

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691 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	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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	2,011	569	4,613	7,193	8
9	SNF/PED					9
10	ICF	54,366	2,651	3,290	60,307	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,377	3,220	7,903	67,500	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 58.52%

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 4,130

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

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

Facility Name & ID Number

Alden Terrace of McHenry Rehab

0040691

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	300,743	32,084	22,800	355,627	5,693	361,320	(6,220)	355,100		1
2	Food Purchase		522,076		522,076	(50,567)	471,509	(46,263)	425,246		2
3	Housekeeping	252,624	55,064		307,688	2,471	310,159	10,113	320,272		3
4	Laundry	73,983	29,874		103,857	478	104,335		104,335		4
5	Heat and Other Utilities			213,639	213,639	205	213,844	2,569	216,413		5
6	Maintenance	46,487		234,692	281,179	10,900	292,079	76,166	368,245		6
7	Other (specify):* related party							10,783	10,783		7
8	TOTAL General Services	673,837	639,098	471,131	1,784,066	(30,820)	1,753,246	47,148	1,800,394		8
	B. Health Care and Programs										
9	Medical Director			34,500	34,500		34,500		34,500		9
10	Nursing and Medical Records	3,889,616	334,346	8,099	4,232,061	(24,637)	4,207,424	81,862	4,289,286		10
10a	Therapy	104,525	3,648	11,400	119,573	133	119,706		119,706		10a
11	Activities	264,671	10,852	6,668	282,191		282,191		282,191		11
12	Social Services	56,822			56,822		56,822		56,822		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,363	9,363		15
16	TOTAL Health Care and Programs	4,315,634	348,846	60,667	4,725,147	(24,504)	4,700,643	91,225	4,791,868		16
	C. General Administration										
17	Administrative	170,291			170,291		170,291	157,889	328,180		17
18	Directors Fees										18
19	Professional Services			885,165	885,165	(57,489)	827,676	(731,668)	96,008		19
20	Dues, Fees, Subscriptions & Promotions			95,814	95,814		95,814	(74,869)	20,945		20
21	Clerical & General Office Expenses	168,803	24,145	174,779	367,727	731	368,458	356,663	725,121		21
22	Employee Benefits & Payroll Taxes			879,625	879,625	39,418	919,043	(5,591)	913,452		22
23	Inservice Training & Education										23
24	Travel and Seminar			920	920		920	1,109	2,029		24
25	Other Admin. Staff Transportation							21,485	21,485		25
26	Insurance-Prop.Liab.Malpractice			423,892	423,892		423,892	304	424,196		26
27	Other (specify):* related party			185,748	185,748		185,748	(106,729)	79,019		27
28	TOTAL General Administration	339,094	24,145	2,645,943	3,009,182	(17,340)	2,991,842	(381,407)	2,610,435		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,328,565	1,012,089	3,177,741	9,518,395	(72,664)	9,445,731	(243,034)	9,202,697		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			158,802	158,802	(11,254)	147,548	(9,103)	138,445			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			209,317	209,317		209,317	(7,764)	201,553			32
33	Real Estate Taxes			287,769	287,769		287,769	8,061	295,830			33
34	Rent-Facility & Grounds			1,477,880	1,477,880		1,477,880		1,477,880			34
35	Rent-Equipment & Vehicles			25,038	25,038		25,038	71,017	96,055			35
36	Other (specify):*											36
37	TOTAL Ownership			2,158,806	2,158,806	(11,254)	2,147,552	62,211	2,209,763			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		421,162	636,947	1,058,109	83,918	1,142,027	(87,793)	1,054,234			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			569,205	569,205		569,205		569,205			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		421,162	1,206,152	1,627,314	83,918	1,711,232	(87,793)	1,623,439			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,328,565	1,433,251	6,542,699	13,304,515		13,304,515	(268,616)	13,035,899			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		(50,567.00)	Employee Meals
	22	50,567.00	Employee Meals
22		(11,149.00)	Uniforms
	1	669.00	Uniforms
	3	2,471.00	Uniforms
	4	478.00	Uniforms
	6	205.00	Uniforms
	10	6,816.00	Uniforms
	11	133.00	Uniforms
	21	377.00	Uniforms
10		(83,918.00)	Oxygen - to appropriate cost center
	39	83,918.00	Oxygen - to appropriate cost center
19		(52,465.00)	Clinical Coordinator (Pathway Billing)
	10	52,465.00	Clinical Coordinator (Pathway Billing)
21		(10,900.00)	Vendor Settlement - SBC AT&T
	6	10,900.00	Vendor Settlement - SBC AT&T
30		(11,254.00)	Vendor Settlement - Culligan Water
	21	11,254.00	Vendor Settlement - Culligan Water

