



Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.

# 004-0691 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	316	Skilled (SNF)	316	115,340	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	316	TOTALS	316	115,340	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total	
		3 Medicaid Recipient	4 Private Pay	Other	Total		
8	SNF	5,506	2,064	7,299	14,869	8	
9	SNF/PED					9	
10	ICF	50,700	2,181	1,302	54,183	10	
11	ICF/DD					11	
12	SC					12	
13	DD 16 OR LESS					13	
14	TOTALS	56,206	4,245	8,601	69,052	14	

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.87%

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

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

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 03/01/95

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 316 and days of care provided 4,367

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and # 004-0691 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	305,169	35,244	22,800	363,213	913	364,126	(3,114)	361,012		1
2	Food Purchase		464,396		464,396	(46,026)	418,370	(10,524)	407,846		2
3	Housekeeping	246,660	63,938		310,598	3,373	313,971	11,396	325,367		3
4	Laundry	89,328	31,471		120,799	653	121,452		121,452		4
5	Heat and Other Utilities			229,570	229,570		229,570	3,840	233,410		5
6	Maintenance	42,127		257,946	300,073	280	300,353	49,355	349,708		6
7	Other (specify):* <b>Related party</b>							10,914	10,914		7
8	<b>TOTAL General Services</b>	683,284	595,049	510,316	1,788,649	(40,807)	1,747,842	61,867	1,809,709		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	4,171,042	303,141	7,584	4,481,767	(73,867)	4,407,900	63,547	4,471,447		10
10a	Therapy	149,334	2,285	11,400	163,019		163,019		163,019		10a
11	Activities	331,142	13,508	5,700	350,350	182	350,532		350,532		11
12	Social Services	90,199			90,199		90,199		90,199		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Related party</b>							8,975	8,975		15
16	<b>TOTAL Health Care and Programs</b>	4,741,717	318,934	54,684	5,115,335	(73,685)	5,041,650	72,522	5,114,172		16
	<b>C. General Administration</b>										
17	Administrative	88,870			88,870		88,870	252,970	341,840		17
18	Directors Fees										18
19	Professional Services			842,571	842,571	(10,601)	831,970	(756,366)	75,604		19
20	Dues, Fees, Subscriptions & Promotions			134,913	134,913		134,913	(117,034)	17,879		20
21	Clerical & General Office Expenses	191,100	24,667	86,965	302,732	514	303,246	355,721	658,967		21
22	Employee Benefits & Payroll Taxes			760,160	760,160	30,806	790,966	(6,991)	783,975		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,446	4,446		4,446	4,552	8,998		24
25	Other Admin. Staff Transportation			1,338	1,338		1,338	23,978	25,316		25
26	Insurance-Prop.Liab.Malpractice			346,741	346,741		346,741	214	346,955		26
27	Other (specify):* <b>Related party</b>			237,084	237,084		237,084	(160,996)	76,088		27
28	<b>TOTAL General Administration</b>	279,970	24,667	2,414,218	2,718,855	20,719	2,739,574	(403,952)	2,335,622		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,704,971	938,650	2,979,218	9,622,839	(93,773)	9,529,066	(269,563)	9,259,503		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care (#004-0691) Report Period Beginning: 1/1/2011 Ending: 12/31/2011

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			140,565	140,565		140,565	(10,675)	129,890			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			185,771	185,771		185,771	(53,824)	131,947			32
33	Real Estate Taxes			297,958	297,958		297,958	7,773	305,731			33
34	Rent-Facility & Grounds			1,653,619	1,653,619		1,653,619		1,653,619			34
35	Rent-Equipment & Vehicles			16,213	16,213		16,213	55,251	71,464			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,294,126	2,294,126		2,294,126	(1,475)	2,292,651			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		340,415	440,184	780,599	93,773	874,372	66,188	940,560			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			173,010	173,010		173,010		173,010			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		340,415	613,194	953,609	93,773	1,047,382	66,188	1,113,570			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,704,971	1,279,065	5,886,538	12,870,574		12,870,574	(204,850)	12,665,724			45

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

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

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(46,026.00)	Employee Meals
	22	46,026.00	Employee Meals
22		(15,220.00)	Uniforms
	10	9,305.00	Uniforms
	1	913.00	Uniforms
	3	3,373.00	Uniforms
	4	653.00	Uniforms
	6	280.00	Uniforms
	11	182.00	Uniforms
	21	514.00	Uniforms
10		(93,773.00)	Oxygen - to appropriate cost center
	39	93,773.00	Oxygen - to appropriate cost center
33		na	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	na	Rent - Real Estate Tax on associated landowner (Pg 6)
19		na	Reclass from Professional Fees to Real Estate tax
	33	na	Reclass from Professional Fees to Real Estate tax
21		na	Vendor Settlements
		na	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(10,601.00)	Clinical Coordinators (Pathway Billing)
	10	10,601.00	Clinical Coordinators (Pathway Billing)
Net		<hr/>	

**VI. ADJUSTMENT DETAIL**

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(6,889)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(469)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,361)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,587)	21		17
18	Fines and Penalties	(6,545)	32		18
19	Entertainment	(2,572)	20		19
20	Contributions	(32,484)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(18,357)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(237,084)	27		24
25	Fund Raising, Advertising and Promotional	(25,457)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (332,805)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	385,093	Various	34
35	Other- Attach Schedule	(257,138)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 127,955		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (204,850)		37

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

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

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39			x		39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44			x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	52

**Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.**

ID# 004-0691

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,628)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(10,936)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,698	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	19,411	6	4
5	Expense Pg 13 items under \$2,500 - curr yr purchs +	709	6	5
6	adj ABC Related Party profit Pg 12	(63)	30	6
7	adj ABC Related Party profit Pg 12	(60)	30	7
8	adj ABC Related Party profit Pg 12	(52)	30	8
9	adj ABC Related Party profit Pg 12	(1)	30	9
10	adjustment on depreciation expense	(2,122)	30	10
11	Late Fees on Utilities	(287)	5	11
12	Intercompany Interests	(179,226)	32	12
13	Marketing Manager (GL 6701-100-009)	(52,466)	21	13
14	Employee benefits - Marketing Manager	(6,991)	22	14
15	back out PAC Fees (30%)	(3,643)	20	15
16	Deming leadership Training adjustment (20%)	(150)	24	16
17	Back out Chamber of Commerce exp (GL 6825)	(955)	20	17
18	Misc Income (medical records)	(548)	21	18
19	Misc Income (jury jury)	(141)	21	19
20	Misc Income (food vendor rebate)	(4,239)	21	20
21	Misc Income - others	(132)	21	21
22	back out Legal Fees - Group Midcap charge	(8,192)	19	22
23	back out Accounting Fees - Group Midcap charge	(4,124)	19	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(257,138)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation and Health Care # 004-0691 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary	0	0	7,650	(10,764)	0	0	0	0	0	0	0	(3,114)	1
2	Food Purchase	(1,361)	0	0	(9,163)	0	0	0	0	0	0	0	(10,524)	2
3	Housekeeping	0	0	11,396	0	0	0	0	0	0	0	0	11,396	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(287)	0	4,127	0	0	0	0	0	0	0	0	3,840	5
6	Maintenance	15,929	0	33,220	0	0	0	206	0	0	0	0	49,355	6
7	Other (specify):*	0	0	10,914	0	0	0	0	0	0	0	0	10,914	7
8	<b>TOTAL General Services</b>	<b>14,281</b>	<b>0</b>	<b>67,307</b>	<b>(19,927)</b>	<b>0</b>	<b>0</b>	<b>206</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>61,867</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	59,228	34	4,285	0	0	0	0	0	0	63,547	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,975	0	0	0	0	0	0	0	0	8,975	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>68,203</b>	<b>34</b>	<b>4,285</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>72,522</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	252,970	0	0	0	0	0	0	0	0	252,970	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(30,673)	0	(725,693)	0	0	0	0	0	0	0	0	(756,366)	19
20	Fees, Subscriptions & Promotions	(65,111)	0	(51,923)	0	0	0	0	0	0	0	0	(117,034)	20
21	Clerical & General Office Expenses	(59,113)	0	370,976	17,887	25,971	0	0	0	0	0	0	355,721	21
22	Employee Benefits & Payroll Taxes	(6,991)	0	0	0	0	0	0	0	0	0	0	(6,991)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(150)	0	4,702	0	0	0	0	0	0	0	0	4,552	24
25	Other Admin. Staff Transportation	0	0	23,978	0	0	0	0	0	0	0	0	23,978	25
26	Insurance-Prop.Liab.Malpractice	0	0	214	0	0	0	0	0	0	0	0	214	26
27	Other (specify):*	(237,084)	0	72,065	2,672	1,351	0	0	0	0	0	0	(160,996)	27
28	<b>TOTAL General Administration</b>	<b>(399,122)</b>	<b>0</b>	<b>(52,711)</b>	<b>20,559</b>	<b>27,322</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(403,952)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(384,841)</b>	<b>0</b>	<b>82,799</b>	<b>666</b>	<b>31,607</b>	<b>0</b>	<b>206</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(269,563)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation and Health Care

# 004-0691

Report Period Beginning:

1/1/2011 Ending:

12/31/2011

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(18,862)	0	8,187	0	0	0	0	0	0	0	0	(10,675)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(186,240)	0	131,562	0	854	0	0	0	0	0	0	(53,824)	32
33	Real Estate Taxes	0	0	7,405	0	368	0	0	0	0	0	0	7,773	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	55,251	0	0	0	0	0	0	0	0	55,251	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(205,102)</b>	<b>0</b>	<b>202,405</b>	<b>0</b>	<b>1,222</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,475)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(23,154)	(24,664)	114,006	0	0	0	0	0	66,188	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(23,154)</b>	<b>(24,664)</b>	<b>114,006</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>66,188</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(589,943)	0	285,204	(22,488)	8,165	114,006	206	0	0	0	0	(204,850)	45

