,297		1,303,297	237,845	1,541,142			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		925,611	1,310,878	2,236,489	35,182	2,271,671	49,789	2,321,460			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			318,821	318,821		318,821		318,821			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		925,611	1,629,699	2,555,310	35,182	2,590,492	49,789	2,640,281			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,106,594	1,899,378	6,469,901	14,475,873		14,475,873	(363,132)	14,112,741			45

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

**Reclassifications - Pages 3 & 4, Column 5**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(39,695.00)	Employee Meals
	22	39,695.00	Employee Meals
22		(25,749.00)	Uniforms
	10	20,318.00	Uniforms
	1	2,025.00	Uniforms
	3	1,780.00	Uniforms
	4	650.00	Uniforms
	6	-	Uniforms
	11	325.00	Uniforms
	21	651.00	Uniforms
10		(35,181.90)	Oxygen - to appropriate cost center
	39	35,181.90	Oxygen - to appropriate cost center
<u>Others, if any:</u>			
19		(23,398.54)	Clinical Coordinators (Pathway Billing)
	10	23,398.54	Clinical Coordinators (Pathway Billing)
19		(612.32)	MediFax/MedCom
	21	612.32	MediFax/MedCom
Net		<u>0.00</u>	

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,228)	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	(3,450)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,665)	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	(21,473)	21		17
18	Fines and Penalties	(55)	32		18
19	Entertainment	(1,791)	20		19
20	Contributions	(28,980)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,346)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(235,932)	27		24
25	Fund Raising, Advertising and Promotional	(28,908)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (342,828)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	141,354	Various	34
35	Other- Attach Schedule	(161,658)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (20,304)		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (363,132)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39			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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	52

Alden Alma Nelson Manor, Inc.

ID# 004-4891

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 items under \$2,500 -	\$ (12,028)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(11,863)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	9,750	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	28,032	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	73	30	6
7	Other Nursing Income	(279)	21	7
8	Late Fees on utilities	(2,845)	5	8
9	Intercompany interest	(3,724)	32	9
10	Misc Income - Garnishment Processing	(25)	22	10
11	Misc Income - Record Copies	(2,726)	21	11
12	Misc Income - Jury Duty	(26)	22	12
13	Misc Income - Vending Machine Receipt	(3)	2	13
14	Reduce Employee Benefit for Marketing	(14,866)	22	14
15	Marketing Manager & Aides	(85,524)	21	15
16	Back Out Rockford Area Chamber/	(933)	20	16
17	30% Backout PAC fees -IHCA	(3,643)	20	17
18	Bank Fees paid by LLC	(88)	21	18
19	Deming Adjustment	(850)	24	19
20	Related Party Int on Alma LLC with Rock Inv	(18,800)	32	20
21	Prior Year Interest Adj on Related Pary Loan	(734)	32	21
22	To correct YTD depreciation expense to detail	2,177	30	22
23	Record Depreciation for Deferred Maint.	240	6	23
24	Eliminate Depreciation on Building Goodwill	(42,973)	30	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(161,658)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891 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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	7,515	(10,763)	0	0	0	0	0	0	0	(3,248)	1
2	Food Purchase	(3,668)	0	0	(35,819)	0	0	0	0	0	0	0	(39,487)	2
3	Housekeeping	0	0	11,194	0	0	0	0	0	0	0	0	11,194	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,845)	0	4,054	0	0	0	0	0	0	0	0	1,209	5
6	Maintenance	27,794	3,077	31,956	0	0	0	221	0	0	0	0	63,048	6
7	Other (specify):*	0	0	10,719	1,810	0	0	0	0	0	0	0	12,529	7
8	<b>TOTAL General Services</b>	<b>21,281</b>	<b>3,077</b>	<b>65,438</b>	<b>(44,772)</b>	<b>0</b>	<b>0</b>	<b>221</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>45,245</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	58,172	34	2,928	0	0	0	0	0	0	61,134	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	8,815	0	0	0	0	0	0	0	0	8,815	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>66,987</b>	<b>34</b>	<b>2,928</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69,949</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	135,942	0	0	0	0	0	0	0	0	135,942	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,346)	7,388	(1,011,678)	0	0	0	0	0	0	0	0	(1,012,636)	19
20	Fees, Subscriptions & Promotions	(64,255)	250	(51,976)	0	0	0	0	0	0	0	0	(115,981)	20
21	Clerical & General Office Expenses	(110,090)	88	364,362	42,431	63,388	0	0	0	0	0	0	360,179	21
22	Employee Benefits & Payroll Taxes	(14,917)	0	0	0	0	0	0	0	0	0	0	(14,917)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(850)	0	4,618	0	0	0	0	0	0	0	0	3,768	24
25	Other Admin. Staff Transportation	0	0	23,550	0	0	0	0	0	0	0	0	23,550	25
26	Insurance-Prop.Liab.Malpractice	0	10,837	210	0	0	0	0	0	0	0	0	11,047	26
27	Other (specify):*	(235,932)	0	70,780	4,527	3,713	0	0	0	0	0	0	(156,912)	27
28	<b>TOTAL General Administration</b>	<b>(434,390)</b>	<b>18,563</b>	<b>(464,192)</b>	<b>46,958</b>	<b>67,101</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(765,960)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(413,109)</b>	<b>21,640</b>	<b>(331,767)</b>	<b>2,220</b>	<b>70,029</b>	<b>0</b>	<b>221</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(650,766)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(64,614)	429,241	8,187	0	0	0	0	0	0	0	0	372,814	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(26,763)	584,692	9,703	0	2,083	0	0	0	0	0	0	569,715	32
33	Real Estate Taxes	0	236,858	7,273	0	899	0	0	0	0	0	0	245,030	33
34	Rent-Facility & Grounds	0	(1,059,511)	0	0	0	0	0	0	0	0	0	(1,059,511)	34
35	Rent-Equipment & Vehicles	0	0	54,266	0	0	0	0	0	0	0	0	54,266	35
36	Other (specify):*	0	55,531	0	0	0	0	0	0	0	0	0	55,531	36
37	<b>TOTAL Ownership</b>	<b>(91,377)</b>	<b>246,811</b>	<b>79,429</b>	<b>0</b>	<b>2,982</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>237,845</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(93,145)	(165,927)	308,861	0	0	0	0	0	49,789	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(93,145)</b>	<b>(165,927)</b>	<b>308,861</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49,789</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(504,486)	268,451	(252,338)	(90,925)	(92,916)	308,861	221	0	0	0	0	(363,132)	45