19

1

(5,024.00)

5,024.00

rc Linda Roberts from Prof Ex to Dietary

rc Linda Roberts from Prof Ex to Dietary

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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	(24)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,404)	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	(2,150)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,564)	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	(36,737)	21		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(7,608)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,069)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(185,748)	27		24
25	Fund Raising, Advertising and Promotional	(35,665)	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)	\$ (281,969)		\$	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)	244,624	Various	34
35	Other- Attach Schedule	(231,271)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 13,353		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (268,616)		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 Terrace of McHenry Rehab

ID# 0040691

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	\$ (6,065)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500	(12,959)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs	9,014	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs	28,250	6	4
5	Expense Pg 13 items under \$2,500 -	81	6	5
6	adj ABC Related Party profit Pg 12 (2008-2012)	22	30	6
7	adj ABC Related Party profit Pg 12 (2013 only)	33	30	7
8	adjustment on depreciation expense	790	30	8
9				9
10	Late Fees on Utilities	(1,624)	5	10
11	Intercompany Interests	(204,001)	32	11
12	Marketing Manager (GL 670100-100-009)	(33,869)	21	12
13	employee benefits - Marketing Manager	(5,591)	22	13
14	back out PAC Fees (30%)	(2,087)	20	14
15				15
16	Back out Chamber of Commerce exp (GL 682500)	(600)	20	16
17	Miscellaneous income - Medical records	(290)	21	17
18	Miscellaneous income - Jury Duty	0	21	18
19	Miscellaneous income - Food vendor rebate	(2,221)	2	19
20	Other Nursing income - flu shots	(154)	21	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			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	(231,271)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

