

Facility Name & ID Number Alden Alma Nelson Manor

0044891 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	268	Skilled (SNF)	268	97,820	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	268	TOTALS	268	97,820	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	2,009	3,474	7,588	13,071	8
9	SNF/PED					9
10	ICF	48,555	3,955	2,211	54,721	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,564	7,429	9,799	67,792	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.30%

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

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

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

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

None

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

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

YES NO

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

YES NO

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

Date started 08/01/2000

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

YES Date 08/01/2000 NO

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

YES NO If YES, enter number of beds certified 268 and days of care provided 7,578

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	361,708	45,644	25,710	433,062	1,165	434,227	(9,443)	424,784		1
2	Food Purchase		452,612		452,612	(39,920)	412,692	(19,332)	393,360		2
3	Housekeeping	328,198	46,812		375,010	1,024	376,034	12,650	388,684		3
4	Laundry	92,500	29,953		122,453	374	122,827		122,827		4
5	Heat and Other Utilities			246,716	246,716		246,716	1,026	247,742		5
6	Maintenance	121,523		213,501	335,024		335,024	28,278	363,302		6
7	Other (specify):* related party							12,932	12,932		7
8	TOTAL General Services	903,929	575,021	485,927	1,964,877	(37,357)	1,927,520	26,111	1,953,631		8
	B. Health Care and Programs										
9	Medical Director			31,500	31,500		31,500		31,500		9
10	Nursing and Medical Records	3,501,894	239,847	7,952	3,749,693	(7,354)	3,742,339	65,923	3,808,262		10
10a	Therapy	87,201	4,724	11,787	103,712		103,712		103,712		10a
11	Activities	299,582	13,570	3,025	316,177	187	316,364		316,364		11
12	Social Services	80,732			80,732		80,732		80,732		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							11,066	11,066		15
16	TOTAL Health Care and Programs	3,969,409	258,141	54,264	4,281,814	(7,167)	4,274,647	76,989	4,351,636		16
	C. General Administration										
17	Administrative	152,679			152,679		152,679	254,936	407,615		17
18	Directors Fees										18
19	Professional Services			1,011,863	1,011,863	(145)	1,011,718	(931,281)	80,437		19
20	Dues, Fees, Subscriptions & Promotions			41,705	41,705	145	41,850	(13,251)	28,599		20
21	Clerical & General Office Expenses	273,127	20,947	128,702	422,776	374	423,150	417,705	840,855		21
22	Employee Benefits & Payroll Taxes			1,091,777	1,091,777	25,108	1,116,885	(17,049)	1,099,836		22
23	Inservice Training & Education										23
24	Travel and Seminar							2,347	2,347		24
25	Other Admin. Staff Transportation			3,823	3,823		3,823	22,530	26,353		25
26	Insurance-Prop.Liab.Malpractice			336,127	336,127		336,127	12,359	348,486		26
27	Other (specify):* related party			200,783	200,783		200,783	(104,997)	95,786		27
28	TOTAL General Administration	425,806	20,947	2,814,780	3,261,533	25,482	3,287,015	(356,701)	2,930,314		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,299,144	854,109	3,354,971	9,508,224	(19,042)	9,489,182	(253,601)	9,235,581		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 Alma Nelson Manor

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Report Period Beginning: 01/01/2014 Ending: 12/31/2014

12/31/2014

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			33,201	33,201		33,201	397,445	430,646			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			220,117	220,117		220,117	328,403	548,520			32
33	Real Estate Taxes							229,401	229,401			33
34	Rent-Facility & Grounds			913,406	913,406		913,406	(913,406)				34
35	Rent-Equipment & Vehicles			13,974	13,974		13,974	74,310	88,284			35
36	Other (specify):* MIP							58,217	58,217			36
37	TOTAL Ownership			1,180,698	1,180,698		1,180,698	174,370	1,355,068			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		824,766	1,177,858	2,002,624	19,042	2,021,666	(190,493)	1,831,173			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			509,619	509,619		509,619		509,619			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		824,766	1,687,477	2,512,243	19,042	2,531,285	(190,493)	2,340,792			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,299,144	1,678,875	6,223,146	13,201,165		13,201,165	(269,724)	12,931,441			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		\$ (39,920.00)	Employee Meals
	22	\$ 39,920.00	Employee Meals
22		\$ (14,812.00)	Uniforms
	1	\$ 1,165.00	Uniforms
	3	\$ 1,024.00	Uniforms
	4	\$ 374.00	Uniforms
	6	\$ -	Uniforms
	10	\$ 11,688.00	Uniforms
	11	\$ 187.00	Uniforms
	21	\$ 374.00	Uniforms
10		\$ (19,042.00)	Oxygen - to appropriate cost center
	39	\$ 19,042.00	Oxygen - to appropriate cost center
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)
19		(145.00)	Resident Background checking -Accurate Biometric
	20	145.00	Resident Background checking -Accurate Biometric
		<u>\$ -</u>	

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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	(400)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,367)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(2,587)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,384)	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	(140)	21		17
18	Fines and Penalties	(36,100)	32		18
19	Entertainment	(127)	20		19
20	Contributions	18,836	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,962)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(200,782)	27		24
25	Fund Raising, Advertising and Promotional	(7,076)	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)	\$ (253,089)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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)	144,461		34
35	Other- Attach Schedule	(161,096)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (16,635)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (269,724)		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

