

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	2,170	4,027	32,681	38,878	8
9	SNF/PED					9
10	ICF	7,353	4,697	937	12,987	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	9,523	8,724	33,618	51,865	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.05%

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

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

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

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

YES NO

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

YES NO

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

Date started 01/19/98

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 200 and days of care provided 32,137

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	655,891	60,677		716,568	3,052	719,620	2,772	722,392		1
2	Food Purchase		441,927		441,927	(24,677)	417,250	(13,122)	404,128		2
3	Housekeeping	296,547	78,182		374,729	1,394	376,123	7,771	383,894		3
4	Laundry	68,671	40,684		109,355	999	110,354		110,354		4
5	Heat and Other Utilities			201,758	201,758		201,758	2,352	204,110		5
6	Maintenance	55,142		293,021	348,163	135	348,298	9,221	357,519		6
7	Other (specify):* Security/related party			340	340		340	8,525	8,865		7
8	TOTAL General Services	1,076,251	621,470	495,119	2,192,840	(19,097)	2,173,743	17,519	2,191,262		8
	B. Health Care and Programs										
9	Medical Director			35,500	35,500		35,500		35,500		9
10	Nursing and Medical Records	4,071,999	316,357	10,581	4,398,937	17,026	4,415,963	41,807	4,457,770		10
10a	Therapy	139,918	3,703	11,788	155,409		155,409		155,409		10a
11	Activities	142,977	4,633	9,371	156,981	150	157,131		157,131		11
12	Social Services	46,394			46,394		46,394		46,394		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,194	7,194		15
16	TOTAL Health Care and Programs	4,401,288	324,693	67,240	4,793,221	17,176	4,810,397	49,001	4,859,398		16
	C. General Administration										
17	Administrative	197,005			197,005		197,005	121,317	318,322		17
18	Directors Fees										18
19	Professional Services			1,700,297	1,700,297	(577)	1,699,720	(1,594,765)	104,955		19
20	Dues, Fees, Subscriptions & Promotions			89,036	89,036		89,036	(67,078)	21,958		20
21	Clerical & General Office Expenses	359,243	40,004	108,445	507,692	703	508,395	429,347	937,742		21
22	Employee Benefits & Payroll Taxes			1,155,279	1,155,279	1,795	1,157,074		1,157,074		22
23	Inservice Training & Education										23
24	Travel and Seminar			731	731		731	852	1,583		24
25	Other Admin. Staff Transportation			1,218	1,218		1,218	16,508	17,726		25
26	Insurance-Prop.Liab.Malpractice			293,052	293,052		293,052	17,318	310,370		26
27	Other (specify):* Bad debt/related party			154,064	154,064		154,064	(83,783)	70,281		27
28	TOTAL General Administration	556,248	40,004	3,502,122	4,098,374	1,921	4,100,295	(1,160,284)	2,940,011		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,033,787	986,167	4,064,481	11,084,435		11,084,435	(1,093,764)	9,990,671		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			63,471	63,471		63,471	463,858	527,329			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			248,855	248,855		248,855	454,321	703,176			32
33	Real Estate Taxes			762,309	762,309	(762,309)		837,674	837,674			33
34	Rent-Facility & Grounds			823,887	823,887	762,309	1,586,196	(1,586,196)				34
35	Rent-Equipment & Vehicles			23,516	23,516		23,516	54,567	78,083			35
36	Other (specify):* MIP							71,689	71,689			36
37	TOTAL Ownership			1,922,038	1,922,038		1,922,038	295,913	2,217,951			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,611,299	3,221,518	4,832,817		4,832,817	(457,033)	4,375,784			39
40	Barber and Beauty Shops	59,500			59,500		59,500		59,500			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			228,539	228,539		228,539		228,539			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	59,500	1,611,299	3,450,057	5,120,856		5,120,856	(457,033)	4,663,823			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,093,287	2,597,466	9,436,576	18,127,329		18,127,329	(1,254,884)	16,872,445			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(24,677.00)	Employee Meals
	22	24,677.00	Employee Meals
22		(22,882.00)	Uniforms
	1	2,475.00	Uniforms
	3	1,394.00	Uniforms
	4	999.00	Uniforms
	6	135.00	Uniforms
	10	17,026.00	Uniforms
	11	150.00	Uniforms
	21	702.00	Uniforms
33		(762,309.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	762,309.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(577.00)	Linda Roberts
	1	577.00	Linda Roberts

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	(11,704)	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	2,145	30		9
10	Interest and Other Investment Income	(13,148)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,477)	2		13
14	Non-Care Related Interest	(3,588)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(6,256)	21		17
18	Fines and Penalties	(8,430)	32		18
19	Entertainment	(3,774)	20		19
20	Contributions	(5,497)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,710)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(154,064)	27		24
25	Fund Raising, Advertising and Promotional	(26,244)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (235,747)		\$	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)	(1,075,737)	Various	34
35	Other- Attach Schedule	56,600	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,019,137)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,254,884)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Alden Orland Park Rehab & HCC

