



Facility Name & ID Number Alden Village Hlth Facility

# 0038455 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		Skilled (SNF)		0	1
2	126	Skilled Pediatric (SNF/PED)	126	45,990	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	126	TOTALS	126	45,990	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	
8	SNF				8
9	SNF/PED	43,669	332		44,001
10	ICF				10
11	ICF/DD				11
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	43,669	332		44,001

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.68%

D. How many bed-hold days during this year were paid by the Department? 251 (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 11/01/92

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 11/01/92 NO

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

Medicare Intermediary Not applicable

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 &amp; ID Number

Alden Village Hlth Facility

# 0038455

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
	<b>A. General Services</b>										
1	Dietary	202,009	22,631	10,800	235,440	8,791	244,231	(2,303)	241,928		1
2	Food Purchase		780,266		780,266	(30,602)	749,664	(403,273)	346,391		2
3	Housekeeping	172,819	37,343		210,162	7,816	217,978	6,592	224,570		3
4	Laundry	51,578	24,275	13	75,866		75,866		75,866		4
5	Heat and Other Utilities			164,714	164,714		164,714	1,646	166,360		5
6	Maintenance	52,175		162,260	214,435		214,435	51,341	265,776		6
7	Other (specify):* <b>Related Party</b>							11,667	11,667		7
8	<b>TOTAL General Services</b>	478,581	864,515	337,787	1,680,883	(13,995)	1,666,888	(334,330)	1,332,558		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			16,600	16,600		16,600		16,600		9
10	Nursing and Medical Records	3,026,463	301,660	10,545	3,338,668	(20,811)	3,317,857	36,769	3,354,626		10
10a	Therapy					410,547	410,547	(126,403)	284,144		10a
11	Activities	8,108	3,415	226,257	237,780		237,780		237,780		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation	30,761			30,761		30,761		30,761		14
15	Other (specify):* <b>Related Party</b>							6,104	6,104		15
16	<b>TOTAL Health Care and Programs</b>	3,065,332	305,075	253,402	3,623,809	389,736	4,013,545	(83,530)	3,930,015		16
	<b>C. General Administration</b>										
17	Administrative	165,638			165,638		165,638	102,923	268,561		17
18	Directors Fees										18
19	Professional Services			486,169	486,169		486,169	(417,123)	69,046		19
20	Dues, Fees, Subscriptions & Promotions			17,155	17,155		17,155	(6,649)	10,506		20
21	Clerical & General Office Expenses	184,608	20,094	61,225	265,927	1,459	267,386	296,128	563,514		21
22	Employee Benefits & Payroll Taxes			710,069	710,069	7,963	718,032	(11,010)	707,022		22
23	Inservice Training & Education										23
24	Travel and Seminar			(258)	(258)		(258)	981	723		24
25	Other Admin. Staff Transportation			30,402	30,402		30,402	14,005	44,407		25
26	Insurance-Prop.Liab.Malpractice			140,649	140,649		140,649	198	140,847		26
27	Other (specify):* <b>Related Party</b>			11,349	11,349		11,349	48,666	60,015		27
28	<b>TOTAL General Administration</b>	350,246	20,094	1,456,760	1,827,100	9,422	1,836,522	28,119	1,864,641		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,894,159	1,189,684	2,047,949	7,131,792	385,163	7,516,955	(389,741)	7,127,214		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 &amp; ID Number Alden Village Hlth Facility

#0038455

Report Period Beginning: 01/01/2013 Ending: 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	
	<b>D. Ownership</b>											
30	Depreciation			35,559	35,559		35,559	466,912	502,471			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			97,720	97,720		97,720	382,572	480,292			32
33	Real Estate Taxes			127,346	127,346	(127,346)		132,445	132,445			33
34	Rent-Facility & Grounds			773,732	773,732	127,346	901,078	(892,278)	8,800			34
35	Rent-Equipment & Vehicles			8,861	8,861		8,861	46,293	55,154			35
36	Other (specify):* <b>M.I.P.</b>							75,417	75,417			36
37	<b>TOTAL Ownership</b>			1,043,218	1,043,218		1,043,218	211,361	1,254,579			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	203,500	192,856	410,547	806,903	(385,163)	421,740	(53,233)	368,507			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			549,789	549,789		549,789		549,789			42
43	Other (specify):* <b>DD Day Training</b>	33,779		1,413,691	1,447,470		1,447,470		1,447,470			43
44	<b>TOTAL Special Cost Centers</b>	237,279	192,856	2,374,027	2,804,162	(385,163)	2,418,999	(53,233)	2,365,766			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,131,438	1,382,540	5,465,194	10,979,172		10,979,172	(231,613)	10,747,559			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		(30,602.43)	Employee Meals
	22	30,602.43	Employee Meals
22		(22,639.58)	Uniforms
	1	8,790.86	Uniforms
	3	7,816.49	Uniforms
	4	0.00	Uniforms
	6	0.00	Uniforms
	10	4,573.46	Uniforms
	11	0.00	Uniforms
	21	1,458.77	Uniforms
10		(25,384.00)	Oxygen - to appropriate cost center
	39	25,384.00	Oxygen - to appropriate cost center
33		(127,346.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	127,346.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21			Vender Settlements
	6		Vender Settlements
<u>DD Providers Only:</u>			
	39	(410,547.00)	PT, OT,ST & RT CPT Therapy Costs
	10A	410,547.00	PT, OT,ST & RT CPT Therapy Costs



