

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010 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	110	Skilled (SNF)	110	40,150	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	110	TOTALS	110	40,150	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	1,134	4,521	12,389	18,044	8
9	SNF/PED					9
10	ICF	8,982	4,063	104	13,149	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,116	8,584	12,493	31,193	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.69%

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

None (Do not include bed-hold days in Section B.)

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 10/31/2000

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

YES Date 10/31/2000 NO

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

YES NO If YES, enter number of beds certified 110 and days of care provided 11,971

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 Des Plaines Rehab & HC

0042010

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	572,463	25,688	20,508	618,659	1,514	620,173	(8,052)	612,121		1
2	Food Purchase		313,499		313,499	(27,600)	285,899	325	286,224		2
3	Housekeeping	140,208	24,868		165,076	1,283	166,359	5,821	172,180		3
4	Laundry	61,183	17,927		79,110	81	79,191		79,191		4
5	Heat and Other Utilities			196,716	196,716		196,716	(599)	196,117		5
6	Maintenance	42,300		262,596	304,896	220	305,116	5,926	311,042		6
7	Other (specify):* Related Party/Security			768	768		768	6,283	7,051		7
8	TOTAL General Services	816,154	381,982	480,588	1,678,724	(24,502)	1,654,222	9,704	1,663,926		8
	B. Health Care and Programs										
9	Medical Director			16,000	16,000		16,000		16,000		9
10	Nursing and Medical Records	2,281,013	207,016	4,805	2,492,834	(5,894)	2,486,940	28,973	2,515,913		10
10a	Therapy	45,488	3,105	12,303	60,896	173	61,069		61,069		10a
11	Activities	98,296	1,037	5,086	104,419		104,419		104,419		11
12	Social Services	47,581			47,581		47,581		47,581		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							5,092	5,092		15
16	TOTAL Health Care and Programs	2,472,378	211,158	38,194	2,721,730	(5,721)	2,716,009	34,065	2,750,074		16
	C. General Administration										
17	Administrative	108,443			108,443		108,443	81,845	190,288		17
18	Directors Fees										18
19	Professional Services			924,420	924,420		924,420	(803,715)	120,705		19
20	Dues, Fees, Subscriptions & Promotions			50,727	50,727		50,727	(32,270)	18,457		20
21	Clerical & General Office Expenses	185,499	23,273	112,820	321,592	568	322,160	219,469	541,629		21
22	Employee Benefits & Payroll Taxes			681,154	681,154	15,534	696,688	(8,226)	688,462		22
23	Inservice Training & Education										23
24	Travel and Seminar			615	615		615	1,080	1,695		24
25	Other Admin. Staff Transportation			1,858	1,858		1,858	10,367	12,225		25
26	Insurance-Prop.Liab.Malpractice			137,963	137,963		137,963	11,772	149,735		26
27	Other (specify):* related party			352,811	352,811		352,811	(304,245)	48,566		27
28	TOTAL General Administration	293,942	23,273	2,262,368	2,579,583	16,102	2,595,685	(823,923)	1,771,762		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,582,474	616,413	2,781,150	6,980,037	(14,121)	6,965,916	(780,154)	6,185,762		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 Des Plaines Rehab & HC

#0042010

Report Period Beginning:

01/01/2014

Ending:

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			40,681	40,681		40,681	260,541	301,222			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			119,047	119,047		119,047	156,021	275,068			32
33	Real Estate Taxes			403,988	403,988	(403,988)		544,561	544,561			33
34	Rent-Facility & Grounds			634,236	634,236	403,988	1,038,224	(1,038,224)				34
35	Rent-Equipment & Vehicles			22,837	22,837		22,837	34,192	57,029			35
36	Other (specify):* MIP							42,063	42,063			36
37	TOTAL Ownership			1,220,789	1,220,789		1,220,789	(846)	1,219,943			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,001,060	1,576,331	2,577,391	14,121	2,591,512	(158,982)	2,432,530			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			169,691	169,691		169,691		169,691			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,001,060	1,746,022	2,747,082	14,121	2,761,203	(158,982)	2,602,221			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,582,474	1,617,473	5,747,961	10,947,908		10,947,908	(939,982)	10,007,926			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		\$ (27,600.00)	Employee Meals
	22	\$ 27,600.00	Employee Meals
22		\$ (12,066.00)	Uniforms
	1	\$ 1,514.00	Uniforms
	3	\$ 1,283.00	Uniforms
	4	\$ 81.00	Uniforms
	6	\$ 220.00	Uniforms
	10	\$ 8,227.00	Uniforms
	11	\$ 173.00	Uniforms
	21	\$ 568.00	Uniforms
10		\$ (14,121.00)	Oxygen - to appropriate cost center
	39	\$ 14,121.00	Oxygen - to appropriate cost center
33		\$ (403,988.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 403,988.00	Rent - Real Estate Tax on associated landowner (Pg 6)
		<u>\$ -</u>	

