

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center, Inc.# 0042010 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	<u>110</u>	Skilled (SNF)	<u>110</u>	<u>40,150</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>110</u>	TOTALS	<u>110</u>	<u>40,150</u>	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	<u>383</u>	<u>2,489</u>	<u>17,312</u>	<u>20,184</u>	8	
9	SNF/PED					9	
10	ICF	<u>5,357</u>	<u>1,332</u>		<u>6,689</u>	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	<u>5,740</u>	<u>3,821</u>	<u>17,312</u>	<u>26,873</u>	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.93%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)
NoneF. Does the facility maintain a daily midnight census? YesG. 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 10/31/2000J. Was the facility purchased or leased after January 1, 1978?
YES Date 10/31/2000 NO K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 110 and days of care provided 16,947Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL 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-Des Plaines Rehabilitation and Health # 0042010 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
	A. General Services										
1	Dietary	619,307	27,689	10,709	657,705	1,705	659,410	(2,079)	657,331		1
2	Food Purchase		251,980		251,980	(24,994)	226,986	39	227,025		2
3	Housekeeping	177,612	30,719		208,331	1,445	209,776	4,435	214,211		3
4	Laundry	33,074	21,919	86	55,079	91	55,170		55,170		4
5	Heat and Other Utilities			199,937	199,937		199,937		199,937		5
6	Maintenance	44,029		185,814	229,843	248	230,091	17,793	247,884		6
7	Other (specify):* Security/Rel. Party			448	448		448	4,960	5,408		7
8	TOTAL General Services	874,022	332,307	396,994	1,603,323	(21,505)	1,581,818	25,148	1,606,966		8
	B. Health Care and Programs										
9	Medical Director			60,000	60,000		60,000		60,000		9
10	Nursing and Medical Records	2,477,128	218,866	5,217	2,701,211	12,641	2,713,852	30,076	2,743,928		10
10a	Therapy	38,392	4,535	11,400	54,327		54,327		54,327		10a
11	Activities	134,514	2,009	4,983	141,506	195	141,701		141,701		11
12	Social Services	47,618			47,618		47,618		47,618		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related party							3,493	3,493		15
16	TOTAL Health Care and Programs	2,697,652	225,410	81,600	3,004,662	12,836	3,017,498	33,569	3,051,067		16
	C. General Administration										
17	Administrative	115,247			115,247		115,247	53,865	169,112		17
18	Directors Fees										18
19	Professional Services			957,116	957,116	(19,108)	938,008	(893,281)	44,727		19
20	Dues, Fees, Subscriptions & Promotions			142,637	142,637		142,637	(127,487)	15,150		20
21	Clerical & General Office Expenses	247,660	26,573	93,958	368,191	639	368,830	158,270	527,100		21
22	Employee Benefits & Payroll Taxes			605,939	605,939	11,405	617,344	(10,828)	606,516		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,346	4,346		4,346	1,380	5,726		24
25	Other Admin. Staff Transportation			4,456	4,456		4,456	9,332	13,788		25
26	Insurance-Prop.Liab.Malpractice			117,219	117,219		117,219	11,032	128,251		26
27	Other (specify):* Related party			50,247	50,247		50,247	(15,500)	34,747		27
28	TOTAL General Administration	362,907	26,573	1,975,918	2,365,398	(7,064)	2,358,334	(813,217)	1,545,117		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,934,581	584,290	2,454,512	6,973,383	(15,733)	6,957,650	(754,500)	6,203,150		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-Des Plaines Rehabilitation and Health Care Center, In #0042010 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			50,996	50,996		50,996	277,850	328,846			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			123,426	123,426		123,426	385,841	509,267			32
33	Real Estate Taxes			483,127	483,127	(483,127)		487,045	487,045			33
34	Rent-Facility & Grounds			828,711	828,711	483,127	1,311,838	(1,311,838)				34
35	Rent-Equipment & Vehicles			9,111	9,111		9,111	21,502	30,613			35
36	Other (specify):* MIP							44,387	44,387			36
37	TOTAL Ownership			1,495,371	1,495,371		1,495,371	(95,213)	1,400,158			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		950,056	1,640,347	2,590,403	15,733	2,606,136	(323,716)	2,282,420			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			60,225	60,225		60,225		60,225			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		950,056	1,700,572	2,650,628	15,733	2,666,361	(323,716)	2,342,645			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,934,581	1,534,346	5,650,455	11,119,382		11,119,382	(1,173,429)	9,945,953			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		(24,994.00)	Employee Meals
	22	24,994.00	Employee Meals
22		(13,589.00)	Uniforms
	10	9,266.00	Uniforms
	1	1,705.00	Uniforms
	3	1,445.00	Uniforms
	4	91.00	Uniforms
	6	248.00	Uniforms
	11	195.00	Uniforms
	21	639.00	Uniforms
10		(15,733.00)	Oxygen - to appropriate cost center
	39	15,733.00	Oxygen - to appropriate cost center
33		(483,127.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	483,127.00	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)
<u>Others, if any:</u>			
19		(19,107.56)	Clinical Coordinators (Pathway Billing)
	10	19,107.56	Clinical Coordinators (Pathway Billing)
19			MediFax/MedCom
	21		MediFax/MedCom
Net		-	