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	<b>Total</b>		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,127	\$	4,127	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		4,702		4,702	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		23,978		23,978	17
18	V	26 Insurance		Alden Management Services, Inc.		214		214	18
19	V	20 Dues & Subscriptions	54,882	Alden Management Services, Inc.		2,959		(51,923)	19
20	V	30 Depreciation		Alden Management Services, Inc.		8,187		8,187	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,405		7,405	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		55,251		55,251	22
23	V	32 Interest		Alden Management Services, Inc.		131,562		131,562	23
24	V	1 Dietary		Alden Management Services, Inc.		7,650		7,650	24
25	V	3 Housekeeping		Alden Management Services, Inc.		11,396		11,396	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		10,914		10,914	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		59,228		59,228	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,975		8,975	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		252,970		252,970	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		72,065		72,065	30
31	V	19 Professional Fees	785,877	Alden Management Services, Inc.		60,184		(725,693)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		370,976		370,976	32
33	V	6 Repair & Maint	37,300	Alden Management Services, Inc.		70,520		33,220	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 878,059			\$ 1,163,263	\$ *	285,204	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 380	\$ (22,420)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		11,656	11,656
17	V	2 Tube Feeding	29,815	Prism Health Care Services, Inc.		20,652	(9,163)
18	V	10 Equip Rental	6,660	Prism Health Care Services, Inc.		6,694	34
19	V	39 Ancillary Supplies	40,063	Prism Health Care Services, Inc.		16,909	(23,154)
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		11,441	11,441
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		1,909	1,909
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		763	763
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		6,446	6,446
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 99,338			\$ 76,850	\$ * (22,488)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 <u>Drugs</u>	\$ 176,842	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 245,072	\$ 68,230	15
16	V	39 <u>IV</u>	101,178	<u>Forum Extended Care Services II, Inc.</u>		11,894	(89,284)	16
17	V	39 <u>Wound Care</u>	17,275	<u>Forum Extended Care Services II, Inc.</u>		13,665	(3,610)	17
18	V	10 <u>House Stock</u>	18,660	<u>Forum Extended Care Services II, Inc.</u>		17,265	(1,395)	18
19	V	10 <u>Pharmacy Consultant</u>	7,584	<u>Forum Extended Care Services II, Inc.</u>		13,264	5,680	19
20	V	27 <u>Employee Vaccin.</u>	3,280	<u>Forum Extended Care Services II, Inc.</u>		2,594	(686)	20
21	V	27 <u>Employee Benefits: G&amp;A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,037	2,037	21
22	V	21 <u>Gen'l &amp; Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		16,361	16,361	22
23	V	21 <u>Gen'l &amp; Admin</u>		<u>Forum Extended Care Services II, Inc.</u>		9,610	9,610	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		854	854	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		368	368	25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$ 324,819			\$ 332,984	\$ * 8,165	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy	\$ 428,280	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 542,286	\$	114,006	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 428,280			\$ 542,286	\$ *	114,006	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 26,500	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,706	\$ 206	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 26,500			\$ 26,706	\$ *	206	39

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

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc.# 004-0691 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

## VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation at # 004-0691 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,288	2.1	5.25	Salary	\$ 9,712	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,037	2.1	5.25	Salary	3,603	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,445	2.1	5.25	Salary	2,075	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 15,390		13

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

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

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care # 004-0691 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

Name of Related Organization Alden Management Services, Inc.  
 Street Address 4200 W. Peterson  
 City / State / Zip Code Chicago, IL 60646  
 Phone Number ( 773-724-6622  
 Fax Number ( 773-724-6622

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	34	\$ 78,619	\$	69,052	\$ 4,127	1
2	24	Travel and Seminar	Patient Days	34	89,570		69,052	4,702	2
3	25	Other Admin Travel	Patient Days	34	456,762		69,052	23,978	3
4	26	Insurance	Patient Days	34	4,082		69,052	214	4
5	20	Dues and Subscription	Patient Days	34	56,361		69,052	2,959	5
6	30	Depreciation	No of providers/usage	34	291,758		1	8,187	6
7	33	Real Estate taxes	Patient Days	34	156,401		69,052	7,405	7
8	35	Rent - Equipment & Vehic	Patient Days	34	1,052,493		69,052	55,251	8
9	32	Interest	Patient Days	34	1,368,621		69,052	131,562	9
10	1	Dietary	Patient Days	34	145,718	145,718	69,052	7,650	10
11	3	Housekeeping	Patient Days	34	217,102	217,102	69,052	11,396	11
12	7	Employee Benefit - Gen Services	Patient Days	34	207,899		69,052	10,914	12
13	10	Nurse & Medical Records Salary	Patient Days	34	1,184,449	1,184,449	69,052	59,228	13
14	15	Employee Benefit - Health Care	Patient Days	34	170,963		69,052	8,975	14
15	17	Administrative Salary	Patient Days	34	2,886,253	2,886,253	69,052	252,970	15
16	27	Employee Benefit - Admin	Patient Days	34	1,372,783		69,052	72,065	16
17	19	Professional Fee	Patient Days	34	1,146,467	654,108	69,052	60,184	17
18	21	General and Administrative	Patient Days	34	7,066,809	5,970,419	69,052	370,976	18
19	6	Repairs and Maintenance	Patient Days	34	1,343,350	1,077,524	69,052	70,520	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 19,296,460	\$ 12,135,573		\$ 1,163,263	25

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and # 004-0691 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																			
<b>Long-Term</b>																			
1					\$	\$			\$	1									
2										2									
3										3									
4										4									
5										5									
<b>Working Capital</b>																			
6	Related party-AMS		x	Working Capital					131,562	6									
7	Related party-FECH		x	Working Capital					854	7									
8										8									
9	<b>TOTAL Facility Related</b>				\$	\$			\$ 132,416	9									
<b>B. Non-Facility Related*</b>																			
10	Interest Income (GL 4975)								(469)	10									
11										11									
12										12									
13										13									
14	<b>TOTAL Non-Facility Related</b>				\$	\$			\$ (469)	14									
15	<b>TOTALS (line 9+line14)</b>				\$	\$			\$ 131,947	15									