Facility Name & ID Number Alden Village Hlth Facility

# 0038455

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				4
5	Telephone, TV & Radio in Resident Rooms	(2,219)	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	(451)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(182)	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	(14,447)	21		17
18	Fines and Penalties	(103)	32		18
19	Entertainment				19
20	Contributions	(2,574)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(862)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(11,349)	27		24
25	Fund Raising, Advertising and Promotional	(5,276)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (37,463)		\$	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)	(30,869)	Various	34
35	Other- Attach Schedule	(163,281)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (194,150)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (231,613)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

Alden Village Hlth Facility

ID# 0038455

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,068)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500 -	(10,676)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	20,880	6	4
5	Adj ABC Deprec Exp from Pg 12 series -	42	30	5
6	Late Fees on Utilities	(1,087)	5	6
7	Intercompany Interest with AMS	(95,563)	32	7
8	Misc Income - Donations	(300)	21	8
9	Misc Income - Record Copies	(20)	21	9
10	Marketing Manager & Aides	(64,063)	21	10
11	Eliminate portion of market benefits	(11,010)	22	11
12	30% Backout PAC fees	(985)	20	12
13	Back Out Bloomingdale Chamber Comm.	(350)	20	13
14	Deprecation adjustment to detail	3,661	30	14
15	Adjustment to Travel and Seminars	258	24	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(163,281)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,352	(4,655)	0	0	0	0	0	0	0	(2,303)	1
2	Food Purchase	(182)	0	0	(403,091)	0	0	0	0	0	0	0	(403,273)	2
3	Housekeeping	0	0	6,592	0	0	0	0	0	0	0	0	6,592	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,087)	0	2,733	0	0	0	0	0	0	0	0	1,646	5
6	Maintenance	18,661	2,700	29,925	0	0	0	55	0	0	0	0	51,341	6
7	Other (specify):*	0	0	6,246	5,421	0	0	0	0	0	0	0	11,667	7
8	<b>TOTAL General Services</b>	<b>17,392</b>	<b>2,700</b>	<b>47,848</b>	<b>(402,325)</b>	<b>0</b>	<b>0</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(334,330)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	39,612	1,351	(4,194)	0	0	0	0	0	0	36,769	10
10a	Therapy	0	0	0	0	0	(126,403)	0	0	0	0	0	(126,403)	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	6,104	0	0	0	0	0	0	0	0	6,104	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>45,716</b>	<b>1,351</b>	<b>(4,194)</b>	<b>(126,403)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(83,530)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	102,923	0	0	0	0	0	0	0	0	102,923	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(862)	6,250	(422,511)	0	0	0	0	0	0	0	0	(417,123)	19
20	Fees, Subscriptions & Promotions	(9,185)	155	2,381	0	0	0	0	0	0	0	0	(6,649)	20
21	Clerical & General Office Expenses	(78,830)	13,341	241,873	114,059	5,685	0	0	0	0	0	0	296,128	21
22	Employee Benefits & Payroll Taxes	(11,010)	0	0	0	0	0	0	0	0	0	0	(11,010)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	258	0	723	0	0	0	0	0	0	0	0	981	24
25	Other Admin. Staff Transportation	0	0	14,005	0	0	0	0	0	0	0	0	14,005	25
26	Insurance-Prop.Liab.Malpractice	0	0	198	0	0	0	0	0	0	0	0	198	26
27	Other (specify):*	(11,349)	0	48,110	11,657	248	0	0	0	0	0	0	48,666	27
28	<b>TOTAL General Administration</b>	<b>(110,978)</b>	<b>19,746</b>	<b>(12,298)</b>	<b>125,716</b>	<b>5,933</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28,119</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(93,586)</b>	<b>22,446</b>	<b>81,266</b>	<b>(275,258)</b>	<b>1,739</b>	<b>(126,403)</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(389,741)</b>	<b>29</b>