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center # 0042010

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.)**

		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	(8,825)	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	(90,935)	30		9
10	Interest and Other Investment Income	(3,518)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,255)	2		13
14	Non-Care Related Interest	(4,490)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,758)	21		17
18	Fines and Penalties				18
19	Entertainment	(3,219)	20		19
20	Contributions	(11,185)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(16,269)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(50,247)	27		24
25	Fund Raising, Advertising and Promotional	(55,245)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(750)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (252,696)		\$	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)	(671,527)	Various	34
35	Other- Attach Schedule	(249,206)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (920,733)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,173,429)		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	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY

48		49		50		51		52	
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Alden-Des Plaines Rehabilitation and Health Care Center, Inc.

ID# 0042010

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 -	\$ (681)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(9,936)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,119	6	4
5	Adjust depreciation to Pg 13's	28	30	5
6	Elim ABC Deprec Exp from Pg 12 series -	(20)	30	6
7				7
8	Late fees on utilities	(1,606)	5	8
9	Valet Cost	(400)	21	9
10	Other nursing income (flu)	(310)	21	10
11	Jury Duty (g/l 4977-100-002)	(69)	21	11
12	Wage Service Fee (g/l 4977-100-006)	(60)	21	12
13	Record Copies (g/l 4977-100-001)	(2,026)	10	13
14	Marketing Mgr (g/l 6701-100-009)	(69,812)	21	14
15	Mktg Mgr employee benefits reduction	(10,828)	22	15
16	IL Health Care Assoc Dues (PAC: 30%)	(1,822)	20	16
17	Deming Leadership Training (20%)	(450)	24	17
18	Back out LLC bank charges	(36)	21	18
19	Back out LLC mtge int > CON asset limit	(142,500)	32	19
20	Back out LLC MIP exp > CON asset limit	(17,262)	36	20
21	Elim chamber of commerce fees in Dues/subsc.	(1,535)	20	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(249,206)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center, I

0042010

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	2,977	(5,056)	0	0	0	0	0	0	0	(2,079)	1
2	Food Purchase	(2,255)	0	0	2,294	0	0	0	0	0	0	0	39	2
3	Housekeeping	0	0	4,435	0	0	0	0	0	0	0	0	4,435	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,606)	0	1,606	0	0	0	0	0	0	0	0	0	5
6	Maintenance	1,294	0	16,302	0	0	0	197	0	0	0	0	17,793	6
7	Other (specify):*	0	0	4,247	713	0	0	0	0	0	0	0	4,960	7
8	TOTAL General Services	(2,567)	0	29,567	(2,049)	0	0	197	0	0	0	0	25,148	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	(2,026)	0	30,912	34	1,156	0	0	0	0	0	0	30,076	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	3,493	0	0	0	0	0	0	0	0	3,493	15
16	TOTAL Health Care and Programs	(2,026)	0	34,405	34	1,156	0	0	0	0	0	0	33,569	16
	C. General Administration													
17	Administrative	0	0	53,865	0	0	0	0	0	0	0	0	53,865	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,269)	7,410	(884,422)	0	0	0	0	0	0	0	0	(893,281)	19
20	Fees, Subscriptions & Promotions	(73,756)	0	(53,731)	0	0	0	0	0	0	0	0	(127,487)	20
21	Clerical & General Office Expenses	(76,445)	636	144,373	16,722	72,984	0	0	0	0	0	0	158,270	21
22	Employee Benefits & Payroll Taxes	(10,828)	0	0	0	0	0	0	0	0	0	0	(10,828)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(450)	0	1,830	0	0	0	0	0	0	0	0	1,380	24
25	Other Admin. Staff Transportation	0	0	9,332	0	0	0	0	0	0	0	0	9,332	25
26	Insurance-Prop.Liab.Malpractice	0	10,949	83	0	0	0	0	0	0	0	0	11,032	26
27	Other (specify):*	(50,247)	0	28,046	1,784	4,917	0	0	0	0	0	0	(15,500)	27
28	TOTAL General Administration	(227,995)	18,995	(700,624)	18,506	77,901	0	0	0	0	0	0	(813,217)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(232,588)	18,995	(636,652)	16,491	79,057	0	197	0	0	0	0	(754,500)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center,]