Alden Alma Nelson Manor

ID#	0044891
Report Period Beginning:	01/01/2014
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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,778)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,660)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,485	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	17,299	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	124	30	6
7	Other Nursing Income	(440)	21	7
8	Late Fees on utilities	(3,657)	5	8
9	Intercompany interest	(26)	32	9
10	Misc Income - Record Copies	(1,395)	21	10
11	Misc Income - Jury Duty	(108)	22	11
12	Vendor Discount	(97)	10	12
13	Reduce Emplpyee Benefit for Marketing	(16,941)	22	13
14	Marketing Manager & Aides	(82,224)	21	14
15				15
16	Back out -Collection Fees	(414)	21	16
17	Bank Fees paid by LLC	(49)	21	17
18	Related Party Int on Alma LLC with Rock Inv	(18,800)	32	18
19	To correct YTD depreciation expense to detail	1,184	30	19
20	Record Depreciation for Deferred Maint.	(235)	6	20
21	Eliminate Depreciation on Building Goodwill	(42,973)	30	21
22	Adj Prior Year Dues & Subscription for ILLSSHC	1,608	20	22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(161,096)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	3,774	(13,217)	0	0	0	0	0	0	0	(9,443)	1
2	Food Purchase	(4,784)	0	0	(14,548)	0	0	0	0	0	0	0	(19,332)	2
3	Housekeeping	0	0	12,650	0	0	0	0	0	0	0	0	12,650	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,657)	0	4,683	0	0	0	0	0	0	0	0	1,026	5
6	Maintenance	11,182	3,688	13,441	0	0	0	(44)	11	0	0	0	28,278	6
7	Other (specify):*	0	0	11,505	1,427	0	0	0	0	0	0	0	12,932	7
8	TOTAL General Services	2,741	3,688	46,053	(26,338)	0	0	(44)	11	0	0	0	26,111	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(97)	0	71,554	(58)	(5,477)	0	0	0	0	0	0	65,923	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	11,066	0	0	0	0	0	0	0	0	11,066	15
16	TOTAL Health Care and Programs	(97)	0	82,620	(58)	(5,477)	0	0	0	0	0	0	76,989	16
	C. General Administration													
17	Administrative	0	0	254,936	0	0	0	0	0	0	0	0	254,936	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,962)	7,941	(931,260)	0	0	0	0	0	0	0	0	(931,281)	19
20	Fees, Subscriptions & Promotions	13,241	309	(26,801)	0	0	0	0	0	0	0	0	(13,251)	20
21	Clerical & General Office Expenses	(84,662)	49	409,292	37,711	55,315	0	0	0	0	0	0	417,705	21
22	Employee Benefits & Payroll Taxes	(17,049)	0	0	0	0	0	0	0	0	0	0	(17,049)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,347	0	0	0	0	0	0	0	0	2,347	24
25	Other Admin. Staff Transportation	0	0	22,530	0	0	0	0	0	0	0	0	22,530	25
26	Insurance-Prop.Liab.Malpractice	0	12,038	321	0	0	0	0	0	0	0	0	12,359	26
27	Other (specify):*	(200,782)	0	87,915	3,707	4,163	0	0	0	0	0	0	(104,997)	27
28	TOTAL General Administration	(297,214)	20,337	(180,720)	41,418	59,478	0	0	0	0	0	0	(356,701)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(294,569)	24,025	(52,047)	15,022	54,001	0	(44)	11	0	0	0	(253,601)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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	(62,103)	455,558	3,990	0	0	0	0	0	0	0	0	397,445	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(57,513)	373,044	11,679	0	1,193	0	0	0	0	0	0	328,403	32
33	Real Estate Taxes	0	221,617	7,932	0	(148)	0	0	0	0	0	0	229,401	33
34	Rent-Facility & Grounds	0	(913,406)	0	0	0	0	0	0	0	0	0	(913,406)	34
35	Rent-Equipment & Vehicles	0	0	74,310	0	0	0	0	0	0	0	0	74,310	35
36	Other (specify):*	0	58,217	0	0	0	0	0	0	0	0	0	58,217	36
37	TOTAL Ownership	(119,616)	195,030	97,911	0	1,045	0	0	0	0	0	0	174,370	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	(87,089)	(103,404)	0	0	0	0	0	0	(190,493)	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	(87,089)	(103,404)	0	0	0	0	0	0	(190,493)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(414,185)	219,055	45,864	(72,067)	(48,358)	0	(44)	11	0	0	0	(269,724)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	<u>Rent Income</u>	<u>Alden Alma Nelson Manor, LLC</u>	<u>0.00%</u>		<u>(913,406)</u>	<u>1</u>
2	V	32	<u>Investment Income - RR</u>	<u>Alden Alma Nelson Manor, LLC</u>			<u>(267)</u>	<u>2</u>
3	V	32	<u>Interest on Alma Note</u>	<u>Alden Alma Nelson Manor, LLC</u>			<u>(69,951)</u>	<u>3</u>
4	V	19	<u>Accounting Fee</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>7,941</u>	<u>7,941</u>	<u>4</u>
5	V	21	<u>Bank Fees</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>49</u>	<u>49</u>	<u>5</u>
6	V	33	<u>Real Estate Tax</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>221,617</u>	<u>221,617</u>	<u>6</u>
7	V	26	<u>General Insurance Expenses</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>12,038</u>	<u>12,038</u>	<u>7</u>
8	V	36	<u>Mortgage Insurance Premium</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>58,217</u>	<u>58,217</u>	<u>8</u>
9	V	32	<u>Interest On Mortg. Note/ Other Interest</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>441,585</u>	<u>441,585</u>	<u>9</u>
10	V	6	<u>Repairs & Maintenance</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>3,688</u>	<u>3,688</u>	<u>10</u>
11	V	30	<u>Depreciation</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>455,558</u>	<u>455,558</u>	<u>11</u>
12	V	32	<u>Amortization</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>1,677</u>	<u>1,677</u>	<u>12</u>
13	V	20	<u>Annual Rpt Fee</u>	<u>Alden Alma Nelson Manor, LLC</u>		<u>309</u>	<u>309</u>	<u>13</u>
14	Total		\$ 983,624			\$ 1,202,679	\$ * 219,055	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%	\$ 4,683	\$ 4,683 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		2,347	2,347 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		22,530	22,530 17
18	V	26 Insurance		Alden Management Services, Inc.		321	321 18
19	V	20 Dues & Subscriptions	32,371	Alden Management Services, Inc.		5,570	(26,801) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,932	7,932 21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		74,310	74,310 22
23	V	32 Interest		Alden Management Services, Inc.		11,679	11,679 23
24	V	1 Dietary		Alden Management Services, Inc.		3,774	3,774 24
25	V	3 Housekeeping		Alden Management Services, Inc.		12,650	12,650 25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		11,505	11,505 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		71,554	71,554 27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		11,066	11,066 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		254,936	254,936 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		87,915	87,915 30
31	V	19 Professional Fees	987,104	Alden Management Services, Inc.		55,844	(931,260) 31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		409,292	409,292 32
33	V	6 Repair & Maint.	14,370	Alden Management Services, Inc.		27,811	13,441 33
34	V			Alden Management Services, Inc.			
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,033,845			\$ 1,079,709	\$ * 45,864 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	\$ 25,500	Prism Health Care Sevices, Inc.	0.00%	\$ 61	\$ (25,439)
16	V	1 Dietarty Salary		Prism Health Care Sevices, Inc.		12,222	12,222
17	V	2 Tube Feeding	24,727	Prism Health Care Sevices, Inc.		10,179	(14,548)
18	V	10 Equip. Rental	6,660	Prism Health Care Sevices, Inc.		6,602	(58)
19	V	39 Ancillary Supplies	142,262	Prism Health Care Sevices, Inc.		55,173	(87,089)
20	V	21 Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		22,294	22,294
21	V	27 Employee Benefits		Prism Health Care Sevices, Inc.		3,707	3,707
22	V	7 Employee Benefits		Prism Health Care Sevices, Inc.		1,427	1,427
23	V	21 Gen'l & Admin		Prism Health Care Sevices, Inc.		15,417	15,417
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		\$ 199,149			\$ 127,082	\$ * (72,067)