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning:

01/01/2013 Ending:

Summary B

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)	
	<b>D. Ownership</b>													
30	Depreciation	(11,041)	468,877	9,076	0	0	0	0	0	0	0	0	466,912	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(96,117)	378,070	100,467	0	152	0	0	0	0	0	0	382,572	32
33	Real Estate Taxes	0	127,346	5,039	0	60	0	0	0	0	0	0	132,445	33
34	Rent-Facility & Grounds	0	(892,278)	0	0	0	0	0	0	0	0	0	(892,278)	34
35	Rent-Equipment & Vehicles	0	0	46,293	0	0	0	0	0	0	0	0	46,293	35
36	Other (specify):*	0	75,417	0	0	0	0	0	0	0	0	0	75,417	36
37	<b>TOTAL Ownership</b>	<b>(107,158)</b>	<b>157,432</b>	<b>160,875</b>	<b>0</b>	<b>212</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>211,361</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(45,750)	(7,483)	0	0	0	0	0	0	(53,233)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(45,750)</b>	<b>(7,483)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(53,233)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(200,744)	179,878	242,141	(321,008)	(5,532)	(126,403)	55	0	0	0	0	(231,613)	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 Rental Income	\$ 892,278	Village II, Inc.	0.00%	\$	\$ (892,278)	1
2	V	32 Interest Income-RR	123	Village II, Inc.			(123)	2
3	V	6 Repairs & Maintenance		Village II, Inc.		2,700	2,700	3
4	V	19 Accounting Fees		Village II, Inc.		6,250	6,250	4
5	V	20 Corp Annual Report Fee		Village II, Inc.		155	155	5
6	V	33 Real Estate Tax Expense		Village II, Inc.		127,346	127,346	6
7	V	21 Gen Insurance Expense		Village II, Inc.		13,341	13,341	7
8	V	36 Mortgage Insurance Premium		Village II, Inc.		75,417	75,417	8
9	V	32 Interest-Other		Village II, Inc.				9
10	V	32 Interest-Mortgage		Village II, Inc.		375,168	375,168	10
11	V	30 Depreciation Expense		Village II, Inc.		468,877	468,877	11
12	V	32 Amortization Expense		Village II, Inc.		3,025	3,025	12
13	V			Village II, Inc.				13
14	Total		\$ 892,401			\$ 1,072,279	\$ * 179,878	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%	\$ 2,733	\$	2,733	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		723		723	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,005		14,005	17
18	V	26 Insurance		Alden Management Services, Inc.		198		198	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		2,381		2,381	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076		9,076	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,039		5,039	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		46,293		46,293	22
23	V	32 Interest		Alden Management Services, Inc.		100,467		100,467	23
24	V	1 Dietary		Alden Management Services, Inc.		2,352		2,352	24
25	V	3 Housekeeping		Alden Management Services, Inc.		6,592		6,592	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,246		6,246	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		39,612		39,612	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		6,104		6,104	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		102,923		102,923	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		48,110		48,110	30
31	V	19 Professional Fees	464,702	Alden Management Services, Inc.		42,191		(422,511)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		241,873		241,873	32
33	V	6 Repair & Maint.	15,504	Alden Management Services, Inc.		45,429		29,925	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 480,206			\$ 722,347	\$ *	242,141	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	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 34	\$ (10,766)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		6,111	6,111
17	V	2 Tube Feeding	552,131	Prism Health Care Services, Inc.		149,040	(403,091)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351
19	V	39 Ancillary Supplies	127,175	Prism Health Care Services, Inc.		71,900	(55,275)
20	V	39 Vent Rent		Prism Health Care Services, Inc.		9,525	9,525
21	V	21 Gen'L & Admin Salary		Prism Health Care Services, Inc.		67,199	67,199
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		11,657	11,657
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		5,421	5,421
24	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		46,860	46,860
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	<b>Total</b>		\$ 696,766			\$ 375,758	\$ * (321,008)