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

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

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2010 report.		\$	<b>274,200</b>		<b>1</b>
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>281,858</b>		<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>7,658</b>		<b>3</b>
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>290,300</b>		<b>4</b>
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			<b>5</b>
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>297,958</b>		<b>7</b>
Real Estate Tax History:			<b>Plus: Related Party Taxes (2) - See Pg RE_Tax</b>		<b>7,773</b>
		\$			<b>305,731</b>
Real Estate Tax Bill for Calendar Year:	2006	<b>256,417</b>			<b>8</b>
	2007	<b>241,901</b>			<b>9</b>
	2008	<b>257,013</b>			<b>10</b>
	2009	<b>266,175</b>			<b>11</b>
	2010	<b>281,858</b>			<b>12</b>
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>					
				<b>FOR BHF USE ONLY</b>	
				<b>13</b> FROM R. E. TAX STATEMENT FOR 2010 \$	<b>13</b>
				<b>14</b> PLUS APPEAL COST FROM LINE 5 \$	<b>14</b>
				<b>15</b> LESS REFUND FROM LINE 6 \$	<b>15</b>
				<b>16</b> AMOUNT TO USE FOR RATE CALCULATION \$	<b>16</b>

**NOTES:**

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



**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 9,000 B. General Construction Type: Exterior Masonry Frame \_\_\_\_\_ Number of Stories 3

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

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

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

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.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>			\$	1
2					2
3	TOTALS			\$	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Climate Service (Ventilation)	1995		1,828		15			1,828	9
10		Climate Service (Ventilation)	1995		1,915		15			1,915	10
11		Climate Service _Controls	1995		2,885		15			2,885	11
12		Climate Service-Controls	1995		1,251		15			1,251	12
13		Climate Service (A?C Motors,Transfomer)	1995		1,840		15			1,840	13
14		climate Services _Controls	1995		1,200		15			1,200	14
15		JD & Sons-Roofing	1995		7,500		10			7,500	15
16		Grat Lakes Plumbing _Discahrge Pump	1995		3,563		15			3,563	16
17		Midwest Wlectrical	1995		3,332		5			3,332	17
18		Climate Services, Inc.-Ventilation	1995		2,295		15			2,295	18
19		CSI-New Pump	1995		1,483		10			1,483	19
20		Eagle Flag & Banner	1995		680		12			680	20
21		Equipment International _Repair Dishwasher	1996		1,793		5			1,793	21
22		JD & Sons-Roofing	1996		7,700		10			7,700	22
23		ABC_Roof top Condensor	1996		8,668		10			8,668	23
24		Install Walk in refrigeratror	1997		2,177		5			2,177	24
25		Install Ceramic Tile	1997		1,535		5			1,535	25
26		Engine/generator repaired	1997		3,099		5			3,099	26
27		New Cylinder	1997		12,800		5			12,800	27
28		Instill new condenser	1997		8,166		5			8,166	28
29		Install new cylinder	1997		15,300		5			15,300	29
30		Install Floor tile	1997		4,102		5			4,102	30
31		HVAC Boiler	1997		5,888		5			5,888	31
32		Custom wall plates	1997		386		10			386	32
33		A&B Custom Cable Wall plates	1997		1,918		10			1,918	33
34											34
35											35
36											36

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

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

See Page 12A, Line 70 for total

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl Electric (install new fixtures, relocate outlets)	1998	\$ 1,759	\$	5	\$	\$	\$ 1,759	37
38	Wigdahl Electric (repair lighting, timeclock)	1998	1,853		5			1,853	38
39	Climate Service (repaired boiler)	1998	16,029		10			16,029	39
40	Atash (repair sprinkler system)	1998	1,558		10			1,558	40
41	J.D. & Son (roof repair)	1998	10,000		10			10,000	41
42	CSI (dietary refrigerator)	1998	1,670		10			1,670	42
43	CSI (sump cover)	1998	4,900		10			4,900	43
44	Patten (generator repairs)	1998	3,856	193	20	193		2,588	44
45	CSI (insulate duct on air handler)	1998	2,750	183	15	183		2,442	45
46	CSI (repair air conditioner)	1998	1,698		10			1,698	46
47	CSI (replace gaskets on hot water coil)	1998	3,934	197	20	197		2,592	47
48	North Town Food Service (repair dish machine)	1999	1,861		10			1,861	48
49	Alden Bennet Construction (tank replacement)	1999	8,649	346	25	346		4,440	49
50	Patten (Fuel Tank Repairs, need invoice)	1999	1,724		10			1,724	50
51	Chicago Cooling Corp. (repair of unit 5, and inspection)6/99	1999	2,367		10			2,367	51
52	Climate Service, Inc. (replace 15 ton condenser)	1999	9,374	625	15	625		7,812	52
53	Climate Service, Inc. (replace 10 ton condenser)	1999	7,100	473	15	473		5,914	53
54	Climate Service, Inc. (compressor)	1999	7,466	498	15	498		6,182	54
55	Climate Service, Inc. (vac pump)	1999	1,644	110	15	110		1,360	55
56	Climate Service, Inc. (compressor maintenance)	1999	1,728	115	15	115		1,410	56
57	Capps Plumbing & Sewer (install trap & rodded pipes)	1999	1,835		10			1,835	57
58	Climate Service, Inc. (tank repair and maintenance)	1999	2,380	95	25	95		1,149	58
59	Shine Rite Maintenance (refinish tile floors)	1999	4,805		10			4,805	59
60	Alden Bennet Construction (tile/roofing)	2000	8,214		10			8,214	60
61	Alden Bennet Construction (tile/roofing)	2000	11,459		10			11,459	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 223,917	\$ 2,835		\$ 2,835	\$	\$ 210,925	70