0042010

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)	
	D. Ownership													
30	Depreciation	(101,544)	371,207	8,187	0	0	0	0	0	0	0	0	277,850	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(150,508)	530,105	3,845	0	2,399	0	0	0	0	0	0	385,841	32
33	Real Estate Taxes	0	483,127	2,882	0	1,036	0	0	0	0	0	0	487,045	33
34	Rent-Facility & Grounds	0	(1,311,838)	0	0	0	0	0	0	0	0	0	(1,311,838)	34
35	Rent-Equipment & Vehicles	0	0	21,502	0	0	0	0	0	0	0	0	21,502	35
36	Other (specify):*	(17,262)	61,649	0	0	0	0	0	0	0	0	0	44,387	36
37	TOTAL Ownership	(269,314)	134,250	36,416	0	3,435	0	0	0	0	0	0	(95,213)	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	(41,671)	(213,487)	(68,558)	0	0	0	0	0	(323,716)	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	(41,671)	(213,487)	(68,558)	0	0	0	0	0	(323,716)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(501,902)	153,245	(600,236)	(25,180)	(130,995)	(68,558)	197	0	0	0	0	(1,173,429)	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
The Alden Group, Ltd.	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. YES NO

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 1,311,838	Alden-Des Plaines Rehabilitation and Health Care Center, LLC		\$	\$ (1,311,838)	1
2	V	32 Interest-Replacement reserve	550	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(550)	2
3	V	32 Interest - facility loan	65,317	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(65,317)	3
4	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		36	36	4
5	V	21 Dues & Subscriptions		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		600	600	5
6	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		483,127	483,127	6
7	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		10,949	10,949	7
8	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		61,649	61,649	8
9	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		508,928	508,928	9
10	V	32 Interest on IOD loan		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		78,981	78,981	10
11	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		371,207	371,207	11
12	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		8,063	8,063	12
13	V	19 Accounting fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		7,410	7,410	13
14	Total		\$ 1,377,705			\$ 1,530,950	\$ * 153,245	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 1,606	\$ 1,606
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,830	1,830
17	V	25 Other admin travel		Alden Management Services, Inc.		9,332	9,332
18	V	26 Insurance		Alden Management Services, Inc.		83	83
19	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		1,151	1,151
20	V	30 Depreciation		Alden Management Services, Inc.		8,187	8,187
21	V	33 Real estate taxes		Alden Management Services, Inc.		2,882	2,882
22	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		21,502	21,502
23	V	32 Interest		Alden Management Services, Inc.		3,845	3,845
24	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		2,977	2,977
25	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		4,435	4,435
26	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		4,247	4,247
27	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		30,912	30,912
28	V	15 Employee Benefits-health care		Alden Management Services, Inc.		3,493	3,493
29	V	17 Salaries-Total Admin		Alden Management Services, Inc.		53,865	53,865
30	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		28,046	28,046
31	V	19 Professional fees	907,844	Alden Management Services, Inc.		23,422	(884,422)
32	V	21 Clerical and G & A		Alden Management Services, Inc.		144,373	144,373
33	V	6 Maintenance	11,142	Alden Management Services, Inc.		27,444	16,302
34	V	20 MKT Management Fees	54,882	Alden Management Services, Inc.			(54,882)
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 973,868			\$ 373,632	\$ * (600,236)