**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
<u>Alden Realty Services, Inc.</u>	<u>100</u>	<u>See PG6-Supp</u>		<u>See PG6-Supp</u>		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	<u>34 Rent Income</u>	\$ <u>1,059,511</u>	<u>Alden Alma Nelson Manor, LLC</u>		\$	\$ <u>(1,059,511)</u>	1
2	V	<u>32 Investment Income - RR</u>	<u>152</u>	<u>Alden Alma Nelson Manor, LLC</u>			<u>(152)</u>	2
3	V	<u>32 Interest on Alma Note</u>	<u>73,425</u>	<u>Alden Alma Nelson Manor, LLC</u>			<u>(73,425)</u>	3
4	V	<u>19 Accounting Fee/Professional Fees</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>7,388</u>	<u>7,388</u>	4
5	V	<u>21 Bank Fees</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>88</u>	<u>88</u>	5
6	V	<u>33 Real Estate Tax</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>236,858</u>	<u>236,858</u>	6
7	V	<u>26 General Insurance Expenses</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>10,837</u>	<u>10,837</u>	7
8	V	<u>36 Mortgage Insurance Premium</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>55,531</u>	<u>55,531</u>	8
9	V	<u>32 Interest On Mortg. Note/ Other Interest</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>641,657</u>	<u>641,657</u>	9
10	V	<u>6 Repairs &amp; Maintenance</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>3,077</u>	<u>3,077</u>	10
11	V	<u>30 Depreciation</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>429,241</u>	<u>429,241</u>	11
12	V	<u>32 Amortization</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>16,612</u>	<u>16,612</u>	12
13	V	<u>20 Dues &amp; Subscriptions</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>250</u>	<u>250</u>	13
14	Total		\$ <u>1,133,088</u>			\$ <u>1,401,539</u>	\$ * <u>268,451</u>	14

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

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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.  YES  NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,054	\$ 4,054
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,618	4,618
17	V	25 Other Admin Travel		Alden Management Services, Inc.		23,550	23,550
18	V	26 Insurance		Alden Management Services, Inc.		210	210
19	V	20 Dues & Subscriptions	54,882	Alden Management Services, Inc.		2,906	(51,976)
20	V	30 Depreciation		Alden Management Services, Inc.		8,187	8,187
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,273	7,273
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		54,266	54,266
23	V	32 Interest		Alden Management Services, Inc.		9,703	9,703
24	V	1 Dietary		Alden Management Services, Inc.		7,515	7,515
25	V	3 Housekeeping		Alden Management Services, Inc.		11,194	11,194
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		10,719	10,719
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		58,172	58,172
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		8,815	8,815
29	V	17 Administrative Salary		Alden Management Services, Inc.		135,942	135,942
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		70,780	70,780
31	V	19 Professional Fees	1,070,789	Alden Management Services, Inc.		59,111	(1,011,678)
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		364,362	364,362
33	V	6 Repair & Maint.	37,307	Alden Management Services, Inc.		69,263	31,956
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,162,978			\$ 910,640	\$ * (252,338)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 380	\$ (22,420)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		11,657	11,657
17	V	2 Tube Feeding	59,800	Prism Health Care Services, Inc.		23,981	(35,819)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		6,694	34
19	V	39 Ancillary Supplies	146,391	Prism Health Care Services, Inc.		53,246	(93,145)
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		27,140	27,140
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		4,527	4,527
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,810	1,810
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		15,291	15,291
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 235,651			\$ 144,726	\$ * (90,925)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 389,274	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 539,466	\$ 150,192
16	V	39 <u>IV</u>	355,880	<u>Forum Extended Care Services II, Inc.</u>		41,836	(314,044)
17	V	39 <u>Wound Care</u>	9,930	<u>Forum Extended Care Services II, Inc.</u>		7,855	(2,075)
18	V	10 <u>House Stock</u>	25,275	<u>Forum Extended Care Services II, Inc.</u>		23,385	(1,890)
19	V	10 <u>Pharmacy Consultant</u>	6,432	<u>Forum Extended Care Services II, Inc.</u>		11,250	4,818
20	V	27 <u>Employee Vaccin.</u>	6,019	<u>Forum Extended Care Services II, Inc.</u>		4,759	(1,260)
21	V	27 <u>Employee Benefits: G&amp;A</u>		<u>Forum Extended Care Services II, Inc.</u>		4,973	4,973
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		39,934	39,934
23	V	21 <u>Gen'l &amp; Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		23,454	23,454
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		2,083	2,083
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		899	899
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 792,810			\$ 699,894	\$ * (92,916)