ID# 0042192

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,771)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(15,049)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,337	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,141	6	4
5				5
6				6
7	Correct YTD depreciation	(1,842)	30	7
8				8
9	Late fees on utilities	(870)	5	9
10	Late fee on telephone	0	21	10
11	Flu shot income	(280)	21	11
12				12
13	Miscellaneous income (Payroll)	(128)	21	13
14	Miscellaneous income (Medical records)	(60)	10	14
15	Marketing Mgr & Aides (g/l 6701-100-009 & 015)	0	21	15
16	Mktg Mgr & Aides employee benefits deductions	0	22	16
17	IL Health Care Assoc. dues (30%)	(1,932)	20	17
18				18
19				19
20	Adj for ABC related party profit - Pg 12	(8)	30	20
21	Adj for ABC related party profit - Pg 12	(30)	30	21
22	Adj for ABC related party profit - Pg 12	(2)	30	22
23	Adj for ABC related party profit - Pg 12	170	30	23
24	Adj for ABC related party profit - Pg 12	16	30	24
25	OP Chamber of Commerce dues	(185)	20	25
26				26
27	2000, 2003, 2009 Real Estate refunds	68,093	33	27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		56,600	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,772	0	0	0	0	0	0	0	0	2,772	1
2	Food Purchase	(3,477)	0	0	(9,645)	0	0	0	0	0	0	0	(13,122)	2
3	Housekeeping	0	0	7,771	0	0	0	0	0	0	0	0	7,771	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(870)	0	3,222	0	0	0	0	0	0	0	0	2,352	5
6	Maintenance	774	0	8,154	0	0	0	293	0	0	0	0	9,221	6
7	Other (specify):*	0	0	7,363	1,162	0	0	0	0	0	0	0	8,525	7
8	TOTAL General Services	(3,573)	0	29,282	(8,483)	0	0	293	0	0	0	0	17,519	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(60)	0	46,690	1,351	(6,174)	0	0	0	0	0	0	41,807	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	7,194	0	0	0	0	0	0	0	0	7,194	15
16	TOTAL Health Care and Programs	(60)	0	53,884	1,351	(6,174)	0	0	0	0	0	0	49,001	16
	C. General Administration													
17	Administrative	0	0	121,317	0	0	0	0	0	0	0	0	121,317	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,710)	29,853	(1,622,908)	0	0	0	0	0	0	0	0	(1,594,765)	19
20	Fees, Subscriptions & Promotions	(37,632)	309	(29,755)	0	0	0	0	0	0	0	0	(67,078)	20
21	Clerical & General Office Expenses	(6,664)	210	285,101	24,452	126,248	0	0	0	0	0	0	429,347	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	852	0	0	0	0	0	0	0	0	852	24
25	Other Admin. Staff Transportation	0	0	16,508	0	0	0	0	0	0	0	0	16,508	25
26	Insurance-Prop.Liab.Malpractice	0	17,084	234	0	0	0	0	0	0	0	0	17,318	26
27	Other (specify):*	(154,064)	0	56,709	2,499	11,073	0	0	0	0	0	0	(83,783)	27
28	TOTAL General Administration	(200,070)	47,456	(1,171,942)	26,951	137,321	0	0	0	0	0	0	(1,160,284)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(203,703)	47,456	(1,088,776)	19,819	131,147	0	293	0	0	0	0	(1,093,764)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(18,371)	473,153	9,076	0	0	0	0	0	0	0	0	463,858	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(25,166)	466,534	9,577	0	3,376	0	0	0	0	0	0	454,321	32
33	Real Estate Taxes	68,093	762,309	5,940	0	1,332	0	0	0	0	0	0	837,674	33
34	Rent-Facility & Grounds	0	(1,586,196)	0	0	0	0	0	0	0	0	0	(1,586,196)	34
35	Rent-Equipment & Vehicles	0	0	54,567	0	0	0	0	0	0	0	0	54,567	35
36	Other (specify):*	0	71,689	0	0	0	0	0	0	0	0	0	71,689	36
37	TOTAL Ownership	24,556	187,489	79,160	0	4,708	0	0	0	0	0	0	295,913	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(64,935)	(258,671)	(133,427)	0	0	0	0	0	(457,033)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(64,935)	(258,671)	(133,427)	0	0	0	0	0	(457,033)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(179,147)	234,945	(1,009,616)	(45,116)	(122,816)	(133,427)	293	0	0	0	0	(1,254,884)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	<u>34 Lease Revenue</u>	\$ <u>1,586,196</u>	<u>Orland Associates Limited Liability Corporation</u>	<u>0.00%</u>	\$	\$ <u>(1,586,196)</u>	1
2	V	<u>32 Interest Inc-RR & Int Inc</u>	<u>279</u>	<u>Orland Associates Limited Liability Corporation</u>			<u>(279)</u>	2
3	V	<u>32 Interest Income - Interco</u>	<u>138,947</u>	<u>Orland Associates Limited Liability Corporation</u>			<u>(138,947)</u>	3
4	V	<u>20 Annual report fee</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>309</u>	<u>309</u>	4
5	V	<u>19 Accounting Fees</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>7,350</u>	<u>7,350</u>	5