\* 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	\$ 19,534	Forum Extended Care Services, Inc.	0.00%	\$ 16,122	\$ (3,412)
16	V	39 Wound Care	23,300	Forum Extended Care Services, Inc.		19,229	(4,071)
17	V	10 House Stock	21,388	Forum Extended Care Services, Inc.		17,651	(3,737)
18	V	10 Pharmacy Consultant	2,616	Forum Extended Care Services, Inc.		2,159	(457)
19	V	27 Employee Vaccin.	1,650	Forum Extended Care Services, Inc.		1,361	(289)
20	V	27 Employee Benefits: G&A		Forum Extended Care Services, Inc.		537	537
21	V	21 Gen'l & Admin. Salary		Forum Extended Care Services, Inc.		3,586	3,586
22	V	21 Gen'l & Admin		Forum Extended Care Services, Inc.		2,099	2,099
23	V	32 Interest		Forum Extended Care Services, Inc.		152	152
24	V	33 Real Estate Tax		Forum Extended Care Services, Inc.		60	60
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		\$ 68,488			\$ 62,956	\$ * (5,532)

\* 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	10a Therapy	\$ 220,014	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 93,611	\$ (126,403)
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		\$ 220,014			\$ 93,611	\$ * (126,403)

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 4,136	Alden Bennett Construction Company, Inc.	0.00%	\$ 4,191	\$	55	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		\$ 4,136			\$ 4,191	\$ *	55	39

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

Facility Name &amp; ID Number

Alden Village Hlth Facility

# 0038455

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 Village Hlth Facility # 0038455 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	178,829	1.336	3.34	Salary	\$ 6,171	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	91,831	1.336	3.34	Salary	3,169	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	91,831	1.336	3.34	Salary	3,169	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	101,708	1.336	3.34	Salary	3,510	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	55,441	1.336	3.34	Salary	1,912	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.										11
12											12
13								TOTAL	\$ 17,931		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 Village Hlth Facility

# 0038455

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	\$ 44,001	\$ 2,733	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681	44,001	723	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	44,001	14,005	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	44,001	198	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386	44,001	2,381	5
6	30	Depreciation	No of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/usage	1,319,137	35	171,267	44,001	5,039	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861	44,001	46,293	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	44,001	100,467	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	44,001	2,352	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	44,001	6,592	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	187,265	44,001	6,246	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	44,001	39,612	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	182,984	44,001	6,104	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	44,001	102,923	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,442,333	44,001	48,110	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	44,001	42,191	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,251,269	44,001	241,873	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,361,952	44,001	45,429	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 722,347	25

**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						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Cambridge		x	Mortgage		9/1/2012	\$ 15,183,700	\$ 14,903,032	9/1/2052	2.5000	\$ 375,168						
2																	
3																	
4																	
5	Amortization-Fin/Refin Fee		x								3,025						
<b>Working Capital</b>																	
6	Related party-AMS		x	Working Capital							100,467						
7	Related party-FECII		x	Working Capital							152						
8	Medical Malpractice		x								2,054						
9	<b>TOTAL Facility Related</b>						\$ 15,183,700	\$ 14,903,032			\$ 480,867						
<b>B. Non-Facility Related*</b>																	
10	Interest Income on R.R.		x								(124)						
11	Int Income (GL#4975)		x								(451)						
12																	
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (575)						
15	<b>TOTALS (line 9+line14)</b>						\$ 15,183,700	\$ 14,903,032			\$ 480,292						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 75,417 Line # 36

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

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

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

B. Real Estate Taxes

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>122,200</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>122,946</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>746</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>126,600</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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>127,346</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>5,099.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>132,445</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>54,040</u>			8
	2009	<u>111,790</u>			9
	2010	<u>115,590</u>			10
	2011	<u>118,677</u>			11
	2012	<u>122,946</u>			12
<b>the current year accrual is based on an estimated 3% increase of the prior year tax</b>					
<b>FOR BHF USE ONLY</b>					
	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 Village Hlth Facility COUNTY Du Page

