I. IDPH License ID Number: 004-7191

Facility Name: Alden Springs, Inc.

Address: 207 East Army Trail Road Bloomingdale 60108

County: DuPage

Telephone Number: (630) 523-5783 Fax # (630) 523-5787

HFS ID Number: 

Date of Initial License for Current Owners: 9/25/06

Type of Ownership:

- [ ] VOLUNTARY,NON-PROFIT
- [X] PROPRIETARY
- [ ] GOVERNMENTAL

Charitable Corp. Individual

Trust Partnership

"Sub-S" Corp. Corporation

Limited Liability Co. Other

In the event there are further questions about this report, please contact:

Name: Steven M. Kroll
Telephone Number: (773) 724-6622

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 7/1/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

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

Officer or Administrator of Provider

(Signed) ____________________________ (Date) ________________

Type or Print Name: Joan Carl

Title: Vice-President

Paid Preparer

(Signed) ____________________________ (Date) ________________

Print Name: ____________________________

and Title: ____________________________

Firm Name: ____________________________

& Address: ____________________________

Telephone: ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE

ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630
Facility Name & ID Number  Alden Springs, Inc. # 004-7191

**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

<table>
<thead>
<tr>
<th>Beds at Beginning of Report Period</th>
<th>Licensure Level of Care</th>
<th>Beds at End of Report Period</th>
<th>Licensed Bed Days During Report Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Skilled (SNF)</td>
<td>0 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2  Skilled Pediatric (SNF/PED)</td>
<td>0 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3  Intermediate (ICF)</td>
<td>0 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4  Intermediate/DD</td>
<td>0 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5  Sheltered Care (SC)</td>
<td>0 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6  ICF/DD 16 or Less</td>
<td>16 5,840 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7  TOTALS</td>
<td>16 5,840 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Census—For the entire report period.**

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Patient Days by Level of Care and Primary Source of Payment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8  SNF</td>
<td>Medicaid Recipient 8</td>
<td>8</td>
</tr>
<tr>
<td>9  SNF/PED</td>
<td>Private Pay 9</td>
<td>9</td>
</tr>
<tr>
<td>10 ICF</td>
<td>Other 10</td>
<td>10</td>
</tr>
<tr>
<td>11 ICF/DD</td>
<td>Total 11</td>
<td>11</td>
</tr>
<tr>
<td>12 SC</td>
<td>Total 12</td>
<td>12</td>
</tr>
<tr>
<td>13 DD 16 OR LESS</td>
<td>Total 5,371 13</td>
<td>5,371 13</td>
</tr>
<tr>
<td>14 TOTALS</td>
<td>Total 5,371 14</td>
<td>5,371 14</td>
</tr>
</tbody>
</table>

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 91.97%

D. How many bed-hold days during this year were paid by the Department? 346 (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?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

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

Date started 10/13/06

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Medicare Intermediary N/A

**IV. ACCOUNTING BASIS**

<table>
<thead>
<tr>
<th>MODIFIED</th>
<th>ACCRUAL</th>
<th>CASH*</th>
<th>CASH*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

* All facilities other than governmental must report on the accrual basis.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>Costs Per General Ledger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salary/Wage</td>
<td>Supplies</td>
<td>Other</td>
<td>Total</td>
<td>Reclassification</td>
<td>Reclassified Total</td>
<td>Adjustments</td>
</tr>
<tr>
<td>A. General Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Diet</td>
<td>52,196</td>
<td>4,152</td>
<td>1,200</td>
<td>57,548</td>
<td>1,881</td>
<td>59,429</td>
<td>29</td>
</tr>
<tr>
<td>2 Food Purchase</td>
<td>53,583</td>
<td>4,152</td>
<td>1,200</td>
<td>57,548</td>
<td>1,881</td>
<td>59,429</td>
<td>29</td>
</tr>
<tr>
<td>3 Housekeeping</td>
<td>12,466</td>
<td>6,007</td>
<td>18,473</td>
<td>18,473</td>
<td>886</td>
<td>19,359</td>
<td>3</td>
</tr>
<tr>
<td>4 Laundry</td>
<td>4,123</td>
<td>4,123</td>
<td>4,123</td>
<td>4,123</td>
<td>4,123</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Heat and Other Utilities</td>
<td>22,646</td>
<td>22,646</td>
<td>22,646</td>
<td>22,646</td>
<td>260</td>
<td>22,906</td>
<td>5</td>
</tr>
<tr>
<td>6 Maintenance</td>
<td>7,655</td>
<td>42,510</td>
<td>50,165</td>
<td>50,165</td>
<td>2,657</td>
<td>52,822</td>
<td>6</td>
</tr>
<tr>
<td>7 Other (specify): Related party</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 TOTAL General Services</td>
<td>72,317</td>
<td>67,865</td>
<td>66,356</td>
<td>206,538</td>
<td>(1,351)</td>
<td>205,187</td>
<td>(8,527)</td>
</tr>
<tr>
<td>B. Health Care and Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Medical Director</td>
<td>3,000</td>
<td>3,000</td>
<td>3,000</td>
<td>3,000</td>
<td>3,000</td>
<td>3,000</td>
<td>9</td>
</tr>
<tr>
<td>10 Nursing and Medical Records</td>
<td>384,476</td>
<td>19,835</td>
<td>405,221</td>
<td>405,221</td>
<td>4,818</td>
<td>410,039</td>
<td>10</td>
</tr>
<tr>
<td>10a Therapy</td>
<td>405</td>
<td>405</td>
<td>6,550</td>
<td>6,955</td>
<td>1,898</td>
<td>8,853</td>
<td>10a</td>
</tr>
<tr>
<td>11 Activities</td>
<td>22,764</td>
<td>22,764</td>
<td>22,764</td>
<td>22,764</td>
<td>22,764</td>
<td>22,764</td>
<td>11</td>
</tr>
<tr>
<td>12 Social Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 CNA Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Program Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other (specify): Related party</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 TOTAL Health Care and Programs</td>
<td>384,476</td>
<td>20,240</td>
<td>26,674</td>
<td>431,390</td>
<td>10,318</td>
<td>441,708</td>
<td>459</td>
</tr>
<tr>
<td>C. General Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Administrative</td>
<td>15,605</td>
<td>15,605</td>
<td>15,605</td>
<td>15,605</td>
<td>15,605</td>
<td>15,605</td>
<td>17</td>
</tr>
<tr>
<td>18 Directors Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Professional Services</td>
<td>107,447</td>
<td>107,447</td>
<td>(2,275)</td>
<td>105,172</td>
<td>(96,428)</td>
<td>8,744</td>
<td>19</td>
</tr>
<tr>
<td>20 Dues, Fees, Subscriptions &amp; Promotions</td>
<td>16,806</td>
<td>16,806</td>
<td></td>
<td>16,806</td>
<td>(15,128)</td>
<td>1,678</td>
<td>20</td>
</tr>
<tr>
<td>21 Clerical &amp; General Office Expenses</td>
<td>43,402</td>
<td>2,184</td>
<td>7,157</td>
<td>52,734</td>
<td>37</td>
<td>52,780</td>
<td>33,932</td>
</tr>
<tr>
<td>22 Employee Benefits &amp; Payroll Taxes</td>
<td>77,315</td>
<td>77,315</td>
<td>(179)</td>
<td>77,136</td>
<td>77,136</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Inservice Training &amp; Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Travel and Seminar</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>25 Other Admin. Staff Transportation</td>
<td>2,938</td>
<td>2,938</td>
<td></td>
<td>2,938</td>
<td>1,865</td>
<td>4,803</td>
<td>25</td>
</tr>
<tr>
<td>26 Insurance-Prop.Liab.Malpractice</td>
<td>17,050</td>
<td>17,050</td>
<td></td>
<td>17,050</td>
<td>2,182</td>
<td>19,232</td>
<td>26</td>
</tr>
<tr>
<td>27 Other (specify): Related party</td>
<td>8,216</td>
<td>8,216</td>
<td>8,216</td>
<td>8,216</td>
<td>8,216</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28 TOTAL General Administration</td>
<td>59,007</td>
<td>2,184</td>
<td>226,944</td>
<td>298,135</td>
<td>(2,417)</td>
<td>295,718</td>
<td>(64,455)</td>
</tr>
<tr>
<td>29 TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</td>
<td>515,800</td>
<td>90,289</td>
<td>329,974</td>
<td>936,063</td>
<td>6,550</td>
<td>942,613</td>
<td>(72,523)</td>
</tr>
</tbody>
</table>

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.
### V. COST CENTER EXPENSES (continued)