* 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 Dietary consultant	\$ 10,709	Prism Health Care Services, Inc.	0.00%	\$ 178	\$ (10,531)
16	V	1 Dietary salaries		Prism Health Care Services, Inc.		5,475	5,475
17	V	2 Tube feeding	12,070	Prism Health Care Services, Inc.		14,364	2,294
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		6,694	34
19	V	39 Ancillary supplies	63,433	Prism Health Care Services, Inc.		21,762	(41,671)
20	V	21 G & A salaries		Prism Health Care Services, Inc.		10,696	10,696
21	V	27 Emp. Benefits-G & A		Prism Health Care Services, Inc.		1,784	1,784
22	V	7 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		713	713
23	V	21 G & A expenses		Prism Health Care Services, Inc.		6,026	6,026
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		\$ 92,872			\$ 67,692	\$ * (25,180)

* 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 Drugs	\$ 440,736	Forum Extended Care Services II, Inc.	0.00%	\$ 610,784	\$ 170,048
16	V	39 I.V.	434,296	Forum Extended Care Services II, Inc.		51,054	(383,242)
17	V	39 Wound Vac	1,400	Forum Extended Care Services II, Inc.		1,107	(293)
18	V	10 House Stock	28,167	Forum Extended Care Services II, Inc.		26,061	(2,106)
19	V	10 Pharm Consult	4,355	Forum Extended Care Services II, Inc.		7,617	3,262
20	V	27 Employ Vaccin	3,856	Forum Extended Care Services II, Inc.		3,049	(807)
21	V	27 Employ Benefits-G & A		Forum Extended Care Services II, Inc.		5,724	5,724
22	V	21 G & A Salaries		Forum Extended Care Services II, Inc.		45,979	45,979
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		27,005	27,005
24	V	32 Interest		Forum Extended Care Services II, Inc.		2,399	2,399
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		1,036	1,036
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		\$ 912,810			\$ 781,815	\$ * (130,995)

* 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 Revenue - therapy	\$ 1,584,914	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,516,356	\$ (68,558)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,584,914			\$ 1,516,356	\$ * (68,558)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 25,374	Alden Bennett Construction Company, Inc.	0.00%	\$ 25,571	\$	197	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		\$ 25,374			\$ 25,571	\$ *	197	39

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

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health # 0042010 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	181,221	0.816	2.04	Salary	\$ 3,779	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,238	0.816	2.04	Salary	1,402	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,713	0.816	2.04	Salary	807	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	\$ 5,988		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-Des Plaines Rehabilitation and Health Care Center, I # 0042010 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

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	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	\$ 26,873	\$ 1,606	1
2	24	Travel & Seminar	Patient Days	1,315,389	34	89,570	26,873	1,830	2
3	25	Other admin travel	Patient Days	1,315,389	34	456,762	26,873	9,332	3
4	26	Insurance	Patient Days	1,315,389	34	4,082	26,873	83	4
5	20	Dues/subscriptions/fees etc	Patient Days	1,315,389	34	56,361	26,873	1,151	5
6	30	Depreciation	No. of Providers/usage	34	34	291,758	1	8,187	6
7	33	Real estate taxes	Patient Days/usage	1,315,389	34	156,401	26,873	2,882	7
8	35	Rent-equipment/vehicles	Patient Days	1,315,389	34	1,052,493	26,873	21,502	8
9	32	Interest	Patient Days/usage	1,315,389	34	1,368,621	26,873	3,845	9
10	1	Salaries-Dietary Aide	Patient Days	1,315,389	34	145,718	145,718	2,977	10
11	3	Salaries-Housekeeping Coord.	Patient Days	1,315,389	34	217,102	217,102	4,435	11
12	7	Employee Benefits-general Svcs	Patient Days	1,315,389	34	207,899	26,873	4,247	12
13	10	Salaries-Nurse & Med. Records	Patient Days/usage	1,315,389	34	1,184,449	1,184,449	30,912	13
14	15	Employee Benefits-health care	Patient Days	1,315,389	34	170,963	26,873	3,493	14
15	17	Salaries-Total Admin	Patient Days/usage	1,315,389	34	2,886,253	2,886,253	53,865	15
16	27	Employee Benefits-general admin	Patient Days	1,315,389	34	1,372,783	26,873	28,046	16
17	19	Professional fees	Patient Days	1,315,389	34	1,146,467	654,108	23,422	17
18	21	Clerical and G & A	Patient Days	1,315,389	34	7,066,809	5,970,419	144,373	18
19	6	Maintenance	Patient Days	1,315,389	34	1,343,350	1,077,524	27,444	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 19,296,460	\$ 12,135,573	\$ 373,632	25