6	V	<u>21 Miscellaneous Admin. Fees</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>210</u>	<u>210</u>	6
7	V	<u>33 Real Estate Tax Expense</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>762,309</u>	<u>762,309</u>	7
8	V	<u>26 Insurance Expense</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>17,084</u>	<u>17,084</u>	8
9	V	<u>36 Mortgage Insurance Expense</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>71,689</u>	<u>71,689</u>	9
10	V	<u>32 Interest Expense</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>597,916</u>	<u>597,916</u>	10
11	V	<u>30 Depreciation</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>473,153</u>	<u>473,153</u>	11
12	V	<u>32 Amortization</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>7,844</u>	<u>7,844</u>	12
13	V	<u>19 Legal Fees</u>		<u>Orland Associates Limited Liability Corporation</u>		<u>22,503</u>	<u>22,503</u>	13
14	Total		\$ <u>1,725,422</u>			\$ <u>1,960,367</u>	\$ * <u>234,945</u>	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%	\$ 3,222	\$ 3,222 15
16	V	24 Travel / Seminar		Alden Management Services, Inc.		852	852 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,508	16,508 17
18	V	26 Insurance		Alden Management Services, Inc.		234	234 18
19	V	20 Dues / Subscriptions	32,562	Alden Management Services, Inc.		2,807	(29,755) 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076	9,076 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,940	5,940 21
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		54,567	54,567 22
23	V	32 Interest		Alden Management Services, Inc.		9,577	9,577 23
24	V	1 Dietary Salary		Alden Management Services, Inc.		2,772	2,772 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,771	7,771 25
26	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		7,363	7,363 26
27	V	10 Nursing & Medical records salaries		Alden Management Services, Inc.		46,690	46,690 27
28	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		7,194	7,194 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		121,317	121,317 29
30	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		56,709	56,709 30
31	V	19 Professional Fees	1,672,640	Alden Management Services, Inc.		49,732	(1,622,908) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		285,101	285,101 32
33	V	6 Repair & Maintenance	45,394	Alden Management Services, Inc.		53,548	8,154 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,750,596			\$ 740,980	\$ * (1,009,616) 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 <u>Diet. Consultant</u>	\$	<u>Prism Health Care Services, Inc.</u>	0.00%	\$	\$	15
16	V	1 <u>Dietary Salary</u>		<u>Prism Health Care Services, Inc.</u>				16
17	V	2 <u>Tube Feeding</u>	25,920	<u>Prism Health Care Services, Inc.</u>		16,275	(9,645)	17
18	V	10 <u>Equip. Rental</u>	6,660	<u>Prism Health Care Services, Inc.</u>		8,011	1,351	18
19	V	39 <u>Ancillary Services</u>	116,794	<u>Prism Health Care Services, Inc.</u>		51,859	(64,935)	19
20	V	21 <u>Gen'l & Admin Salary</u>		<u>Prism Health Care Services, Inc.</u>		14,406	14,406	20
21	V	27 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		2,499	2,499	21
22	V	7 <u>Employee Benefits</u>		<u>Prism Health Care Services, Inc.</u>		1,162	1,162	22
23	V	21 <u>Gen'l & Admin</u>		<u>Prism Health Care Services, Inc.</u>		10,046	10,046	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		\$ 149,374			\$ 104,258	\$ * (45,116)	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 Drugs	\$ 743,223	Forum Extended Care Services II, Inc.	0.00%	\$ 613,376	\$ (129,847)
16	V	39 I.V.	734,865	Forum Extended Care Services II, Inc.		606,478	(128,387)
17	V	39 Wound Care	2,499	Forum Extended Care Services II, Inc.		2,062	(437)
18	V	10 House Stock	29,259	Forum Extended Care Services II, Inc.		24,147	(5,112)
19	V	10 Pharm Consult	6,082	Forum Extended Care Services II, Inc.		5,020	(1,062)
20	V	27 Employee Vaccin.	4,865	Forum Extended Care Services II, Inc.		4,015	(850)
21	V	27 Employee Benef: G & A		Forum Extended Care Services II, Inc.		11,923	11,923
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		79,630	79,630
23	V	21 Gen'l & Admin.		Forum Extended Care Services II, Inc.		46,618	46,618
24	V	32 Interest		Forum Extended Care Services II, Inc.		3,376	3,376
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		1,332	1,332
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,520,793			\$ 1,397,977	\$ * (122,816)