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-	BHF USE	
			ence	ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(64)	2		4
5	Telephone, TV & Radio in Resident Rooms	(16,567)	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	(136,825)	30		9
10	Interest and Other Investment Income	(2,032)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,399)	2		13
14	Non-Care Related Interest	(4,313)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(20,259)	21		17
18	Fines and Penalties	(1,098)	32		18
19	Entertainment	(1,582)	20		19
20	Contributions	2,729	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,223)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(352,811)	27		24
25	Fund Raising, Advertising and Promotional	(11,723)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(237)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (554,404)		\$	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)	(375,113)		34
35	Other- Attach Schedule	(10,465)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (385,578)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (939,982)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Alden Des Plaines Rehab & HC

ID# 0042010

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Valet Cost	\$ (1,826)	21	1
2	Late fees on utilities	(2,754)	5	2
3	Record Copies (g/l 4977-100-001)	(590)	10	3
4	Back out ILSSCH credit	660	20	4
5	Jury Duty (g/l 4977-100-002)	(52)	21	5
6	Elim Chamber of Commerce fees in Dues/subsc.	(173)	20	6
7	Flu Shots	(879)	21	7
8	Back out LLC mtge int > CON asset limit	(81,793)	32	8
9	Back out LLC MIP exp > CON asset limit	(16,358)	36	9
10	Elim Deprec Exp on Pg 12 items under \$2,500 -	(644)	30	10
11	Elim Deprec Exp on Pg 13 items under \$2,500 -	(10,899)	30	11
12	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	12
13	Expense Pg 13 items under \$2,500 - curr yr purchs +	19,863	6	13
14	Adjust depreciation to Pg 13's	(557)	30	14
15	Elim ABC Deprec Exp from Pg 12 series -	7	30	15
16	Back out R/E Tax Refund	137,112	33	16
17	Back out LLC bank charges	(24)	21	17
18	Vendor Discounts	(416)	10	18
19	Customer Services Liaison (6701-100-014)	(42,916)	21	19
20	Back out % of Empl Ben. for Cust Serv Liason	(8,226)	22	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(10,465)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

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	1,737	(9,789)	0	0	0	0	0	0	0	(8,052)	1
2	Food Purchase	(5,463)	0	0	5,788	0	0	0	0	0	0	0	325	2
3	Housekeeping	0	0	5,821	0	0	0	0	0	0	0	0	5,821	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,754)	0	2,155	0	0	0	0	0	0	0	0	(599)	5
6	Maintenance	3,296	0	2,145	0	0	0	(57)	542	0	0	0	5,926	6
7	Other (specify):*	0	0	5,294	989	0	0	0	0	0	0	0	6,283	7
8	TOTAL General Services	(4,921)	0	17,152	(3,012)	0	0	(57)	542	0	0	0	9,704	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	(1,006)	0	32,924	(58)	(2,887)	0	0	0	0	0	0	28,973	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	5,092	0	0	0	0	0	0	0	0	5,092	15
16	TOTAL Health Care and Programs	(1,006)	0	38,016	(58)	(2,887)	0	0	0	0	0	0	34,065	16
	C. General Administration													
17	Administrative	0	0	81,845	0	0	0	0	0	0	0	0	81,845	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,223)	59,904	(859,396)	0	0	0	0	0	0	0	0	(803,715)	19
20	Fees, Subscriptions & Promotions	(10,326)	309	(22,253)	0	0	0	0	0	0	0	0	(32,270)	20
21	Clerical & General Office Expenses	(65,956)	24	188,327	26,133	70,941	0	0	0	0	0	0	219,469	21
22	Employee Benefits & Payroll Taxes	(8,226)	0	0	0	0	0	0	0	0	0	0	(8,226)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,080	0	0	0	0	0	0	0	0	1,080	24
25	Other Admin. Staff Transportation	0	0	10,367	0	0	0	0	0	0	0	0	10,367	25
26	Insurance-Prop.Liab.Malpractice	0	11,624	148	0	0	0	0	0	0	0	0	11,772	26
27	Other (specify):*	(352,811)	0	40,452	2,569	5,545	0	0	0	0	0	0	(304,245)	27
28	TOTAL General Administration	(441,542)	71,861	(559,430)	28,702	76,486	0	0	0	0	0	0	(823,923)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(447,469)	71,861	(504,262)	25,632	73,599	0	(57)	542	0	0	0	(780,154)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