* 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	\$ 340,447	Forum Extended Care Services II, Inc.	0.00%	\$ 288,435	\$ (52,012)
16	V	39 IV	304,615	Forum Extended Care Services II, Inc.		258,077	(46,538)
17	V	39 Wound Care	31,771	Forum Extended Care Services II, Inc.		26,917	(4,854)
18	V	10 House Stock	29,416	Forum Extended Care Services II, Inc.		24,922	(4,494)
19	V	10 Pharmacy Consultant	6,432	Forum Extended Care Services II, Inc.		5,449	(983)
20	V	27 Employee Vaccin.	2,784	Forum Extended Care Services II, Inc.		2,358	(426)
21	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		4,589	4,589
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		30,422	30,422
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		24,893	24,893
24	V	32 Interest		Forum Extended Care Services II, Inc.		1,193	1,193
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(148)	(148)
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		\$ 715,465			\$ 667,107	\$ * (48,358)

* 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	\$ 22,849	Alden Bennett Construction Company, Inc.	0.00%	\$ 22,805	\$	(44)	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		\$ 22,849			\$ 22,805	\$ *	(44)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs and Maintenance	\$ 857	Alden Design Group, Inc.	0.00%	\$ 868	\$	11 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		\$ 857			\$ 868	\$ *	11 39

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

Facility Name & ID Number

Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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 C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solution for Se	Addison	Private Duty Care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home Health & Hos	17
18			Alden - Des Plaines Rehabilitation and Health C	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								30

Facility Name & ID Number Alden Alma Nelson Manor # 0044891 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	President	CEO	100.00	175,187	2.12	5.30	Salary	\$ 9,813	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	89,961	2.12	5.30	Salary	5,039	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	89,961	2.12	5.30	Salary	5,039	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	94,924	2.12	5.30	Salary	5,317	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	57,696	2.12	5.30	Salary	3,232	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	\$ 28,440		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 Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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	1,278,025	35	\$ 88,281	\$ 67,792	\$ 4,683	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	67,792	2,347	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	67,792	22,530	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	67,792	321	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	67,792	5,570	5
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	67,792	7,932	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	67,792	74,310	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	67,792	11,679	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	71,149	3,774	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	12,650	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	67,792	11,505	12
13	10	Nurs & Med Records Salary	Patient Days	1,278,025	35	1,414,605	1,414,605	71,554	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	67,792	11,066	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	254,936	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	67,792	87,915	16
17	19	Professional fees	Patient Days	1,278,025	35	1,311,498	850,594	55,844	17
18	21	Gen'I & Admin	Patient Days	1,278,025	35	7,716,027	6,669,245	409,292	18
19	6	Repair & Maint.	Patient Days	1,278,025	35	1,444,891	1,161,005	27,811	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 1,079,709	25

Facility Name & ID Number

Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		A. Directly Facility Related																	
		Long-Term																	
1		Cambridge		x	Mortgage		03/12	\$ 12,036,800	\$ 11,558,875	04/47	3.6300	\$ 422,785	1						
2		Insurance Interest (GL 7053)		x	Medical Malpractice							4,604	2						
3		Related Party-Alden Design Grp		x	Working Capital		03/06	109,000	109,000	12/13	Variable	162	3						
4		Amortization-Fin/Refin Fee		x	Refinancing							1,677	4						
5		Bank Leumi		x	Line of Credit		12/12	3,000,000	2,273,651	12/15	4.5000	109,378	5						
		Working Capital																	
6		Related party-AMS		X	Working Capital							11,679	6						
7		Related party-FECII		X	Working Capital							1,193	7						
8													8						
9		TOTAL Facility Related						\$ 15,145,800	\$ 13,941,527			\$ 551,478	9						
		B. Non-Facility Related*																	
10		Interest Income on R.R.		X								(267)	10						
11		Int Income (GL#4975)		X								(2,691)	11						
12													12						
13													13						
14		TOTAL Non-Facility Related						\$	\$			\$ (2,958)	14						
15		TOTALS (line 9+line14)						\$ 15,145,800	\$ 13,941,527			\$ 548,520	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 58,217 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 2013 report.		\$	<u>217,900</u>		1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>216,517</u>		2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(1,383)		3	
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>223,000</u>		4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$			5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$			6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>221,617</u>		7	
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$ 7,784.00		
			Total Real Estate Tax Expense, Sch V, Line 33	<u>\$ 229,401</u>		
Real Estate Tax Bill for Calendar Year:	2009	<u>215,298</u>	8	FOR BHF USE ONLY		
	2010	<u>225,958</u>	9			
	2011	<u>234,853</u>	10			
	2012	<u>211,557</u>	11			
	2013	<u>216,517</u>	12			
The current year accrual is based on an estimated 3% increase of the prior year tax						
				13	FROM R. E. TAX STATEMENT FOR 2013 \$	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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Alma Nelson Manor COUNTY Winnebago
 FACILITY IDPH LICENSE NUMBER 0044891
 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 2013 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 2013.