* 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	\$ 3,117,038	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,983,611	\$ (133,427)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 3,117,038			\$ 2,983,611	\$ * (133,427)

* 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 & Maintenance	\$ 21,780	Alden Bennett Construction Company, Inc.	0.00%	\$ 22,073	\$ 293	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 21,780			\$ 22,073	\$ *	293	39

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

Facility Name & ID Number

Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11					Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero				14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden Estates of Greenville, Inc.	Greenville, IL				30

Facility Name & ID Number Alden Orland Park Rehab & HCC # 0042192 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg	President	CEO	100.00	177,726	1.572	3.93	Salary	\$ 7,274	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	91,265	1.572	3.93	Salary	3,735	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	91,265	1.572	3.93	Salary	3,735	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	101,081	1.572	3.93	Salary	4,137	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	55,098	1.572	3.93	Salary	2,255	21-7	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	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11											11
12											12
13								TOTAL	\$ 21,136		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 Orland Park Rehab & HCC

0042192 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,319,137	35	\$ 81,942	\$ 51,865	\$ 3,222	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681	51,865	852	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	51,865	16,508	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	51,865	234	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386	51,865	2,807	5
6	30	Depreciation	No of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/ysage	1,319,137	35	171,267	51,865	5,940	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861	51,865	54,567	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	51,865	9,577	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	2,772	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	7,771	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	187,265	51,865	7,363	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	46,690	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	182,984	51,865	7,194	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	121,317	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,442,333	51,865	56,709	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	49,732	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,251,269	6,199,389	285,101	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,361,952	1,077,972	53,548	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 740,980	25

Facility Name & ID Number

Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6		7	8	9	10									
						Name of Lender	Related**					Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
							YES								NO	Original				Balance
	A. Directly Facility Related																			
	Long-Term																			
1	Cambridge		x	Mortgage	\$62,864.41	3/2011	\$ 14,668,300	\$ 14,266,526	4/2051	4.1700	\$ 597,916	1								
2	Bank of Leumi		x	LOC	Varies	8/2012	2,027,622		3/2014	4.5000	93,425	2								
3	Amortization		x	Refin. Fees							8,944	3								
4												4								
5												5								
	Working Capital																			
6	Related party-AMS		x	Working capital							9,577	6								
7	Related party-FECII		x	Working capital							3,376	7								
8	Insurance Interest		x	Medical malpractice							3,365	8								
9	TOTAL Facility Related				\$62,864.41		\$ 16,695,922	\$ 14,266,526			\$ 716,603	9								
	B. Non-Facility Related*																			
10	Interest Income on R.R.		x								(98)	10								
11	Interest-Leumi LP accts		x								(181)	11								
12	Interest Income on Corp		x								(13,087)	12								
13	Patient Interest Income		x								(61)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (13,427)	14								
15	TOTALS (line 9+line14)						\$ 16,695,922	\$ 14,266,526			\$ 703,176	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 71,689 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>775,900</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>791,302</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>15,402</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>815,000</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>830,402</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>7,272.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>837,674</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>683,194</u>			8
	2009	<u>758,297</u>			9
	2010	<u>772,338</u>			10
	2011	<u>753,283</u>			11
	2012	<u>791,302</u>			12
<u>the current year accrual is based on an estimated 3% increase of the prior year tax</u>					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Orland Park Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>285,389.00</u>	\$ <u>5,940.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>1,332.00</u>
3. <u>27-21-401-003-000</u>	<u>Nursing Home Facility</u>	\$ <u>791,302.00</u>	\$ <u>791,302.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>1,112,372.00</u></u>	\$ <u><u>798,574.00</u></u>

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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>	<u>350,871</u>	<u>1997</u>	<u>\$ 584,920</u>	1
2					2
3	TOTALS	350,871		\$ 584,920	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	200	1998	1997	\$ 12,679,210	\$ 314,835	40	\$ 316,980	\$ 2,145	\$ 5,070,199	4
5										5
6										6
7										7
8										8
Improvement Type**										
9			1998	2,975		10			2,975	9
10			1998	1,648		10			1,648	10
11			1998	2,158		5			2,158	11
12			1998	4,446		10			4,446	12
13			1998	6,236		10			6,236	13
14			1998	4,608		5			4,608	14
15			1999	14,529	726	20	726		10,893	15
16			1999	5,400	360	15	360		5,340	16
17			1999	2,070	138	15	138		2,012	17
18			1999	3,400		5			3,400	18
19			1999	2,000		5			2,000	19
20			1999	2,625	175	15	175		2,523	20
21			2000	9,767		10			9,767	21
22			2000	7,765		10			7,765	22
23			2000	1,384	69	20	69		967	23
24			2000	1,674	84	20	84		1,174	24
25			2000	1,689	84	20	84		1,179	25
26			2000	1,684	84	20	84		1,177	26
27			2000	2,376	119	20	119		1,665	27
28			2000	5,079		10			5,079	28
29			2000	7,765		10			7,765	29
30			2000	2,073		10			2,073	30
31			2000	2,798		10			2,798	31
32			2000	4,437		10			4,437	32
33			2000	2,290	153	15	153		2,013	33
34			2000	2,915		10			2,915	34
35			2001	1,977	132	15	132		1,682	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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	Capps Plumbing (repair pump)	2002	\$ 7,214	\$ 481	15	\$ 481	\$	\$ 6,653	37
38	Med-Con (alarm system)	2002	813		10			813	38
39	Alden Bennett Construction (time & material)	2002	4,008	267	15	267		3,116	39
40	Alden Bennett Construction (time & material)	2002	2,809	187	15	187		2,198	40
41	Alden Bennett Construction (time & material)	2002	2,365	158	15	158		1,868	41
42									42
43	Alden Bennett Cons..auto. Door opener	2003	3,915	199	10	199		3,915	43
44	Alden Bennet Cons. laundry press/gas/ellec	2003	6,825	455	15	455		5,005	44
45	GT Mechanical-repair heat pump	2003	1,797		5			1,797	45
46	CSI Coker-rebuild dishwasher	2003	4,333	183	10	183		4,333	46
47	Real Green-sprinkler system repair	2003	3,600		5			3,600	47
48	Real Green-sprinkler system repair	2003	1,750		5			1,750	48
49	CSI Coker kitchen exhaust pipe repair	2003	1,728		5			1,728	49
50	CSI Coker-walk in freezer repair	2003	1,560		5			1,560	50
51	Alden Bennett Cons.-ejector pump repair	2003	1,182		5			1,182	51
52	Controlled Irrigation-sprinkler system repair	2003	2,552		5			2,552	52
53	Alden Bennett Cons-ejector pump repairs	2003	2,991		5			2,991	53
54	B&K Landscaping-crushed stone walkway base	2003	1,400	128	10	128		1,400	54
55									55
56	Alden Bennett - Repairs	2004	1,700	113	15	113		1,027	56
57	Top Notch - Repairs	2004	2,189	146	15	146		1,326	57
58	Alden Bennett Construction - laundry press/gas/electric/pipe	2004	4,062	203	20	203		1,979	58
59	GT Mechanical-repair heat pump	2004	1,083	54	20	54		527	59
60	GT Mechanical-replace A/C compressor unit	2004	8,600	573	15	573		5,444	60
61	Insurance refund on above asset	2004	(3,600)	(240)	15	(240)		(2,280)	61
62	GT Mechanical-repair heater leak	2004	583		5			583	62
63	GT Mechanical-repair valve leak	2004	718		5			718	63
64	GT Mechanical-heater repair	2004	753		5			753	64
65	New Horizons - Phone line repair	2004	2,793	279	10	279		2,558	65
66	B & K Landscaping- crushedstone walkway base	2004	2,420	161	15	161		1,557	66
67	Alden Bennett - Plumbing Repair	2004	866		5			866	67
68	GT Mechanical - Repair compressor leak	2004	700		5			700	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,860,685	\$ 320,308		\$ 322,453	\$ 2,145	\$ 5,233,113	70

