

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000 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	237	Skilled (SNF)	237	86,505	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	237	TOTALS	237	86,505	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	6,529	1,929	4,467	12,925	8
9	SNF/PED					9
10	ICF	48,025	2,988	3,385	54,398	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,554	4,917	7,852	67,323	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.83%

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 06/15/93

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

YES Date 06/01/92 NO

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

YES NO If YES, enter number of beds certified 237 and days of care provided 3,874

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 Town Manor Rehab & HCC

0038000

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	479,267	41,028	22,800	543,095	9,498	552,593	(6,229)	546,364		1
2	Food Purchase		573,053		573,053	(45,041)	528,012	(79,851)	448,161		2
3	Housekeeping	278,312	53,484		331,796	1,510	333,306	(5,904)	327,402		3
4	Laundry	128,843	28,494	17	157,354	147	157,501		157,501		4
5	Heat and Other Utilities			302,694	302,694		302,694	(11,528)	291,166		5
6	Maintenance	53,282		215,776	269,058	202	269,260	56,237	325,497		6
7	Other (specify):* Related Party			(367)	(367)		(367)	11,876	11,509		7
8	TOTAL General Services	939,704	696,059	540,920	2,176,683	(33,684)	2,142,999	(35,399)	2,107,600		8
	B. Health Care and Programs										
9	Medical Director			(2,100)	(2,100)		(2,100)	55,500	53,400		9
10	Nursing and Medical Records	3,683,988	334,514	14,832	4,033,334	(6,345)	4,026,989	89,155	4,116,144		10
10a	Therapy	145,236	4,267	15,688	165,191	89	165,280		165,280		10a
11	Activities	115,467	11,290	5,717	132,474		132,474		132,474		11
12	Social Services	42,067			42,067		42,067		42,067		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							9,339	9,339		15
16	TOTAL Health Care and Programs	3,986,758	350,071	34,137	4,370,966	(6,256)	4,364,710	153,994	4,518,704		16
	C. General Administration										
17	Administrative	171,006			171,006		171,006	157,475	328,481		17
18	Directors Fees										18
19	Professional Services			1,020,606	1,020,606	(8,190)	1,012,416	(896,899)	115,517		19
20	Dues, Fees, Subscriptions & Promotions			80,977	80,977		80,977	(63,249)	17,728		20
21	Clerical & General Office Expenses	155,542	33,825	118,315	307,682	346	308,028	424,310	732,338		21
22	Employee Benefits & Payroll Taxes			1,101,313	1,101,313	30,190	1,131,503	(2,416)	1,129,087		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,482	1,482		1,482	1,106	2,588		24
25	Other Admin. Staff Transportation			5,600	5,600		5,600	21,429	27,029		25
26	Insurance-Prop.Liab.Malpractice			286,635	286,635		286,635	15,040	301,675		26
27	Other (specify):* Related Party			419,270	419,270		419,270	(338,595)	80,675		27
28	TOTAL General Administration	326,548	33,825	3,034,198	3,394,571	22,346	3,416,917	(681,799)	2,735,118		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,253,010	1,079,955	3,609,255	9,942,220	(17,594)	9,924,626	(563,204)	9,361,422		29

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

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

#0038000

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

12/31/2013

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			79,876	79,876		79,876	407,719	487,595			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			250,927	250,927		250,927	436,090	687,017			32
33	Real Estate Taxes							798,724	798,724			33
34	Rent-Facility & Grounds			1,573,726	1,573,726		1,573,726	(1,573,726)				34
35	Rent-Equipment & Vehicles			32,048	32,048		32,048	70,830	102,878			35
36	Other (specify):* M.I.P.							61,673	61,673			36
37	TOTAL Ownership			1,936,577	1,936,577		1,936,577	201,310	2,137,887			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		501,482	757,508	1,258,990	17,594	1,276,584	(201,816)	1,074,768			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			514,925	514,925		514,925		514,925			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		501,482	1,272,433	1,773,915	17,594	1,791,509	(201,816)	1,589,693			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,253,010	1,581,437	6,818,265	13,652,712		13,652,712	(563,710)	13,089,002			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		(45,041.00)	Employee Meals
	22	45,041.00	Employee Meals
22		(14,851.00)	Uniforms
	1	1,308.00	Uniforms
	3	1,510.00	Uniforms
	4	147.00	Uniforms
	6	37.00	Uniforms
	10	11,249.00	Uniforms
	11	89.00	Uniforms
	21	511.00	Uniforms
10		(17,594.00)	Oxygen - to appropriate cost center
	39	17,594.00	Oxygen - to appropriate cost center
21		(165.00)	Vendor Settlement - Kone Inc
	6	165.00	Vendor Settlement - Kone Inc
19		(8,190.00)	rc Linda Roberts Prof Exp to Dietary
	1	8,190.00	rc Linda Roberts Prof Exp to Dietary