(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>317,349.00</u>	\$ <u>7,932.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(148.00)</u>
3. <u>12-27-152-001</u>	<u>Nursing Home Facility</u>	\$ <u>106,439.74</u>	\$ <u>106,439.74</u>
4. <u>12-27-152-002</u>	<u>Nursing Home Facility</u>	\$ <u>109,205.34</u>	\$ <u>109,205.34</u>
5. <u>12-27-152-003</u>	<u>Nursing Home Facility</u>	\$ <u>871.78</u>	\$ <u>871.78</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>524,699.86</u></u>	\$ <u><u>224,300.86</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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: 60,952 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).
none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>60,952</u>	<u>2000</u>	<u>\$ 835,364</u>	1
2					2
3	TOTALS	<u>60,952</u>		<u>\$ 835,364</u>	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	268	2000		\$ 7,000,000	\$ 222,222	31.5	\$ 222,222	\$	\$ 3,203,701	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	GT Mechanical - replace 75 ton compressor		2000	23,550		10			23,550	9
10	Building Improvements		2000	5,142	257	20	257		3,663	10
11	Alden Design - HVAC		2000	3,089	154	20	154		2,197	11
12	Alden Bennett Const.		2001	16,737		10			16,737	12
13	Pro com systems		2001	4,055		10			4,055	13
14	Alden Bennett Const.		2001	2,098		10			2,098	14
15	New Horz. Comm		2001	1,701		10			1,701	15
16	Alden Bennett Const.		2001	1,816		10			1,816	16
17	Alden Bennett Const.		2001	2,263		10			2,263	17
18	Alden Bennett Const.		2001	2,828		10			2,828	18
19	Seams -rebuild engine		2001	4,938		10			4,938	19
20	Alden Bennett Const.		2001	1,632		10			1,632	20
21	CSI Coker - belt/heating element		2001	5,256		10			5,256	21
22	Alden Bennett Const.		2001	3,198		10			3,198	22
23	GT Mechanical - heater		2001	2,406		10			2,406	23
24	Alden Design - elect. /plumbing		2001	22,472	1,124	20	1,124		15,732	24
25	Alden Design - misc		2001	22,412	1,121	20	1,121		15,690	25
26	Alden Design - misc		2001	94,243	4,712	20	4,712		65,576	26
27	ABC - laundry room repairs		2001	11,608	580	20	580		7,882	27
28										28
29										29
30										30
31										31
32										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 & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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	GT Mechanical, Inc. - Repair Air Conditioner	2002	\$ 11,519	\$	10	\$	\$	\$ 11,519	37
38	Pro Com Systems - Repair Nurse Call System	2002	1,862		10			1,862	38
39	GT Mechanical, Inc. - Repair Heater	2002	1,996		10			1,996	39
40	FE Moran - Repair - Fire Alarm System	2002	1,825		10			1,825	40
41	Nelson Carlson - Repair Water Main	2002	2,407		10			2,407	41
42	ABC - Carpet	2002	1,231	82	15	82		1,015	42
43	ABC - Chimney	2002	3,032	152	20	152		1,859	43
44	Medline - Window Blinds	2003	1,706		7			1,706	44
45	Tyco - installation of smoke detectors	2003	6,753	450	15	450		5,401	45
46	Code Alert - Update system	2003	5,007	334	15	334		3,840	46
47	ABC - 4 doors	2003	2,449		10			2,449	47
48	ABC - Light Fixtures	2003	2,283		5			2,283	48
49	GT Mech - Replace Pump	2003	1,532		10			1,532	49
50	Simplex - Repair Smoke Detector system	2003	4,238		10			4,238	50
51	ABC - Roof Repair	2003	3,953	264	15	264		3,077	51
52	CSI Coker - Repair Dishwasher	2003	3,291		7			3,291	52
53	ABC - Repair C wing main A/C power	2003	2,177		10			2,177	53
54	ABC - Repair Boiler	2003	23,646	1,576	15	1,576		17,469	54
55	ABC-Roof repairs	2004	3,102	130	10	130		3,102	55
56	ABC-Roof repairs	2004	3,486	56	10	56		3,486	56
57	ABC-Roof repairs	2004	4,565	150	10	150		4,565	57
58	Equipment Int'l LTD-repair laundry	2004	1,714	16	10	16		1,714	58
59	CSI Coker - Repair Dishwasher	2004	2,387	39	10	39		2,387	59
60	CSI Coker - Repair Dishwasher	2004	2,915	71	10	71		2,915	60
61	GT Mechanical-furnace repair	2004	1,765	55	10	55		1,765	61
62	GT Mechanical-a/c repair	2004	2,128	70	10	70		2,128	62
63	ABC-boiler repairs	2004	1,877	92	10	92		1,877	63
64	GT Mechanical-Expansion tank replacement	2004	5,925	492	10	492		5,925	64
65	GT Mechanical-heater repair	2004	5,536	506	10	506		5,536	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,347,751	\$ 234,705		\$ 234,705	\$	\$ 3,492,265	70