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,860,685	\$ 320,308		\$ 322,453	\$ 2,145	\$ 5,233,113	1
2	GT Mechanical - Repair cooling fan	2004	1,256		5			1,256	2
3	GT Mechanical - Repairs	2004	679		5			679	3
4	Top Notch - Repairs	2004	839		5			839	4
5	GT Mechanical - AC maintenance/repair	2004	1,108		5			1,108	5
6	GT Mechanical - Replace CFM & contactor	2004	1,126	113	10	113		1,092	6
7	Replace condenser fan motor	2004	1,204	120	10	120		1,171	7
8	Building Repairs	2004	5,871	391	15	391		3,650	8
9	A&B Custom Cable TV Service, Inc. - Inst cable jacks	2004	8,120	812	10	812		8,120	9
10	GTMECH-Replace Gas Valve in the RTU	2005	2,165	144	15	144		1,296	10
11	TOPNOT Commercial Kitchen	2005	1,735	116	15	116		1,044	11
12	New Horizons Phone Repair	2005	2,461	246	10	246		2,153	12
13	Dryer and Condensing Unit	2005	1,309	131	10	131		1,146	13
14									14
15	ABC Installed Cabinets and Drawers	2005	5,332	355	15	355		3,018	15
16	New Horizons CRD 6 Circuit	2005	2,285	229	10	229		1,889	16
17	New Furnance	2005	2,299		5			2,299	17
18	12 New Phones	2005	3,559	356	10	356		2,878	18
19	ABC repair work on entry ramp and ramp walls	2005	5,211	347	15	347		2,776	19
20	Millcar Milliken Carpets	2005	18,160	1,816	10	1,816		15,285	20
21	Asphalt the Parking Lot	2005	1,806	181	10	181		1,493	21
22	Asphalt the Parking Lot	2005	1,787	179	10	179		1,477	22
23	Millcar Milliken Carpets	2005	(15,609)	(1,561)	10	(1,561)		(14,699)	23
24	Parking Lot	2006	217,356	29,170	8	29,170		203,510	24
25	Installed new seal and started on HP-1	2006	2,528	253	10	253		2,003	25
26	Installed new power supply	2006	4,274	214	20	214		1,694	26
27	Removed and replaced carpet	2006	3,848		5			3,848	27
28	Repair Generator	2006	2,819		5			2,819	28
29	Installed new vanity countertop	2006	3,277	328	10	328		2,541	29
30	Installed sewage ejector pump	2006	4,453	297	15	297		2,128	30
31	Carpet for the second floor	2006	31,104		5			31,104	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,183,047	\$ 354,543		\$ 356,688	\$ 2,145	\$ 5,522,730	34