FACILITY IDPH LICENSE NUMBER 0038455

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>5,039.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>60.00</u>
3. <u>02-14-107-038</u>	<u>Nursing Home Facility</u>	\$ <u>122,945.86</u>	\$ <u>122,945.86</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>444,015.86</u></u>	\$ <u><u>128,044.86</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: 68,462 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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	nursing facility		1992	\$ 580,000	1
2					2
3	TOTALS			\$ 580,000	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				\$	\$	varies	\$	\$	\$	4
5		1998		2,216,218	56,839	varies	56,839		868,112	5
6	119	2009	2009	11,600,002	297,436	varies	297,436		1,462,394	6
7										7
8										8
<b>Improvement Type**</b>										
9	Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10	Water heater moyor;valve repair		1993	9,288		5-15			9,288	10
11	Carpentry work, water heater repair		1994	63,064		3-15			63,064	11
12	Fire alarm repairs; brickwork; install circuits		1995	185,123	5,475	3-25	5,475		153,289	12
13	Village construction		1996	14,046	562	25	562		10,536	13
14	Install fire door		1996	2,977		15			2,977	14
15	Replace compressor		1997	1,825		5			1,825	15
16	Roof patching		1998	1,700		10			1,700	16
17	Replace condensing unit		1998	4,810	159	15	159		4,810	17
18	install damper motor &detector		1998	2,104	106	15	106		2,104	18
19	Replace furnace equipment		1999	1,827	121	15	121		1,827	19
20	install automatic door		1999	8,107		10			8,107	20
21	Install display and digital phones		2000	1,726		10			1,726	21
22	Replace HVAC burners		2000	1,607		3			1,607	22
23	Replace 5 ton condensing unit		2000	1,950		5			1,950	23
24	Install 100 amp disconnect and cable		2000	1,920		5			1,920	24
25	Roof repair		2000	1,583		5			1,583	25
26	Door Alarms		2001	19,015		10			19,015	26
27	Display phone and digital phone		2001	1,609		10			1,609	27
28	ABC (misc. repairs)		2002	2,362		5			2,362	28
29	Capps Plumbing (gas regulators for main gas to building)		2002	4,375	35	10	35		4,375	29
30	GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350		10			5,350	30
31	ABC (wall mounted eye wash)		2002	2,507		10			2,507	31
32	ABC (misc. repairs)		2002	1,800		5			1,800	32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

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	ABC=-Parking lot repairs	2003	\$ 20,730	\$	10	\$	\$	\$ 20,730	37
38	ABC- misc construction	2003	7,580	568	10	568		7,580	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200	53	10	53		3,200	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		619	42
43	ABC- roof repair	2003	10,121	928	10	928		10,121	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		6,267	44
45	Patton Ind-gernerator repair	2004	2,050	205	10	205		1,930	45
46	ABC - roof repairs	2004	1,918	192	10	192		1,824	46
47	GT Mechanical-heater repair	2004	1,506	151	10	151		1,382	47
48	GT Mechanical-heater repair	2004	1,878	188	10	188		1,707	48
49	ABC-roof repairs	2004	3,356	336	10	336		3,022	49
50	ABC-new tile	2004	9,043	904	10	904		8,890	50
51	ABC-doors	2004	3,293	220	15	220		2,162	51
52	ABC-roof canopy	2004	3,581	358	10	358		3,491	52
53	INS, Inc-rewire for DSL	2004	1,512	151	10	151		1,498	53
54	ABC-various remodeling	2004	4,661		5			4,661	54
55	ABC-new water heater for kitchen	2004	14,644	976	15	976		9,273	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227	123	10	123		1,148	57
58	Capps Plumbing-install 2 discharge lines	2005	865		5			865	58
59	Patton Ind-gernerator repair	2005	1,747		5			1,747	59
60	Oak Fire-change out 30 detectors	2005	1,885		5			1,885	60
61	Equipment International-washer repairs	2005	1,905		5			1,905	61
62	ABC-firestop installation	2005	3,213	321	10	321		2,623	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		5,185	63
64	GT Mechanical-replace storage tank	2005	8,935	894	10	894		7,897	64
65	ABC-diswasher repairs	2006	6,824	682	10	682		5,400	65
66	ABC - elevator pump	2006	10,042	502	20	502		3,599	66
67	ABC - elevator power supply	2006	4,974	249	20	249		1,764	67
68	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		1,884	68
69	ABC-Repave parking lot	2006	3,600	450	8	450		3,525	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 370,759		\$ 370,759	\$	\$ 2,772,135	70