<table>
<thead>
<tr>
<th>Capital Expense</th>
<th>Cost Per General Ledger</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>FOR BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Ownership</td>
<td>Salary/Wage 1</td>
<td>Supplies 2</td>
<td>Other 3</td>
<td>Total 4</td>
<td>Reclassified Total 5</td>
<td>Adjustments 6</td>
<td>Total 7</td>
</tr>
<tr>
<td>30 Depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5,224</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Amortization of Pre-Op. &amp; Org.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,074</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28,981</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Real Estate Taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>121,942</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Rent-Facility &amp; Grounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5,132</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Rent-Equipment &amp; Vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>170,353</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Other (specify):*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 TOTAL Ownership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Special Cost Centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Medically Necessary Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Ancillary Service Centers</td>
<td>14,581</td>
<td>6,550</td>
<td>21,131 (6,550)</td>
<td>14,581 (7,554)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Barber and Beauty Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Coffee and Gift Shops</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Provider Participation Fee</td>
<td>67,686</td>
<td>67,686</td>
<td>67,686</td>
<td>67,686</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other (specify):* Day Training/Train</td>
<td></td>
<td>272,602</td>
<td>279,097</td>
<td>279,097</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 TOTAL, Special Cost Centers</td>
<td>7,095</td>
<td>14,581</td>
<td>346,838 (6,550)</td>
<td>361,964 (7,554)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 GRAND TOTAL COST</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(sum of lines 29, 37 &amp; 44)</td>
<td>522,895</td>
<td>104,870</td>
<td>1,474,300</td>
<td>1,474,300</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>From Line</th>
<th>To Line</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>22</td>
<td>(3,232.00)</td>
<td>Employee Meals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,232.00</td>
<td>Employee Meals</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>(3,411.00)</td>
<td>Uniforms</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>1,530.00</td>
<td>Uniforms</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>1,881.00</td>
<td>Uniforms</td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td>Uniforms</td>
</tr>
<tr>
<td>4</td>
<td></td>
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<td>Uniforms</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>Uniforms</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td>Uniforms</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td>Uniforms</td>
</tr>
<tr>
<td>33</td>
<td>34</td>
<td>(28,981.00)</td>
<td>Rent - Real Estate Tax on associated landowner (Pg 6)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>28,981.00</td>
<td>Rent - Real Estate Tax on associated landowner (Pg 6)</td>
</tr>
</tbody>
</table>

Others, if any:

| 19        | 10      | (2,237.90) | Clinical Coordinators (Pathway Billing)          |
| 10        | 19      | 2,237.90   | Clinical Coordinators (Pathway Billing)          |
| 19        | 21      | (36.55)    | MediFax/MedCom                                   |
| 21        |         | 36.55      | MediFax/MedCom                                   |

DD Providers Only:

| 39        | 10A     | (6,550.00) | PT, OT, & ST CPT Therapy Costs                  |
| 10A       |         | 6,550.00   | PT, OT, & ST CPT Therapy Costs                  |

Net: -
**VI. ADJUSTMENT DETAIL**

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

<table>
<thead>
<tr>
<th>NON-ALLOWABLE EXPENSES</th>
<th>Amount</th>
<th>Reference</th>
<th>BHF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Day Care</td>
<td>$</td>
<td>$ 1</td>
<td></td>
</tr>
<tr>
<td>2 Other Care for Outpatients</td>
<td>$</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Governmental Sponsored Special Programs</td>
<td>$</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Non-Patient Meals</td>
<td>$</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Telephone, TV &amp; Radio in Resident Rooms</td>
<td>$ (1,902)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Rented Facility Space</td>
<td>$</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Sale of Supplies to Non-Patients</td>
<td>$</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Laundry for Non-Patients</td>
<td>$</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Non-Straighttime Depreciation</td>
<td>$</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10 Interest and Other Investment Income</td>
<td>$</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11 Discounts, Allowances, Rebates &amp; Refunds</td>
<td>$</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Non-Working Officer's or Owner's Salary</td>
<td>$</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Sales Tax</td>
<td>$</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 Non-Care Related Interest</td>
<td>$</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Non-Care Related Owner's Transactions</td>
<td>$</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16 Personal Expenses (Including Transportation)</td>
<td>$</td>
<td>16</td>
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<tr>
<td>17 Non-Care Related Fees</td>
<td>$ (1,183)</td>
<td>17</td>
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<tr>
<td>18 Fines and Penalties</td>
<td>$</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Entertainment</td>
<td>$</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Contributions</td>
<td>$ (420)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Owner or Key-Man Insurance</td>
<td>$</td>
<td>21</td>
<td></td>
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<tr>
<td>22 Special Legal Fees &amp; Legal Retainers</td>
<td>$</td>
<td>22</td>
<td></td>
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<tr>
<td>23 Malpractice Insurance for Individuals</td>
<td>$</td>
<td>23</td>
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</tr>
<tr>
<td>24 Bad Debt</td>
<td>$ (8,215)</td>
<td>24</td>
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</tr>
<tr>
<td>25 Fund Raising, Advertising and Promotional</td>
<td>$ (1,063)</td>
<td>25</td>
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</tr>
<tr>
<td>26 Income Taxes and Illinois Personal Property Replacement Tax</td>
<td>$</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27 CNA Training for Non-Employees</td>
<td>$</td>
<td>27</td>
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</tr>
<tr>
<td>28 Yellow Page Advertising</td>
<td>$</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29 Other-Attach Schedule</td>
<td>$</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td><strong>SUBTOTAL (A): (Sum of lines 1-29)</strong></td>
<td>$ (12,783)</td>
<td>$ 30</td>
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</table>

**BHF USE ONLY**

| 48 | 49 | 50 | 51 | 52 |

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

<table>
<thead>
<tr>
<th>Amount</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 Non-Paid Workers-Attach Schedule*</td>
<td>$ 31</td>
</tr>
<tr>
<td>32 Donated Goods-Attach Schedule*</td>
<td>$ 32</td>
</tr>
<tr>
<td>33 Amortization of Organization &amp; Pre-Operating Expense</td>
<td>$ 33</td>
</tr>
<tr>
<td>34 Adjustments for Related Organization Costs (Schedule VII)</td>
<td>$ (21,224)</td>
</tr>
<tr>
<td>35 Other-Attach Schedule</td>
<td>$ (16,235)</td>
</tr>
<tr>
<td>36 SUBTOTAL (B): (sum of lines 31-35)</td>
<td>$ (37,459)</td>
</tr>
<tr>
<td><strong>TOTAL ADJUSTMENTS (A) and (B)</strong></td>
<td>$ (50,242)</td>
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</table>

*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.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
<th>Reference</th>
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</thead>
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<tr>
<td>38 Medically Necessary Transport.</td>
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<td>$ 38</td>
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<td>39</td>
<td></td>
<td>x</td>
<td>39</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td>Griff and Coftec Shops</td>
<td>x</td>
</tr>
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<td>41</td>
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<td>Barber and Beauty Shops</td>
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<td>42</td>
<td></td>
<td>Laboratory and Radiology</td>
<td>x</td>
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<tr>
<td>43</td>
<td></td>
<td>Prescription Drugs</td>
<td>x</td>
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<td>44</td>
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<td>Other-Attach Schedule</td>
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<tr>
<td>46</td>
<td></td>
<td>Other-Attach Schedule</td>
<td>x</td>
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<tr>
<td>47</td>
<td></td>
<td>TOTAL (C): (sum of lines 38-46)</td>
<td>$ 47</td>
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</tbody>
</table>