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	(148,918)	405,469	3,990	0	0	0	0	0	0	0	0	260,541	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(89,236)	238,353	5,374	0	1,530	0	0	0	0	0	0	156,021	32
33	Real Estate Taxes	137,112	403,988	3,650	0	(189)	0	0	0	0	0	0	544,561	33
34	Rent-Facility & Grounds	0	(1,038,224)	0	0	0	0	0	0	0	0	0	(1,038,224)	34
35	Rent-Equipment & Vehicles	0	0	34,192	0	0	0	0	0	0	0	0	34,192	35
36	Other (specify):*	(16,358)	58,421	0	0	0	0	0	0	0	0	0	42,063	36
37	TOTAL Ownership	(117,400)	68,007	47,206	0	1,341	0	0	0	0	0	0	(846)	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	(60,943)	(136,961)	38,922	0	0	0	0	0	(158,982)	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	(60,943)	(136,961)	38,922	0	0	0	0	0	(158,982)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(564,869)	139,868	(457,056)	(35,311)	(62,021)	38,922	(57)	542	0	0	0	(939,982)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,038,224	Alden-Des Plaines Rehabilitation and Health Care Center, LLC	0.00%	\$	\$ (1,038,224)	1
2	V	32 Interest-RR & Facility loan	62,414	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(62,414)	2
3	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		24	24	3
4	V	19 Accounting fees/Legal Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		59,904	59,904	4
5	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		403,988	403,988	5
6	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		11,624	11,624	6
7	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		58,421	58,421	7
8	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		292,119	292,119	8
9	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		405,469	405,469	9
10	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		8,648	8,648	10
11	V	20 Corporate Annual Report Fee		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		309	309	11
12	V							12
13	V							13
14	Total		\$ 1,100,638			\$ 1,240,506	\$ * 139,868	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%	\$ 2,155	\$ 2,155 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,080	1,080 16
17	V	25 Other admin travel		Alden Management Services, Inc.		10,367	10,367 17
18	V	26 Insurance		Alden Management Services, Inc.		148	148 18
19	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		2,563	2,563 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		3,650	3,650 21
22	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		34,192	34,192 22
23	V	32 Interest		Alden Management Services, Inc.		5,374	5,374 23
24	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		1,737	1,737 24
25	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		5,821	5,821 25
26	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		5,294	5,294 26
27	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		32,924	32,924 27
28	V	15 Employee Benefits-health care		Alden Management Services, Inc.		5,092	5,092 28
29	V	17 Salaries-Total Admin		Alden Management Services, Inc.		81,845	81,845 29
30	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		40,452	40,452 30
31	V	19 Professional fees	902,041	Alden Management Services, Inc.		42,645	(859,396) 31
32	V	21 Clerical and G & A		Alden Management Services, Inc.		188,327	188,327 32
33	V	6 Maintenance	42,505	Alden Management Services, Inc.		44,650	2,145 33
34	V	20 MKT Management Fees	24,816	Alden Management Services, Inc.			(24,816) 34
35	V						35
36	V						36
37	V						37
38	V						38
39	Total		\$ 969,362			\$ 512,306	\$ * (457,056) 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 Dietary consultant	\$ 18,888	Prism Health Care Services, Inc.	0.00%	\$ 46	\$ (18,842)
16	V	1 Dietary salaries		Prism Health Care Services, Inc.		9,053	9,053
17	V	2 Tube feeding	14,838	Prism Health Care Services, Inc.		20,626	5,788
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		6,602	(58)
19	V	39 Ancillary supplies	97,620	Prism Health Care Services, Inc.		36,677	(60,943)
20	V	21 G & A salaries		Prism Health Care Services, Inc.		15,449	15,449
21	V	27 Emp. Benefits-G & A		Prism Health Care Services, Inc.		2,569	2,569
22	V	7 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		989	989
23	V	21 G & A expenses		Prism Health Care Services, Inc.		10,684	10,684
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		\$ 138,006			\$ 102,695	\$ * (35,311)