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	3,608	(9,828)	0	0	0	0	0	0	0	(6,220)	1
2	Food Purchase	(3,809)	0	0	(42,454)	0	0	0	0	0	0	0	(46,263)	2
3	Housekeeping	0	0	10,113	0	0	0	0	0	0	0	0	10,113	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,624)	0	4,193	0	0	0	0	0	0	0	0	2,569	5
6	Maintenance	28,941	0	46,875	0	0	0	350	0	0	0	0	76,166	6
7	Other (specify):*	0	0	9,582	1,201	0	0	0	0	0	0	0	10,783	7
8	TOTAL General Services	23,508	0	74,371	(51,081)	0	0	350	0	0	0	0	47,148	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	86,299	1,351	(5,788)	0	0	0	0	0	0	81,862	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	9,363	0	0	0	0	0	0	0	0	9,363	15
16	TOTAL Health Care and Programs	0	0	95,662	1,351	(5,788)	0	0	0	0	0	0	91,225	16
	C. General Administration													
17	Administrative	0	0	157,889	0	0	0	0	0	0	0	0	157,889	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,069)	0	(727,599)	0	0	0	0	0	0	0	0	(731,668)	19
20	Fees, Subscriptions & Promotions	(45,960)	0	(28,909)	0	0	0	0	0	0	0	0	(74,869)	20
21	Clerical & General Office Expenses	(71,050)	0	371,046	25,273	31,394	0	0	0	0	0	0	356,663	21
22	Employee Benefits & Payroll Taxes	(5,591)	0	0	0	0	0	0	0	0	0	0	(5,591)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,109	0	0	0	0	0	0	0	0	1,109	24
25	Other Admin. Staff Transportation	0	0	21,485	0	0	0	0	0	0	0	0	21,485	25
26	Insurance-Prop.Liab.Malpractice	0	0	304	0	0	0	0	0	0	0	0	304	26
27	Other (specify):*	(185,748)	0	73,804	2,583	2,632	0	0	0	0	0	0	(106,729)	27
28	TOTAL General Administration	(312,418)	0	(130,871)	27,856	34,026	0	0	0	0	0	0	(381,407)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(288,910)	0	39,162	(21,874)	28,238	0	350	0	0	0	0	(243,034)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(18,179)	0	9,076	0	0	0	0	0	0	0	0	(9,103)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(206,151)	0	197,547	0	840	0	0	0	0	0	0	(7,764)	32
33	Real Estate Taxes	0	0	7,730	0	331	0	0	0	0	0	0	8,061	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	71,017	0	0	0	0	0	0	0	0	71,017	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(224,330)	0	285,370	0	1,171	0	0	0	0	0	0	62,211	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	(27,828)	(59,950)	(15)	0	0	0	0	0	(87,793)	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	(27,828)	(59,950)	(15)	0	0	0	0	0	(87,793)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(513,240)	0	324,532	(49,702)	(30,541)	(15)	350	0	0	0	0	(268,616)	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		\$		0.00%	\$	\$	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	Total		\$			\$	\$ *	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%	\$ 4,193	\$	4,193	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,109		1,109	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		21,485		21,485	17
18	V	26 Insurance		Alden Management Services, Inc.		304		304	18
19	V	20 Dues & Subscriptions	32,562	Alden Management Services, Inc.		3,653		(28,909)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076		9,076	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,730		7,730	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		71,017		71,017	22
23	V	32 Interest		Alden Management Services, Inc.		197,547		197,547	23
24	V	1 Dietary		Alden Management Services, Inc.		3,608		3,608	24
25	V	3 Housekeeping		Alden Management Services, Inc.		10,113		10,113	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,582		9,582	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		86,299		86,299	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		9,363		9,363	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		157,889		157,889	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		73,804		73,804	30
31	V	19 Professional Fees	792,323	Alden Management Services, Inc.		64,724		(727,599)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		371,046		371,046	32
33	V	6 Repair & Maint	22,817	Alden Management Services, Inc.		69,692		46,875	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 847,702			\$ 1,172,234	\$ *	324,532	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%	\$ 71	\$ (22,729)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		12,901	12,901	16
17	V	2 Tube Feeding	65,231	Prism Health Care Services, Inc.		22,777	(42,454)	17
18	V	10 Equip Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351	18
19	V	39 Ancillary Supplies	59,693	Prism Health Care Services, Inc.		31,865	(27,828)	19
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		14,889	14,889	20
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		2,583	2,583	21
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,201	1,201	22
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		10,384	10,384	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		\$ 154,384			\$ 104,682	\$ * (49,702)	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	\$ 190,816	Forum Extended Care Services, Inc.	0.00%	\$ 157,479	\$ (33,337)
16	V	39 IV	135,208	Forum Extended Care Services, Inc.		111,586	(23,622)
17	V	39 Wound Care	17,119	Forum Extended Care Services, Inc.		14,128	(2,991)
18	V	10 House Stock	25,546	Forum Extended Care Services, Inc.		21,083	(4,463)
19	V	10 Pharmacy Consultant	7,584	Forum Extended Care Services, Inc.		6,259	(1,325)
20	V	27 Employee Vaccin.	1,903	Forum Extended Care Services, Inc.		1,570	(333)
21	V	27 Employee Benefits: G&A		Forum Extended Care Services, Inc.		2,965	2,965
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services, Inc.		19,802	19,802
23	V	21 Gen'l & Admin		Forum Extended Care Services, Inc.		11,592	11,592
24	V	32 Interest		Forum Extended Care Services, Inc.		840	840
25	V	33 Real Estate Tax		Forum Extended Care Services, Inc.		331	331
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		\$ 378,176			\$ 347,635	\$ * (30,541)

* 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	\$ 625,222	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 625,207	\$ (15)	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		\$ 625,222			\$ 625,207	\$ *	(15)	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	\$ 26,006	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,356	\$	350	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		\$ 26,006			\$ 26,356	\$ *	350	39

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

Facility Name & ID Number

Alden Terrace of McHenry Rehab

0040691

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			Alden - Orland Park Rehabilitation and Health Care	Orland Park	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 Terrace of McHenry Rehab # 0040691 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 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	175,534	2.048	5.12	Salary	\$ 9,466	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	90,139	2.048	5.12	Salary	4,861	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	90,139	2.048	5.12	Salary	4,861	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	99,834	2.048	5.12	Salary	5,384	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	54,416	2.048	5.12	Salary	2,937	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	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12											12
13								TOTAL	\$ 27,509		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 Rehab