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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		\$ 7,347,751	\$ 234,705		\$ 234,705	\$	\$ 3,492,265	1
2	ABC-hotwater tank reparis	2006	3,000		10			3,000	2
3	GT Mechanical-heater repairs	2005	5,310	531	10	531		4,912	3
4	GT Mech-water pump repair	2005	2,032		10			2,032	4
5	Long Elevator-elevator repairs	2005	2,138	214	10	214		2,033	5
6	GT Mech-compressor replacement	2005	1,957	196	10	196		1,828	6
7	ABC-boiler tube replacement	2005	4,240	424	10	424		3,922	7
8	GT Mech-heater motor replacement	2005	1,591	159	10	159		1,471	8
9	GT Mech-laundry room repairs	2005	741	74	10	74		685	9
10	Top Notch-kitchen boiler repairs	2005	3,853	385	10	385		3,497	10
11	ABC-fire alarm panel replacements	2005	11,532	1,153	10	1,153		10,474	11
12	ABC-door locks	2005	2,203	220	10	220		2,091	12
13	ABC-door locks	2005	2,203	220	10	220		2,073	13
14	ABC-door locks	2005	1,825	183	10	183		1,721	14
15	ABC-replace boiler tubes	2007	3,834	383	10	383		2,746	15
16	November AMS Maint Alloc	2007	32,048	3,205	10	3,205		22,703	16
17	Patten Ind-generator repairs metal.	2007	2,735		5			2,735	17
18	Top Notch Services- replace boiler assembly	2007	3,853	385	10	385		3,081	18
19	ABC -new automatic door	2007	5,644	564	10	564		4,513	19
20	ABC -new water heater	2007	13,771	918	15	918		7,344	20
21	ABC - repaire roof	2007	4,926	493	10	493		3,944	21
22	ABC -Paving	2007	27,958	3,495	8	3,495		25,339	22
23	ABC -replace boiler tubes	2007	2,798	280	10	280		2,006	23
24	ABC -replace boiler tubes	2007	3,834	383	10	383		2,745	24
25	Top Notch -kichen appliance repairs	2007	3,452		5			3,452	25
26	ABC-Boiler repair	2008	7,668	767	10	767		5,198	26
27	TopNotch Commerc. Kitchen-Freezer Door	2008	4,553		5			4,553	27
28	ABC-new paving	2008	55,917	2,796	20	2,796		17,708	28
29	ABC Repl Plumbing Electrical Hardware & Fix	2008	4,065	407	10	407		2,950	29
30	ABC-New Gasketing Fire Doors	2008	2,981	298	10	298		1,863	30
31	ABC-New Flooring CarpentryCabintrySecurityDoor	2008	21,812	1,454	15	1,454		8,845	31
32	ABC-New SecurityHardware/Doors/FramesCameras	2008	22,312	1,487	15	1,487		8,922	32
33	ABC - Parking Lot Construction	2008	17,808	890	20	890		6,082	33
34	TOTAL (lines 1 thru 33)		\$ 7,632,345	\$ 256,670		\$ 256,670	\$	\$ 3,668,733	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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		\$ 7,632,345	\$ 256,670		\$ 256,670	\$	\$ 3,668,733	1
2	ABC-roof leak	2008	10,686	1,069	10	1,069		6,681	2
3	Gt Mechanical Inc.-HVAC repairs	2008	3,625	363	10	363		2,449	3
4	Equipment international, Ltd.- washer major repair	2008	3,230		5			3,230	4
5	ABC -Install worn, cilling tile, floor tile, roofing & Plumbing	2008	5,603	560	10	560		3,500	5
6	Gt Mechanical, Inc.- Refri Cooling Start Up	2008	2,838	284	10	284		1,846	6
7	ABC- new egress hardware Fire safety code	2008	8,344	834	10	834		5,143	7
8	OctAMS Maint Allocation	2008	5,006		5			5,006	8
9	GT Mechanical- Instl'd flame safe guard	2008	2,829	283	10	283		1,698	9
10	ABC- fire proof/repl boiler-Job #7031	2008	5,888	589	10	589		3,234	10
11	ABC- Install alarm monitor to control Oxygen level	2008	10,240	1,024	10	1,024		6,400	11
12	GTMECH- main AH Electronic Starter	2009	2,787	94	5	94		2,787	12
13	GTMECH- repairs for Kitchen area HVAC	2009	5,682	191	5	191		5,682	13
14	ABC-Repl/leaky tubes boiler heating tubes	2009	4,312	289	5	289		4,312	14
15	ABC- New MI unit-Job # 2839	2009	53,402	3,560	15	3,560		20,767	15
16	ABC-Job#2846-Carpentary-Rough & Finish	2009	14,068	938	15	938		5,081	16
17	ABCnew MIunit-Job#2839 Iv#9909	2009	7,144	476	15	476		2,737	17
18	AugAMSI/C-AMEEXP Harold-Patten -filter, valve,cap dust	2009	3,407	342	5	342		3,407	18
19	JulAMSI/C-WRIEXP Harold-Rock ValleyWater-Install Parts for	2009	3,213	320	5	320		3,213	19
20	EQUINT inverter for washer	2009	3,183	318	10	318		1,643	20
21	DIASIG -Install monument sign DBL face Sandblasted Redwood S	2010	4,550	303	15	303		1,212	21
22	ABC-MI Unit A-Job#2930-1-HVAC,SecuritySys,Concrete	2010	62,693	4,180	15	4,180		20,203	22
23	EQUINT-Washer Reparis #3	2010	3,082	616	5	616		3,029	23
24	CENSAU- Instll 2 Dry Sidewall sprinkler	2010	3,117	623	5	623		3,063	24
25	ALDBEN-Rprs Exterior Door,LavatoryStation	2010	3,161	632	5	632		2,897	25
26	EQUINT - Washer Inverter/Clamps (1)	2010	3,517	352	10	352		1,584	26
27	ALDBEN - boiler repair	2010	5,139	1,028	5	1,028		4,455	27
28	ABC - Install Concrete -Job# 1033-1	2011	19,842	1,323	15	1,323		5,292	28
29	ABC - Instll Sprinklers System -Job# 1033-2	2011	134,719	8,981	15	8,981		35,925	29
30	BOUDEV- Demolition, Masonry, Steel, Carpentry	2011	55,000	2,750	20	2,750		11,000	30
31	ABC -MetalFrames, windows, Glass&Glazing- Job# 1033 -3	2011	42,601	2,840	15	2,840		11,360	31
32	BOUDEV- Framing, Drywall, Insultion, Painting, Flooring, acoust	2011	30,925	1,546	20	1,546		6,185	32