48

<p>| 49 | 50 | 51 | 52 |</p>
<table>
<thead>
<tr>
<th>Sch. V Line</th>
<th>NON-ALLOWABLE EXPENSES</th>
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<tr>
<td>1</td>
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<td>$ (42)</td>
<td>30 1</td>
</tr>
<tr>
<td>2</td>
<td>Elim Deprec Exp on Pg 13 items under $2500 -</td>
<td>(7,724)</td>
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<tr>
<td>3</td>
<td>Expense Pg 12 items under $2,500 - curr yr purchs +</td>
<td>0</td>
<td>6 3</td>
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<td>4</td>
<td>Expense Pg 13 items under $2,500 - curr yr purchs +</td>
<td>2,481</td>
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<td>5</td>
<td>Elim. MidCap Legal/Acctg fees</td>
<td>(624)</td>
<td>19 5</td>
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<tr>
<td>6</td>
<td>Misc.Depreciation adjustment</td>
<td>43</td>
<td>30 6</td>
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<tr>
<td>7</td>
<td>Late Fees on Utilities</td>
<td>(61)</td>
<td>5 7</td>
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<td>8</td>
<td>Intercompany Interest Not allowed (GL#7031)</td>
<td>(8,852)</td>
<td>32 8</td>
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<tr>
<td>9</td>
<td>Back out 30% (for 2011) of PAC fees</td>
<td>(265)</td>
<td>20 9</td>
</tr>
<tr>
<td>10</td>
<td>Elim. Landowner Re. Tax Penalty</td>
<td>(1,057)</td>
<td>32 10</td>
</tr>
<tr>
<td>11</td>
<td>Elim. Landowner-Porp. Insurance Interest</td>
<td>(9)</td>
<td>32 11</td>
</tr>
<tr>
<td>12</td>
<td>Elim. Bloomingdale Chambers-Membership Fees</td>
<td>(125)</td>
<td>20 12</td>
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<tr>
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<td>48</td>
</tr>
<tr>
<td>49</td>
<td><strong>Total</strong></td>
<td></td>
<td><strong>(16,235)</strong></td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td><strong>SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td><strong>PAGES 5 &amp; 5A</strong></td>
<td><strong>PAGE 6</strong></td>
<td><strong>PAGE 6A</strong></td>
</tr>
<tr>
<td><strong>A. General Services</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1 Dietary</td>
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<td>0</td>
<td>595</td>
</tr>
<tr>
<td>2 Food Purchase</td>
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</tr>
<tr>
<td>3 Housekeeping</td>
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<td>0</td>
<td>886</td>
</tr>
<tr>
<td>4 Laundry</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5 Heat and Other Utilities</td>
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<td>0</td>
<td>321</td>
</tr>
<tr>
<td>6 Maintenance</td>
<td>579</td>
<td>0</td>
<td>2,020</td>
</tr>
<tr>
<td>7 Other (specify):*</td>
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<td>0</td>
<td>9,850</td>
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<td>8 TOTAL General Services</td>
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<td><strong>B. Health Care and Programs</strong></td>
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</tr>
<tr>
<td>9 Medical Director</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>10 Nursing and Medical Records</td>
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<td>0</td>
<td>4,607</td>
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<tr>
<td>10a Therapy</td>
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<tr>
<td>11 Activities</td>
<td>0</td>
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</tr>
<tr>
<td>12 Social Services</td>
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<td>0</td>
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</tr>
<tr>
<td>13 CNA Training</td>
<td>0</td>
<td>0</td>
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<tr>
<td>14 Program Transportation</td>
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<td>15 Other (specify):*</td>
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<td>16 TOTAL Health Care and Programs</td>
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<td><strong>C. General Administration</strong></td>
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<tr>
<td>17 Administrative</td>
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<td>10,766</td>
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<td>18 Directors Fees</td>
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<td>0</td>
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<tr>
<td>19 Professional Services</td>
<td>(624)</td>
<td>42</td>
<td>(95,846)</td>
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<td>20 Fees, Subscriptions &amp; Promotions</td>
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<td>250</td>
<td>(13,505)</td>
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<td>21 Clerical &amp; General Office Expenses</td>
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<td>22 Employee Benefits &amp; Payroll Taxes</td>
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<td>23 Inservice Training &amp; Education</td>
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<tr>
<td>24 Travel and Seminar</td>
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<td>0</td>
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<td>25 Other Admin. Staff Transportation</td>
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<td>26 Insurance-Prop.Liab.Malpractice</td>
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<td>27 Other (specify):*</td>
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<td>28 TOTAL General Administration</td>
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<td><strong>TOTAL Operating Expense</strong></td>
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<td>29 (sum of lines 8,16 &amp; 28)</td>
<td>(11,377)</td>
<td>2,457</td>
<td>(51,901)</td>
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### SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

<table>
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<th>Capital Expense</th>
<th>PAGES 5 &amp; 5A</th>
<th>PAGE 6</th>
<th>PAGE 6A</th>
<th>PAGE 6B</th>
<th>PAGE 6C</th>
<th>PAGE 6D</th>
<th>PAGE 6E</th>
<th>PAGE 6F</th>
<th>PAGE 6G</th>
<th>PAGE 6H</th>
<th>PAGE 6I</th>
<th>TOTALS</th>
<th>SUMMARY TO SCH V, COL.7</th>
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<td>4,298</td>
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<td>36 Other (specify):*</td>
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<td><strong>E. Special Cost Centers</strong></td>
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<td>39 Ancillary Service Centers</td>
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<td>(8,000)</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>(7,554)</td>
<td>39</td>
</tr>
<tr>
<td>40 Barber and Beauty Shops</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>41 Coffee and Gift Shops</td>
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<td>0</td>
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<tr>
<td>44 TOTAL Special Cost Centers</td>
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<td>(8,000)</td>
<td>446</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>(7,554)</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(sum of lines 29, 37 &amp; 44)</td>
<td>(29,018)</td>
<td>29,927</td>
<td>(31,911)</td>
<td>15,204</td>
<td>963</td>
<td>(5,057)</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>(50,242)</td>
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</table>
## 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Ownership %</th>
<th>City</th>
<th>Name</th>
<th>City</th>
<th>Type of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Alden Group, Ltd.</td>
<td>100%</td>
<td></td>
<td>See PG6-Supp</td>
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</tbody>
</table>

### 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**

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.

### Schedule V

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Difference - Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>V 34</td>
<td>Rent Income</td>
<td>$150,923</td>
<td>Alden Trails II, LLC</td>
<td>0.00%</td>
<td>$</td>
<td>$(150,923)</td>
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<tr>
<td>2</td>
<td>V 19</td>
<td>Bank Charges</td>
<td></td>
<td>Alden Trails II, LLC</td>
<td></td>
<td>$</td>
<td></td>
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<tr>
<td>3</td>
<td>V 20</td>
<td>Dues &amp; Subscriptions</td>
<td></td>
<td>Alden Trails II, LLC</td>
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<td>$</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>V 33</td>
<td>Real Estate Tax Expense</td>
<td></td>
<td>Alden Trails II, LLC</td>
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<td>$</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>V 26</td>
<td>General Insurance Expense</td>
<td></td>
<td>Alden Trails II, LLC</td>
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<td>$</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>V 32</td>
<td>Interest - Harris/Other</td>
<td></td>
<td>Alden Trails II, LLC</td>
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<td>$</td>
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<tr>
<td>7</td>
<td>V 30</td>
<td>Depreciation</td>
<td></td>
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</tr>
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<td>8</td>
<td>V 32</td>
<td>Tax Penalty</td>
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<tr>
<td>9</td>
<td>V 20</td>
<td>Corporate Annual Report Fee</td>
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<td>10</td>
<td>V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<td></td>
<td></td>
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<td>12</td>
<td>V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>V</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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</tr>
<tr>
<td>14 Total</td>
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<td></td>
<td>$150,923</td>
<td></td>
<td></td>
<td>$</td>
<td>$(180,850)</td>
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</tbody>
</table>

* 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.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<tbody>
<tr>
<td>x YES</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>NO</td>
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<td></td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
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<td>Utilities</td>
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<td></td>
<td>366</td>
<td>366 16</td>
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<tr>
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<td>V 25</td>
<td>Other Admin Travel</td>
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<td>1,865</td>
<td>1,865</td>
<td>1,865 17</td>
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<tr>
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<td>17</td>
<td>17 18</td>
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<tr>
<td>19</td>
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<td>Dues/Subscriptions</td>
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<td>230</td>
<td>230 (13,505) 19</td>
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<td></td>
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<td>8,187</td>
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<tr>
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<td>Real Estate Tax</td>
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<td>576</td>
<td>576 21</td>
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<td>22</td>
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<td>Rent-Equip/Vehie</td>
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<td>4,298</td>
<td>4,298</td>
<td>4,298 22</td>
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<td>Interest</td>
<td></td>
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<td>6,929</td>
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<td>886 25</td>
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<td>849</td>
<td>849 26</td>
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<tr>
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<td>Employee Benef-Gen'l Servs</td>
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<td>V 15</td>
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<td>Alden Management Services, Inc.</td>
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<td>698 28</td>
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<td>10,766</td>
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<td>V 27</td>
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<td>V 21</td>
<td>Gen'l &amp; Admin</td>
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<td>5,485</td>
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<td>V 34</td>
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<td></td>
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</tr>
<tr>
<td>34</td>
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<tr>
<td>35</td>
<td>V</td>
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<td>36</td>
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<td>38</td>
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<td>V</td>
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</table>

* 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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Adjustments for Related Organization Costs (7 minus 4)</th>
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<td>V 1</td>
<td>Diet. Consultant</td>
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<td>V 2</td>
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<td>V 31</td>
<td>G &amp; A</td>
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<tr>
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<td>V 43</td>
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<td>35</td>
<td></td>
</tr>
<tr>
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<td>V 44</td>
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<tr>
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* Total must agree with the amount recorded on line 34 of Schedule VI.
B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES  [ ] NO

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

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<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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* 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.

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Line</th>
<th>Item</th>
<th>Amount</th>
<th>Name of Related Organization</th>
<th>Percent of Ownership</th>
<th>Operating Cost of Related Organization</th>
<th>8 Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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<td>$ * (5,057)</td>
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</tbody>
</table>

* 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.

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.