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 1,274,680	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,583,541	\$ 308,861	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	<b>Total</b>		\$ 1,274,680			\$ 1,583,541	\$ * 308,861	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 28,416	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,637	\$ 221	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	<b>Total</b>		\$ 28,416			\$ 28,637	\$ *	221	39

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

Facility Name &amp; ID Number

Alden Alma Nelson Manor, Inc.

# 004-4891

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 C	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Car	Chicago	Alden Management Serv	Chicago	Management	5
6			Alden-Lakeland Rehabilitation and Health Care	Chicago				6
7			Alden of Old Town East, Inc.	Bloomingtondale	Alden Gardens of Bloom	Bloomingtondale	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 Waterf	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	11
12			Alden Village Health Facility for Children and Yc	Bloomingtondale	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	14
15			Alden of Old Town West, Inc.	Bloomingtondale	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.	Bloomingtondale				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 C	Des Plaines				20
21			Alden Estates of Evanston, Inc.	Evanston				21
22								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.	Bloomingtondale				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 Alma Nelson Manor, Inc. # 004-4891 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,461	2.064	5.16	Salary	\$ 9,539	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,101	2.064	5.16	Salary	3,539	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,482	2.064	5.16	Salary	2,038	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	\$ 15,116		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 Alma Nelson Manor, Inc.

# 004-4891 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  NO

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

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,315,389	34	\$ 78,619	\$ 67,821	\$ 4,054	1	
2	24	Trav & Seminar	Patient Days	1,315,389	34	89,570	67,821	4,618	2	
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762	67,821	23,550	3	
4	26	Insurance	Patient Days	1,315,389	34	4,082	67,821	210	4	
5	20	Dues & Subscriptions	Patient Days	1,315,389	34	56,361	67,821	2,906	5	
6	30	Depreciation	No of Providers/usage	34	34	291,758	1	8,187	6	
7	33	Real Estate Tax	Patient Days/ysage	1,315,389	34	156,401	67,821	7,273	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,315,389	34	1,052,493	67,821	54,266	8	
9	32	Interest	Patient Days/usage	1,315,389	34	1,368,621	67,821	9,703	9	
10	1	Dietary Salary	Patient Days	1,315,389	34	145,718	145,718	67,821	7,515	10
11	3	Housekeeping Salary	Patient Days	1,315,389	34	217,102	217,102	67,821	11,194	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,315,389	34	207,899	67,821	10,719	12	
13	10	Nurs & Med Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	67,821	58,172	13
14	15	Employee Benefits -Health Care	Patient Days	1,315,389	34	170,963	67,821	8,815	14	
15	17	Administrative Salary	Patient Days/usage	1,315,389	34	2,886,253	2,886,253	67,821	135,942	15
16	27	Employee Benefits - Admin	Patient Days	1,315,389	34	1,372,783	67,821	70,780	16	
17	19	Professional fees	Patient Days	1,315,389	34	1,146,467	654,108	67,821	59,111	17
18	21	Gen'I & Admin	Patient Days	1,315,389	34	7,066,809	5,970,419	67,821	364,362	18
19	6	Repair & Maint.	Patient Days	1,315,389	34	1,343,350	1,077,524	67,821	69,263	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 19,296,460	\$ 12,135,573	\$ 910,640	25	

Facility Name &amp; ID Number

Alden Alma Nelson Manor, Inc.

# 004-4891

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		8	9	10										
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	<b>A. Directly Facility Related</b>																			
	<b>Long-Term</b>																			
1	Cambridge		X	Mortgage		09/04	\$ 12,036,800	\$ 11,046,034	09/39	5.6000	\$ 622,857	1								
2												2								
3	Related Party-Alden Design Grp		X	Working Capital		03/06	109,000	109,000	12'12	Variable	183	3								
4	Amortization-Fin/Refin Fee		X								25,692	4								
5												5								
	<b>Working Capital</b>																			
6	Related party-AMS		x	Working Capital							9,703	6								
7	Related party-FECH		x	Working Capital							2,083	7								
8	Gemino Healthcare Finance		x	Revolver		12/07	3,000,000	1,880,413	Revolver		95,578	8								
9	TOTAL Facility Related						\$ 15,145,800	\$ 13,035,447			\$ 756,095	9								
	<b>B. Non-Facility Related*</b>																			
10	Int Income on Repl Reserve										(152)	10								
11	Interest and Other Investment Income										(3,538)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (3,690)	14								
15	TOTALS (line 9+line14)						\$ 15,145,800	\$ 13,035,447			\$ 752,405	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 55,532 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.)