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 223,917	\$ 2,835		\$ 2,835	\$	\$ 210,925	1
2	Fox Valley Fire & Safety (replace smoke detectors)	2000	3,731		10			3,731	2
3	CSI Coker Service (repair dishwasher)	2000	3,299		10			3,299	3
4	Welding Supply Inc (repair alarm system)	2000	2,750		10			2,750	4
5	Welding Supply Inc (repair alarm system)	2000	6,649		10			6,649	5
6	System Electric Inc (new controls for oxygen system)	2000	1,785		8			1,785	6
7	GT Mechanical (repair laundry compressor)	2000	2,700		10			2,700	7
8	CSI Coker Service (repair dishwasher)	2000	1,536		10			1,536	8
9	Equipment International (repair laundry equipment)	2000	1,670		10			1,670	9
10	GT Mechanical (repair pneumatic system compressor)	2000	2,431		10			2,431	10
11	Advanced Parts & Service (repair food processor)	2000	2,026		10			2,026	11
12	CSI Coker Service (repair boiler)	2000	5,985		10			5,985	12
13									13
14									14
15	Capps -Plumbing & 2670(install new bolt flange checkvalve)	2001	1,865	124	15	124		1,365	15
16	Sentry Protection Systems (annual maintenance on the fire alarm)	2001	2,151	143	15	143		1,551	16
17	CSI- Coker Service, 039721	2001	1,523	152	10	152		1,648	17
18	Patten (replace with updated phase monitor)	2001	1,898	190	10	190		2,073	18
19	Rockford Steam(hvac work)	2001	6,562	656	10	656		6,998	19
20									20
21	GT Mechanical(replace compressor)	2001	4,947	330	15	330		3,464	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017	202	10	202		2,154	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516	168	15	168		1,749	23
24	CSI Coker (bldng. Improvement)	2001	1,708	114	15	114		1,206	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742	347	10	347		20,742	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 304,409	\$ 5,261		\$ 5,261	\$	\$ 288,437	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 304,409	\$ 5,261		\$ 5,261	\$	\$ 288,437	1
2	EQUINT Equipment International (gas dryer)	2002	3,240	324	10	324		2,997	2
3	AQUSER .REBUILD 2 WATER SOFTNE	2002	2,500	250	10	250		2,313	3
4	ALDBEN Alden Bennett Construct (need invoice)	2002	18,173	1,212	15	1,212		12,119	4
5	ENGSEC Engineered Security Sys	2002	3,091	206	15	206		1,940	5
6	ALDBEN Alden Bennett Construct	2002	25,143	1,676	15	1,676		15,923	6
7	ALDBEN Alden Bennett Construct (building improvement)	2002	3,391	226	15	226		2,185	7
8	TTIRRI T & T Irrigation Inc.(lawn sprinkler system)	2002	15,000	600	25	600		5,750	8
9	PATTEN (replace batteries of radiator & install crank case)	2002	1,517	101	15	101		985	9
10	FEMORA (REPLACED 50 SMOKE DETEC)	2002	8,364	836	10	836		8,222	10
11	FEMORA (REPAIR FIRE ALARM)	2002	3,374	337	10	337		2,943	11
12	GTMECH Gt Mechanical Inc (install new shaft & bearing).	2002	2,216	148	15	148		1,467	12
13	ALDBEN Alden Bennett Construct(install radar,painting & fire d	2002	12,850	857	15	857		7,855	13
14									14
15	Aqua Service-overhaul-water softener units	2002	2,490		5			2,490	15
16	ABC various repairs	2002	54,669	2,733	20	2,733		25,281	16
17	ABC-various reopairs	2002	23,660	1,577	15	1,577		14,456	17
18	Aurora Tri State Fire-smoke detectors	2002	4,322	432	10	432		3,960	18
19	Aurora Tri State Fire-smoke detectors	2002	6,200	620	10	620		5,735	19
20	Aurora Tri State Fire-install alarms	2002	6,559	656	10	656		6,068	20
21	Simplex Grinnell-remove old andsul dry clean unit	2002	2,987	299	10	299		2,715	21
22	A&B Custom Cable-install cable/outlets	2003	4,908	286	10	286		2,574	22
23	GT Mechanical-boiler repair	2003	4,892	489	11	489		4,401	23
24	ABC-receiving door/sensor	2003	6,623	662	10	662		5,958	24
25	ABC-ceiling heaters installed	2003	4,570	457	10	457		4,075	25
26	ABC-aluminum outdoor fencing	2003	5,137	342	15	342		3,024	26
27	Real Green sprinkler maintenance	2003	3,730		5			3,730	27
28	GT Mechanical- HVAC air handler repairs	2003	1,533		5			1,533	28
29	Action Fence Contractor-rail pipe railings	2003	1,875	188	10	188		1,551	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 537,422	\$ 20,775		\$ 20,775	\$	\$ 440,687	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 537,422	\$ 20,775		\$ 20,775	\$	\$ 440,687	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	22
23									23
24									24
25									25
26									26
27									27
28	Adjust for ABC Related Party Profit	2008	(168)	(28)		(28)		(63)	28
29	Adjust for ABC Related Party Profit	2009	(230)	(30)		(30)		(60)	29
30	Adjust for ABC Related Party Profit	2010	(1,118)	(52)		(52)		(78)	30
31	Adjust for ABC Related Party Profit	2011	206	(1)		(1)		(1)	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 614,575	\$ 21,622		\$ 21,622	\$	\$ 511,129	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 614,575	\$ 21,622		\$ 21,622	\$	\$ 511,129	1
2	Alden Bennett Const.-Roof repair	2004	16,439	1,644	10	1,644		12,624	2
3	Alden Bennett Const.-Floor repair	2004	2,429	243	10	243		1,863	3
4	Alden Bennett Const.-Roof repair	2004	1,854	185	10	185		1,389	4
5	CSI Coker-install thermostats	2004	1,853		5			1,853	5
6	GT Mechanical-replace motor pump	2004	1,362		5			1,362	6
7	Alden Bennett Const. Repair control valves	2004	2,643		5			2,643	7