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health # 0042010 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**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
													YES	NO				Original	Balance			
	A. Directly Facility Related																					
	Long-Term																					
1	Cambridge Realty		x	Mortgage		9/1/2005	\$ 10,390,300	\$ 9,801,894	4/1/2044	5.4000	\$ 508,928	1										
2	Cambridge Realty		x	Operating loss loan		3/1/2004	1,690,000	1,537,832	6/1/2040	5.1000	78,981	2										
3				Int exp in excess of CON cap							(142,500)	3										
4	Bank Leumi		x	Working capital	varies	12/23/2010	1,071,730	1,071,730	7/2/2012	4.5000	52,091	4										
5	Amortization-Fin/Refin Fee		x								8,063	5										
	Working Capital																					
6	Related party-AMS		x	Working Capital							3,845	6										
7	Related party-FECH		x	Working Capital							2,399	7										
8												8										
9	TOTAL Facility Related						\$ 13,152,030	\$ 12,411,456			\$ 511,807	9										
	B. Non-Facility Related*																					
10	DP Rehab & HCC, LCC	x		Interest-Replacement Res							(550)	10										
11	Patient interest income		x								(3,518)	11										
12	Insurance Interest		x	Medical Malpractice							1,528	12										
13												13										
14	TOTAL Non-Facility Related						\$	\$			\$ (2,540)	14										
15	TOTALS (line 9+line14)						\$ 13,152,030	\$ 12,411,456			\$ 509,267	15										

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,387 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.)

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,490 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. (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).

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>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	51,490		\$ 1,016,045	3

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	110	2000	2000	9,685,956	242,149	40	174,652	(67,497)	\$ 2,033,142	4
5	Adjustment to correct to CON costs (net=-6,986,060)			(2,699,896)						5
6										6
7										7
8										8
	Improvement Type**									
9	ISS/Chicago Sound & Communication(vent alarm interface)	2000		3,400		10			3,400	9
10	Alden Bennett Construction(multiple wireless install)	2001		4,894	165	10	165		4,894	10
11	Owners extras (change orders)	2000		524,876	26,244	20	26,244		299,618	11
12	Owners extras (change orders)	2000		12,972	648	20	648		7,402	12
13	ABC-parking lot sealcoat/stripe	2002		3,852		7			3,852	13
14	ABC-screened patio enclosure	2002		10,069		7			10,069	14
15	EWS Welding-alarm	2002		1,076	53	10	53		1,023	15
16	New Horizons-residents phones	2002		1,646	165	10	165		1,593	16
17	New Horizons-residents phones	2002		3,161	316	10	316		3,029	17
18	ABC-owners extras	2003		2,571	171	15	171		1,540	18
19	ABC-owners extras	2003		5,511	367	15	367		3,304	19
20	ABC [GT Mechanical]-Replace B1 compressor	2007		3,383	141	5	141		3,243	20
21	Mohawk-Calhoun Carpet Admin area	2007		2,747	549	5	549		2,288	21
22	ABC-New carpeting Nile Room	2007		6,053	1,211	5	1,211		5,348	22
23	ABC-New patio door operator	2007		4,046	405	10	405		1,789	23
24	GTMECH-Exhaust motor & wheel blade	2007		4,791	479	10	479		2,036	24
25	ABC-Removal & repair of hot water piping	2007		4,170	167	25	167		696	25
26	Replace Gas Oxygen Units	2008		9,275	928	10	928		3,325	26
27	GTMECH-Repair Boiler Pumps	2008		3,242	324	10	324		1,107	27
28										28
29	ABC - Pavement Asphalt	2010		11,722	1,465	8	1,465		1,953	29
30	Nursing Station Repair	2010		2,600	520	5	520		607	30
31	ABC - Repair Laundry Chute & Grease Interceptor	2010		8,248	1,650	5	1,650		1,787	31
32	ABC - HVAC Pump	2010		4,738	316	15	316		395	32
33	Smoke Vent Relocation (non-hvac)	2011		3,345	223	5	223		223	33
34	Fish Tank Repair	2011		3,700	185	5	185		185	34
35	Sprinkler Heads & Gauges Replaced	2011		7,072	118	10	118		118	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-Des Plaines Rehabilitation and Health Care Center, Inc.