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2010 report.		\$	<b>221,800</b>		<b>1</b>
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.)		\$	<b>225,958</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>4,158</b>		<b>3</b>
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>232,700</b>		<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</b>
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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>236,858</b>		<b>7</b>
Real Estate Tax History:			<b>Plus: Related Party Taxes (2) - See Pg RE_Tax</b>		<b>8,172</b>
		\$	<b>245,030</b>		
Real Estate Tax Bill for Calendar Year:	2006	<b>204,147</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	2007	<b>197,095</b>	<b>9</b>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2010 \$ <b>13</b>
	2008	<b>209,898</b>	<b>10</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$ <b>14</b>
	2009	<b>215,298</b>	<b>11</b>	<b>15</b>	LESS REFUND FROM LINE 6 \$ <b>15</b>
	2010	<b>225,958</b>	<b>12</b>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$ <b>16</b>
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>					

**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.**



Facility Name & ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 60,952 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>60,952</u>	<u>2000</u>	<u>\$ 835,364</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>60,952</b>		<b>\$ 835,364</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	268	2000		\$ 7,000,000	\$ 222,222	31.5	\$ 222,222	\$	\$ 2,537,035	4
5										5
6										6
7										7
8	Related Party-Forum		1978	14,056		25			14,056	8
	<b>Improvement Type**</b>									
9	GT Mechanical - replace 75 ton compressor		2000	23,550		10			23,550	9
10	Building Improvements		2000	5,142	257	20	257		2,892	10
11	Alden Design - HVAC		2000	3,089	154	20	154		1,735	11
12	Alden Bennett Const.		2001	16,737	138	10	138		16,737	12
13	Pro com systems		2001	4,055	31	10	31		4,055	13
14	Alden Bennett Const.		2001	2,098	52	10	52		2,098	14
15	New Horz. Comm		2001	1,701	57	10	57		1,701	15
16	Alden Bennett Const.		2001	1,816	58	10	58		1,816	16
17	Alden Bennett Const.		2001	2,263	96	10	96		2,263	17
18	Alden Bennett Const.		2001	2,828	140	10	140		2,828	18
19	Seams -rebuild engine		2001	4,938	287	10	287		4,938	19
20	Alden Bennett Const.		2001	1,632	96	10	96		1,632	20
21	CSI Coker - belt/heating element		2001	5,256	436	10	436		5,256	21
22	Alden Bennett Const.		2001	3,198	266	10	266		3,198	22
23	GT Mechanical - heater		2001	2,406	218	10	218		2,406	23
24	Alden Design - elect. /plumbing		2001	22,472	1,124	20	1,124		12,360	24
25	Alden Design - misc		2001	22,412	1,121	20	1,121		12,327	25
26	Alden Design - misc		2001	94,243	4,712	20	4,712		51,440	26
27	ABC - laundry room repairs		2001	11,608	580	20	580		6,142	27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	GT Mechanical, Inc. - Repair Air Conditioner	2002	\$ 11,519	\$ 1,152	10	\$ 1,152	\$	\$ 10,944	37
38	Pro Com Systems - Repair Nurse Call System	2002	1,862	186	10	186		1,799	38
39	GT Mechanical, Inc. - Repair Heater	2002	1,996	200	10	200		1,980	39
40	FE Moran - Repair - Fire Alarm System	2002	1,825	183	10	183		1,720	40
41	Nelson Carlson - Repair Water Main	2002	2,407	241	10	241		2,387	41
42	ABC - Carpet	2002	1,231	82	15	82		766	42
43	ABC - Chimney	2002	3,032	152	20	152		1,403	43
44	Medline - Window Blinds	2003	1,706		7			1,706	44
45	Tyco - installation of smoke detectors	2003	6,753	450	15	450		4,051	45
46	Code Alert - Update system	2003	5,007	334	15	334		2,838	46
47	ABC - 4 doors	2003	2,449	245	10	245		1,980	47
48	ABC - Light Fixtures	2003	2,283		5			2,283	48
49	GT Mech - Replace Pump	2003	1,532	153	10	153		1,327	49
50	Simplex - Repair Smoke Detector system	2003	4,238	424	10	424		3,673	50
51	ABC - Roof Repair	2003	3,953	264	15	264		2,285	51
52	CSI Coker - Repair Dishwasher	2003	3,291		7			3,291	52
53	ABC - Repair C wing main A/C power	2003	2,177	218	10	218		1,833	53
54	ABC - Repair Boiler	2003	23,646	1,576	15	1,576		12,741	54
55	ABC-Roof repairs	2004	3,102	310	10	310		2,352	55
56	ABC-Roof repairs	2004	3,486	349	10	349		2,732	56
57	ABC-Roof repairs	2004	4,565	457	10	457		3,501	57
58	Equipment Int'l LTD-repair laundry	2004	1,714	171	10	171		1,356	58
59	CSI Coker - Repair Dishwasher	2004	2,387	239	10	239		1,870	59
60	CSI Coker - Repair Dishwasher	2004	2,915	292	10	292		2,260	60
61	GT Mechanical-furnace repair	2004	1,765	177	10	177		1,356	61
62	GT Mechanical-a/c repair	2004	2,128	213	10	213		1,632	62
63	ABC-boiler repairs	2004	1,877	188	10	188		1,409	63
64	GT Mechanical-Expansion tank replacement	2004	5,925	593	10	593		4,247	64
65	GT Mechanical-heater repair	2004	5,536	554	10	554		3,922	65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 7,361,807	\$ 241,445		\$ 241,445	\$	\$ 2,796,109	70