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	(8)	2		4
5	Telephone, TV & Radio in Resident Rooms	(11,022)	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	14,451	30		9
10	Interest and Other Investment Income	(1,062)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,990)	2		13
14	Non-Care Related Interest	(36,538)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(27,768)	21		17
18	Fines and Penalties	(30,450)	32		18
19	Entertainment	(1,142)	20		19
20	Contributions	(5,220)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,520)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(419,270)	27		24
25	Fund Raising, Advertising and Promotional	(26,066)	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)	\$ (552,605)		\$	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)	175,661	Various	34
35	Other- Attach Schedule	(186,766)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (11,105)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (563,710)		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 Town Manor Rehab & HCC

ID# 0038000

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Telephone	\$ 13,380	21	1
2	Late Fees on Utilities	(1,122)	5	2
3	Intercompany interests	(183,939)	32	3
4				4
5	adj prior year's tax refund - 2003-10 Spec Obje Ref	54,845	33	5
6	back out IHCA PAC Fees - 2013	(1,902)	20	6
7	back out bank charges TM LLC	(120)	21	7
8				8
9	Elim Deprec Exp on Pg 13 <\$2,500 - TM/Cicero	(24,731)	30	9
10	Elim Deprec Exp on Pg 12 <\$2,500 - TM/Cicero	(5,080)	30	10
11	Exp capital items Pg 13 - current year purch <\$2500	37,321	6	11
12	Exp capital items Pg 13 - Related Party AMS	81	6	12
13	adj for ABC related party profits - Pg 12	(76)	30	13
14	adj for ABC related party profits - Pg 12	32	30	14
15	adjustment on depreciation expense	(4,677)	30	15
16	Elim Houskeeping - Hospice portion	(15,990)	3	16
17	Elim Utilities - Hospice portion	(14,588)	5	17
18	Elim Maintenance - Hospice portion	(12,967)	6	18
19	Elim Real Estate Tax - Hospice portion	(36,235)	33	19
20	Elim Depreciation - Hospice portion	(867)	30	20
21	Elim Interest - Hospice portion	(24,789)	32	21
22				22
23				23
24	Misc Income - Medical Records	(705)	10	24
25	Misc Income - Food Rebate	(6,165)	2	25
26	Misc Income - Jury Duty	(34)	21	26
27	Add back: Medical Director voided prior year inv	28,500	9	27
28	Marketing Manager (GL 670100-100-009)	(11,522)	21	28
29	employee benefits - Marketing Manager	(2,416)	22	29
30	adj prior year Medical Director - 07/06 to 12/07	27,000	9	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		(186,766)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	3,599	(9,828)	0	0	0	0	0	0	0	(6,229)	1
2	Food Purchase	(9,163)	0	0	(70,688)	0	0	0	0	0	0	0	(79,851)	2
3	Housekeeping	(15,990)	0	10,086	0	0	0	0	0	0	0	0	(5,904)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(15,710)	0	4,182	0	0	0	0	0	0	0	0	(11,528)	5
6	Maintenance	13,413	8,476	34,032	0	0	0	316	0	0	0	0	56,237	6
7	Other (specify):*	0	0	9,557	2,319	0	0	0	0	0	0	0	11,876	7
8	TOTAL General Services	(27,450)	8,476	61,456	(78,197)	0	0	316	0	0	0	0	(35,399)	8
	B. Health Care and Programs													
9	Medical Director	55,500	0	0	0	0	0	0	0	0	0	0	55,500	9
10	Nursing and Medical Records	(705)	0	92,556	1,351	(4,047)	0	0	0	0	0	0	89,155	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	9,339	0	0	0	0	0	0	0	0	9,339	15
16	TOTAL Health Care and Programs	54,795	0	101,895	1,351	(4,047)	0	0	0	0	0	0	153,994	16
	C. General Administration													
17	Administrative	0	0	157,475	0	0	0	0	0	0	0	0	157,475	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,520)	24,883	(916,262)	0	0	0	0	0	0	0	0	(896,899)	19
20	Fees, Subscriptions & Promotions	(34,330)	0	(28,919)	0	0	0	0	0	0	0	0	(63,249)	20
21	Clerical & General Office Expenses	(26,064)	428	370,073	48,776	31,097	0	0	0	0	0	0	424,310	21
22	Employee Benefits & Payroll Taxes	(2,416)	0	0	0	0	0	0	0	0	0	0	(2,416)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,106	0	0	0	0	0	0	0	0	1,106	24
25	Other Admin. Staff Transportation	0	0	21,429	0	0	0	0	0	0	0	0	21,429	25
26	Insurance-Prop.Liab.Malpractice	0	14,737	303	0	0	0	0	0	0	0	0	15,040	26
27	Other (specify):*	(419,270)	0	73,610	4,985	2,080	0	0	0	0	0	0	(338,595)	27