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<th>Operating Cost of Related Organization</th>
<th>Difference: Adjustments for Related Organization Costs (7 minus 4)</th>
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<tbody>
<tr>
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* Total must agree with the amount recorded on line 34 of Schedule VI.
**VII. RELATED PARTIES**

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

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<th>1</th>
<th>OWNERS</th>
<th>Ownership %</th>
<th>Name</th>
<th>City</th>
<th>2</th>
<th>RELATED NURSING HOMES</th>
<th>Name</th>
<th>City</th>
<th>Type of Business</th>
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<td>Harvey</td>
<td>The Forum</td>
<td>Chicago</td>
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<td>Long Grove</td>
<td>The Forum</td>
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<td>Home Office rental</td>
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<td>Alden Management Services</td>
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<td>Supportive Living Facility</td>
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<td>McHenry</td>
<td>Alden Garden Courts of Des Plaines</td>
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<td>Assisted Living/Alzheimer's Care</td>
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<td>Alden Courts of Waterford</td>
<td>Aurora</td>
<td>Assisted Living Facility</td>
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<td>Alden Gardens of Waterford</td>
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<td>Assisted Living Facility</td>
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<td>Nursing and Durable Care</td>
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<td>Bloomingdale</td>
<td>Community Physical Therapy</td>
<td>Addison</td>
<td>Therapy Provider</td>
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<td>Alden Bennett Construction</td>
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<td>General Contractor</td>
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<td>Nursing and Durable Care</td>
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<td>SNF w/in hospital</td>
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<tr>
<td>15</td>
<td>Alden - Town Manor Rehabilitation and Health Care</td>
<td>100</td>
<td>Cicero</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Alden Trails, Inc.</td>
<td>100</td>
<td>Bloomingdale</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>17</td>
<td>Alden - Poplar Creek Rehabilitation and Health Care</td>
<td>100</td>
<td>Hoffman Estates</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>Alden - North Shore Rehabilitation and Health Care</td>
<td>100</td>
<td>Skokie</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Alden - Des Plaines Rehabilitation and Health Care</td>
<td>100</td>
<td>Des Plaines</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td>Alden Estates of Evanston, Inc.</td>
<td>100</td>
<td>Evanston</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>21</td>
<td>Alden - Alma Nelson Manor, Inc.</td>
<td>100</td>
<td>Rockford</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
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</tr>
<tr>
<td>22</td>
<td>Alden - Park Strathmoor, Inc.</td>
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<td>Rockford</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Alden - Meadow Park Rehabilitation Care Center, Inc.</td>
<td>100</td>
<td>Clinton, WI</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Alden Estates of Barrington, Inc.</td>
<td>100</td>
<td>Barrington</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Alden of Waterford, LLC</td>
<td>100</td>
<td>Aurora</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
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</tr>
<tr>
<td>26</td>
<td>Alden Village North, Inc.</td>
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<td>Chicago</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Alden Estates of Skokie, Inc.</td>
<td>100</td>
<td>Skokie</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
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<td></td>
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<tr>
<td>28</td>
<td>Alden Estates of Countryside, Inc.</td>
<td>100</td>
<td>Jefferson, WI</td>
<td>Fort Healthcare, LLC</td>
<td>Fort Atkinson, WI</td>
<td>SNF w/in hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Title</td>
<td>Function</td>
<td>Ownership Interest</td>
<td>Compensation Received From Other Nursing Homes*</td>
<td>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week</td>
<td>Compensation Included in Costs for this Reporting Period**</td>
<td>Schedule V, Line &amp; Column</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>-------------------------</td>
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<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Floyd A. Schlossberg</td>
<td>President, CEO</td>
<td></td>
<td>100.00</td>
<td>185,000</td>
<td>0.164 0.41 Salary $755</td>
<td>$755</td>
<td>17-7</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lauren Magnusson</td>
<td>Dir. Of Clinical Services</td>
<td>Technical Nursing</td>
<td>0.00</td>
<td>68,640</td>
<td>0.164 0.41 Salary $280</td>
<td>$280</td>
<td>10-7</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Terry Magnusson</td>
<td>Dir. of Purchasing</td>
<td>Supervise Maintenence</td>
<td>0.00</td>
<td>39,520</td>
<td>0.164 0.41 Salary $161</td>
<td>$161</td>
<td>6-7</td>
<td></td>
</tr>
<tr>
<td>4</td>
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<td></td>
</tr>
</tbody>
</table>

- **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.** Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.
- **2.** Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.
- **3.** 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.

*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 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.
VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.)

- **YES** [x]  
- **NO** 

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

<table>
<thead>
<tr>
<th>Schedule V</th>
<th>Unit of Allocation (i.e., Days, Direct Cost, Square Feet)</th>
<th>Number of Subunits Being Allocated Among</th>
<th>Total Indirect Cost Being Allocated</th>
<th>Amount of Salary Cost Contained in Column 6</th>
<th>Facility Allocation (col.8/col.4)x col.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Utilities</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$78,619</td>
<td>5,371</td>
</tr>
<tr>
<td>2</td>
<td>24 Trav &amp; Seminar</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$89,570</td>
<td>5,371</td>
</tr>
<tr>
<td>3</td>
<td>25 Other Admin Travel</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$456,762</td>
<td>5,371</td>
</tr>
<tr>
<td>4</td>
<td>26 Insurance</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$4,082</td>
<td>5,371</td>
</tr>
<tr>
<td>5</td>
<td>20 Dues &amp; Subscriptions</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$56,361</td>
<td>5,371</td>
</tr>
<tr>
<td>6</td>
<td>30 Depreciation</td>
<td>No of Providers/usage</td>
<td>34</td>
<td>$291,758</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>33 Real Estate Tax</td>
<td>Patient Days/usage</td>
<td>1,315,389</td>
<td>$156,401</td>
<td>5,371</td>
</tr>
<tr>
<td>8</td>
<td>35 Rent-Equip &amp; Vehicle</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$1,052,493</td>
<td>5,371</td>
</tr>
<tr>
<td>9</td>
<td>32 Interest</td>
<td>Patient Days/usage</td>
<td>1,315,389</td>
<td>$1,368,621</td>
<td>5,371</td>
</tr>
<tr>
<td>10</td>
<td>1 Dietary Salary</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$145,718</td>
<td>5,371</td>
</tr>
<tr>
<td>11</td>
<td>3 Housekeeping Salary</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$217,102</td>
<td>5,371</td>
</tr>
<tr>
<td>12</td>
<td>7 Employee Benefits - Gen'l Servs</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$297,899</td>
<td>5,371</td>
</tr>
<tr>
<td>13</td>
<td>10 Nurs &amp; Med Records Salary</td>
<td>Patient Days/usage</td>
<td>1,315,389</td>
<td>$1,184,449</td>
<td>5,371</td>
</tr>
<tr>
<td>14</td>
<td>15 Employee Benefits - Health Care</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$170,963</td>
<td>5,371</td>
</tr>
<tr>
<td>15</td>
<td>17 Administrative Salary</td>
<td>Patient Days/usage</td>
<td>1,315,389</td>
<td>$2,886,253</td>
<td>5,371</td>
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<tr>
<td>16</td>
<td>27 Employee Benefits - Admin</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$1,372,783</td>
<td>5,371</td>
</tr>
<tr>
<td>17</td>
<td>19 Professional fees</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$1,146,467</td>
<td>5,371</td>
</tr>
<tr>
<td>18</td>
<td>21 Gen’l &amp; Admin</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$7,066,309</td>
<td>5,371</td>
</tr>
<tr>
<td>19</td>
<td>6 Repair &amp; Maint.</td>
<td>Patient Days</td>
<td>1,315,389</td>
<td>$1,343,350</td>
<td>5,371</td>
</tr>
</tbody>
</table>

**TOTALS**

- **$19,296,460**  
- **$12,135,573**  
- **$85,816**

**Facility Name & ID Number:** Alden Springs, Inc. #004-7191

**Report Period Beginning:** 1/1/2011  
**Ending:** 2/28/2011

**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
### IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

**A. Interest:** (Complete details must be provided for each loan - attach a separate schedule if necessary.)

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Related**</th>
<th>Purpose of Loan</th>
<th>Monthly Payment Required</th>
<th>Date of Note</th>
<th>Amount of Note</th>
<th>Maturity Date</th>
<th>Interest Rate (4 Digits)</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Harris (Gl 2512/2021/7044)</td>
<td>x</td>
<td>Mortgage</td>
<td>$10,752.46</td>
<td>12/1/06</td>
<td>$1,781,000</td>
<td>11/01/2011</td>
<td>5.2500</td>
<td>$78,793</td>
</tr>
<tr>
<td>2 Harris (Gl 2512/2021/7044)</td>
<td>x</td>
<td>Mortgage</td>
<td>$10,752.46</td>
<td>1/13/12</td>
<td>$1,589,811</td>
<td>06/01/2012</td>
<td>6.0000</td>
<td>$10,349</td>
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</tbody>
</table>

**B. Non-Facility Related***

<table>
<thead>
<tr>
<th>Name of Lender</th>
<th>Purpose of Loan</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Interest (Inc) -Various</td>
<td>Working Capital</td>
<td>$6,929</td>
</tr>
<tr>
<td>11 Related party-AMS</td>
<td>Working Capital</td>
<td>$6,929</td>
</tr>
<tr>
<td>12 Related party-FECII</td>
<td>Working Capital</td>
<td>$11,7</td>
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**TOTAL Facility Related**

<table>
<thead>
<tr>
<th>Purpose of Loan</th>
<th>Reporting Period Interest Expense</th>
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</thead>
<tbody>
<tr>
<td>$21,504.92</td>
<td>$3,370,811</td>
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</table>

**TOTAL Non-Facility Related**

<table>
<thead>
<tr>
<th>Purpose of Loan</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**TOTALS (line 9+line14)**

<table>
<thead>
<tr>
<th>Purpose of Loan</th>
<th>Reporting Period Interest Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,370,811</td>
<td>$1,589,811</td>
</tr>
</tbody>
</table>

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

**Notes:**
- **A**ny interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
  (See instructions.)
- **B** 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

1. **Real Estate Tax accrual used on 2010 report.**
   - $28,200

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.)
   - $28,181

3. **Under or (over) accrual (line 2 minus line 1).**
   - $(19)