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

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,361,807	\$ 241,445		\$ 241,445	\$	\$ 2,796,109	1
2	ABC-hotwater tank reparis	2006	3,000	300	10	300		2,750	2
3	GT Mechanical-heater repairs	2005	5,310	531	10	531		3,319	3
4	GT Mech-water pump repair	2005	2,032	203	10	203		1,670	4
5	Long Elevator-elevator repairs	2005	2,138	214	10	214		1,391	5
6	GT Mech-compressor replacement	2005	1,957	196	10	196		1,240	6
7	ABC-boiler tube replacement	2005	4,240	424	10	424		2,650	7
8	GT Mech-heater motor replacement	2005	1,591	159	10	159		994	8
9	GT Mech-laundry room repairs	2005	741	74	10	74		463	9
10	Top Notch-kitchen boiler repairs	2005	3,853	385	10	385		2,342	10
11	ABC-fire alarm panel replacements	2005	11,532	1,153	10	1,153		7,015	11
12	ABC-door locks	2005	2,203	220	10	220		1,431	12
13	ABC-door locks	2005	2,203	220	10	220		1,413	13
14	ABC-door locks	2005	1,825	183	10	183		1,172	14
15	ABC-replace boiler tubes	2007	3,834	383	10	383		1,597	15
16	November AMS Maint Alloc	2007	32,048	3,205	10	3,205		13,087	16
17	Patten Ind-generator repairs metal.	2007	2,735	547	5	547		2,735	17
18	Top Notch Services- replace boiler assembly	2007	3,853	385	10	385		1,926	18
19	ABC -new automatic door	2007	5,644	564	10	564		2,821	19
20	ABC -new water heater	2007	13,771	918	15	918		4,590	20
21	ABC - repaire roof	2007	4,926	493	10	493		2,465	21
22	ABC -Paving	2007	27,958	3,495	8	3,495		14,854	22
23	ABC -replace boiler tubes	2007	2,798	280	10	280		1,166	23
24	ABC -replace boiler tubes	2007	3,834	383	10	383		1,596	24
25	Top Notch -kichen appliance repairs	2007	3,452	690	5	690		2,876	25
26	ABC-Boiler repair	2008	7,668	767	10	767		2,897	26
27	TopNotch Commerc. Kitchen-Freezer Door	2008	4,553	911	5	911		2,960	27
28	ABC-new paving	2008	55,917	2,796	20	2,796		9,320	28
29	ABC Repl Plumbing Electrical Hardware & Fix	2008	4,065	407	10	407		1,729	29
30	ABC-New Gasketing Fire Doors	2008	2,981	298	10	298		969	30
31	ABC-New Flooring CarpentryCabintrySecurityDoor	2008	21,812	1,454	15	1,454		4,483	31
32	ABC-New SecurityHardware/Doors/FramesCameras	2008	22,312	1,487	15	1,487		4,461	32
33	ABC - Parking Lot Construction	2008	17,808	890	20	890		3,412	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,646,401	\$ 266,061		\$ 266,061	\$	\$ 2,903,903	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,646,401	\$ 266,061		\$ 266,061	\$	\$ 2,903,903	1
2	ABC-roof leak	2008	10,686	1,069	10	1,069		3,474	2
3	Gt Mechanical Inc.-HVAC repairs	2008	3,625	363	10	363		1,360	3
4	Equipment international, Ltd.- washer major repair	2008	3,230	646	5	646		2,100	4
5	ABC -Install worn, cilling tile, floor tile, roofing & Plumbing	2008	5,603	560	10	560		1,820	5
6	Gt Mechanical, Inc.- Refri Cooling Start Up	2008	2,838	284	10	284		994	6
7	ABC- new egress hardware Fire safety code	2008	8,344	834	10	834		2,641	7
8	OctAMS Maint Allocation	2008	5,006	1,001	5	1,001		3,170	8
9	GT Mechanical- Instld flame safe guard	2008	2,829	283	10	283		849	9
10	ABC- fire proof/repl boiler-Job #7031	2008	5,888	589	10	589		1,767	10
11	ABC- Install alarm monitor to control Oxygen level	2008	10,240	1,024	10	1,024		3,328	11
12	GTMECH- main AH Electronic Starter	2009	2,787	557	5	557		1,579	12
13	GTMECH- repairs for Kitchen area HVAC	2009	5,682	1,136	5	1,136		3,219	13
14	ABC-Repl/leaky tubes boiler heating tubes	2009	4,312	862	5	862		2,299	14
15	ABC- New MI unit-Job # 2839	2009	53,402	3,560	15	3,560		10,087	15
16	ABC-Job#2846-Carpentary-Rough & Finish	2009	14,068	938	15	938		2,267	16
17	ABCnew MIunit-Job#2839 Iv#9909	2009	7,144	476	15	476		1,309	17
18	AugAMSI/C-AMEEXP Harold-Patten -filter, valve,cap dust	2009	3,407	681	5	681		1,703	18
19	JulAMSI/C-WRIEXP Harold-Rock Valley Water-Install Parts for	2009	3,213	643	5	643		1,607	19
20	EQUINT inverter for washer	2009	3,183	318	10	318		689	20
21	DIASIG -Install monument sign DBL face Sandblasted Redwood S	2010	4,550	303	15	303		303	21
22	ABC-MI Unit A-Job#2930-1-HVAC,SecuritySvs,Concrete	2010	62,693	4,180	15	4,180		7,663	22
23	EQUINT-Washer Reparis #3	2010	3,082	616	5	616		1,181	23
24	CENSAU- Instll 2 Dry Sidewall sprinkler	2010	3,117	623	5	623		1,194	24
25	ALDBEN-Rprs Exterior Door,LavatoryStation	2010	3,161	632	5	632		1,001	25
26	EQUINT - Washer Inverter/Clamps (1)	2010	3,517	352	10	352		528	26
27	ALDBEN - boiler repair	2010	5,139	1,028	5	1,028		1,371	27
28	ABC - Install Concrete -Job# 1033-1	2011	19,842	1,323	15	1,323		1,323	28
29	ABC - Instll Sprinklers System -Job# 1033-2	2011	134,719	8,981	15	8,981		8,981	29
30	BOUDEV- Demolition, Masonry, Steel, Carpentry	2011	55,000	2,750	20	2,750		2,750	30
31	ABC -MetalFrames, windows, Glass&Glazing- Job# 1033 -3	2011	42,601	2,840	15	2,840		2,840	31
32	BOUDEV- Framing, Drywall, Insultion, Painting, Flooring, acoust	2011	30,925	1,546	20	1,546		1,546	32
33	ABC - install smoke Dampers & electrical- Job# 1033-4	2011	127,757	8,517	15	8,517		8,517	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,297,992	\$ 315,576		\$ 315,576	\$	\$ 2,989,362	34