28	TOTAL General Administration	(487,600)	40,048	(321,185)	53,761	33,177	0	0	0	0	0	0	(681,799)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(460,255)	48,524	(157,834)	(23,085)	29,130	0	316	0	0	0	0	(563,204)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	(20,948)	406,206	22,461	0	0	0	0	0	0	0	0	407,719	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(276,778)	518,764	193,272	0	832	0	0	0	0	0	0	436,090	32
33	Real Estate Taxes	18,610	751,879	27,907	0	328	0	0	0	0	0	0	798,724	33
34	Rent-Facility & Grounds	0	(1,573,726)	0	0	0	0	0	0	0	0	0	(1,573,726)	34
35	Rent-Equipment & Vehicles	0	0	70,830	0	0	0	0	0	0	0	0	70,830	35
36	Other (specify):*	0	61,673	0	0	0	0	0	0	0	0	0	61,673	36
37	TOTAL Ownership	(279,116)	164,796	314,470	0	1,160	0	0	0	0	0	0	201,310	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	(72,412)	(60,542)	(68,862)	0	0	0	0	0	(201,816)	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	(72,412)	(60,542)	(68,862)	0	0	0	0	0	(201,816)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(739,371)	213,320	156,636	(95,497)	(30,252)	(68,862)	316	0	0	0	0	(563,710)	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:	
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	34 Rent Income	\$ 1,573,726	Town Manor Associates, LLC	0.00%	\$	\$ (1,573,726)	1
2	V	32 Investment Income - RR	6,352	Town Manor Associates, LLC			(6,352)	2
3	V	19 Accounting/Professional Fees		Town Manor Associates, LLC		7,350	7,350	3
4	V	33 Real Estate Tax		Town Manor Associates, LLC		751,879	751,879	4
5	V	26 Property & Liability Insurance		Town Manor Associates, LLC		14,737	14,737	5
6	V	32 Interest on Mortgage		Town Manor Associates, LLC		514,381	514,381	6
7	V	19 Legal Fees - Non Collection		Town Manor Associates, LLC		17,533	17,533	7
8	V	30 Depreciation		Town Manor Associates, LLC		406,206	406,206	8
9	V	32 Amortization		Town Manor Associates, LLC		10,735	10,735	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, LLC		61,673	61,673	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, LLC		428	428	11
12	V	32 Loan Repayment Fee		Town Manor Associates, LLC				12
13	V	6 Repairs and Maintenance		Town Manor Associates, LLC		8,476	8,476	13
14	Total		\$ 1,580,078			\$ 1,793,398	\$ * 213,320	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%	\$ 4,182	\$	4,182	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,106		1,106	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		21,429		21,429	17
18	V	26 Insurance		Alden Management Services, Inc.		303		303	18
19	V	20 Dues and Subscription	32,562	Alden Management Services, Inc.		3,643		(28,919)	19
20	V	30 Depreciation		Alden Management Services, Inc.		22,461		22,461	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		27,907		27,907	21
22	V	35 Rent - Equipment and Vehicle		Alden Management Services, Inc.		70,830		70,830	22
23	V	32 Interest		Alden Management Services, Inc.		193,272		193,272	23
24	V	1 Dietary		Alden Management Services, Inc.		3,599		3,599	24
25	V	3 Housekeeping		Alden Management Services, Inc.		10,086		10,086	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		9,557		9,557	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		92,556		92,556	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		9,339		9,339	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		157,475		157,475	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		73,610		73,610	30
31	V	19 Professional Fees	980,816	Alden Management Services, Inc.		64,554		(916,262)	31
32	V	21 General and Administrative		Alden Management Services, Inc.		370,073		370,073	32
33	V	6 Repairs and Maintenance	35,478	Alden Management Services, Inc.		69,510		34,032	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,048,856			\$ 1,205,492	\$ *	156,636	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)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		12,901	12,901
17	V	2 Tube Feeding	129,180	Prism Health Care Services, Inc.		58,492	(70,688)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351
19	V	39 Ancillary Supplies	139,323	Prism Health Care Services, Inc.		66,911	(72,412)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		28,737	28,737
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		4,985	4,985
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		2,319	2,319
23	V	21 General & Administrative		Prism Health Care Services, Inc.		20,039	20,039
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		\$ 297,963			\$ 202,466	\$ * (95,497)