33	ABC - install smoke Dampers & electrical- Job# 1033-4	2011	127,757	8,517	15	8,517		34,069	33
34	TOTAL (lines 1 thru 33)		\$ 8,283,936	\$ 301,895		\$ 301,895	\$	\$ 3,897,823	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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		\$ 8,283,936	\$ 301,895		\$ 301,895	\$	\$ 3,897,823	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27	ABC- Adjustment for realted party profit	2008	(424)	(8)		(8)		(39)	27
28	ABC- Adjustment for realted party profit	2009	(1,859)	(49)		(49)		(294)	28
29	ABC- Adjustment for realted party profit	2010	(869)	(103)		(103)		(463)	29
30	ABC- Adjustment for realted party profit	2011	3,744	464		464		927	30
31	ABC- Adjustment for realted party profit	2012							31
32	ABC- Adjustment for realted party profit	2013	760	54		54		81	32
33	ABC- Adjustment for realted party profit	2014	(60)	(2)		(2)		(2)	33
34	TOTAL (lines 1 thru 33)		\$ 8,375,684	\$ 303,557		\$ 303,557	\$	\$ 3,980,067	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,375,684	\$ 303,557		\$ 303,557	\$	\$ 3,980,067	1
2	ABC - Fire Protection & Smoke Dampers -Job# 1033-5	2011	69,599	4,640	15	4,640		18,173	2
3	ABC - Monument/Sign Replacing Sign	2011	6,715	672	10	672		2,632	3
4	ABC -Dumb waiter reconfigure	2011	51,123	3,408	15	3,408		12,780	4
5	PAIUSA-Carpentry & Painting	2011	20,700	1,380	15	1,380		4,600	5
6	ABC -Tower Railings (1)	2011	16,003	1,067	15	1,067		3,379	6
7	GTMECH - install heat exchanger	2011	5,828	583	10	583		2,283	7
8	FebAMSI/C-AMEEXP Floyd-Patten CAT-Install remote alarm pa	2011	8,591	859	10	859		3,436	8
9	FebAMSI/C-AMEEXP Floyd-Patten CAT -Install remote annunci	2011	7,886	789	10	789		3,155	9
10	GTMECH -Install new mod motor and Boiler maint.	2011	5,866	1,173	5	1,173		4,692	10
11	EQUINT - Washer Inverter/Clamps (1)	2011	3,617	723	5	723		2,712	11
12	JDROOF- Roof Repairs	2011	4,970	994	5	994		3,645	12
13	ALDBEN -Replace boiler tubes	2011	3,253	651	5	651		2,333	13
14	GTMECH -chiller & cracked line Reprs, pilot valve replcs	2011	15,442	3,088	5	3,088		10,551	14
15	GTMECH- Chiller reprs	2011	5,034	1,007	5	1,007		3,441	15
16	GARPAV -Seal Coat & Crack repairs in Parking lot	2011	15,618	1,952	8	1,952		6,507	16
17	ABC -Repair leak Boiler1/HeatingVent	2011	9,610	1,922	5	1,922		5,926	17
18	JDROOF- Roof Repairs	2012	6,000	1,200	5	1,200		3,300	18
19	BELELC -Generator Stop Switches	2012	2,699	270	10	270		630	19
20	Dry Wall & Anti-Freeze Loop Install-VALFIR	2013	4,836	322	15	322		510	20
21	Roof install- ABC	2013	29,767	2,977	10	2,977		4,217	21
22	Boiler tube Install (1)-ABC	2013	10,732	715	15	715		775	22
23	Washer #1 inverter install-EQUINT	2013	3,221	644	5	644		805	23
24	Boiler#1 leaking tubes repairs-ABC	2013	6,185	618	10	618		979	24
25	Boiler burner replace-ABC	2013	6,169	617	10	617		977	25
26	Cooler Walking,Install Evap Coil- TOPNOT	2013	5,693	1,139	5	1,139		1,424	26
27	Generator Repairs -JuneAMSI/C-AMX-Floyd-Patten	2013	6,586	1,317	5	1,317		2,085	27
28	Chiller leaks repair - GTMECH	2013	9,072	1,814	5	1,814		2,268	28
29	Condensing unit reconnectChiller Reprs - GTMECH	2013	4,952	990	5	990		1,320	29
30	Parking lot Repairs-ABC	2013	3,614	452	8	452		452	30
31	ATS and Control Board-JanAMSI/C-Floyd Patten	2013	10,696	1,070	10	1,070		1,872	31
32	Boiler# 1upper tubes install and # 2 head assembly-ALDBEN	2014	10,732	596	15	596		596	32
33	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576	301	5	301		301	33
34	TOTAL (lines 1 thru 33)		\$ 8,749,069	\$ 343,507		\$ 343,507	\$	\$ 4,092,823	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		\$ 8,749,069	\$ 343,507		\$ 343,507	\$	\$ 4,092,823	1
2	Boiler# 1upper tubes install and # 2 head assembly-ALDBEN	2014	3,790	84	15	84		84	2
3	Boiler # 1&2 retube,smoke box door(1), heat gasket plate(1)-ALDE	2014	11,615	129	15	129		129	3
4	Boiler tubes repls.-ALDBEN	2014	5,426		15				4
5	Actuator (1) -NORMEC	2014	2,782	185	5	185		185	5
6	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576	172	5	172		172	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)		\$ 8,775,258	\$ 344,077		\$ 344,077	\$	\$ 4,093,393	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	\$ 818,002	\$ 82,063	\$ 82,063	\$	varies	\$ 425,149	71
72	Current Year Purchases	41,338	3,036	3,036		varies	3,001	72
73	Fully Depreciated Assets	793,136	1,470	1,470		varies	793,136	73
74								74
75	TOTALS	\$ 1,652,476	\$ 86,569	\$ 86,569	\$		\$ 1,221,286	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	Related party-AMS	various	1998-2004	4,026					4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,267,124	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 430,646	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 430,646	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)	\$ 5,318,705	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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 08/01/2010