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

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,297,992	\$ 315,576		\$ 315,576	\$	\$ 2,989,362	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	ABC- Adjustment for realted party profit	2008	(424)	(8)		(8)		(24)	25
26	ABC- Adjustment for realted party profit	2009	(1,859)	(49)		(49)		(147)	26
27	ABC- Adjustment for realted party profit	2010	(869)	(103)		(103)		(154)	27
28	ABC- Adjustment for realted party profit	2011	3,744	232		232		232	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,377,047	\$ 316,607		\$ 316,607	\$	\$ 3,059,913	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 8,377,047	\$ 316,607		\$ 316,607	\$	\$ 3,059,913	1
2	ABC - Fire Protection & Smoke Dampers -Job# 1033-5	2011	69,599	4,253	15	4,253		4,253	2
3	ABC - Monument/Sign Replacing Sign	2011	6,715	616	10	616		616	3
4	ABC -Dumb waiter reconfigure	2011	51,123	2,556	15	2,556		2,556	4
5	PAIUSA-Carpentry & Painting	2011	20,700	460	15	460		460	5
6	ABC -Tower Railings (1)	2011	16,003	178	15	178		178	6
7	GTMECH - install heat exchanger	2011	5,828	534	10	534		534	7
8	FebAMSI/C-AMEEXP Floyd-Patten CAT-Install remote alarm pa	2011	8,591	859	10	859		859	8
9	FebAMSI/C-AMEEXP Floyd-Patten CAT -Install remote annunci	2011	7,886	789	10	789		789	9
10	GTMECH -Install new mod motor and Boiler maint.	2011	5,866	1,173	5	1,173		1,173	10
11	EQUINT - Washer Inverter/Clamps (1)	2011	3,617	543	5	543		543	11
12	JDROOF- Roof Repairs	2011	4,970	663	5	663		663	12
13	ALDBEN -Replace boiler tubes	2011	3,253	380	5	380		380	13
14	GTMECH -chiller & cracked line Reprs, pilot valve replcs	2011	15,442	1,287	5	1,287		1,287	14
15	GTMECH- Chiller reprs	2011	5,034	420	5	420		420	15
16	GARPAV -Seal Coat & Crack repairs in Parking lot	2011	15,618	651	8	651		651	16
17	ABC- Repair leak Boiler1/HeatingVent	2011	9,610	160	5	160		160	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,626,902	\$ 332,127		\$ 332,127	\$	\$ 3,075,433	34