0040691 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	\$ 67,500	\$ 4,193	1
2	24	Travel and Seminar	Patient Days	1,319,137	35	21,681	67,500	1,109	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	67,500	21,485	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	67,500	304	4
5	20	Dues and Subscription	Patient Days	1,319,137	35	71,386	67,500	3,653	5
6	30	Depreciation	No of providers/usage	35	35	331,030	67,500	9,076	6
7	33	Real Estate taxes	Patient Days/usage	1,319,137	35	171,267	67,500	7,730	7
8	35	Rent - Equipment & Vehic	Patient Days	1,319,137	35	1,387,861	67,500	71,017	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	67,500	197,547	9
10	1	Dietary	Patient Days	1,319,137	35	70,514	67,500	3,608	10
11	3	Housekeeping	Patient Days	1,319,137	35	197,635	67,500	10,113	11
12	7	Employee Benefit - Gen Services	Patient Days	1,319,137	35	179,651	67,500	9,582	12
13	10	Nurse & Medical Records Salary	Patient Days/usage	1,319,137	35	1,290,033	1,290,033	86,299	13
14	15	Employee Benefit - Health Care	Patient Days	1,319,137	35	179,422	67,500	9,363	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	157,889	15
16	27	Employee Benefit - Admin	Patient Days	1,319,137	35	1,450,327	67,500	73,804	16
17	19	Professional Fee	Patient Days	1,319,137	35	1,264,885	822,981	64,724	17
18	21	General and Administrative	Patient Days	1,319,137	35	7,326,656	6,259,160	371,046	18
19	6	Repairs and Maintenance	Patient Days	1,319,137	35	1,307,512	1,023,532	69,692	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,468,444	\$ 13,009,469	\$ 1,172,234	25

Facility Name & ID Number

Alden Terrace of McHenry Rehab

0040691

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	Name of Lender	2		3	4	5	6		8	9	10	11						
		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							\$	\$			\$	1						
2												2						
3												3						
4												4						
5	Medical Malpractice Insurance (GL 7053)										5,316	5						
	Working Capital																	
6	Related party-AMS		x								197,547	6						
7	Related party-FECII		x								840	7						
8												8						
9	TOTAL Facility Related						\$	\$			\$ 203,703	9						
	B. Non-Facility Related*																	
10			x									10						
11	Int Income (GL 4646 & 4975)		x								(2,150)	11						
12												12						
13			x									13						
14	TOTAL Non-Facility Related						\$	\$			\$ (2,150)	14						
15	TOTALS (line 9+line14)						\$	\$			\$ 201,553	15						

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

* 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>265,700</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>272,669</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>6,969</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>280,800</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>287,769</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>8,061.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>295,830</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>257,013</u>			8
	2009	<u>266,175</u>			9
	2010	<u>281,858</u>			10
	2011	<u>257,987</u>			11
	2012	<u>272,669</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 Terrace of McHenry Rehab COUNTY Mchenry
 FACILITY IDPH LICENSE NUMBER 0040691
 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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>285,389.00</u>	\$ <u>7,730.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>331.00</u>
3. <u>09-34-177-009</u>	<u>Nursing Home Facility</u>	\$ <u>267,043.46</u>	\$ <u>267,043.46</u>
4. <u>09-34-177-006</u>	<u>Nursing Home Facility</u>	\$ <u>5,241.06</u>	\$ <u>5,241.06</u>
5. <u>09-34-177-010</u>	<u>Nursing Home Facility</u>	\$ <u>384.72</u>	\$ <u>384.72</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>593,739.24</u></u>	\$ <u><u>280,730.24</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: 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).

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

0040691

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	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 spinkler 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		2,974	44
45	CSI (insulate duct on air handler)	1998	2,750	183	15	183		2,750	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		2,986	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		5,132	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		9,062	52
53	Climate Service, Inc.(replace 10 ton condenser)	1999	7,100	473	15	473		6,860	53
54	Climate Service, Inc. (compressor)	1999	7,466	498	15	498		7,178	54
55	Climate Service, Inc.(vac pump)	1999	1,644	110	15	110		1,580	55
56	Climate Service, Inc.(compressor maintenance)	1999	1,728	115	15	115		1,640	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		1,339	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	\$	\$ 216,537	70

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

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

Report Period Beginning:

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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		\$ 223,917	\$ 2,835		\$ 2,835	\$	\$ 216,537	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		1,613	15
16	Sentry Protection Systems (annual maintenance on the fire alarm a	2001	2,151	143	15	143		1,837	16
17	CSI- Coker Service, 039721	2001	1,523		10			1,523	17
18	Patten (replace with updated phase monitor)	2001	1,898		10			1,898	18
19	Rockford Steam(hvac work)	2001	6,562		10			6,562	19
20									20
21	GT Mechanical(replace compressor)	2001	4,947	330	15	330		4,124	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017		10			2,017	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516	168	15	168		2,085	23
24	CSI Coker (bldng. Improvement)	2001	1,708	114	15	114		1,434	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742		10			20,742	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 304,409	\$ 3,714		\$ 3,714	\$	\$ 294,934	34