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 13,183,047	\$ 354,543		\$ 356,688	\$ 2,145	\$ 5,522,730	1
2	New Carpet at Orland	2007	38,166		5			38,166	2
3	Adjustment Alden bennett 2002 costs	2007	(4,558)	(304)	15	(304)		(2,027)	3
4	New Park Benches	2007	2,606		5			2,606	4
5	Install intercom system	2007	5,825	583	10	583		3,789	5
6	replaced worn and broken locksets	2007	6,137		5			6,137	6
7	Modifications to irrigation system	2007	22,716		5			22,716	7
8	Major repair to Drver	2007	5,088	509	10	509		3,224	8
9	Porch repair	2007	2,695		5			2,695	9
10	new carpet	2007	19,420		5			19,420	10
11	Topnot Booster Heater	2007	5,462	546	10	546		3,322	11
12	Replaced damaged parking lot with new material	2007	6,020	752	8	752		4,575	12
13	Additional work on parking lot	2007	7,771	971	8	971		5,988	13
14	Fence around parking lot	2007	6,996	875	8	875		5,396	14
15	New Door and concrete around area-ABC	2008	5,215	348	15	348		1,885	15
16	Laundry chute Door-ABC	2008	8,803	880	10	880		4,767	16
17	New Receiving Door and new motor-ABC	2008	6,271	627	10	627		3,344	17
18	Replace receiving door-ABC	2008	2,521	252	10	252		1,281	18
19	Replace laundry chute, ceiling tile, broken plumbing & electrical fi	2009	7,028	703	10	703		3,046	19
20	Asphalt paving-ABC	2009	22,465	2,808	8	2,808		11,700	20
21	Coating EIFS installation of control joint-ABC	2009	3,275	655	5	655		2,784	21
22	Concrete & EIFS coating repairs - J.S. Goray	2009	8,670	578	15	578		2,601	22
23	Repair railings & exterior EIFS entrance-ABC	2009	8,665	578	15	578		2,553	23
24	Oxygen suction system repaired air hoses-Medical Gas Mngmt	2010	11,467	2,293	5	2,293		8,217	24
25	Elevator: CPU repairs/parts-Long Elevator Co.	2010	5,675	1,135	5	1,135		3,973	25
26	Paving-Asphalt cleaned sealcoat applied-Garelli Pavement	2010	3,450	431	8	431		1,437	26
27	Engineering Fees, rebuilding-Therapy Room-ABC	2010	6,796	453	15	453		1,472	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,407,693	\$ 370,216		\$ 372,361	\$ 2,145	\$ 5,687,797	34

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,407,693	\$ 370,216		\$ 372,361	\$ 2,145	\$ 5,687,797	1
2	Carpentry Accoustical work - ABC	2011	17,521	1,168	15	1,168		3,115	2
3	Carpentry drywall accoustical demoli. work - ABC	2011	57,595	3,840	15	3,840		10,240	3
4	Carpentry electrical work - ABC	2011	48,742	3,249	15	3,249		8,664	4
5	Framing/drywall fire protection work - ABC	2011	19,334	1,289	15	1,289		3,437	5
6	HVAC/Plumbing - ABC	2011	32,533	2,169	15	2,169		5,784	6
7	Plumbing fire protection work - ABC	2011	18,840	1,256	15	1,256		3,349	7
8	Pier construction (3) - JMALLE	2011	19,637	982	20	982		2,209	8
9	Pier construction - concrete/carpentry/finish hardware/electrical fi	2011	33,117	1,656	20	1,656		3,450	9
10	Pier construction - concrete/carpentry/finish hardware/electrical fi	2011	55,850	2,793	20	2,793		5,896	10
11	Pier construction - fence/electrical fixtures - ABC	2011	5,005	250	20	250		521	11
12	Pier construction - landscaping - ABC	2011	26,077	1,304	20	1,304		2,717	12
13									13
14	Generator transfer switch/install - ABC	2011	12,578	2,516	5	2,516		6,709	14
15	Upholstery - Design	2011	2,905	581	5	581		1,549	15
16									16
17	Sprinkley heads & pressure gauges (11) - US Fire	2012	5,856	1,171	5	1,171		1,483	17
18	Fire damper replacement and repairs labor - GT Mechanical	2012	12,585	1,259	10	1,259		1,469	18
19	Pier construction - landscaping - Sebert	2012	6,215	311	20	311		440	19
20									20
21	Paving, parking lot, sealcoat/re-stripe-ABC	2013	26,195	691	15	691		691	21
22	Asphalt walking path, excavate/install-ABC	2013	16,194	506	8	506		506	22
23	Washer motor-Washtown Equipment	2013	2,617	393	5	393		393	23
24	Sprinkler heads, dry pendants (4, cooler & freezer)-Valley Fire	2013	2,664	44	5	44		44	24
25									25
26	Adj for ABC related party profit	2008	(130)	(8)		(8)		(44)	26
27	Adj for ABC related party profit	2009	(547)	(30)		(30)		(135)	27
28	Adj for ABC related party profit	2010	(83)	(2)		(2)		(7)	28
29	Adj for ABC related party profit	2011	2,545	170		170		425	29
30									30
31	Adj for ABC related party profit	2013	571	16		16		16	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,832,109	\$ 397,789		\$ 399,934	\$ 2,145	\$ 5,750,719	34