4. **Real Estate Tax accrual used for 2011 report.** (Detail and explain your calculation of this accrual on the lines below.)
   - $29,000

5. **Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.** (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)
   - $5

6. **Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.**
   - **TOTAL REFUND** $6

7. **Real Estate Tax expense reported on Schedule V, line 33.** This should be a combination of lines 3 thru 6.
   - $28,981

### Plus: Related Party Taxes (2) - See Pg RE_Tax

<table>
<thead>
<tr>
<th>Year</th>
<th>Tax Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3,686</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>3,525</td>
<td>9</td>
</tr>
<tr>
<td>2008</td>
<td>26,564</td>
<td>10</td>
</tr>
<tr>
<td>2009</td>
<td>27,401</td>
<td>11</td>
</tr>
<tr>
<td>2010</td>
<td>28,181</td>
<td>12</td>
</tr>
</tbody>
</table>

**FOR BHF USE ONLY**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>FROM R. E. TAX STATEMENT FOR 2010</td>
<td>$28,981</td>
</tr>
<tr>
<td>14</td>
<td>PLUS APPEAL COST FROM LINE 5</td>
<td>$5</td>
</tr>
<tr>
<td>15</td>
<td>LESS REFUND FROM LINE 6</td>
<td>$5</td>
</tr>
<tr>
<td>16</td>
<td>AMOUNT TO USE FOR RATE CALCULATION</td>
<td>$29,562</td>
</tr>
</tbody>
</table>

### Real Estate Tax Bill for Calendar Year:

<table>
<thead>
<tr>
<th>Year</th>
<th>Tax Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>3,686</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>3,525</td>
<td>9</td>
</tr>
<tr>
<td>2008</td>
<td>26,564</td>
<td>10</td>
</tr>
<tr>
<td>2009</td>
<td>27,401</td>
<td>11</td>
</tr>
<tr>
<td>2010</td>
<td>28,181</td>
<td>12</td>
</tr>
</tbody>
</table>

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

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

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>See attached supplement</td>
<td>Related Party-Alden Management Service</td>
<td>$300,377.00</td>
<td>$576.00</td>
</tr>
<tr>
<td>2.</td>
<td>See attached supplement</td>
<td>Related Party-Forum Extended Care</td>
<td>$42,023.00</td>
<td>$5.00</td>
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<tr>
<td>3.</td>
<td>02-23-300-024</td>
<td>Alden Trails II LLC</td>
<td>$28,181.20</td>
<td>$28,181.20</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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</tr>
<tr>
<td>10.</td>
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<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td><strong>$370,581.20</strong></td>
<td><strong>$28,762.20</strong></td>
</tr>
</tbody>
</table>

## B. Real Estate Tax Cost Allocations

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

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

## C. Tax Bills

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

**PLEASE NOTE:** *Payment information from the Internet or otherwise is not considered acceptable tax bill documentation*. Facilities located in Cook County are required to provide copies of their original second installment tax bill.
A. Square Feet: 7,150

B. General Construction Type: Exterior Brick Veneer Frame Steel

Number of Stories One

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home’s grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: ________________________________

2. Number of Years Over Which it is Being Amortized: ________________________________

3. Current Period Amortization: ________________________________

4. Dates Incurred: ________________________________

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Square Feet</td>
<td>Year Acquired</td>
<td>Cost</td>
</tr>
<tr>
<td>1</td>
<td>Nursing facility</td>
<td>22,035</td>
<td>$398,630</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>TOTALS</td>
<td>22,035</td>
<td>$398,630</td>
</tr>
</tbody>
</table>
### B. Building and Improvement Costs-Including Fixed Equipment (See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Beds</th>
<th>FOR BHF USE ONLY</th>
<th>Year Acquired</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Depreciation Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>16</td>
<td>2006</td>
<td></td>
<td>$1,583,599</td>
<td>$39,590</td>
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<td>$39,590</td>
<td>$207,847</td>
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<td>2006</td>
<td></td>
<td>$93,518</td>
<td>$1,738</td>
<td>40</td>
<td>$1,738</td>
<td>9,124</td>
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<tr>
<td>6</td>
<td></td>
<td>2006</td>
<td></td>
<td>$20,156</td>
<td>$504</td>
<td>40</td>
<td>$504</td>
<td>2,856</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Improvement Type**</td>
<td>2006</td>
<td></td>
<td>$840</td>
<td>$42</td>
<td>20</td>
<td>$42</td>
<td>221</td>
<td>9</td>
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<tr>
<td>9</td>
<td>Wiring</td>
<td>2006</td>
<td></td>
<td>$18,677</td>
<td>$1,245</td>
<td>15</td>
<td>$1,245</td>
<td>5,810</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>Drywall Carpentry</td>
<td>2007</td>
<td></td>
<td>$23,127</td>
<td>$2,313</td>
<td>10</td>
<td>$2,313</td>
<td>11,585</td>
<td>12</td>
</tr>
<tr>
<td>11</td>
<td>Plumbing, Floor Prep, Fencing-ABC Renovation</td>
<td>2007</td>
<td></td>
<td>$25,127</td>
<td>$2,313</td>
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<td>$2,313</td>
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<td></td>
</tr>
</tbody>
</table>

*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.
## Building and Improvement Costs Including Fixed Equipment

(See instructions.) Round all numbers to nearest dollar.

<table>
<thead>
<tr>
<th>Improvement Type**</th>
<th>Year Constructed</th>
<th>Cost</th>
<th>Current Book Depreciation</th>
<th>Life in Years</th>
<th>Straight Line Depreciation</th>
<th>Adjustments</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Totals from Page 12C, Carried Forward</td>
<td>1,715,910</td>
<td>45,432</td>
<td>45,432</td>
<td>237,423</td>
<td></td>
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</tr>
<tr>
<td>2 Forum Prof Ctr: Remodeling</td>
<td>1979</td>
<td>13,418</td>
<td>20</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3 Forum Prof Ctr: Build Improv - multiple</td>
<td>1980</td>
<td>26,131</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Forum Prof Ctr: Tenant Improv</td>
<td>1986</td>
<td>824</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Forum Prof Ctr: AMS remodel</td>
<td>1990</td>
<td>5,604</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Forum Prof Ctr: Roof</td>
<td>1994</td>
<td>2,956</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Forum Prof Ctr: Build Improv - multiple</td>
<td>1995</td>
<td>13,418</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Forum Prof Ctr: Asphalt/Design/etc</td>
<td>2000</td>
<td>1,646</td>
<td>13</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>9 Forum Prof Ctr: Remodel/Electrical</td>
<td>2001</td>
<td>641</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10 Forum Prof Ctr: Bathroom remodel</td>
<td>2002</td>
<td>567</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Forum Prof Ctr: Remodel suites/etc</td>
<td>2003</td>
<td>729</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Forum Prof Ctr: Lunchroom/suites remodel/concrete/plaster/etc</td>
<td>2004</td>
<td>2,245</td>
<td>104</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Forum Prof Ctr: Suite renovation</td>
<td>2005</td>
<td>453</td>
<td>27</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>14 Forum Prof Ctr: Superior installations, etc</td>
<td>2006</td>
<td>108</td>
<td>3</td>
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<tr>
<td>15 Forum Prof Ctr: Sidewalks/major hvac/Condensor</td>
<td>2007</td>
<td>435</td>
<td>68</td>
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<td></td>
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<tr>
<td>16 Forum Prof Ctr: Park, Lot/glass/maj hvac</td>
<td>2008</td>
<td>374</td>
<td>54</td>
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<td>17 Forum Prof Ctr: Maj hvac/re-stucco bldg</td>
<td>2009</td>
<td>1,761</td>
<td>73</td>
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<tr>
<td>18 Forum Prof Ctr: Building Renovations</td>
<td>2010</td>
<td>1,296</td>
<td>263</td>
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<tr>
<td>19 Forum Prof Ctr: Building Renovations</td>
<td>2011</td>
<td>5,684</td>
<td>137</td>
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<tr>
<td>20 Alden Mgt Servs: Remodel suites</td>
<td>2013</td>
<td>6,963</td>
<td>137</td>
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<tr>
<td>21 Alden Mgt Servs: Remodel suites</td>
<td>2002</td>
<td>290</td>
<td>7</td>
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<tr>
<td>22 Alden Mgt Servs: Remodel suites</td>
<td>2003</td>
<td>6,295</td>
<td>7</td>
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<td>23</td>
<td>24</td>
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<td>34</td>
<td></td>
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</tr>
<tr>
<td>34 TOTAL (lines 1 thru 33)</td>
<td>$1,794,373</td>
<td>$46,390</td>
<td>$46,390</td>
<td>$308,067</td>
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</table>