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

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

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		\$ 304,409	\$ 3,714		\$ 3,714	\$	\$ 294,934	1
2	EQUINT Equipment International (gas dryer)	2002	3,240		10			3,240	2
3	AQUSER .REBUILD 2 WATER SOFTNE	2002	2,500		10			2,500	3
4	ALDBEN Alden Bennett Construct (need invoice)	2002	18,173	1,212	15	1,212		14,543	4
5	ENGSEC Engineered Security Sys	2002	3,091	206	15	206		2,352	5
6	ALDBEN Alden Bennett Construct	2002	25,143	1,676	15	1,676		19,275	6
7	ALDBEN Alden Bennett Construct (building improvement)	2002	3,391	226	15	226		2,637	7
8	TTIRRI T & T Irrigation Inc.(lawn sprinkler system)	2002	15,000	600	25	600		6,950	8
9	PATTEN (replace batteries of radiator & install crank case)	2002	1,517	101	15	101		1,187	9
10	FEMORA (REPLACED 50 SMOKE DETEC)	2002	8,364		10			8,364	10
11	FEMORA (REPAIR FIRE ALARM)	2002	3,374	94	10	94		3,374	11
12	GTMECH Gt Mechanical Inc (install new shaft & bearing).	2002	2,216	148	15	148		1,763	12
13	ALDBEN Alden Bennett Construct(install radar,painting & fire dr	2002	12,850	857	15	857		9,569	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		30,747	16
17	ABC-various reopairs	2002	23,660	1,577	15	1,577		17,610	17
18	Aurora Tri State Fire-smoke detectors	2002	4,322		10			4,322	18
19	Aurora Tri State Fire-smoke detectors	2002	6,200		10			6,200	19
20	Aurora Tri State Fire-install alarms	2002	6,559		10			6,559	20
21	Simplex Grinnell-remove old andsul dry clean unit	2002	2,987		10			2,987	21
22	A&B Custom Cable-install cable/outlets	2003	4,908	286	10	286		3,146	22
23	GT Mechanical-boiler repair	2003	4,892	2	11	2		4,892	23
24	ABC-receiving door/sensor	2003	6,623	3	10	3		6,623	24
25	ABC-ceiling heaters installed	2003	4,570	38	10	38		4,570	25
26	ABC-aluminum outdoor fencing	2003	5,137	342	15	342		3,708	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	136	10	136		1,875	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 537,422	\$ 13,951		\$ 13,951	\$	\$ 471,680	34