8	GT Mechanical-receiver,controller/gauge	2004	2,165	217	10	217		1,573	8
9	Capps Plumbing-repair toilets,dishwasher	2004	1,635	164	10	164		1,189	9
10	Capps Plumbing-repair/rod main kitchen	2004	4,375	438	10	438		3,175	10
11	Alden Bennett Cons.lock setrs	2004	5,110		5			5,110	11
12	CSI Coker-replace A/C system	2004	5,103	510	10	510		3,783	12
13	Insinc Tellnet-DSL cable	2004	1,334	133	10	133		1,053	13
14	Alden Bennett Cons. Bathroom upgrades	2004	10,405	1,041	10	1,041		8,067	14
15	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		2,518	15
16	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		4,215	16
17	Alden Bennett Cons. Bathroom upgrades	2004	7,281	728	10	728		5,581	17
18	ABC - New window casement	2005	2,820	282	10	282		1,692	18
19	ABC - Time & Material Job# 8020	2005	1,756	176	10	176		1,232	19
20	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 h	2005	2,242	224	10	224		1,550	20
21	ABC - Time & Material Job# 8020	2005	5,676	567	10	567		3,875	21
22	EWS Welding - Equip Repair ( Repair Oxygen back up system)	2005	3,429	429	8	429		2,931	22
23	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314	331	10	331		2,235	23
24	ABC - Time & Material Job# 8020	2005	19,770	1,977	10	1,977		13,345	24
25	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 room	2005	2,317	290	8	290		1,957	25
26	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	66	20	66		440	26
27	GT Mechanical - Replace Compressor	2005	6,460	431	15	431		2,873	27
28	ABC - Time & Material Job# 8020	2005	14,550	1,455	10	1,455		9,579	28
29	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan H	2005	2,054	137	15	137		902	29
30	A&B Custom Cable - 103 rms Cable TV Svc and Install master an	2005	10,094	1,009	10	1,009		6,475	30
31	AMS Generator Repairs	2006	5,006	1,001	5	1,001		5,839	31
32	TOPNOT Replace Freezer Door 1 of 2	2006	4,100	410	10	410		2,289	32
33	TOPNOT Replace Freezer Door 2 of 2	2006	4,100	410	10	410		2,289	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 785,436	\$ 37,012		\$ 37,012	\$	\$ 628,630	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 785,436	\$ 37,012		\$ 37,012	\$	\$ 628,630	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328	333	10	333		2,137	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650	265	10	265		1,678	3
4	A&B Custom Cable - paid by LG	2005	6,250	625	10	625		3,958	4
5	Oak Fire - Repaired System	2005	2,715	272	10	272		1,700	5
6	GTMECH Replace Shaft and Bearings	2006	2,646	265	10	265		1,457	6
7	MG Mechincal - Heat Pump Mini-split system	2006	4,850	485	10	485		2,546	7
8	ABC - raise floor	2006	2,750	275	10	275		1,398	8
9	ABC - flooring and paint	2006	2,652	265	10	265		1,325	9
10	Water Filter Steamer	2007	16,815	1,682	10	1,682		7,148	10
11	New Blacktop Paving and seal coat	2007	66,518	6,652	10	6,652		27,717	11
12	ABC Concrete and steel work-fire protection	2006	20,329	2,033	10	2,033		10,334	12
13	ABC Fire Protection	2006	25,647	1,282	20	1,282		6,410	13
14	ABC New roof	2008	29,424	2,942	10	2,942		10,052	14
15	GTMECH Repaired boiler2	2008	6,034	603	10	603		1,859	15
16	ABC - New MI Unit - Medical Gas/Doors & Frames/Security Cam	2009	23,516	1,568	15	1,568		4,704	16
17	ABC - New MI Unit - Carpentry/Hardware/Painting/Plumbing	2009	39,557	2,637	15	2,637		7,911	17
18	ABC - New MI Unit - Carpentry/HVAC/Resilient Flooring/Door &	2009	55,975	3,732	15	3,732		9,019	18
19	ABC - install sprinkler extension	2009	10,728	429	25	429		1,216	19
20	ABC - install sprinkler extension due to Life safety code	2009	37,230	1,489	25	1,489		3,971	20
21	ABC - replace damaged sidewalk	2009	7,505	500	15	500		1,292	21
22	Pattern - Repair generator	2009	2,695	539	5	539		1,572	22
23	Top Notch - 1 cooler compressor	2009	4,735	316	15	316		895	23
24	Equipment Int'l - Repair washer	2009	3,587	717	5	717		2,032	24
25	Equipment Int'l - Repair washer	2009	2,519	503	5	503		1,342	25
26	Top Notch - 1 new booster	2009	5,596	560	10	560		1,493	26
27	EWS - oxygen wall outlet	2010	3,199	320	10	320		453	27
28	ABC - fire panel	2010	31,162	3,116	10	3,116		3,636	28
29	ABC - asphalt	2010	35,721	4,465	8	4,465		5,953	29
30	ABC - Residents Bathroom Rebuild (supply lines, plumbing, acces	2010	24,470	1,631	15	1,631		1,767	30
31	TopNotch - freezer repair	2010	3,533	707	5	707		1,296	31
32	Belec - electric breakers	2010	3,389	678	5	678		1,017	32
33	Focus Fire Protection - sprinkler	2010	6,305	1,261	5	1,261		1,366	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,279,465	\$ 80,159		\$ 80,159	\$	\$ 759,284	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 1,279,465	\$ 80,159		\$ 80,159	\$	\$ 759,284	1
2	2011	4,567	457	10	457		457	2
3	2011	5,617	468	10	468		468	3
4	2011	5,155	258	5	258		258	4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 1,294,804	\$ 81,342		\$ 81,342	\$	\$ 760,467	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 383,829	\$ 42,112	\$ 42,112	\$		\$ 165,886	71
72	Current Year Purchases	67,356	5,886	5,886			5,886	72
73	Fully Depreciated Assets	282,333	550	550			282,333	73
74								74
75	TOTALS	\$ 733,518	\$ 48,548	\$ 48,548	\$		\$ 454,105	75