**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.)

<table>
<thead>
<tr>
<th>Category of Equipment</th>
<th>1 Cost</th>
<th>Current Book Depreciation</th>
<th>2</th>
<th>Straight Line Depreciation</th>
<th>3</th>
<th>4 Adjustments</th>
<th>Component Life</th>
<th>5</th>
<th>Accumulated Depreciation</th>
<th>6</th>
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<tbody>
<tr>
<td>71 Purchased in Prior Years</td>
<td>$174,187</td>
<td>$12,956</td>
<td>$12,956</td>
<td>$46,822</td>
<td>71</td>
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<tr>
<td>72 Current Year Purchases</td>
<td>21,031</td>
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<td>2,169</td>
<td>2,169</td>
<td>72</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>73 Fully Depreciated Assets</td>
<td>80,574</td>
<td>3,376</td>
<td>3,376</td>
<td>80,574</td>
<td>73</td>
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<td>74</td>
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<td>74</td>
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</tr>
<tr>
<td>75 TOTALS</td>
<td>$275,792</td>
<td>$18,501</td>
<td>$18,501</td>
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</table>

#### D. Vehicle Costs. (See instructions.)*

<table>
<thead>
<tr>
<th>1 Use</th>
<th>Model, Make and Year</th>
<th>2 Year Acquired</th>
<th>3</th>
<th>4 Cost</th>
<th>Current Book Depreciation</th>
<th>5</th>
<th>Straight Line Depreciation</th>
<th>6</th>
<th>7 Adjustments</th>
<th>Life in Years</th>
<th>8</th>
<th>Accumulated Depreciation</th>
<th>9</th>
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<tbody>
<tr>
<td>76</td>
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<tr>
<td>79 Related Party - AMS</td>
<td>Various</td>
<td>98-'02</td>
<td>4,148</td>
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<tr>
<td>80 TOTALS</td>
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<td>$4,148</td>
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</tbody>
</table>

#### E. Summary of Care-Related Assets

<table>
<thead>
<tr>
<th>1 Reference</th>
<th>2 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>81 Total Historical Cost</td>
<td>(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)</td>
</tr>
<tr>
<td>82 Current Book Depreciation</td>
<td>(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)</td>
</tr>
<tr>
<td>83 Straight Line Depreciation</td>
<td>(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)</td>
</tr>
<tr>
<td>84 Adjustments</td>
<td>(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)</td>
</tr>
<tr>
<td>85 Accumulated Depreciation</td>
<td>(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1 Description &amp; Year Acquired</th>
<th>2 Cost</th>
<th>Current Book Depreciation</th>
<th>3</th>
<th>Accumulated Depreciation</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>86</td>
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<td>91 TOTALS</td>
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</tbody>
</table>

#### G. Construction-in-Progress

<table>
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<tr>
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<th>2 Description</th>
<th>Cost</th>
</tr>
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<td>$</td>
<td>92</td>
</tr>
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<td>93</td>
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<td>94</td>
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<td>94</td>
</tr>
<tr>
<td>95</td>
<td>$</td>
<td>95</td>
</tr>
</tbody>
</table>

* 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?  
   - YES  
   - NO

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Beds</th>
<th>Original Lease Date</th>
<th>Rental Amount</th>
<th>Total Years of Lease</th>
<th>Total Years Renewal Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>10</td>
<td>$</td>
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<tr>
<td>5</td>
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<td>6</td>
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<tr>
<td>7 TOTAL</td>
<td></td>
<td>$</td>
<td></td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

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: $ 5,362  
   - Description: Copy Machine Lease & Various office equipment.  
   - (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

17. related party- Pg 6A  
18. various  

<table>
<thead>
<tr>
<th>Model Year</th>
<th>Monthly Lease Payment</th>
<th>Rental Expense for this Period</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$ 243.25</td>
<td>$ 2,919</td>
</tr>
</tbody>
</table>

19. 0.00  
20.                

21. TOTAL  

** 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.)

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

   IN-HOUSE PROGRAM
   - YES  
   - NO  
   IN OTHER FACILITY
   - YES  
   - NO

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

Skilled nursing on site

B. EXPENSES

### ALLOCATION OF COSTS (d)

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

(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.

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

<table>
<thead>
<tr>
<th>COMPLETED</th>
<th>DROP-OUTS</th>
<th>TOTAL TRAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. From this facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. From this facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. From other facilities (f)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Schedule V Line &amp; Column Reference</th>
<th>Units of Service</th>
<th>Cost</th>
<th>Outside Practitioner (other than consultant)</th>
<th>Supplies (Actual or Allocated)</th>
<th>Total Units (Column 2 + 4)</th>
<th>Total Cost (Col. 3 + 5 + 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Licensed Occupational Therapist</td>
<td>39-3 hrs</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Licensed Speech and Language Development Therapist</td>
<td>39-3 hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Licensed Recreational Therapist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Licensed Physical Therapist</td>
<td>39-3 hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Physician Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Dental Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Work Related Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Habilitation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Pharmacy</td>
<td>See Pg 16A</td>
<td># of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>prescripts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,184</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,184</td>
<td></td>
</tr>
<tr>
<td>10 Psychological Services (Evaluation and Diagnosis/ Behavior Modification)</td>
<td>hrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Academic Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other (specify):</td>
<td>Except Care Prgrm</td>
<td>39-1,39-3 hrs, if any</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Other (specify):</td>
<td>See Pg 16A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.
### XIV. Special Services (Direct Cost)

<table>
<thead>
<tr>
<th>Line</th>
<th>Service</th>
<th>Col. 1: Ref. No.</th>
<th>To Pg 16: Col. No.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>OT</td>
<td>39-3</td>
<td>To Col 5</td>
<td>$2,731.54</td>
</tr>
<tr>
<td>2.</td>
<td>ST</td>
<td>39-3</td>
<td>To Col 5</td>
<td>855.91</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>PT</td>
<td>39-3</td>
<td>To Col 5</td>
<td>2,962.31</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Less PT, OT, &amp; ST costs reclassed to Line 10A for *DD type facilities</td>
<td></td>
<td>(6,549.76)</td>
<td>0.00</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Pharmacy Supplies per GL</td>
<td>1,575.65</td>
<td>Manual Input from Related Party- Forum Drugs</td>
<td>608.00</td>
</tr>
<tr>
<td>9.</td>
<td>Total to line 9 Pharmacy</td>
<td>See Pg 16A</td>
<td>To Col 6</td>
<td>2,183.65</td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Exceptional Care-Salaries:</td>
<td>See pg 16A</td>
<td>To Col. 3</td>
<td>0.00</td>
</tr>
<tr>
<td>13.</td>
<td>Exceptional Care-Supplies:</td>
<td>See pg 16A</td>
<td>To Col. 6</td>
<td>0.00</td>
</tr>
<tr>
<td>14.</td>
<td>Total Exceptional Care (Line 12, Col 8)</td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>15.</td>
<td>Other:</td>
<td>See Pg 16A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Other</td>
<td></td>
<td></td>
<td>13,005.71</td>
</tr>
<tr>
<td>18.</td>
<td>Manual Input: Related Party - Prism</td>
<td>(8,000.00)</td>
<td>Manual Input: Related Party FECII - I.V.</td>
<td>0.00</td>
</tr>
<tr>
<td>19.</td>
<td>Manual Input: Related Party FECII - Wound Care</td>
<td>(162.00)</td>
<td>Oxygen, from reclass worksheet (Pg 4A)</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Col 6: Supplies Total</td>
<td></td>
<td>To Col 6</td>
<td>4,843.71</td>
</tr>
<tr>
<td>21.</td>
<td>Total Line 13, Column 8</td>
<td></td>
<td></td>
<td>4,843.71</td>
</tr>
<tr>
<td>22.</td>
<td>Total</td>
<td></td>
<td></td>
<td>7,027.36</td>
</tr>
</tbody>
</table>

---

*Note: All costs are in dollars.*
## XV. BALANCE SHEET - Unrestricted Operating Fund.