* 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	\$ 463,391	Forum Extended Care Services II, Inc.	0.00%	\$ 392,596	\$ (70,795)
16	V	39 I.V.	429,059	Forum Extended Care Services II, Inc.		363,509	(65,550)
17	V	39 Wound Vac	4,029	Forum Extended Care Services II, Inc.		3,413	(616)
18	V	10 House Stock	16,258	Forum Extended Care Services II, Inc.		13,774	(2,484)
19	V	10 Pharm Consult	2,640	Forum Extended Care Services II, Inc.		2,237	(403)
20	V	27 Employ Vaccin	2,218	Forum Extended Care Services II, Inc.		1,879	(339)
21	V	27 Employ Benefits-G & A		Forum Extended Care Services II, Inc.		5,884	5,884
22	V	21 G & A Salaries		Forum Extended Care Services II, Inc.		39,015	39,015
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		31,926	31,926
24	V	32 Interest		Forum Extended Care Services II, Inc.		1,530	1,530
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(189)	(189)
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		\$ 917,595			\$ 855,574	\$ * (62,021)

* 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 Revenue - therapy	\$ 1,527,712	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,566,634	\$ 38,922	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		\$ 1,527,712			\$ 1,566,634	\$ * 38,922	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 Repair & Maintenance	\$ 30,332	Alden Bennett Construction Company, Inc.	0.00%	\$ 30,275	\$	(57)	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		\$ 30,332			\$ 30,275	\$ *	(57)	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 Repair & Maintenance	\$ 2,582	Alden Design Group, Inc.	0.00%	\$ 3,124	\$ 542	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		\$ 2,582			\$ 3,124	\$ *	542	39

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

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

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/Alzi	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 Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	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 Des Plaines Rehab & HC # 0042010 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	180,485	0.976	2.44	Salary	\$ 4,515	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	92,681	0.976	2.44	Salary	2,319	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	92,681	0.976	2.44	Salary	2,319	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	97,794	0.976	2.44	Salary	2,447	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,441	0.976	2.44	Salary	1,487	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	\$ 13,087		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 Des Plaines Rehab & HC

0042010 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	\$ 31,193	\$ 2,155	1	
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	31,193	1,080	2	
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	31,193	10,367	3	
4	26	Insurance	Patient Days	1,278,025	35	6,060	31,193	148	4	
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	31,193	2,563	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	31,193	3,650	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	31,193	34,192	8	
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	31,193	5,374	9	
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	31,193	1,737	10	
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	31,193	5,821	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	31,193	5,294	12	
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	1,414,605	31,193	32,924	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	31,193	5,092	14	
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	31,193	81,845	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	31,193	40,452	16	
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	850,594	31,193	42,645	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	6,669,245	31,193	188,327	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	1,161,005	31,193	44,650	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 512,306	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	Reporting Period Interest Expense					
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO											Original	Balance		
A. Directly Facility Related																	
Long-Term																	
1	Cambridge Realty		X	Mortgage	\$43,503.85	10/1/2012	\$ 12,080,802	\$ 11,580,854	9/1/2047	2.5000	\$ 292,119	1					
2				Int exp in excess of CON cap							(81,793)	2					
3												3					
4	Insurance Interest (GL07053)		X	Medical Malpractice							1,890	4					
5	Amort of Fin Fees (GL 1918)		X	Refinancing							8,648	5					
Working Capital																	
6	Related party-AMS		X	Working Capital							5,374	6					
7	Related party-FECII		X	Working Capital							1,530	7					
8	Bank Leumi		X	Working Capital	varies	8/2012	1,011,970		9/2015	4.5000	49,632	8					
9	TOTAL Facility Related				\$43,503.85		\$ 13,092,772	\$ 11,580,854			\$ 277,400	9					
B. Non-Facility Related*																	
10	Interest Income on R.R.		X								(299)	10					
11	Int Income (GL#4975 & 4646)		X								(2,033)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			\$ (2,332)	14					
15	TOTALS (line 9+line14)						\$ 13,092,772	\$ 11,580,854			\$ 275,068	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 42,063 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.				\$	483,800	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.)				\$	504,900	2
3. Under or (over) accrual (line 2 minus line 1).				\$	21,100	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	520,000	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.				\$	541,100	7
Real Estate Tax History:				Plus: Related Party Taxes (2) - See Pg RE_Tax		
				Total Real Estate Tax Expense, Sch V, Line 33		
					3,461.00	
					544,561	
Real Estate Tax Bill for Calendar Year:		2009	<u>403,099</u>	8		
		2010	<u>442,517</u>	9		
		2011	<u>448,368</u>	10		
		2012	<u>469,683</u>	11		
		2013	<u>504,900</u>	12		
The current year accrual is based on an estimated 3% increase of the prior year tax						
					FOR BHF USE ONLY	
		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 Des Plaines Rehab & HC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0042010
 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>3,650.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(189.00)</u>
3. <u>09-17-200-128-0000</u>	<u>Nursing Home Facility</u>	\$ <u>292,871.65</u>	\$ <u>292,871.65</u>
4. <u>09-17-200-129-0000</u>	<u>Nursing Home Facility</u>	\$ <u>212,028.60</u>	\$ <u>212,028.60</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>813,083.25</u></u>	\$ <u><u>508,361.25</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: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	1
2					2
3	TOTALS	51,490		\$ 1,016,045	3