* 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	\$ 205,589	Forum Extended Care Services, Inc.	0.00%	\$ 169,671	\$ (35,918)
16	V	39 IV	125,061	Forum Extended Care Services, Inc.		103,212	(21,849)
17	V	39 Wound Care	15,871	Forum Extended Care Services, Inc.		13,096	(2,775)
18	V	10 House Stock	17,190	Forum Extended Care Services, Inc.		14,186	(3,004)
19	V	10 Pharmacy Consultant	5,975	Forum Extended Care Services, Inc.		4,932	(1,043)
20	V	27 Employee Vaccination	4,907	Forum Extended Care Services, Inc.		4,050	(857)
21	V	27 Employee Benefit - G & A		Forum Extended Care Services, Inc.		2,937	2,937
22	V	21 Salary - G & A		Forum Extended Care Services, Inc.		19,614	19,614
23	V	21 General and Administrative		Forum Extended Care Services, Inc.		11,483	11,483
24	V	32 Interest		Forum Extended Care Services, Inc.		832	832
25	V	33 Real Estate Taxes		Forum Extended Care Services, Inc.		328	328
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V			378875			
36	V						
37	V						
38	V						
39	Total		\$ 374,593			\$ 344,341	\$ * (30,252)

* 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	\$ 747,975	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 679,113	\$ (68,862)
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		\$ 747,975			\$ 679,113	\$ * (68,862)

* 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	\$ 23,475	Alden Bennett Construction Company, Inc.	0.00%	\$ 23,791	\$ 316	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		\$ 23,475			\$ 23,791	\$ *	316 39

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

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

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 Town Manor Rehab & HCC # 0038000 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	175,558	2.04	5.10	Salary	\$ 9,442	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	91,444	2.04	5.10	Salary	4,848	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	92,930	2.04	5.10	Salary	4,848	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	99,848	2.04	5.10	Salary	5,370	17-7	4
5	Audra Elisco	Training Coordinator	Train Employees	0.00	54,426	2.04	5.10	Salary	2,927	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	\$ 27,435		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 Town Manor Rehab & HCC

0038000 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	\$ 67,323	\$ 4,182	1
2	24	Travel/Seminar	Patient days	1,319,137	35	21,681	67,323	1,106	2
3	25	Other Admin Travel	Patient days	1,319,137	35	419,878	67,323	21,429	3
4	26	Insurance	Patient days	1,319,137	35	5,945	67,323	303	4
5	20	Dues/Subscriptions	Patient days	1,319,137	35	71,386	67,323	3,643	5
6	30	Depreciation	No. of Providers	35	35	331,030	67,323	22,461	6
7	33	Real Estate Tax	Patient days	1,319,137	35	171,267	67,323	27,907	7
8	35	Rent-Equip & Vehicles	Patient days	1,319,137	35	1,387,861	67,323	70,830	8
9	32	Interest	Patient days	1,319,137	35	2,365,205	67,323	193,272	9
10	1	Diet. Salary	Patient days	1,319,137	35	70,514	70,514	3,599	10
11	3	Housekeeping Salary	Patient days	1,319,137	35	197,635	197,635	10,086	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,319,137	35	179,651	67,323	9,557	12
13	10	Nurs & Med Record Salary	Patient days	1,319,137	35	1,290,033	1,290,033	92,556	13
14	15	Employee Benefits-Health Care	Patient days	1,319,137	35	179,422	67,323	9,339	14
15	17	Administrative Salary	Patient days	1,319,137	35	3,345,614	3,345,614	157,475	15
16	27	Employee Benefits-Administr.	Patient days	1,319,137	35	1,450,327	67,323	73,610	16
17	19	Professional Fees	Patient days	1,319,137	35	1,264,885	822,981	64,554	17
18	21	Gen'l & Administrative	Patient days	1,319,137	35	7,326,656	6,259,160	370,073	18
19	6	Repairs & Maniten.	Patient days	1,319,137	35	1,307,512	1,023,532	69,510	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,468,444	\$ 13,009,469	\$ 1,205,492	25