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

<table>
<thead>
<tr>
<th></th>
<th>1 After Consolidation*</th>
<th>2 After Consolidation*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash on Hand and in Banks</td>
<td>$5,142</td>
</tr>
<tr>
<td>2</td>
<td>Cash-Patient Deposits</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Accounts &amp; Short-Term Notes Receivable- Patients (less allowance (100)</td>
<td>692,332</td>
</tr>
<tr>
<td>4</td>
<td>Supply Inventory (priced at )</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Short-Term Investments</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Prepaid Insurance</td>
<td>1,969</td>
</tr>
<tr>
<td>7</td>
<td>Other Prepaid Expenses</td>
<td>1,641</td>
</tr>
<tr>
<td>8</td>
<td>Accounts Receivable (owners or related parties)</td>
<td>692,332</td>
</tr>
<tr>
<td>9</td>
<td>Other (specify): Due from 3rd parties</td>
<td>9</td>
</tr>
<tr>
<td><strong>TOTAL Current Assets</strong> (sum of lines 1 thru 9)</td>
<td>$693,973</td>
<td>$701,084</td>
</tr>
<tr>
<td><strong>B. Long-Term Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Long-Term Notes Receivable</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Long-Term Investments</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Land</td>
<td>398,630</td>
</tr>
<tr>
<td>14</td>
<td>Buildings, at Historical Cost</td>
<td>1,674,106</td>
</tr>
<tr>
<td>15</td>
<td>Leasehold Improvements, at Historical Cost</td>
<td>18,677</td>
</tr>
<tr>
<td>16</td>
<td>Equipment, at Historical Cost</td>
<td>53,033</td>
</tr>
<tr>
<td>17</td>
<td>Accumulated Depreciation (book methods)</td>
<td>(17,169)</td>
</tr>
<tr>
<td>18</td>
<td>Deferred Charges</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Organization &amp; Pre-Operating Costs</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Accumulated Amortization - Organization &amp; Pre-Operating Costs</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Restricted Funds</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Other Long-Term Assets (specify): Due from affiliates</td>
<td>22</td>
</tr>
<tr>
<td><strong>TOTAL Long-Term Assets</strong> (sum of lines 11 thru 23)</td>
<td>$54,541</td>
<td>$1,995,964</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong> (sum of lines 10 and 24)</td>
<td>$748,514</td>
<td>$2,697,049</td>
</tr>
<tr>
<td><strong>C. Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Accounts Payable</td>
<td>$244,525</td>
</tr>
<tr>
<td>27</td>
<td>Officer's Accounts Payable</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Accounts Payable-Patient Deposits</td>
<td>10</td>
</tr>
<tr>
<td>29</td>
<td>Short-Term Notes Payable</td>
<td>1,589,811</td>
</tr>
<tr>
<td>30</td>
<td>Accrued Salaries Payable</td>
<td>41,943</td>
</tr>
<tr>
<td>31</td>
<td>Accrued Taxes Payable (excluding real estate taxes)</td>
<td>6,734</td>
</tr>
<tr>
<td>32</td>
<td>Accrued Real Estate Taxes (Sch.IX-B)</td>
<td>29,000</td>
</tr>
<tr>
<td>33</td>
<td>Accrued Interest Payable</td>
<td>17,715</td>
</tr>
<tr>
<td>34</td>
<td>Deferred Compensation</td>
<td>34</td>
</tr>
<tr>
<td>35</td>
<td>Federal and State Income Taxes</td>
<td>35</td>
</tr>
<tr>
<td>36</td>
<td>Acre Exp/Insurance</td>
<td>5,987</td>
</tr>
<tr>
<td>37</td>
<td>Due to affiliates</td>
<td>97,069</td>
</tr>
<tr>
<td><strong>TOTAL Current Liabilities</strong> (sum of lines 26 thru 37)</td>
<td>$396,268</td>
<td>$2,122,685</td>
</tr>
<tr>
<td><strong>D. Long-Term Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Long-Term Notes Payable</td>
<td>39</td>
</tr>
<tr>
<td>40</td>
<td>Mortgage Payable</td>
<td>40</td>
</tr>
<tr>
<td>41</td>
<td>Bonds Payable</td>
<td>41</td>
</tr>
<tr>
<td>42</td>
<td>Deferred Compensation</td>
<td>42</td>
</tr>
<tr>
<td><strong>TOTAL Long-Term Liabilities</strong> (sum of lines 39 thru 44)</td>
<td>$202,325</td>
<td>$102,333</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong> (sum of lines 38 and 45)</td>
<td>$598,593</td>
<td>$2,225,018</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong> (sum of line 18, line 24)</td>
<td>$149,921</td>
<td>$472,031</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND EQUITY</strong> (sum of lines 46 and 47)</td>
<td>$748,514</td>
<td>$2,697,049</td>
</tr>
</tbody>
</table>

*(See instructions.)*
### XVI. STATEMENT OF CHANGES IN EQUITY

<table>
<thead>
<tr>
<th></th>
<th>1 Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balance at Beginning of Year, as Previously Reported</td>
<td>$68,144</td>
</tr>
<tr>
<td>2</td>
<td>Restatements (describe):</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td><strong>external audit adjustments made after 2006 cost report was submitted. These have no effect on prior years report</strong></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td><strong>Bad debt, Medicare revenues (non allowables)</strong></td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>Balance at Beginning of Year, as Restated (sum of lines 1-5)</td>
<td>$68,144</td>
</tr>
<tr>
<td>6</td>
<td><strong>A. Additions (deductions):</strong></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>NET Income (Loss) (from page 19, line 43)</td>
<td>$(23,374)</td>
</tr>
<tr>
<td>8</td>
<td>Acquisitions of Pooled Companies</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Proceeds from Sale of Stock</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Stock Options Exercised</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>Contributions and Grants</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Expenditures for Specific Purposes</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Dividends Paid or Other Distributions to Owners</td>
<td>( )</td>
</tr>
<tr>
<td>14</td>
<td>Donated Property, Plant, and Equipment</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other (describe) <strong>Cumulative affect: cost allocations</strong></td>
<td>$105,150</td>
</tr>
<tr>
<td>16</td>
<td>Other (describe)</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>TOTAL Additions (deductions) (sum of lines 7-16)</td>
<td>$81,776</td>
</tr>
<tr>
<td>18</td>
<td><strong>B. Transfers (Itemize):</strong></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>TOTAL Transfers (sum of lines 18-22)</td>
<td>$149,921</td>
</tr>
<tr>
<td>24</td>
<td><strong>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</strong></td>
<td>$149,921</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Inpatient Care</td>
<td>$1,178,955</td>
</tr>
<tr>
<td>1  Gross Revenue -- All Levels of Care</td>
<td>$1,178,955</td>
</tr>
<tr>
<td>2  Discounts and Allowances for all Levels</td>
<td></td>
</tr>
<tr>
<td>3  SUBTOTAL Inpatient Care (line 1 minus line 2)</td>
<td>$1,178,955</td>
</tr>
<tr>
<td>B. Ancillary Revenue</td>
<td></td>
</tr>
<tr>
<td>4  Day Care</td>
<td></td>
</tr>
<tr>
<td>5  Other Care for Outpatients</td>
<td></td>
</tr>
<tr>
<td>6  Therapy</td>
<td></td>
</tr>
<tr>
<td>7  Oxygen</td>
<td></td>
</tr>
<tr>
<td>8  SUBTOTAL Ancillary Revenue (lines 4 thru 7)</td>
<td>$8</td>
</tr>
<tr>
<td>C. Other Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>9  Payments for Education</td>
<td></td>
</tr>
<tr>
<td>10 Other Government Grants</td>
<td></td>
</tr>
<tr>
<td>11 CNA Training Reimbursements</td>
<td></td>
</tr>
<tr>
<td>12 Gift and Coffee Shop</td>
<td></td>
</tr>
<tr>
<td>13 Barber and Beauty Care</td>
<td></td>
</tr>
<tr>
<td>14 Non-Patient Meals</td>
<td></td>
</tr>
<tr>
<td>15 Telephone, Television and Radio</td>
<td></td>
</tr>
<tr>
<td>16 Rental of Facility Space</td>
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</tr>
<tr>
<td>17 Sale of Drugs</td>
<td></td>
</tr>
<tr>
<td>18 Sale of Supplies to Non-Patients</td>
<td></td>
</tr>
<tr>
<td>19 Laboratory</td>
<td></td>
</tr>
<tr>
<td>20 Radiology and X-Ray</td>
<td></td>
</tr>
<tr>
<td>21 Other Medical Services</td>
<td></td>
</tr>
<tr>
<td>22 Laundry</td>
<td></td>
</tr>
<tr>
<td>23 SUBTOTAL Other Operating Revenue (lines 9 thru 22)</td>
<td>$23</td>
</tr>
<tr>
<td>D. Non-Operating Revenue</td>
<td></td>
</tr>
<tr>
<td>24 Contributions</td>
<td></td>
</tr>
<tr>
<td>25 Interest and Other Investment Income***</td>
<td></td>
</tr>
<tr>
<td>26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)</td>
<td>$26</td>
</tr>
<tr>
<td>E. Other Revenue (specify)***</td>
<td></td>
</tr>
<tr>
<td>27 Settlement Income (Insurance, Legal, Etc.)</td>
<td></td>
</tr>
<tr>
<td>28 Day Training</td>
<td>$272,602</td>
</tr>
<tr>
<td>28a SUBTOTAL Other Revenue (lines 27, 28 and 28a)</td>
<td>$272,602</td>
</tr>
<tr>
<td>30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</td>
<td>$1,451,556</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>31 General Services</td>
<td>206,538</td>
</tr>
<tr>
<td>32 Health Care</td>
<td>431,390</td>
</tr>
<tr>
<td>33 General Administration</td>
<td>298,135</td>
</tr>
<tr>
<td>B. Capital Expense</td>
<td></td>
</tr>
<tr>
<td>34 Ownership</td>
<td>170,353</td>
</tr>
<tr>
<td>C. Ancillary Expense</td>
<td></td>
</tr>
<tr>
<td>35 Special Cost Centers</td>
<td>300,828</td>
</tr>
<tr>
<td>36 Provider Participation Fee</td>
<td>67,686</td>
</tr>
<tr>
<td>D. Other Expenses (specify)</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
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<td>38</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td></td>
</tr>
<tr>
<td>40 TOTAL EXPENSES (sum of lines 31 thru 39)*</td>
<td>$1,474,930</td>
</tr>
<tr>
<td>41 Income before Income Taxes (line 30 minus line 40)**</td>
<td>(23,374)</td>
</tr>
<tr>
<td>42 Income Taxes</td>
<td></td>
</tr>
<tr>
<td>43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</td>
<td>(23,374)</td>
</tr>
</tbody>
</table>