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

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

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		\$ 537,422	\$ 13,951		\$ 13,951	\$	\$ 471,680	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	Adjust for ABC Related Party Profit	2008	(168)	(28)		(28)		(119)	26
27	Adjust for ABC Related Party Profit	2009	(230)	(30)		(30)		(120)	27
28	Adjust for ABC Related Party Profit	2010	(1,118)	(52)		(52)		(182)	28
29	Adjust for ABC Related Party Profit	2011	206	(2)		(2)		(5)	29
30	Adjust for ABC Related Party Profit	2012	2,176	134		134		201	30
31	Adjust for ABC Related Party Profit	2013	2,434	33		33		33	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 627,489	\$ 15,317		\$ 15,317	\$	\$ 551,438	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	Totals from Page 12D, Carried Forward		\$ 627,489	\$ 15,317		\$ 15,317	\$	\$ 551,438	1
2	Alden Bennett Const.-Roof repair	2004	16,439	1,644	10	1,644		15,912	2
3	Alden Bennett Const.-Floor repair	2004	2,429	243	10	243		2,349	3
4	Alden Bennett Const.-Roof repair	2004	1,854	185	10	185		1,759	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		2,007	8
9	Capps Plumbing-repair toilets,dishwasher	2004	1,635	164	10	164		1,517	9
10	Capps Plumbing-repair/rod main kitchen	2004	4,375	438	10	438		4,051	10
11	Alden Bennett Cons.lock sets	2004	5,110		5			5,110	11
12	CSI Coker-replace A/C system	2004	5,103	510	10	510		4,803	12
13	Insinc Tellnet-DSL cable	2004	1,334	133	10	133		1,319	13
14	Alden Bennett Cons. Bathroom upgrades	2004	10,405	1,041	10	1,041		10,149	14
15	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		3,182	15
16	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		5,339	16
17	Alden Bennett Cons. Bathroom upgrades	2004	7,281	728	10	728		7,037	17
18	ABC - New window casement	2005	2,820	282	10	282		2,256	18
19	ABC - Time & Material Job# 8020	2005	1,756	176	10	176		1,584	19
20	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 hp	2005	2,242	224	10	224		1,998	20
21	ABC - Time & Material Job# 8020	2005	5,676	567	10	567		5,009	21
22	EWS Welding - Equip Repair (Repair Oxygen back up system)	2005	3,429	69	8	69		3,429	22
23	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314	331	10	331		2,897	23
24	ABC - Time & Material Job# 8020	2005	19,770	1,977	10	1,977		17,299	24
25	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 room	2005	2,317	70	8	70		2,317	25
26	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	66	20	66		572	26
27	GT Mechanical - Replace Compressor	2005	6,460	431	15	431		3,735	27
28	ABC - Time & Material Job# 8020	2005	14,550	1,455	10	1,455		12,489	28
29	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan H	2005	2,054	137	15	137		1,176	29
30	A&B Custom Cable - 103 rms Cable TV Svc and Install master ant	2005	10,094	1,009	10	1,009		8,493	30
31	AMS Generator Repairs	2006	5,006		5			5,006	31
32	TOPNOT Replace Freezer Door 1 of 2	2006	4,100	410	10	410		3,109	32
33	TOPNOT Replace Freezer Door 2 of 2	2006	4,100	410	10	410		3,109	33
34	TOTAL (lines 1 thru 33)		\$ 798,350	\$ 29,126		\$ 29,126	\$	\$ 696,308	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	Totals from Page 12E, Carried Forward		\$ 798,350	\$ 29,126		\$ 29,126	\$	\$ 696,308	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328	333	10	333		2,803	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650	265	10	265		2,208	3
4	A&B Custom Cable - paid by LG	2005	6,250	625	10	625		5,208	4
5	Oak Fire - Repaired System	2005	2,715	272	10	272		1,999	5
6	GTMECH Replace Shaft and Bearings	2006	2,646	265	10	265		1,987	6
7	MG Mechical - Heat Pump Mini-split system	2006	4,850	485	10	485		3,516	7
8	ABC - raise floor	2006	2,750	275	10	275		1,948	8
9	ABC - flooring and paint	2006	2,652	265	10	265		1,855	9
10	Water Filter Steamer	2007	16,815	1,682	10	1,682		10,512	10
11	New Blacktop Paving and seal coat	2007	66,518	6,652	10	6,652		41,021	11
12	ABC Concrete and steel work-fire protection	2006	20,329	2,033	10	2,033		14,400	12
13	ABC Fire Protection	2006	25,647	1,282	20	1,282		8,974	13
14	ABC New roof	2008	29,424	2,942	10	2,942		15,936	14
15	GTMECH Repaired boiler2	2008	6,034	603	10	603		3,065	15
16	ABC - New MI Unit - Medical Gas/Doors & Frames/Security Came	2009	23,516	1,568	15	1,568		7,840	16
17	ABC - New MI Unit - Carpentry/Hardware/Painting/Plumbing	2009	39,557	2,637	15	2,637		13,185	17
18	ABC - New MI Unit - Carpentry/HVAC/Resilient Flooring/Door &	2009	55,975	3,732	15	3,732		16,483	18
19	ABC - install sprinkler extention	2009	10,728	429	25	429		2,074	19
20	ABC - install sprinkler extension due to Life safety code	2009	37,230	1,489	25	1,489		6,949	20
21	ABC - replace damaged sidewalk	2009	7,505	500	15	500		2,292	21
22	Pattern - Repair generator	2009	2,695	539	5	539		2,650	22
23	Top Notch - 1 cooler compressor	2009	4,735	316	15	316		1,527	23
24	Equipment Int'l - Repair washer	2009	3,587	717	5	717		3,466	24
25	Equipment Int'l - Repair washer	2009	2,519	503	5	503		2,348	25
26	Top Notch - 1 new booster	2009	5,596	560	10	560		2,613	26
27	EWS - oxygen wall outlet	2010	3,199	320	10	320		1,093	27
28	ABC - fire panel	2010	31,162	3,116	10	3,116		9,868	28
29	ABC - asphalt	2010	35,721	4,465	8	4,465		14,883	29
30	ABC - Residents Bathroom Rebuild (supply lines, plumbing, access	2010	24,470	1,631	15	1,631		5,029	30
31	TopNotch - freezer repair	2010	3,533	707	5	707		2,710	31
32	Belec - electric breakers	2010	3,389	678	5	678		2,373	32
33	Focus Fire Protection - sprinkler	2010	6,305	1,261	5	1,261		3,888	33
34	TOTAL (lines 1 thru 33)		\$ 1,292,379	\$ 72,273		\$ 72,273	\$	\$ 913,011	34