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

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	Reporting Period Interest Expense					
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO											Original	Balance		
A. Directly Facility Related																	
Long-Term																	
1	Cambridge (GL 7055)		X	Mortgage	\$57,636.00	02/2011	\$ 12,722,300	\$ 12,253,710	03/2046	4.1700	\$ 514,381	1					
2	Interest - Hospice Portion										(24,789)	2					
3												3					
4												4					
5												5					
Working Capital																	
6	Related party-AMS		X	Working Capital							193,272	6					
7	Related party-FECII		X	Working Capital							832	7					
8	Cap Lease Oblig (GL 7105)		X	Capital Lease							10,735	8					
9	TOTAL Facility Related				\$57,636.00		\$ 12,722,300	\$ 12,253,710			\$ 694,431	9					
B. Non-Facility Related*																	
10	Interest Inc - RR (GL 4972)		x								(468)	10					
11	Int Income (GL#4975)		x								(6,946)	11					
12												12					
13	Amortization-Fin/Refin Fee		x									13					
14	TOTAL Non-Facility Related						\$	\$			(7,414)	14					
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 12,253,710			\$ 687,017	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 61,673 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>702,745</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>795,724</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>92,979</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>677,510</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>770,489</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>28,235.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>798,724</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>790,847</u>			8
	2009	<u>764,588</u>			9
	2010	<u>777,983</u>			10
	2011	<u>785,126</u>			11
	2012	<u>795,724</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 Town Manor Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0038000
 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>27,907.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>328.00</u>
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,969.60</u>	\$ <u>2,969.60</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>2,969.60</u>	\$ <u>2,969.60</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>66,599.22</u>	\$ <u>66,599.22</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>92,647.71</u>	\$ <u>92,647.71</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>339,765.50</u>	\$ <u>339,765.50</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>151,367.68</u>	\$ <u>151,367.68</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,591.02</u>	\$ <u>63,591.02</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>63,591.02</u>	\$ <u>63,591.02</u>
TOTALS		\$ <u><u>1,104,571.35</u></u>	\$ <u><u>811,736.35</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.**

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0038000
 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.	Total from PG 10A	\$ 1,104,571.35	\$ 811,736.35
2.	Nursing Home Facility	\$ 6,450.46	\$ 6,450.46
3.	Nursing Home Facility	\$ 5,772.99	\$ 5,772.99
4.	Nursing Home Fac - Parking Lot	\$ 2,640.41	\$ 2,640.41
5.	Nursing Home Fac - Parking Lot	\$ 2,285.53	\$ 2,285.53
6.	Nursing Home Fac - Parking Lot	\$ 3,693.12	\$ 3,693.12
7.	Nursing Home Fac - Parking Lot	\$ 5,346.09	\$ 5,346.09
8.	Nursing Home Fac - Parking Lot	\$ 3,885.30	\$ 3,885.30
9.	Nursing Home Fac - Parking Lot	\$ 2,183.89	\$ 2,183.89
10.	Nursing Home - Hospice RE Tax porti	\$	\$ (36,235.00)
TOTALS		\$ 1,136,829.14	\$ 807,759.14

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: 94,195 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	nursing facility	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	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			1992	1992	\$ 9,104,204	\$ 289,022	30	\$ 303,473	\$ 14,451	\$ 6,355,480	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Window glass repair	1992		1,600		10			1,600	9
10		CSI - boiler repair	1994		3,268		3			3,268	10
11		Tower cleaners - drapery	1995		1,557		5			1,557	11
12		Bartlett heating -pipe insulation	1995		3,700		15			3,700	12
13		CSI - a/c repair	1995		4,093		10			4,093	13
14		CSI - a/c repair	1995		4,027		10			4,027	14
15		CSI - pipe insulation	1995		1,981		15			1,981	15
16		CSI - chiller HVAC	1996		6,042		10			6,042	16
17		The floor source - carpet installation	1996		5,345		10			5,345	17
18		Ward door specialist, Inc. - metal door	1996		1,385		15			1,385	18
19		Shalom landscaping - planting	1996		8,000		10			8,000	19
20		The floor source - carpet installation	1996		6,049		10			6,049	20
21		Bartlett heating -pipe insulation	1996		18,526		15			18,526	21
22		Over charged by Bartlett	1996		(10,500)					(10,500)	22
23		Alden Bennett const. - heating, vent , a/c	1996		69,300	3,465	20	3,465		60,349	23
24		Alden Bennett construction - sanitary sewer lift station	1996		23,921	1,196	20	1,196		20,831	24
25		Arrigo enterprises, Inc. - heating and cooling sys. Corridor	1996		10,931	547	20	547		9,566	25
26		Misco shawnee, Inc. - tile	1996		9,232	462	20	462		8,041	26
27		Misco shawnee, Inc. - tile	1996		9,020	451	20	451		7,855	27
28		General parts - repair dishwasher	1997		2,139		5			2,139	28
29		System Electric - 120 volt circuit installed and replaced	1997		2,085		5			2,085	29
30		Climate - freeon into a/c	1997		6,221		5			6,221	30
31		Long elevator - install new eyes on elevator door	1997		3,180		5			3,180	31
32		A&B cable - outlets installation	1997		11,520		5			11,520	32
33		Arrigo enterprises, Inc. - corridor renovation	1997		24,366	1,218	20	1,218		20,911	33
34		ABC - hvac repairs	1998		39,300	1,965	20	1,965		30,949	34
35		ABC - sanitary sewer lift station	1998		1,259	63	20	63		992	35
36		Coit drapery	1998		12,976		5			12,976	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$	10	\$	\$	\$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071	127	15	127		2,071	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		1,835	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		1,639	46
47	Climater service - repair rooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		4,929	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		3,028	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		1,584	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		1,002	60
61	Patten (water pump)	2001	2,325	116	20	116		1,499	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		1,764	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		3,103	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,140	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784		10			3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 300,119		\$ 314,570	\$ 14,451	\$ 6,735,850	70