* 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 Springs, Inc. # 004-7191

### 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.)

<table>
<thead>
<tr>
<th>1</th>
<th>2**</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># of Hrs. Actually Worked</strong></td>
<td><strong># of Hrs. Paid and Accrued</strong></td>
<td><strong>Reporting Period Total Salaries, Wages</strong></td>
<td><strong>Average Hourly Wage</strong></td>
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<tr>
<td><strong>Director of Nursing</strong></td>
<td>$</td>
<td>$</td>
<td>1</td>
</tr>
<tr>
<td><strong>Assistant Director of Nursing</strong></td>
<td>1,213</td>
<td>1,247</td>
<td>35,582</td>
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<tr>
<td><strong>Registered Nurses</strong></td>
<td>2,398</td>
<td>2,506</td>
<td>61,108</td>
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<tr>
<td><strong>CNA &amp; Orderlies</strong></td>
<td>5</td>
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</tr>
<tr>
<td><strong>CNA Trainees</strong></td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Licensed Therapist</strong></td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rehab/Therapy Aides</strong></td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activity Director</strong></td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activity Assistants</strong></td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Service Workers</strong></td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dietician</strong></td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Food Service Supervisor</strong></td>
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<td>73</td>
<td>1,532</td>
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<tr>
<td><strong>Head Cook</strong></td>
<td>3,762</td>
<td>3,922</td>
<td>50,450</td>
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<tr>
<td><strong>Cook Helpers/Assistants</strong></td>
<td>24</td>
<td>24</td>
<td>214</td>
</tr>
<tr>
<td><strong>Dishwashers</strong></td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maintenance Workers</strong></td>
<td>520</td>
<td>520</td>
<td>7,655</td>
</tr>
<tr>
<td><strong>Housekeepers</strong></td>
<td>914</td>
<td>1,054</td>
<td>12,466</td>
</tr>
<tr>
<td><strong>Laundry</strong></td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Administrator</strong></td>
<td>520</td>
<td>520</td>
<td>15,605</td>
</tr>
<tr>
<td><strong>Assistant Administrator</strong></td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Administrative</strong></td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Manager</strong></td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clerical</strong></td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vocational Instruction</strong></td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Academic Instruction</strong></td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Director</strong></td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>** Qualified MR Prof. (QMRP)**</td>
<td>520</td>
<td>520</td>
<td>9,942</td>
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<tr>
<td><strong>Resident Services Coordinator</strong></td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Habilitation Aides (DD Homes)</strong></td>
<td>22,739</td>
<td>24,216</td>
<td>277,844</td>
</tr>
<tr>
<td><strong>Medical Records</strong></td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify) Facility/Transport</strong></td>
<td>2,559</td>
<td>2,596</td>
<td>50,497</td>
</tr>
<tr>
<td><strong>TOTAL (lines 1 - 33)</strong></td>
<td>35,242</td>
<td>37,198</td>
<td>$522,895 *</td>
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</tbody>
</table>

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

### B. CONSULTANT SERVICES

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Hrs. Paid &amp; Accrued</strong></td>
<td><strong>Total Consultant Cost for Reporting Period</strong></td>
<td><strong>Schedule V Line &amp; Column Reference</strong></td>
</tr>
<tr>
<td><strong>Director of Nursing</strong></td>
<td>$1,200</td>
<td>1-3</td>
</tr>
<tr>
<td><strong>Medical Director</strong></td>
<td>$3,000</td>
<td>9-3</td>
</tr>
<tr>
<td><strong>Medical Records Consultant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nurse Consultant</strong></td>
<td>38</td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacist Consultant</strong></td>
<td>39</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Therapy Consultant</strong></td>
<td>40</td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Therapy Consultant</strong></td>
<td>41</td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory Therapy Consultant</strong></td>
<td>42</td>
<td></td>
</tr>
<tr>
<td><strong>Speech Therapy Consultant</strong></td>
<td>43</td>
<td></td>
</tr>
<tr>
<td><strong>Activity Consultant</strong></td>
<td>44</td>
<td></td>
</tr>
<tr>
<td><strong>Social Service Consultant</strong></td>
<td>45</td>
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</tr>
<tr>
<td><strong>TOTAL (lines 35 - 48)</strong></td>
<td>$27,078</td>
<td>49</td>
</tr>
</tbody>
</table>

### C. CONTRACT NURSES

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Hrs. Paid &amp; Accrued</strong></td>
<td><strong>Total Contract Wages</strong></td>
<td><strong>Schedule V Line &amp; Column Reference</strong></td>
</tr>
<tr>
<td><strong>Registered Nurses</strong></td>
<td>$50</td>
<td>50</td>
</tr>
<tr>
<td><strong>Licensed Practical Nurses</strong></td>
<td>51</td>
<td></td>
</tr>
<tr>
<td><strong>Certified Nurse Assistants/Aides</strong></td>
<td>52</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL (lines 50 - 52)</strong></td>
<td>$53</td>
<td>53</td>
</tr>
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</table>
### XIX. SUPPORT SCHEDULES

#### A. Administrative Salaries

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>Ownership</th>
<th>%</th>
<th>Amount</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson, Anna</td>
<td>Administrator</td>
<td>0</td>
<td>$15,605</td>
<td></td>
<td>Workers' Compensation Insurance</td>
<td>$12,661</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td>Unemployment Compensation Insurance</td>
<td>$5,136</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td>FICA Taxes</td>
<td>$36,370</td>
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<tr>
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<td></td>
<td>0</td>
<td></td>
<td>Employee Health Insurance</td>
<td>$18,040</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td>Employee Meals</td>
<td>$3,232</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td>Illinois Municipal Retirement Fund (IMRF)*</td>
<td>$77,136</td>
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<tr>
<td></td>
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<td></td>
<td>0</td>
<td></td>
<td>Dental/Life Insurance</td>
<td>$280</td>
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<td>0</td>
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<td>Employee Drug Tests/Vaccinations</td>
<td>$764</td>
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<td>0</td>
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<td>Misc Payroll Costs/401K Match</td>
<td>$409</td>
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<td>0</td>
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<td>Employee Relations</td>
<td>$184</td>
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<td></td>
<td></td>
<td>0</td>
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<td>Less: Public Relations Expense</td>
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<td></td>
<td></td>
<td>0</td>
<td></td>
<td>Non-allowable advertising</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td>Employee Drug Tests/Vaccinations</td>
<td>( )</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td>Related parties</td>
<td>( )</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>0</td>
<td></td>
<td>TOTAL (agree to Schedule V, line 17, col. 1)</td>
<td>$15,605</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>0</td>
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<td>TOTAL (agree to Schedule V, line 22, col.8)</td>
<td>$77,136</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 17, col. 1):** $15,605 (List each licensed administrator separately.)

**TOTAL (agree to Schedule V, line 22, col.8):** $77,136

#### B. Administrative - Other

<table>
<thead>
<tr>
<th>Description</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Related parties</td>
<td>$230</td>
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</table>

**TOTAL (agree to Schedule V, line 17, col. 3):** $230

#### C. Professional Services

<table>
<thead>
<tr>
<th>Vendor/Payee</th>
<th>Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Alden Management Services</td>
<td>Consulting Fees</td>
<td>$82,527</td>
</tr>
<tr>
<td>AMS (Eliminated)</td>
<td>Allocated Legal Fees</td>
<td>$18,000</td>
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<tr>
<td>Pathways-reclassed to Nurs.</td>
<td>Clinical Consultants</td>
<td>$2,238</td>
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<tr>
<td>Medi.Com</td>
<td>Billing Consultants</td>
<td>$37</td>
</tr>
<tr>
<td>Alden Group-MidCap (Eliminated)</td>
<td>Legal Fees/Acctg fee</td>
<td>$624</td>
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<td>BDO Seidman/Baker Tilly VK</td>
<td>Accounting Fees</td>
<td>$3,734</td>
</tr>
<tr>
<td>First Advantage Corporation</td>
<td>Tax Credit Services</td>
<td>$288</td>
</tr>
</tbody>
</table>

**TOTAL (agree to Schedule V, line 19, column 3):** $107,447

*Attach copy of IMRF notifications*
### XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS

(See instructions.)

<table>
<thead>
<tr>
<th>Improvement Type</th>
<th>Month &amp; Year Improvement Was Made</th>
<th>Total Cost</th>
<th>Useful Life</th>
<th>FY2007</th>
<th>FY2008</th>
<th>FY2009</th>
<th>FY2010</th>
<th>FY2011</th>
<th>FY2012</th>
<th>FY2013</th>
<th>FY2014</th>
<th>FY2015</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>None for 2011</td>
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<td>$</td>
<td>$</td>
<td>$</td>
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**Amount of Expense Amortized Per Year**
Facility Name & ID Number  Alden Springs, Inc.  

**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? If YES, give association name and amount.  **Il Health Care Assn. $ 618**
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.  **$ 6,464** 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**
9. Are you presently operating under a sublease agreement?  **Yes**
10. Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?  **Yes**  NO  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.  **$ 67,686**  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.  **$ 3,232**  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.