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

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	\$ 732,378	\$ 76,079	\$ 76,079	\$		\$ 206,234	71
72	Current Year Purchases	69,307	5,368	5,368			5,368	72
73	Fully Depreciated Assets	748,330	2,095	2,095			748,330	73
74								74
75	TOTALS	\$ 1,550,015	\$ 83,542	\$ 83,542	\$		\$ 959,932	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-AMS	Various	98-'02	4,026					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)	\$ 11,016,307	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 415,669	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 415,669	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)	\$ 4,039,391	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: Related Party -Cost is Backed Out

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

If NO, see instructions.  YES  NO

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

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 23,962 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>36,861</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>0.00</u>	<u>0</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>36,861</u>	21

10. Effective dates of current rental agreement:

Beginning 08/01/2010

Ending 07/31/2020

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

Fiscal Year Ending Annual Rent

12. /2012 \$ 1,128,000

13. /2013 \$ 1,128,000

14. /2014 \$ 1,128,000

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 481,902	\$		\$ 481,902	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			137,022			137,022	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			657,072			657,072	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				539,466		539,466	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		0			0			12
13	Other (specify): See Pg 16A					308,861	197,137		505,998	13
14	TOTAL			\$		\$ 1,584,857	\$ 736,603		\$ 2,321,460	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

Col 5: PT,OT, & ST

Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$481,901.91
2.	ST	39-3	To Col 5	137,022.12
3.				
4.	PT	39-3	To Col 5	657,072.40
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			389,274.04
	Manual Input from Related Party- Forum Drugs			150,192.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	<b>539,466.04</b>
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)			<b>0.00</b>
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	308,861.00
	Other			571,218.56
	Manual Input: Related Party - Prism			(93,145.00)
	Manual Input: Related Party FECII - I.V.			(314,044.00)
	Manual Input: Related Party FECII - Wound Care			(2,075.00)
	Oxygen, from reclass worksheet (Pg 4A)			35,182.00
13.	Col 6: Supplies Total		To Col 6	<b>197,136.56</b>
13.	Total Line 13, Column 8			<b>505,997.56</b>
14.	Total			<b>2,321,460.03</b>

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 160,523	\$ 165,433	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>225,000</u> )	3,767,188	3,767,188	3
4	Supply Inventory (priced at )	848	848	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,483	6
7	Other Prepaid Expenses	11,061	53,787	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	183,140	273,836	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 4,122,760	\$ 4,271,575	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		700,000	13
14	Buildings, at Historical Cost		7,000,000	14
15	Leasehold Improvements, at Historical Cost	457,573	2,303,680	15
16	Equipment, at Historical Cost	248,550	860,909	16
17	Accumulated Depreciation (book methods)	(497,243)	(4,440,074)	17
18	Deferred Charges		6,223	18
19	Organization & Pre-Operating Costs		1,489,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		175,786	21
22	Other Long-Term Assets (spe <u>Fin Fees, net</u> )	10,830	297,021	22
23	Other(specify): <u>Due from affiliates</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 219,710	\$ 8,392,545	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,342,470	\$ 12,664,120	25

		1 Operating	2 After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 513,993	\$ 1,199,908	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	102,806	102,806	28
29	Short-Term Notes Payable	1,900,541	2,071,469	29
30	Accrued Salaries Payable	541,291	541,291	30
31	Accrued Taxes Payable (excluding real estate taxes)	92,369	92,369	31
32	Accrued Real Estate Taxes(Sch.IX-B)		232,700	32
33	Accrued Interest Payable	19,545	226,242	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp, Due HFS, Sales Tax, Etc.</u>	263,400	263,400	36
37	<u>Due to affiliates</u>	1,569,424	673,725	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,003,369	\$ 5,403,910	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,875,107	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to affiliates</u>	5,302,195	5,302,195	43
44	<u>S/holder loans, others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 5,302,195	\$ 16,177,302	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 10,305,564	\$ 21,581,212	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (5,963,094)	\$ (8,917,092)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,342,470	\$ 12,664,120	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (6,386,780)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (6,386,780)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	423,685	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 423,685	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (5,963,094)	<b>24</b> *

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

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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.