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,518,731	\$ 300,119		\$ 314,570	\$ 14,451	\$ 6,735,850	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		1,728	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various are	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844		10			2,844	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	47	10	47		1,803	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		1,033	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	86	10	86		4,964	17
18	Thybonny Wallcoverings (Design works)	2003	2,098	103	10	103		2,098	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,522	10	2,522		24,800	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	271	10	271		2,462	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		4,882	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		2,886	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		1,742	33
34	TOTAL (lines 1 thru 33)		\$ 9,631,392	\$ 304,417		\$ 318,868	\$ 14,451	\$ 6,840,565	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,631,392	\$ 304,417		\$ 318,868	\$ 14,451	\$ 6,840,565	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler, Steamer, Dishwasher, Platewarm	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		2,625	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laudry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		4,770	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		13,171	17
18	ABC - exhaust fan	2006	5,662	566	10	566		4,104	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880	588	10	588		4,165	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072		5			5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613	361	10	361		2,497	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592		5			9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	457	10	457		3,009	25
26	ABC - New HVAC motor	2007	3,188		5			3,188	26
27	ABC - new ceiling tiles	2007	4,289		5			4,289	27
28	ABC - new plumbing faucet	2007	6,344		5			6,344	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$ 309,016		\$ 323,467	\$ 14,451	\$ 6,974,528	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 12C, Carried Forward		\$ 9,778,511	\$ 309,016		\$ 323,467	\$ 14,451	\$ 6,974,528	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	forward 7 items below to 2014 Cost Report								26
27	TM - Parking Lot	1/1/1994	334,637	13,385	25	13,385		267,710	27
28	Adjust for ABC Related Party Profit	2008	(111)	(16)		(16)		(68)	28
29	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(24)	29
30	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(25)	30
31	Adjust for ABC Related Party Profit	2011	294	2		2		5	31
32	Adjust for ABC Related Party Profit	2012	1,362	24		24		36	32
33	Adjust for ABC Related Party Profit	2013	582	32		32		32	33
34	TOTAL (lines 1 thru 33)		\$ 10,201,746	\$ 323,743		\$ 338,194	\$ 14,451	\$ 7,322,144	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,201,746	\$ 323,743		\$ 338,194	\$ 14,451	\$ 7,322,144	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		811	2
3	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		7,152	3
4	ABC - new tiles	2008	4,802	480	10	480		2,680	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		3,087	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		2,454	6
7	ABC - replaced patio door	2009	2,852	285	10	285		1,330	7
8	ABC - receiving door	2009	6,451	645	10	645		3,010	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)	(107)		(107)		(428)	10
11	ABC - Asphalt	2010	12,834	1,604	8	1,604		3,609	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)	(77)		(77)		(308)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)	(589)		(589)		(1,528)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)	(117)		(117)		(119)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)	(161)		(161)		(161)	15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		880	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		2,198	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		1,158	18
19	ABC - damaged hardware repair	2011	2,989	598	5	598		1,744	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		1,114	20
21	ABC - thermal units/lights repairs	2011	6,624	1,325	5	1,325		3,754	21
22	GT Mechanical - laundry room repair	2011	8,341	1,668	5	1,668		4,587	22
23	ABC - plumbing repairs	2011	5,800	1,160	5	1,160		2,997	23
24	TopNotch - motor assembly	2011	2,600	520	5	520		1,213	24
25	ABC - handrail for the patio	2011	7,740	1,548	5	1,548		3,483	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		5,931	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100	620	5	620		1,447	27
28	Oak Fire - fire security master switchboard	2012	2,950	295	10	295		492	28
29	ABC - sprinkler system fire protection	2012	5,585	223	25	223		353	29
30	ABC - boiler repair	2012	16,491	825	20	825		894	30
31	GT Mechanical - laundry room damper repair	2012	7,273	727	10	727		848	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	355	10	355		651	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,383,394	\$ 343,060		\$ 357,511	\$ 14,451	\$ 7,377,477	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 10,383,394	\$ 343,060		\$ 357,511	\$ 14,451	\$ 7,377,477	1
2	ABC - railing stairwell	2013	43,240	2,402	15	2,402		2,402	2
3	Topnotch - freezer compressor	2013	5,525	553	5	553		553	3
4	Topnotch - motor dishwasher	2013	4,727	394	5	394		394	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,436,886	\$ 346,409		\$ 360,860	\$ 14,451	\$ 7,380,826	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	\$ 1,202,428	\$ 106,777	\$ 106,777	\$	Various	\$ 524,750	71
72	Current Year Purchases	200,726	11,517	11,517		Various	8,151	72
73	Fully Depreciated Assets	1,332,495	8,300	8,300		Various	1,332,495	73
74								74
75	TOTALS	\$ 2,735,649	\$ 126,594	\$ 126,594	\$		\$ 1,865,396	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	Midwest transit	Bus/Passenger	2001	\$ 49,967	\$	\$	\$		\$ 49,967	76
77	Van	2000 Ford Super Duty	2013	2,829	141	141		5	141	77
78										78
79	Related Party - AMS	various	98-02	3,911				3	3,911	79
80	TOTALS			\$ 56,707	\$ 141	\$ 141	\$		\$ 54,019	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)	\$ 14,366,502	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 473,144	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 487,595	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,300,241	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	Building Improvements	5,331	93
94			94
95		\$ 5,331	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 Town Manor Rehab & HCC