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

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

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 12F, Carried Forward		\$ 1,292,379	\$ 72,273		\$ 72,273	\$	\$ 913,011	1
2	Boiler parts replaced - TopNotch	2011	4,567	457	10	457		1,371	2
3	cove base in 200 Wing - ABC	2011	5,617	562	10	562		1,592	3
4	Fire alarm repair - NAC panel - AFFCUS	2011	5,155	1,031	5	1,031		2,320	4
5									5
6	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								6
7	cabinet, carpentry, accoustical, painting, electrical, direct super	2012	17,821	1,188	15	1,188		1,980	7
8	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								8
9	cabinet, carpentry, accoustical, painting, electrical, direct super	2012	17,431	1,162	15	1,162		1,453	9
10	Roof repairs - JD & Sons	2012	14,000	2,800	5	2,800		4,667	10
11	Dampers, fire protection - GT Mechanical	2012	7,009	701	10	701		876	11
12	Dampers, fire protection - GT Mechanical	2012	16,931	1,693	10	1,693		1,975	12
13	Fire alarm - AFFCUS	2012	3,017	603	5	603		704	13
14									14
15	Boiler parts - ABC	2013	11,589	579	15	579		579	15
16	sprinkler system - ABC	2013	42,710	949	15	949		949	16
17	sprinkler system - ABC	2013	26,884	448	15	448		448	17
18	sprinkler system - ABC	2013	82,880	460	15	460		460	18
19	sprinkler system - ABC	2013	16,805		15				19
20	Concrete sidewalk - Upland Concrete Inc	2013	5,625	188	15	188		188	20
21	motor compressor - GT Mechanical	2013	2,510	125	5	125		125	21
22	motor cooling unit - GT Mechanical	2013	3,198	107	5	107		107	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)		\$ 1,576,128	\$ 85,326		\$ 85,326	\$	\$ 932,805	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	\$ 407,482	\$ 44,708	\$ 44,708	\$	Various	\$ 195,424	71
72	Current Year Purchases	142,665	8,759	8,759		Various	8,759	72
73	Fully Depreciated Assets	347,653	(348)	(348)		Various	347,653	73
74								74
75	TOTALS	\$ 897,800	\$ 53,119	\$ 53,119	\$		\$ 551,836	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	3,911				3	3,911	79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	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)	\$ 2,477,839	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 138,445	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 138,445	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)	\$ 1,488,552	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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:				\$ <u>1,477,880</u>	<u>4</u>	<u>6</u>	3
4	Additions							4
5								5
6								6
7	TOTAL				\$ <u>1,477,880</u>			7

10. Effective dates of current rental agreement:

Beginning 10/26/2012

Ending 02/28/2017

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

Fiscal Year Ending Annual Rent

12. 12/31/2014 \$ #####

13. 12/31/2015 \$ #####

14. 12/31/2016 \$ #####

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: \$ 45,035 Description: copy machine (GL6861; 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>27,560</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>27,560</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. CLASSROOM PORTION:</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. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	289,077	\$		\$	289,077	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				92,941				92,941	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				243,203				243,203	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					157,479			157,479	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, if any										12
13	Other (specify): <u>See Pg 16A</u>						(15)	271,549			271,534	13
14	TOTAL			\$		\$	625,206	\$	429,028	\$	1,054,234	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		\$289,077.00	\$289,077.00
2.	ST		39-3	To Col 5		92,941.00	92,941.00
3.							
4.	PT		39-3	To Col 5		243,203.00	243,203.00
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					190,816.00	
	Manual Input from Related Party- Forum Drugs					(33,337.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		157,479.00	157,479.00
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		(15.00)
Other		242,072.00	
Manual Input: Related Party - Prism		(27,828.00)	
Manual Input: Related Party FECII - I.V.		(23,622.00)	
Manual Input: Related Party FECII - Wound Care		(2,991.00)	
Oxygen, from reclass worksheet (Pg 4A)		83,918.00	
13. Col 6: Supplies Total	To Col 6	271,549.00	271,549.00
13. Total Line 13, Column 8		0.00	271,534.00
14. Total			1,054,234.00