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

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,832,109	\$ 397,789		\$ 399,934	\$ 2,145	\$ 5,750,719	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	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)		\$ 13,918,876	\$ 399,100		\$ 401,245	\$ 2,145	\$ 5,830,668	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	\$ 788,806	\$ 103,878	\$ 103,878	\$	Various	\$ 351,907	71
72	Current Year Purchases	67,923	3,666	3,666		Various	2,884	72
73	Fully Depreciated Assets	1,463,039	18,540	18,540		Various	1,463,039	73
74								74
75	TOTALS	\$ 2,319,768	\$ 126,084	\$ 126,084	\$		\$ 1,817,830	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	Car Engine/Bus/Van	Various/Dodge	'98-'04	\$ 8,164	\$	\$	\$		\$ 8,164	76
77	Midwest Transit	Ford Eldorado	2000	49,826					49,826	77
78	Water hoses replace on auto	Various	2005	1,537					1,537	78
79	Related Party-AMS	Various	'98-'02	3,911					3,911	79
80	TOTALS			\$ 63,438	\$	\$	\$		\$ 63,438	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)	\$ 16,887,002	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 525,184	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 527,329	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,145	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,711,936	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 Orland Park Rehab & HCC

0042192

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is backed out

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

If NO, see instructions.

YES NO

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

10. Effective dates of current rental agreement:

Beginning 04/01/1996

Ending 04/01/2016

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

Fiscal Year Ending Annual Rent

12. 12/31/14 \$ Varies

13. 12/31/15 \$ Varies

14. 12/31/16 \$ Varies

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: \$ 43,812 Description: Copy machine lease \$19,431, postage meter \$4,085, various office equipment \$20,296

(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>21,176</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>21,176</u>	21

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

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

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 1,467,460	\$		\$ 1,467,460	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			200,299			200,299	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,449,279			1,449,279	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 prescripts				613,376		613,376	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3								12
13	Other (specify): <u>See Pg 16A</u>					(133,427)	778,796		645,369	13
14	TOTAL			\$		\$ 2,983,611	\$ 1,392,173		\$ 4,375,784	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
1.	OT		39-3	To Col 5		\$0.00	\$1,467,460.25
2.	ST		39-3	To Col 5		0.00	200,299.05
3.							
4.	PT		39-3	To Col 5		0.00	1,449,279.13
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					0.00	743,223.34
	Manual Input from Related Party- Forum Drugs						(129,847.00)
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		0.00	613,376.34
10.							
11.							
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		0.00	0.00
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
13.	Other:		See Pg 16A				

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(133,427.00)
Other		0.00	972,555.45
Manual Input: Related Party - Prism			(64,935.00)
Manual Input: Related Party FECII - I.V.			(128,387.00)
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(437.00)
13. Col 6: Supplies Total	To Col 6	0.00	778,796.45
13. Total Line 13, Column 8		0.00	645,369.45
14. Total		0.00	4,375,784.22

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 18,150	\$ 100,317	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 161,000)	2,921,593	2,921,593	3
4	Supply Inventory (priced at)	5,917	5,917	4
5	Short-Term Investments			5
6	Prepaid Insurance		16,769	6
7	Other Prepaid Expenses	18,177	41,987	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	16,092	16,092	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,979,929	\$ 3,102,675	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	501,860	1,087,779	15
16	Equipment, at Historical Cost	458,325	2,516,135	16
17	Accumulated Depreciation (book methods)	(771,248)	(7,585,526)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		479,812	21
22	Other Long-Term Assets (spec financing fees)	32,270	214,424	22
23	Other(specify): Due from Affiliates	26,891,092	29,990,622	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 27,112,299	\$ 39,881,584	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 30,092,228	\$ 42,984,259	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 667,290	\$ 670,290	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	340,708	340,708	28
29	Short-Term Notes Payable		162,542	29
30	Accrued Salaries Payable	619,486	619,486	30
31	Accrued Taxes Payable (excluding real estate taxes)	29,164	29,164	31
32	Accrued Real Estate Taxes(Sch.IX-B)		815,000	32
33	Accrued Interest Payable	109,717	159,293	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	186,491	204,785	36
37	Due to Affiliates	3,215,563	3,215,563	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,168,419	\$ 6,216,831	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	2,027,622	2,027,622	39
40	Mortgage Payable		14,103,984	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates			43
44	Sharehold.loan, other	79,728	79,728	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,107,350	\$ 16,211,334	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,275,769	\$ 22,428,165	46
47	TOTAL EQUITY(page 18, line 24)	\$ 22,816,459	\$ 20,556,094	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 30,092,228	\$ 42,984,259	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 19,572,124	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(42,844)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 19,529,280	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	3,287,179	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 3,287,179	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 22,816,459	24 *

* 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.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 21,270,531	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 21,270,531	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	68,287	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 68,287	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	440	12
13	Barber and Beauty Care	46,609	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,630	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	53	19
20	Radiology and X-Ray	240	20
21	Other Medical Services	6,745	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 55,717	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,148	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,148	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	6,825	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,825	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,414,508	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,192,840	31
32	Health Care	4,793,221	32
33	General Administration	4,098,374	33
B. Capital Expense			
34	Ownership	1,922,038	34
C. Ancillary Expense			
35	Special Cost Centers	4,892,317	35
36	Provider Participation Fee	228,539	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,127,329	40
41	Income before Income Taxes (line 30 minus line 40)**	3,287,179	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 3,287,179	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,514,919	44
45	Private Pay - Net Inpatient Revenue	1,858,665	45
46	Medicare - Net Inpatient Revenue	16,496,946	46
47	Other-(specify) <u>Hospice</u>	237,759	47
48	Other-(specify) <u>Insurance/VA/Sales Allow</u>	1,162,242	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 21,270,531	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. 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 Orland Park Rehab & HCC