0038000

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 02/23/11

Ending 12/31/21

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

Fiscal Year Ending Annual Rent

12. 12/31/2014 \$ varies

13. 12/31/2015 \$ varies

14. 12/31/2016 \$ 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: \$ 44,216 Description: copy machine lease GL 6861, office equipment lease GL6859

(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>27,487</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>66.67</u>	<u>800</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>28,287</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.

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2013 Ending: 12/31/2013
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. 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			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		3		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	\$			\$ 316,602	\$		\$ 316,602	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs				30,027			30,027	2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	39-3	hrs				401,346			401,346	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					169,670		169,670	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>						(68,862)	225,985		157,123	13	
14	TOTAL			\$			\$ 679,113	\$ 395,655		\$ 1,074,768	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)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
1.	OT		39-3	To Col 5		\$316,602.00	
2.	ST		39-3	To Col 5		30,027.00	
3.							
4.	PT		39-3	To Col 5		401,346.00	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					205,588.00	
	Manual Input from Related Party- Forum Drugs					(35,918.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		169,670.00	917,645.00
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		(68,862.00)
Other		305,425.00	
Manual Input: Related Party - Prism		(72,412.00)	
Manual Input: Related Party FECII - I.V.		(21,849.00)	
Manual Input: Related Party FECII - Wound Care		(2,773.00)	
Oxygen, from reclass worksheet (Pg 4A)		17,594.00	
13. Col 6: Supplies Total	To Col 6	225,985.00	225,985.00
13. Total Line 13, Column 8		0.00	157,123.00
14. Total		0.00	1,074,768.00