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>200,000</u>)	2,348,534		3
4	Supply Inventory (priced at)	5,342		4
5	Short-Term Investments			5
6	Prepaid Insurance	8,908		6
7	Other Prepaid Expenses	21,270		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	2,788		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,386,842	\$	10
	B. Long-Term Assets			
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	1,718,399		15
16	Equipment, at Historical Cost	947,431		16
17	Accumulated Depreciation (book methods)	(1,563,598)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	140,074		21
22	Other Long-Term Assets (spec <u>Purchase Option</u>	948,000		22
23	Other(specify): <u>Due from Affiliate,</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,190,306	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,577,148	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,098,947	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	253,793		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	532,982		30
31	Accrued Taxes Payable (excluding real estate taxes)	23,804		31
32	Accrued Real Estate Taxes(Sch.IX-B)	280,800		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	342,737		36
37	<u>Due to Affiliates</u>	979,101		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,512,164	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	19,283,148		43
44	<u>Sharehold.loan, other</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 19,283,148	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 22,795,312	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (18,218,164)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,577,148	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (15,651,849)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(123,999)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (15,775,848)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(2,442,316)	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)	\$ (2,442,316)	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)	\$ (18,218,164)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Terrace of McHenry Rehab# 0040691Report Period Beginning: 01/01/2013Ending: 12/31/2013

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	\$ 10,657,229	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,657,229	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	164,357	6
7	Oxygen	23,844	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 188,201	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		12
13	Barber and Beauty Care	1,787	13
14	Non-Patient Meals	24	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	145	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	621	19
20	Radiology and X-Ray		20
21	Other Medical Services	2,312	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 4,889	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,150	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,150	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	9,730	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,730	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,862,199	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,784,066	31
32	Health Care	4,725,147	32
33	General Administration	3,009,182	33
B. Capital Expense			
34	Ownership	2,158,806	34
C. Ancillary Expense			
35	Special Cost Centers	1,058,109	35
36	Provider Participation Fee	569,205	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,304,515	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,442,316)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,442,316)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,123,277	44
45	Private Pay - Net Inpatient Revenue	715,717	45
46	Medicare - Net Inpatient Revenue	2,154,158	46
47	Other-(specify) <u>Hospice</u>	480,712	47
48	Other-(specify) <u>Veterans and Insurance</u>	183,365	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,657,229	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.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous income - Medical records	290
Miscellaneous income - Food vendor rebate	2,221
Miscellaneous income - license fee refunds	7,219
Line 28 Total:	<u><u>9,730</u></u>

Ending: 12/31/2013

Facility Name & ID Number Alden Terrace of McHenry Rehab

0040691

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	1,120	\$ 48,598	\$ 43.39	1
2	Assistant Director of Nursing	3,912	163,082	39.73	2
3	Registered Nurses	33,080	1,117,900	31.31	3
4	Licensed Practical Nurses	33,806	885,345	24.76	4
5	CNAs & Orderlies	94,645	1,433,408	13.84	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides	2,253	48,164	18.08	8
9	Activity Director	1,904	34,603	17.48	9
10	Activity Assistants	5,382	73,406	12.65	10
11	Social Service Workers	3,024	56,822	18.54	11
12	Dietician				12
13	Food Service Supervisor	2,232	37,517	16.13	13
14	Head Cook				14
15	Cook Helpers/Assistants	25,062	263,227	9.75	15
16	Dishwashers				16
17	Maintenance Workers	1,960	46,487	21.87	17
18	Housekeepers	21,225	252,624	10.97	18
19	Laundry	6,881	73,983	9.96	19
20	Administrator	2,080	130,357	62.67	20
21	Assistant Administrator	1,024	39,934	35.25	21
22	Other Administrative	7,296	182,052	24.51	22
23	Office Manager	1,040	13,186	12.68	23
24	Clerical	3,109	29,927	9.06	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	4,144	145,910	35.21	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health C: Clinical Dir/Beh H	8,518	156,662	17.31	32
33	Other(specify) Alzheimer Dir/Aid	7,960	95,371	11.39	33
34	TOTAL (lines 1 - 33)	271,657	\$ 5,328,565 *	\$ 18.23	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/month	\$ 22,800	1-3 35
36	Medical Director	2875/month	34,500	10-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	632/month	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	3 months	991	11-3 44
45	Social Service Consultant	4 months	1,120	11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)		\$ 66,995	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

Alden Terrace of McHenry Rehab		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	18,903.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 19		(4,069.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(2,834.00)
Allowable Legal Fees	\$	12,000.00

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 Terrace of McHenry Rehab

0040691

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. IL Health care Assoc \$4,864, Healthcare Council of IL \$7,268
- (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. \$ 53,684 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. n/a
- (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. \$ 569,205
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. \$ 50,567 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? Yes
Attach invoices and a summary of services for all architect and appraisal fees.