Ending 07/31/2020

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

Fiscal Year Ending Annual Rent

12. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ 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: \$ 30,319 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>27,320</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>27,320</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 Alma Nelson Manor # 0044891 Report Period Beginning: 01/01/2014 Ending: 12/31/2014
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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	387,448	\$		\$	387,448	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				179,017				179,017	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				592,511				592,511	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					288,435			288,435	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):	39-1, 39-3, if any										12
13	Other (specify):	See Pg 16A						383,762			383,762	13
14	TOTAL			\$		\$	1,158,975	\$	672,197	\$	1,831,173	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		\$387,447.73	
2.	ST		39-3	To Col 5		179,016.69	
3.							
4.	PT		39-3	To Col 5		592,510.92	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					340,447.43	
	Manual Input from Related Party- Forum Drugs					(52,012.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		288,435.43	1,447,411
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	-
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	-
	Total Exceptional Care (Line 12, Col 8)					0.00	-
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		-
Other		503,200.82	
Manual Input: Related Party - Prism		(87,089.00)	
Manual Input: Related Party FECII - I.V.		(46,538.00)	
Manual Input: Related Party FECII - Wound Care		(4,854.00)	
Oxygen, from reclass worksheet (Pg 4A)		19,042.00	

13. Col 6: Supplies Total	To Col 6	383,761.82	383,762

13. Total Line 13, Column 8		0.00	383,762

14. Total		0.00	1,831,173
			=====

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(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	\$ 25,197	\$ 64,846	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (185,000))	2,884,130	2,884,130	3
4	Supply Inventory (priced at)	4,643	4,643	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,943	6
7	Other Prepaid Expenses	2,647	27,722	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	809	129,858	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,917,426	\$ 3,122,143	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		700,000	13
14	Buildings, at Historical Cost		7,000,000	14
15	Leasehold Improvements, at Historical Cost	485,290	2,486,036	15
16	Equipment, at Historical Cost	254,806	955,643	16
17	Accumulated Depreciation (book methods)	(606,718)	(5,898,868)	17
18	Deferred Charges		6,916	18
19	Organization & Pre-Operating Costs		1,489,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		299,367	21
22	Other Long-Term Assets (spec Fin Fees, net		32,086	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 133,378	\$ 7,070,181	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,050,804	\$ 10,192,323	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 667,098	\$ 667,428	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	259,243	259,243	28
29	Short-Term Notes Payable	2,297,453	2,488,924	29
30	Accrued Salaries Payable	585,653	585,653	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,414	33,414	31
32	Accrued Real Estate Taxes(Sch.IX-B)		223,000	32
33	Accrued Interest Payable	17,373	263,887	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	273,524	273,524	36
37	Due to Affiliates	1,215,343	355,895	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,349,101	\$ 5,150,968	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,367,404	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	2,636,418	2,636,418	43
44	Sharehold.loan, other			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,636,418	\$ 14,003,822	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,985,519	\$ 19,154,790	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,934,715)	\$ (8,962,467)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,050,804	\$ 10,192,323	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,383,483)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,383,483)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	448,768	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)	\$ 448,768	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)	\$ (4,934,715)	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	\$ 13,398,526	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,398,526	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	211,272	6
7	Oxygen	24,413	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 235,685	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	7	12
13	Barber and Beauty Care	406	13
14	Non-Patient Meals	400	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	2,128	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,941	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,587	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,587	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	10,194	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,194	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,649,933	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,964,877	31
32	Health Care	4,281,814	32
33	General Administration	3,261,533	33
B. Capital Expense			
34	Ownership	1,180,698	34
C. Ancillary Expense			
35	Special Cost Centers	2,002,624	35
36	Provider Participation Fee	509,619	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,201,165	40
41	Income before Income Taxes (line 30 minus line 40)**	448,768	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 448,768	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,171,751	44
45	Private Pay - Net Inpatient Revenue	802,593	45
46	Medicare - Net Inpatient Revenue	3,506,610	46
47	Other-(specify) Hospice/Insurance	1,918,652	47
48	Other-(specify) Veterans/Sales Allow.	(1,080)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,398,526	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 Alma Nelson Manor # 0044891 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

Description Amount
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)

<u>Description</u>	<u>Amount</u>
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	1,502.54
Wage Service Fee- Backed out with line reference 22 on page 5A	
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Vending Machine Receipt- Backed out with line reference 2 on page 5A	
Recovery of Bad Debts (private only, is not offset on Schld V)	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	6,203.62
Vendor Discounts	96.50
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	2,391.12
Line 28 Total:	<u>10,194</u>