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	\$ 822,669	\$ 894,594	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (248,605))	3,197,291	3,197,291	3
4	Supply Inventory (priced at)	5,695	5,695	4
5	Short-Term Investments			5
6	Prepaid Insurance		28,540	6
7	Other Prepaid Expenses	11,473	11,473	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	3,534	374,917	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,040,662	\$ 4,512,510	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	224,239	224,239	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	807,660	880,191	15
16	Equipment, at Historical Cost	717,691	2,707,048	16
17	Accumulated Depreciation (book methods)	(1,230,087)	(8,818,924)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		431,469	21
22	Other Long-Term Assets (spec Refi Fee, CIP Bldg Improv)		214,841	22
23	Other(specify): <u>Due from Affiliate,</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 519,503	\$ 5,880,328	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,560,165	\$ 10,392,838	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 599,044	\$ 599,044	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	208,712	208,712	28
29	Short-Term Notes Payable		184,142	29
30	Accrued Salaries Payable	514,205	514,205	30
31	Accrued Taxes Payable (excluding real estate taxes)	41,157	41,157	31
32	Accrued Real Estate Taxes(Sch.IX-B)		819,700	32
33	Accrued Interest Payable		42,581	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>	235,232	249,606	36
37	<u>Due to Affiliates</u>	1,412,548	1,412,548	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,010,898	\$ 4,071,695	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,069,568	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	7,097,697	6,150,715	43
44	<u>Sharehold.loan, other</u>	1,115,130	1,115,130	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 8,212,827	\$ 19,335,413	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,223,725	\$ 23,407,108	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,663,560)	\$ (13,014,270)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,560,165	\$ 10,392,838	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,317,190)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(26,328)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,343,518)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(320,042)	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)	\$ (320,042)	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)	\$ (6,663,560)	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	\$ 12,820,799	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,820,799	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	292,400	6
7	Oxygen	16,970	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 309,370	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	293	13
14	Non-Patient Meals	8	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,261	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,562	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,062	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,062	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Gain on Sale of Assets/Miscellaneous</u>	20,462	28
28a	<u>Rental Income - FHH (Non Operating Revenue)</u>	177,415	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 197,877	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,332,670	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,176,683	31
32	Health Care	4,370,966	32
33	General Administration	3,394,571	33
B. Capital Expense			
34	Ownership	1,936,577	34
C. Ancillary Expense			
35	Special Cost Centers	1,258,990	35
36	Provider Participation Fee	514,925	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,652,712	40
41	Income before Income Taxes (line 30 minus line 40)**	(320,042)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (320,042)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,680,863	44
45	Private Pay - Net Inpatient Revenue	876,165	45
46	Medicare - Net Inpatient Revenue	1,946,412	46
47	Other-(specify) <u>Hospice</u>	637,941	47
48	Other-(specify) <u>Insurance/Sales Allow.</u>	679,418	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,820,799	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning 01/01/2013 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income - Medical Records	705
Misc Income - Food Rebate	6,165
Misc Income - Jury Duty	34
Misc Income - Refund	3,077
Gain on Sale of Assets	\$ 10,481

Line 28 Total: 20,462

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	1,432	1,546	\$ 73,023	\$ 47.23	1
2	Assistant Director of Nursing	3,424	3,424	128,172	37.43	2
3	Registered Nurses	26,192	27,494	775,779	28.22	3
4	Licensed Practical Nurses	36,844	39,597	1,004,451	25.37	4
5	CNAs & Orderlies	112,067	120,675	1,410,517	11.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,474	5,174	64,634	12.49	8
9	Activity Director	2,080	2,080	41,327	19.87	9
10	Activity Assistants	5,066	5,586	63,580	11.38	10
11	Social Service Workers	1,744	1,762	42,067	23.87	11
12	Dietician					12
13	Food Service Supervisor	2,048	2,048	64,345	31.42	13
14	Head Cook	1,648	1,658	20,890	12.60	14
15	Cook Helpers/Assistants	31,821	34,093	394,033	11.56	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	53,282	25.62	17
18	Housekeepers	21,062	23,808	278,312	11.69	18
19	Laundry	8,998	9,641	128,843	13.36	19
20	Administrator	2,080	2,080	130,357	62.67	20
21	Assistant Administrator	1,592	1,592	40,649	25.53	21
22	Other Administrative	6,400	6,625	191,731	28.94	22
23	Office Manager	2,080	2,080	27,183	13.07	23
24	Clerical	2,841	2,975	27,790	9.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	138,128	33.20	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,600	1,600	23,554	14.72	31
32	Other Health C: Unit Director	1,528	1,651	31,935	19.34	32
33	Other(specify) Alzheimer Dir/Aid	6,114	6,792	98,428	14.49	33
34	TOTAL (lines 1 - 33)	289,375	310,221	\$ 5,253,010 *	\$ 16.93	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	2200/month	26,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/month	5,976	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	200/month	2,400	11-3	44
45	Social Service Consultant	325/month	1,952	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 59,528		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	30 hours	\$ 6,067	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$ 6,067		53

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 Town Manor Rehab & HCC

0038000

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 \$4,438, Health Care Council of IL \$4,334
- (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. \$ 94,955 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. \$ 514,925
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. \$ 45,041 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
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.