0042010

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	Totals from Page 12C, Carried Forward		\$ 7,639,220	\$ 278,958		\$ 211,461	\$ (67,497)	\$ 2,397,966	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		7			6,295	22
23									23
24									24
25	Adj for ABC related party profit	2008	(53)	(6)		(6)		(21)	25
26	Adj for ABC related party profit	2010	(302)	(18)		(18)		(27)	26
27	Adj for ABC related party profit	2011	110	4		4		4	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,717,437	\$ 279,896		\$ 212,399	\$ (67,497)	\$ 2,468,566	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	\$ 849,663	\$ 124,637	\$ 101,199	\$ (23,438)	Various	\$ 689,609	71
72	Current Year Purchases	209,560	12,885	12,885		Various	12,885	72
73	Fully Depreciated Assets	156,414	2,363	2,363		Various	156,414	73
74								74
75	TOTALS	\$ 1,215,637	\$ 139,885	\$ 116,447	\$ (23,438)		\$ 858,908	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	Bus	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78	Related Party - AMS	Various	98-'02	4,026				3	4,026	78
79										79
80	TOTALS			\$ 53,852	\$	\$	\$		\$ 53,852	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)	\$ 10,002,971	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 419,781	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 328,846	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (90,935)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,381,326	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 eliminated

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

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

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 10,236 Description: Copy machine lease & Various Office Equipment

(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>14,605</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>14,605</u>	21

10. Effective dates of current rental agreement:

Beginning 7/1/2001

Ending 6/30/2021

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

Fiscal Year Ending Annual Rent

12. 12/2012 \$ Varies

13. 12/2013 \$ Varies

14. 12/2014 \$ Varies

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 483,272	\$		\$ 483,272	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			54,600			54,600	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,047,042			1,047,042	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				610,784		610,784	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				(68,558)	155,280		86,722	13
14	TOTAL			\$		\$ 1,516,356	\$ 766,064		\$ 2,282,420	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.

2011

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		\$483,271.69
2.	ST		39-3	To Col		54,600.19
3.						
4.	PT		39-3	To Col		1,047,042.19
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL					440,736.06
	Manual Input from Related Party- Forum Drugs					170,048.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Col		610,784.06
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Co		0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col		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		(68,558.00)
	Other					564,752.98
	Manual Input: Related Party - Prism					(41,671.00)
	Manual Input: Related Party FECII - I.V.					(383,242.00)
	Manual Input: Related Party FECII - Wound Care					(293.00)
	Oxygen, from reclass worksheet (Pg 4A)					15,733.00
13.	Col 6: Supplies Total			To Col		155,279.98
13.	Total Line 13, Column 8					155,279.98
14.	Total					2,282,420.11