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

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 14,319,203	\$ 370,759		\$ 370,759	\$	\$ 2,772,135	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		18,918	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		7,735	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		2,991	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refri	2008	2,703	270	10	270		1,485	5
6	JuLAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		1,083	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	626	8	626		3,339	7
8	ABC- Installed new railings	2009	4,540	303	15	303		1,389	8
9	ABC -Roof Installation	2009	14,288	1,429	10	1,429		5,795	9
10	ABC- RoofTop Screening fire protect	2009	8,436	844	10	844		3,376	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106	822	5	822		4,106	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		1,188	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		637	13
14	GARPAV-Re-stripe existing lav out with new seal coat in parking	2011	3,000	600	5	600		1,356	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	519	8	519		1,176	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	910	10	910		1,137	16
17	ABC-Emergency hot water heater replace	2012	23,395	2,340	10	2,340		3,120	17
18									18
19	J&EPLU-plumbing, sewer pipes	2013	4,885	407	5	407		407	19
20	AprAMS IC-AMEEXP Floyd-Patten: Generator repairs	2013	2,674	446	5	446		446	20
21	ABC-dampers, fire radiation	2013	5,481	137	10	137		137	21
22	ABC-Wall protection: dining, activity 5 & 7, room C114, C116, C1	2013	12,440	622	5	622		622	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,488,122	\$ 386,422		\$ 386,422	\$	\$ 2,832,577	34

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

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

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	<b>Totals from Page 12C, Carried Forward</b>		\$ 14,488,122	\$ 386,422		\$ 386,422	\$	\$ 2,832,577	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26									26
27	ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(10)	27
28	ABC- Adjustment for realted party profit	2009	(209)	(6)		(6)		(21)	28
29	ABC- Adjustment for realted party profit	2010	(237)	(9)		(9)		(30)	29
30	ABC- Adjustment for realted party profit	2011	46	1		1		2	30
31	ABC- Adjustment for realted party profit	2012	1,444	48		48		96	31
32	ABC- Adjustment for realted party profit	2013	241	10		10		10	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,576,145	\$ 387,776		\$ 387,776	\$	\$ 2,912,574	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	\$ 878,613	\$ 77,245	\$ 77,245	\$	Various	\$ 355,512	71
72	Current Year Purchases	37,232	2,026	2,026		Various	2,026	72
73	Fully Depreciated Assets	756,543	30,661	30,661		Various	756,543	73
74								74
75	TOTALS	\$ 1,672,388	\$ 109,932	\$ 109,932	\$		\$ 1,114,081	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	Bus Purch-Anrie Yusim/Bus Purch AMS transfer		2004/2000	\$ 95,121	\$	\$	\$	5/5	\$ 95,121	76
77	Bus repairs, including 2 in MRs on Vlg II		2006	20,826				5	20,826	77
78	MIDTRA-Bus Repairs/ MIDTRA replaceengine on bus		2011	19,842	4,763	4,763		3/3	13,296	78
79	Related Party-AMS		98-'02	3,911				3	3,911	79
80	TOTALS			\$ 139,700	\$ 4,763	\$ 4,763	\$		\$ 133,154	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,968,234	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 502,471	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 502,471	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)	\$ 4,159,809	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	Land	\$ 1,680	92
93			93
94			94
95		\$ 1,680	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 Village Hlth Facility

# 0038455

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:				\$ <u>Related party-cost is backed out</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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: \$ 16,654 Description: copy machine lease: \$8,861; Computer equipment: \$7,793

(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>17,965</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>0.00</u>	<u>0</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>17,965</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 Village Hlth Facility # 0038455 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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

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

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

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

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

	Service	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	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39-3	hrs							4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	See Pg 16A	# of prescrpts				16,121		16,121	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		203,500			22,846		226,346	12	
13	Other (specify): <u>See Pg 16A</u>						126,040		126,040	13	
14	TOTAL			\$ 203,500		\$	\$ 165,007		\$ 368,507	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		\$63,865.00
2.	ST		39-3	To Col 5		24,754.00
3.						
4.	PT		39-3	To Col 5		131,395.00
5.						
6.						
7.						
8.						
						<u>220,014.00</u>
<b>Less: OT, ST, &amp; PT costs - reclassified to 10A for DD facilities</b>						(220,014.00)
						0.00
Pharmacy Supplies per GL						19,534.00
Manual Input from Related Party- Forum Drugs						(3,413.00)
						-----
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		16,121.00
						-----
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		203,500.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		22,846.00
						-----
Total Exceptional Care (Line 12, Col 8)						226,346.00
						-----

13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT	To Col 5		0.00
Other			341,009.00
<b>Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A</b>			<b>(190,533.00)</b>
Manual Input: Related Party - Prism			(45,750.00)
Manual Input: Related Party FECII - I.V.			0.00
Manual Input: Related Party FECII - Wound Care			(4,070.00)
Oxygen, from reclass worksheet (Pg 4A)			25,384.00
13. Col 6: Supplies Total	To Col 6		----- 126,040.00 -----
13. Total Line 13, Column 8			126,040.00 -----
14. Total			368,507.00 =====