0042192

Report Period Beginning 01/01/2013

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous income gl 4977 medical records	60.00
Miscellaneous income gl 4977 wage/service fees	128.00
Miscellaneous income gl 4977 interest payment	1,814.00
Gain on sale of assets	4,823.00

Line 28 Total:	<u><u>6,825.00</u></u>
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Ending: 12/31/2013

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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	2,080	2,104	\$ 102,833	\$ 48.88	1
2	Assistant Director of Nursing	3,592	3,600	173,581	48.22	2
3	Registered Nurses	38,301	41,065	1,335,464	32.52	3
4	Licensed Practical Nurses	27,254	28,877	724,645	25.09	4
5	CNAs & Orderlies	102,578	111,743	1,332,197	11.92	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,371	5,994	87,763	14.64	8
9	Activity Director	2,080	2,080	69,523	33.42	9
10	Activity Assistants	6,213	6,701	73,454	10.96	10
11	Social Service Workers	2,320	2,320	46,394	20.00	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	47,596	22.88	13
14	Head Cook	9,856	9,882	165,209	16.72	14
15	Cook Helpers/Assistants	42,867	44,906	443,085	9.87	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	55,142	26.51	17
18	Housekeepers	22,446	24,129	296,547	12.29	18
19	Laundry	6,315	6,789	68,671	10.12	19
20	Administrator	2,080	2,080	127,203	61.16	20
21	Assistant Administrator	2,208	2,208	69,802	31.61	21
22	Other Administrative	12,144	12,265	317,024	25.85	22
23	Office Manager	2,080	2,080	33,241	15.98	23
24	Clerical	2,662	2,732	23,568	8.63	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	5,848	5,848	206,689	35.34	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	5,464	5,604	91,222	16.28	32
33	Other(specify) Alz/Beautician/Dis	10,759	11,311	202,434	17.90	33
34	TOTAL (lines 1 - 33)	318,678	338,478	\$ 6,093,287 *	\$ 18.00	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		1-3	35
36	Medical Director	2,958/month	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	400/month	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	114/month	11-3	44
45	Social Service Consultant		11-3	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 41,672		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	68	10-3	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	\$ 4,407		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Dewerdt, Katie	Administrator	0	\$ 127,203	Workers' Compensation Insurance	\$ 257,472	IDPH License Fee	\$	
Gonzalez, Matthew	Assist Admin	0	30,364	Unemployment Compensation Insurance	88,456	Advertising: Employee Recruitment	16	
Pell, Tracy	Assist Admin	0	39,438	FICA Taxes	454,116	Health Care Worker Background Check	1,350	
		0		Employee Health Insurance	149,203	(Indicate # of checks performed 45)		
		0		Employee Meals	24,677	Patient Background Checks	803 8,030	
		0		Illinois Municipal Retirement Fund (IMRF)*		IL Healthcare Association	4,508	
		0		Union, Health & Welfare	143,082	Health Care Council of Illinois	4,600	
				Pension	14,857	Surety bond fee	338	
				Dental, life ins, relations, misc	13,033	Annual report fee	309	
				Drug tests, 401k match, vaccinations	12,178	Related party-AMS	2,807	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 197,005	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
(List each licensed administrator separately.)				\$ 1,157,074		\$ 21,958		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$				Related party-AMS	852
(Attach a copy of any management service agreement)							Seminar Expense	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting		\$ 1,628,648				IHCA/IL Council Seminar	255
BDO / KPMG	Accounting Fees		1,925				NIC National Conference	327
Baker Tilly / A. Daley	Accounting Fees		15,030				Fred Pryor seminar - transition	149
AMS (Eliminated)	Allocated legal fees		42,389				Entertainment Expense	()
First Advantage	Tax consulting		4,939				(agree to Sch. V,	
Plante & Moran	Medicare Compliance		5,079				line 24, col. 8)	
Linda Roberts	Clinical consulting		577					
Circuit Court/Sheriff of Cook Count	Legal Fees: Collections		1,710					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,700,297	TOTAL				\$ 1,583
(If total legal fees exceed \$5,000, attach copy of invoices.)								

* Attach copy of IMRF notifications

**See instructions.

Alden Orland Park Rehab & HCC		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	1,710.00
AMS allocated Legal Fees		42,389.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,710.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(42,389.00)
Allowable Legal Fees	\$	-

Total Allow. Legal Fees should be the sum of the invoices you are providing.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Alden Orland Park Rehab & HCC

0042192

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$4,508 & HCC of Illinois \$4,600
- (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. \$ 47,385 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. \$ 228,539
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 24,677 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a
Attach invoices and a summary of services for all architect and appraisal fees.