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

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

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,032,348	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 129,890	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 129,890	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,218,598	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care (# 004-0691) Report Period Beginning: 1/1/2011 Ending: 12/31/2011

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: T.L. Enterprises, Inc.

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

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ 1,653,619	18		3
4	Additions							4
5								5
6								6
7	TOTAL				\$ 1,653,619			7

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

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

9. Option to Buy:  YES  NO Terms: \$80,000/bed until 2013 \*

**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: \$ 25,415 Description: copy machine GL 6861; Office Equipment GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party- Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>37,530</u>	17
18					18
19	<u>Auto lease GL 6890</u>	<u>various</u>	<u>17.25</u>	<u>207</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>37,737</u>	21

10. Effective dates of current rental agreement:

Beginning 03/01/1995

Ending 02/28/2013

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

Fiscal Year Ending Annual Rent

12. 12/31/2012 \$ 1,653,619

13. 2/28/2013 \$ 275,603

14. \_\_\_\_\_ \$ \_\_\_\_\_

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 188,573	\$		\$ 188,573	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			42,390			42,390	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			197,315			197,315	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				245,072		245,072	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except Care Prgrm</u>	39-1,39-3, if any				114,007	153,203		267,210	12
13	Other (specify): <u>See Pg 16A</u>									13
14	TOTAL			\$		\$ 542,285	\$ 398,275		\$ 940,560	14

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

XIV. Special Services (Direct Cost)

Page 16  
 Col 5: PT,OT, & ST  
 Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$188,573.00
2.	ST	39-3	To Col 5	42,390.00
3.				
4.	PT	39-3	To Col 5	197,315.00
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			176,842.00
	Manual Input from Related Party- Forum Drugs			68,230.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	245,072.00
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	114,007.00
	Other			175,477.00
	Manual Input: Related Party - Prism			(23,153.00)
	Manual Input: Related Party FECII - I.V.			(89,284.00)
	Manual Input: Related Party FECII - Wound Care			(3,610.00)
	Oxygen, from reclass worksheet (Pg 4A)			93,773.00
13.	Col 6: Supplies Total		To Col 6	153,203.00
13.	Total Line 13, Column 8			267,210.00
14.	Total			940,560.00

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care (# 004-0691)Report Period Beginning: 1/1/2011Ending: 12/31/2011

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011 (last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>155,000</u> )	<u>2,230,377</u>		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	<u>9,674</u>		6
7	Other Prepaid Expenses	<u>3,290</u>		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>36,549</u>		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ <u>2,279,890</u>	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	<u>1,436,604</u>		15
16	Equipment, at Historical Cost	<u>740,883</u>		16
17	Accumulated Depreciation (book methods)	<u>(1,257,263)</u>		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	<u>151,767</u>		21
22	Other Long-Term Assets (spe <u>Purchase Option</u> )	<u>948,000</u>		22
23	Other(specify): <u>Due from affiliates</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ <u>2,019,991</u>	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ <u>4,299,881</u>	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ <u>1,275,957</u>	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>153,751</u>		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>490,920</u>		30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>90,557</u>		31
32	Accrued Real Estate Taxes(Sch.IX-B)	<u>290,300</u>		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	<u>346,068</u>		36
37	<u>Due to affiliates</u>	<u>721,299</u>		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ <u>3,368,852</u>	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to affiliates</u>	<u>15,033,214</u>		43
44	<u>S/holder loans, others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ <u>15,033,214</u>	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ <u>18,402,066</u>	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ <u>(14,102,185)</u>	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ <u>4,299,881</u>	\$	48

\*(See instructions.)

## XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (12,024,062)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	<b>External audit adjustment made after 2010 cost report was</b>		<b>3</b>
<b>4</b>	<b>submitted. These have no effect on prior year's report:</b>		<b>4</b>
<b>5</b>	<b>Bad debt, Medicare Revenues ( non allowables)</b>		<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (12,024,062)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(2,078,123)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (2,078,123)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (14,102,185)	<b>24</b> *

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehabilitation and Heal # 004-0691 Report Period Beginning: 1/1/2011

Ending: 12/31/2011

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,583,514	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,583,514	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	91,578	6
7	Oxygen	102,812	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 194,390	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	2,374	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	6,628	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 9,002	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	469	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 469	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	see page 19A	5,076	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 5,076	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,792,451	30

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,788,649	31
32	Health Care	5,115,335	32
33	General Administration	2,718,855	33
<b>B. Capital Expense</b>			
34	Ownership	2,294,126	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	780,599	35
36	Provider Participation Fee	173,010	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 12,870,574	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,078,123)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,078,123)	43

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

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

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

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

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

## Details of Page 19, Line 28

<u>Description</u>		<u>Amount</u>
Misc Income (Medical Records)	4977-100-001	548
Misc Income (Jury Duty)	4977-100-002	141
Misc Income (Food Rebate)	4977-100-005	4,239
Misc Income (General)	4977-100-000	148
Line 28 Total:		<u>5,076</u>

Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care # 004-0691

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,087	2,095	\$ 87,099	\$ 41.57	1
2	Assistant Director of Nursing	2,816	2,906	123,086	42.36	2
3	Registered Nurses	39,164	41,698	1,335,577	32.03	3
4	Licensed Practical Nurses	28,181	30,281	800,359	26.43	4
5	CNAs & Orderlies	106,850	113,933	1,536,326	13.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	830	875	17,366	19.85	8
9	Activity Director	2,080	2,080	46,033	22.13	9
10	Activity Assistants	5,805	6,214	75,714	12.18	10
11	Social Service Workers	4,143	4,497	90,199	20.06	11
12	Dietician					12
13	Food Service Supervisor	2,200	2,200	40,389	18.36	13
14	Head Cook					14
15	Cook Helpers/Assistants	26,466	27,797	264,781	9.53	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	42,127	20.25	17
18	Housekeepers	22,451	23,780	246,661	10.37	18
19	Laundry	8,351	8,853	89,328	10.09	19
20	Administrator	120	120	7,500	62.50	20
21	Assistant Administrator	2,560	2,560	81,370	31.79	21
22	Other Administrative	9,752	9,938	275,589	27.73	22
23	Office Manager	2,008	2,157	27,382	12.69	23
24	Clerical	2,039	2,248	20,096	8.94	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,136	4,160	168,599	40.53	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Dir/Behav	11,673	12,110	209,395	17.29	32
33	Other(specify) Alzheimer Dir/Aid	8,700	9,284	119,995	12.92	33
34	TOTAL (lines 1 - 33)	294,492	311,866	\$ 5,704,971 *	\$ 18.29	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	1900/monthly	\$ 22,800	1-3	35
36	Medical Director	2500/monthly	30,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	632/monthly	7,584	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	one month	268	11-3	44
45	Social Service Consultant	two months	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 61,212		49

C. CONTRACT NURSES

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



**Legal Fee Support**

Legal Fees Reported on Pg 21, Section C:	26,549.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(18,357.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>(8,192.00)</u>
Allowable Legal Fees	<u><u>-</u></u>

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

**Seminar Expense Support**

	Related Party - AMS			4,702.00
Jul-11	COMPHY CJ DRAGOMIR 071211	250.00	20-Jul-11	
Jun-11	COMPHY KATHY CLAUSS	250.00	20-Jun-11	
Jun-11	COMPHY CRISTY TALUSAN	250.00	20-Jun-11	600.00
Oct-11	AMS 10/11 AMEX FS IHCA	1,055.00		
Apr-11	ILLHCA Sponsorship IHCA Co	326.92		1,381.92
Oct-11	FOCAGI CE Program	100.00	CNE Provider	
Aug-11	OAKCOM CURRENT TRENDS IN DRUG	96.00	93011	
Aug-11	OAKCOM HIGHLY EFFECTIVE CLINIC	70.00	101211	
Jun-11	OAKCOM WORKING WITH SUICIDAL	59.00	HMHA52-630	
Nov-11	REI120 PESIHE TRAINING	199.99	SIM-NAMKOONG,J.	
Oct-11	AMS 10/11 WRIEXP RM III Council	60.00		
Aug-11	HEAINF T. FISCHER	199.00	92111	
Nov-11	REI120 ILRTA CONFERENCE	215.00	FAGER,L.	
Jul-11	AMS 7/11 WRIEXP RM Nami Office	125.00		
Jul-11	CAMTRA SKILLS TRAINING	150.00	81211	
Jun-11	REI120 SUSTAIN TRAINING/RELAPS	140.00	SIM-NAMKOONG,J.	
Apr-11	WRIEXP R.Molitor-Alliance	150.00		
Oct-11	AMS 10/11 SONMIX Training	63.36		
Oct-11	AMS 10/11 WRIEXP RH Richard on	51.35		
Dec-11	HARCOL 36 HR ACTIVITY DIRECTOR	375.00	120611	
Feb-11	NATINV Annual Conf.sponser	260.00		<u>2,313.70</u>
	<b>TOTAL</b>			<b><u><u>8,997.62</u></u></b>



Facility Name & ID Number Alden Terrace of McHenry Rehabilitation and Health Care Center, Inc # 004-0691 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL Health Care Association \$8,501
- (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. \$ 54,959 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 173,010  
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. \$ 46,026 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.