Facility Name & ID Number Alden Village Hlth Facility # 0038455 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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>24,500</u> )	<u>1,337,623</u>	<u>1,337,623</u>	3
4	Supply Inventory (priced at )	<u>4,088</u>	<u>4,088</u>	4
5	Short-Term Investments			5
6	Prepaid Insurance		<u>11,309</u>	6
7	Other Prepaid Expenses	<u>6,985</u>	<u>62,620</u>	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>		<u>74,232</u>	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	<b>\$ 1,348,696</b>	<b>\$ 1,489,872</b>	<b>10</b>
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		<u>580,000</u>	13
14	Buildings, at Historical Cost		<u>13,816,721</u>	14
15	Leasehold Improvements, at Historical Cost	<u>694,054</u>	<u>1,881,204</u>	15
16	Equipment, at Historical Cost	<u>536,615</u>	<u>780,858</u>	16
17	Accumulated Depreciation (book methods)	<u>(1,048,359)</u>	<u>(4,185,430)</u>	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		<u>147,175</u>	21
22	Other Long-Term Assets (specify: <u>RR, CIP, S/H loan</u> )		<u>69,178</u>	22
23	Other(specify): <u>Due from Affiliate,</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	<b>\$ 182,310</b>	<b>\$ 13,089,706</b>	<b>24</b>
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	<b>\$ 1,531,006</b>	<b>\$ 14,579,578</b>	<b>25</b>

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ <u>1,065,754</u>	\$ <u>1,016,601</u>	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>21,635</u>	<u>21,635</u>	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>405,893</u>	<u>405,893</u>	30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>19,746</u>	<u>19,746</u>	31
32	Accrued Real Estate Taxes(Sch.IX-B)		<u>126,600</u>	32
33	Accrued Interest Payable		<u>31,048</u>	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	<u>1,135,830</u>	<u>1,091,425</u>	36
37	<u>Due to Affiliates</u>		<u>230,929</u>	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	<b>\$ 2,648,858</b>	<b>\$ 2,943,877</b>	<b>38</b>
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		<u>14,672,103</u>	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>			43
44	<u>Sharehold.loan, other</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	<b>\$</b>	<b>\$ 14,672,103</b>	<b>45</b>
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	<b>\$ 2,648,858</b>	<b>\$ 17,615,980</b>	<b>46</b>
47	<b>TOTAL EQUITY(page 18, line 24)</b>	<b>\$ (1,117,852)</b>	<b>\$ (3,036,402)</b>	<b>47</b>
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	<b>\$ 1,531,006</b>	<b>\$ 14,579,578</b>	<b>48</b>

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (910,628)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(4,840)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (915,468)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(202,384)	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)	\$ (202,384)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (1,117,852)	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,239,916	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,239,916	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	22,785	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 22,785	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,199	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 1,199	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	450	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 450	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See Page 19A</u>	1,512,438	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,512,438	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,776,788	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,680,883	31
32	Health Care	3,623,809	32
33	General Administration	1,827,100	33
<b>B. Capital Expense</b>			
34	Ownership	1,043,218	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,254,373	35
36	Provider Participation Fee	549,789	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,979,172	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(202,384)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (202,384)	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,182,330	44
45	Private Pay - Net Inpatient Revenue	67,724	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice/Insurance</u>	(10,029)	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	(109)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 9,239,916	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>
<b>Misc. Income GL#4977 (discribe) (is offset against Sch.# V)</b>	
Refund from the State of Illinois for late license fee payments	\$ 7,930
Record Copies- Backed out with line reference 22 on page 5A	\$ 20
Donations- Backed out with line reference 22 on page 5A	\$ 300
Day Training Income	\$ 1,502,287
Write off old A/P	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	\$ (57)
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	\$ 1,958
Line 28 Total:	<u><u>1,512,438</u></u>

**Ending:** 12/31/2013

Facility Name & ID Number Alden Village Hlth Facility  
 XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
 (This schedule must cover the entire reporting period.)