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center, In# 0042010 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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 657	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>60,000</u>)	1,336,765	1,336,765	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		20,337	5
6	Prepaid Insurance		55,361	6
7	Other Prepaid Expenses	7,691	7,691	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	34,805	229,016	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,379,261	\$ 1,649,827	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,685,956	14
15	Leasehold Improvements, at Historical Cost	611,332	666,347	15
16	Equipment, at Historical Cost	300,936	1,844,856	16
17	Accumulated Depreciation (book methods)	(585,593)	(4,270,488)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		498,369	21
22	Other Long-Term Assets (spe <u>Refinancing Fee</u>		165,742	22
23	Other(specify): <u>Due from affiliates</u>	4,349,683	7,160,680	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,746,774	\$ 16,825,863	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,126,035	\$ 18,475,690	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 566,311	\$ 566,861	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	129,298	129,298	28
29	Short-Term Notes Payable	89,797	89,797	29
30	Accrued Salaries Payable	398,001	398,001	30
31	Accrued Taxes Payable (excluding real estate taxes)	70,254	70,254	31
32	Accrued Real Estate Taxes(Sch.IX-B)		455,800	32
33	Accrued Interest Payable	11,664	62,308	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp, Due HFS, Sales Tax, Etc.</u>	8,403	8,403	36
37	<u>Due to Affiliates ST part of LT debt/Deferr</u>	1,904,624	2,388,676	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,178,352	\$ 4,169,398	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,071,730	2,584,970	39
40	Mortgage Payable		9,686,673	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to affiliates</u>			43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,071,730	\$ 12,271,643	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,250,082	\$ 16,441,041	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,875,953	\$ 2,034,649	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,126,035	\$ 18,475,690	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,386,864	1
2	Restatements (describe):		2
3	Allocate Personnel Director Salary	(36,279)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,350,585	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	525,368	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)	\$ 525,368	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)	\$ 1,875,953	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care (# 0042010 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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,586,500	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,586,500	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	24,627	6
7	Oxygen	18,004	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 42,631	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	407	12
13	Barber and Beauty Care	643	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio	(481)	15
16	Rental of Facility Space		16
17	Sale of Drugs	5,008	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,128	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 6,705	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,518	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,518	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income & Gain on Sale of Assets	5,396	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,396	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,644,750	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,603,323	31
32	Health Care	3,004,662	32
33	General Administration	2,365,398	33
B. Capital Expense			
34	Ownership	1,495,371	34
C. Ancillary Expense			
35	Special Cost Centers	2,590,403	35
36	Provider Participation Fee	60,225	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,119,382	40
41	Income before Income Taxes (line 30 minus line 40)**	525,368	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 525,368	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-Des Plaines Rehabilitation and Heal # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income (Record copies)	2,026
Misc Income (Jury Duty)	69
Misc Income (Wage Service fees)	60
Gain on Sale of Assets	3,241
Line 28 Total:	<u><u>5,396</u></u>

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center, I # 0042010

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	1,728	1,884	\$ 72,041	\$ 38.24	1
2	Assistant Director of Nursing	903	903	35,746	39.59	2
3	Registered Nurses	24,753	25,981	815,212	31.38	3
4	Licensed Practical Nurses	18,735	19,790	518,368	26.19	4
5	CNAs & Orderlies	62,224	67,374	872,661	12.95	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,855	2,185	38,392	17.57	8
9	Activity Director	2,080	2,080	47,395	22.79	9
10	Activity Assistants	7,753	8,393	87,120	10.38	10
11	Social Service Workers	2,595	2,599	47,618	18.32	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	58,800	28.27	13
14	Head Cook	3,066	3,066	64,398	21.00	14
15	Cook Helpers/Assistants	40,248	43,941	496,108	11.29	15
16	Dishwashers					16
17	Maintenance Workers	1,619	1,619	44,029	27.20	17
18	Housekeepers	15,901	17,442	177,612	10.18	18
19	Laundry	2,859	3,213	33,074	10.29	19
20	Administrator	2,080	2,080	102,747	49.40	20
21	Assistant Administrator	320	320	12,500	39.06	21
22	Other Administrative	8,197	8,221	211,552	25.73	22
23	Office Manager	400	400	4,405	11.01	23
24	Clerical	3,740	3,940	36,390	9.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,026	4,095	122,248	29.85	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,600	1,600	23,950	14.97	31
32	Other Health Care(specify)					32
33	Other(specify) Unit Manager	792	816	12,215	14.97	33
34	TOTAL (lines 1 - 33)	209,554	224,022	\$ 3,934,581 *	\$ 17.56	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 10,709	1-3	35
36	Medical Director	Monthly	60,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,618	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	16	1,088	11-3	44
45	Social Service Consultant	12	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	28	\$ 75,255		49

C. CONTRACT NURSES

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

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center, Inc.

0042010

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=\$4,250 Il. Assoc. of HC=\$660
- (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. \$ 24,847 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. \$ 60,225
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. \$ 24,994 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
**g. Does the facility transport residents to and from day training?
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.