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	1,986	2,080	\$ 88,063	\$ 42.34	1
2	Assistant Director of Nursing	2,912	3,032	112,556	37.12	2
3	Registered Nurses	22,283	23,447	688,373	29.36	3
4	Licensed Practical Nurses	37,263	40,424	1,144,224	28.31	4
5	CNAs & Orderlies	97,714	106,676	1,278,478	11.98	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,768	1,979	33,050	16.70	8
9	Activity Director	2,072	2,080	36,455	17.53	9
10	Activity Assistants	6,821	7,715	91,183	11.82	10
11	Social Service Workers	3,840	3,874	80,732	20.84	11
12	Dietician					12
13	Food Service Supervisor	1,264	1,417	36,532	25.78	13
14	Head Cook					14
15	Cook Helpers/Assistants	28,184	30,899	325,176	10.52	15
16	Dishwashers					16
17	Maintenance Workers	5,106	5,126	121,523	23.71	17
18	Housekeepers	28,023	30,480	328,199	10.77	18
19	Laundry	7,160	8,196	92,500	11.29	19
20	Administrator	2,040	2,080	100,276	48.21	20
21	Assistant Administrator	2,080	2,080	52,403	25.19	21
22	Other Administrative	9,784	9,792	275,808	28.17	22
23	Office Manager					23
24	Clerical	8,215	8,873	92,411	10.41	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,440	3,644	115,454	31.68	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Counse	9,872	10,615	205,748	19.38	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	281,827	304,509	\$ 5,299,144 *	\$ 17.40	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	2098/Monthly	\$ 25,710	1-3	35
36	Medical Director	2625/Monthly	31,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	536/Monthly	6,432	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	20/Hourly	980	11-3	44
45	Social Service Consultant	53/Hourly	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 65,462		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	2	\$ 774	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	2	\$ 774		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	
WILSON, ASHLEY E	Administrator	0	\$ 100,113	Workers' Compensation Insurance	\$ 235,808	IDPH License Fee	\$	
GRABOT, ZACHARY A	Assistant Administrator	0	31,057	Unemployment Compensation Insurance	129,699	Advertising: Employee Recruitment	1,804	
GATES, JOSHUA P	Assistant Administrator	0	21,509	FICA Taxes	397,687	Health Care Worker Background Check		
				Employee Health Insurance	105,566	(Indicate # of checks performed 30)	933	
				Employee Meals	39,920	Patient Background Checks	4,121	
				Illinois Municipal Retirement Fund (IMRF)*		CollabrativeHealthcare	250	
				Union Health & Welfare	160,745	Surety Bond/Citi Bank AnnualRpt	818	
				Dental, Life, Relations, Pension & Misc	42,079	Related party-Alma, LLC	309	
				Drug Test & Employee Physicals	1,760	Health Care Council	14,794	
				401k Match / Empl. Dishonesty/Emp Vaccinations	3,621	Related party- AMS	5,570	
				Offset Benefit Costs with Misc. Income	(108)	Less: Public Relations Expense	()	
				Employee Benefit -Marketing	(16,941)	Non-allowable advertising	()	
						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)		
\$ 152,679				\$ 1,099,836		\$ 28,599		
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
			\$	Not Applicable		\$	Out-of-State Travel	\$
							In-State Travel	
							Related party- AMS	2,347
							Seminar Expense	
							Entertainment Expense	()
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)	
\$				\$			\$ 2,347	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting fees		\$ 940,196					
KPMG/Mercer Health & Benefit, LI	Accounting Fees		1,031					
Baker Tilly	Accounting Fees		13,467					
AMS (Eliminated)	Allocated Legal Fees		46,908					
Lisa A Jensen	Legal-Collections		1,681					
Silversti Law Office	Legal-Collections		4,881					
Valer Enterprises Inc.	Legal-Collections		1,400					
First Advantage/Accurate Boimatrix	Tax Credit Services/Empl BkgC		2,134					
Vecchio Court Reporting	Legal-Non Collections		165					
Note: \$145 of the above Resident background cost was reclassified to Ln 20 on Pg 3 .								
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								
\$ 1,011,863								

* Attach copy of IMRF notifications

**See instructions.

**Alden Alma Nelson Manor
Legal Fee Support
2014**

Legal Fees Reported on Pg 21, Section C:	\$ 55,034.99
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(7,961.99)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(46,908.00)
Allowable Legal Fees	<u>\$ 165.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
Vecchio Court Reporting	11/19/13	165.00	
TOTAL ALLOWABLE LEGAL FEES		<u>165.00</u>	

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
Valet Enterprises, Inc.	09/01/14	1,399.89	
Silvestri Law Office	07/21/14	780.40	
Silvestri Law Office	06/03/14	1,092.95	
Silvestri Law Office	03/04/14	1,535.25	
Silvestri Law Office	02/25/14	1,472.00	
Lisa A. Jensen -Law Office	01/23/14	1,035.00	
Lisa A. Jensen -Law Office	01/23/14	646.50	

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 7,961.99

Vendor Name	Invoice Date	Amount	Allowable Legal fees
AMS Corp Legal Cost Alloc-'14	01/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	02/28/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	03/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	04/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	05/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	06/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	07/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	08/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	09/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	10/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	11/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	12/31/14	3,909.00	

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 55,034.99

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	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	
1	Painting>\$1500 YTD 2004	03/04	1,753	10	175	175	175	175	175	175	175	0	
2	Patton-generator repairs	08/05	1,615	5	323	323	323	323	0	0	0	0	
3	Patton-generator repairs	08/05	1,656	5	331	331	331	331	0	0	0	0	
4	Patton-generator repairs	08/05	1,728	5	346	346	346	344	0	0	0	0	
5	SeptAMS -Painting	09/08	2,550	5	0	170	510	510	510	510	340	0	
6	ABC- Tinted Paint Color	2011	4,319	3					240	1,440	1,440	1,200	
7	ABC-paint, tinted	2012	693	5						12	139	139	
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 14,314		\$ 1,175	\$ 1,345	\$ 1,685	\$ 1,683	\$ 925	\$ 2,136	\$ 2,093	\$ 1,514	\$ 139

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes,RN/LPNs: No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council -\$14,795
- (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. \$ 46,031 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. \$ 509,619
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. \$ 39,920 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? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.