# 0038455

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

12/31/2013

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,240	2,240	\$ 130,658	\$ 58.33	1
2	Assistant Director of Nursing	1,840	1,840	57,882	31.46	2
3	Registered Nurses	30,406	32,531	937,396	28.82	3
4	Licensed Practical Nurses	15,759	16,820	401,308	23.86	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	829	829	8,108	9.78	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,953	2,043	49,535	24.25	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,834	16,719	152,474	9.12	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	52,175	25.08	17
18	Housekeepers	16,045	17,248	172,819	10.02	18
19	Laundry	4,937	5,391	51,578	9.57	19
20	Administrator	2,080	2,080	97,638	46.94	20
21	Assistant Administrator	2,080	2,080	68,001	32.69	21
22	Other Administrative	4,160	4,160	126,098	30.31	22
23	Office Manager	2,080	2,080	35,501	17.07	23
24	Clerical	2,566	2,607	23,009	8.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,768	9,839	163,052	16.57	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	119,943	127,950	1,539,666	12.03	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Transportation sp</u>	3,588	3,973	64,540	16.24	33
34	TOTAL (lines 1 - 33)	238,188	252,510	\$ 4,131,438 *	\$ 16.36	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	900/monthly	\$ 10,800	1-3	35
36	Medical Director	1383/monthly	16,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/monthly	2,616	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	18775/monthly	225,299	11-3	44
45	Social Service Consultant	69/monthly	824	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 256,139		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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Longo, Laurie M	Administrator	0	\$ 97,638	Workers' Compensation Insurance	\$ 160,831	IDPH License Fee	\$	
Harris, Yvonne	Assistant Administ	0	68,000	Unemployment Compensation Insurance	52,970	Advertising: Employee Recruitment	123	
		0		FICA Taxes	308,898	Health Care Worker Background Check	1,170	
		0		Employee Health Insurance	145,561	(Indicate # of checks performed 39)		
		0		Employee Meals	30,602	Patient Background Checks	13 130	
		0		Illinois Municipal Retirement Fund (IMRF)*	0	Surety Bonds	1,150	
		0		Dental, Life, Relations, Pension & Misc	9,788	IL Health Care Assn (PAC backed out)/Heal	5,197	
		0		Employee Drug Test	3,568	Collabrative Healthcare	200	
		0		401k Match	5,664	Related party-Village II, LLC	155	
		0		Employee Vaccinations	1,650	Related parties	2,381	
		0		Tuition Reimbursement	(1,500)	Less: Public Relations Expense	( )	
		0		Employee Benefit -Marketing	(11,010)	Non-allowable advertising	( )	
		0				Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 165,638				\$ 707,022			\$ 10,506	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 723	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Servs.	Consulting	\$ 420,710						
BDO Siedman/Virchow Krause	Accounting Fees	5,418						
MidCap	Accounting Fees	1,067						
Michigan Peer Review Organization	Quality Control & Review	5,435						
First Advantage	Tax Consultants	3,120						
BDO Siedman/Virchow Krause	Tax Consultants	2,125						
AMS (Eliminated)	Allocated Legal Fees	43,992						
MidCap	Alloc. Legal -Non Collection Fee	1,114						
Kent College of Law/Barry H Greenl	Legal-Non collection fee	2,236						
Sheriff of DuPage Co	Professional fees	90						
Clerk of Circ Ct/Cook Co Clerk/She	Legal-Collections	687						
IHCA/Markley Invest Inc/Rec of De	Legal-Collections	175						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			Entertainment Expense (agree to Sch. V, line 24, col. 8)	
\$ 486,169				\$			\$ 723	

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Village Hlth Facility		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	48,204.00
Less: Collection, estates, & other non-allowable le; listed on Pg 5, Line 22		(862.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(43,992.00)
Allowable Legal Fees	\$	<u>3,350.00</u>

**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	Compressor A/C	11/94	\$ 2,191	15	\$ 146	\$ 146	\$ 146	\$ 0				
2	Relocating water pipe	7/95	3,545	15	127	127	127	64				
3	Painting	5/09	839	3			163	280	279	117	0	0
4	Paint, Tinted Paint	06/12	838	3						140	279	279
5	Paint, Tinted	11/12	503	3						14	168	168
6	Painting	5/13	1,827	3							355	609
7	Painting	12/13	3,369	3							0	1,123
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>		\$ 13,112		\$ 273	\$ 273	\$ 436	\$ 344	\$ 279	\$ 271	\$ 802	\$ 2,179
												\$ 2,025

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA/HCC: \$5,197
- (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. \$ 53,527 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. \$ 549,789  
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. \$ 30,602 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
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? Yes**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ 88,596
- (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? No  
Attach invoices and a summary of services for all architect and appraisal fees.