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,660,875	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 14,660,875	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	184,210	6
7	Oxygen	38,501	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 222,711	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	339	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	7,508	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,895	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 9,741	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,450	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 3,450	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See page -19A	2,780	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 2,780	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,899,558	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,127,320	31
32	Health Care	5,056,004	32
33	General Administration	3,433,942	33
<b>B. Capital Expense</b>			
34	Ownership	1,303,297	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,236,489	35
36	Provider Participation Fee	318,821	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,475,873	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	423,685	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 423,685	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 Alma Nelson Manor, Inc. # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	2,780.38
Wage Service Fee- Backed out with line reference 22 on page 5A	
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Vending Machine Receipt- Backed out with line reference 2 on page 5A	
Recovery of Bad Debts (private only, is not offset on Schld V)	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	
 Total of line 28	
Line 28 Total:	<u><u>2,780</u></u>

Facility Name & ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	3,240	3,352	\$ 121,220	\$ 36.16	1
2	Assistant Director of Nursing	3,160	3,160	98,135	31.06	2
3	Registered Nurses	19,782	20,532	611,351	29.78	3
4	Licensed Practical Nurses	54,305	57,388	1,524,063	26.56	4
5	CNAs & Orderlies	123,560	132,639	1,629,903	12.29	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,015	2,015	30,446	15.11	9
10	Activity Assistants	8,751	9,966	120,350	12.08	10
11	Social Service Workers	6,312	6,612	121,516	18.38	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	40,935	19.68	13
14	Head Cook	624	624	9,653	15.47	14
15	Cook Helpers/Assistants	28,188	31,051	306,938	9.88	15
16	Dishwashers					16
17	Maintenance Workers	4,224	4,224	107,713	25.50	17
18	Housekeepers	33,508	36,393	381,306	10.48	18
19	Laundry	8,431	9,519	102,340	10.75	19
20	Administrator	2,080	2,080	71,063	34.16	20
21	Assistant Administrator	960	960	29,015	30.22	21
22	Other Administrative	10,720	10,720	286,893	26.76	22
23	Office Manager	1,312	1,543	20,921	13.56	23
24	Clerical	8,608	9,142	88,116	9.64	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,232	4,240	125,033	29.49	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	7,750	8,078	150,753	18.66	32
33	Other(specify) Unit Manager Supervisor	8,137	9,070	128,931	14.22	33
34	TOTAL (lines 1 - 33)	341,979	365,388	\$ 6,106,594 *	\$ 16.71	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	1900/Monthly	\$ 22,800	1-3	35
36	Medical Director	2500/Monthly	30,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	536/Monthly	6,432		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	35	3,000	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	35	\$ 62,232		49

C. CONTRACT NURSES

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

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Wubbena, Jodi A	Administrator	0	\$ 71,063	Workers' Compensation Insurance	\$ 186,182	IDPH License Fee	\$	
SCHIESHER, HEATH C	Assistant Administrator	0	29,015	Unemployment Compensation Insurance	88,594	Advertising: Employee Recruitment	3,025	
		0		FICA Taxes	462,353	Health Care Worker Background Check	1,800	
		0		Employee Health Insurance	75,899	(Indicate # of checks performed 78 )		
		0		Employee Meals	39,695	Patient Background Checks	551 5,510	
		0		Illinois Municipal Retirement Fund (IMRF)*		City of Rockford /IAPA IllinoisActivityProffe	800	
		0		Union Health & Welfare	158,255	Surety Bond Fees/ Citi Bank Annual Report	909	
				Dental, Life, Relations, Pension & Misc	51,952	Related party-Alma, LLC	250	
				Tuition & Drug Test	4,695	IHCA dues, less pac fees	8,500	
				401k Match / Empl. Dishonesty/Emp Vaccinations	7,766	Related parties	2,906	
				Offset Benefit Costs with Misc. Income	(51)	Less: Public Relations Expense	( )	
				Employee Benefit -Marketing	(14,866)	Non-allowable advertising	( )	
						Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 100,078				\$ 1,060,474			\$ 23,700	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$	Not Applicable		\$	Out-of-State Travel	\$
							In-State Travel	
							IL Health Care Association	1,588
							Senior Living Conference	260
							Related parties	4,618
							Seminar Expense	
							Leadership Training	3,400
							Seminars/Conventions	787
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL	
\$				\$			\$ 10,653	
\$ 1,120,818								

\* Attach copy of IMRF notifications

\*\*See instructions.

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

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$	
2	Painting>\$1500 YTD 2004	03/04	1,753	10	175	175	175	175	175	175	175	175	0
3	Patton-generator repairs	08/05	1,615	5	323	323	323	323	0	0	0	0	0
4	Patton-generator repairs	08/05	1,656	5	331	331	331	331	0	0	0	0	0
5	Patton-generator repairs	08/05	1,728	5	346	346	346	344	0	0	0	0	0
6	SeptAMS -Painting	09/08	2,550	5	0	170	510	510	510	510	340	0	0
7	ABC- Tinted Paint Color	2011	4,319	3					240	1,440	1,440	1,200	0
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 13,621		\$ 1,175	\$ 1,345	\$ 1,685	\$ 1,683	\$ 925	\$ 2,125	\$ 1,955	\$ 1,375	\$

Facility Name &amp; ID Number Alden Alma Nelson Manor, Inc.

# 004-4891

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=\$8,500 Il. Assoc. of HC=\$1,608
- (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. \$ 38,195 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. \$ 318,821  
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. \$ 39,695 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No  
Attach invoices and a summary of services for all architect and appraisal fees.