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

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		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		2000	2000	\$ 9,685,956	\$ 242,149	40	\$ 174,652	\$ (67,497)	\$ 2,557,098	4
5	Adjustment to correct to CON costs (net=-6,986,060)			(2,699,896)						5
6										6
7										7
8										8
	Improvement Type**									
9	ISS/Chicago Sound & Communication(vent alarm interface		2000	3,400		10			3,400	9
10	Alden Bennett Construction(multiple wireless install)		2001	4,894		10			4,894	10
11	Owners extras (change orders)		2000	524,876	26,244	20	26,244		378,350	11
12	Owners extras (change orders)		2000	12,972	648	20	648		9,346	12
13	ABC-parking lot sealcoat/stripe		2002	3,852		7			3,852	13
14	ABC-screened patio enclosure		2002	10,069		7			10,069	14
15	EWS Welding-alarm		2002	1,076		10			1,076	15
16	New Horizons-residents phones		2002	1,646		10			1,646	16
17	New Horizons-residents phones		2002	3,161		10			3,161	17
18	ABC-owners extras		2003	2,571	171	15	171		2,053	18
19	ABC-owners extras		2003	5,511	367	15	367		4,405	19
20	ABC [GT Mechanical]-Replace B1 compressor		2007	3,383		5			3,383	20
21	Mohawk-Calhoun Carpet Admin area		2007	2,747		5			2,747	21
22	ABC-New carpeting Nile Room		2007	6,053		5			6,053	22
23	ABC-New patio door operator		2007	4,046	405	10	405		3,004	23
24	GTMECH-Exhaust motor & wheel blade		2007	4,791	479	10	479		3,473	24
25	ABC-Removal & repair of hot water piping		2007	4,170	167	25	167		1,197	25
26	Replace Gas Oxygen Units		2008	9,275	928	10	928		6,109	26
27	GTMECH-Repair Boiler Pumps		2008	3,242	324	10	324		2,079	27
28										28
29	ABC - Pavement Asphalt		2010	11,722	1,465	8	1,465		6,348	29
30	Nursing Station Repair		2010	2,600	520	5	520		2,167	30
31	ABC - Repair Laundry Chute & Grease Interceptor		2010	8,248	1,650	5	1,650		6,737	31
32	ABC - HVAC Pump		2010	4,738	316	15	316		1,343	32
33	Smoke Vent Relocation (non-hvac)		2011	3,345	669	5	669		2,230	33
34	Fish Tank Repair		2011	3,700	740	5	740		2,405	34
35	Sprinkler Heads & Gauges Replaced		2011	7,072	707	10	707		2,239	35
36	Dampers, labeling		2012	6,750	675	10	675		1,519	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Doorway-Build Kitchen Storage Doorway	2013	\$ 4,091	\$ 205	20	\$ 205	\$	\$ 273	37
38	Doorway-Sprinkler Room	2013	2,887	144	20	144		216	38
39	Wall- Wall Refinish	2013	5,950	446	15	446		446	39
40	Motor - Laundry Iron Motor	2013	3,025	605	5	605		807	40
41	OT/PT Remodel Building Permit	2014	2,920	130	15	130		130	41
42	Fire Dampers - ABC	2014	17,384	290	10	290		290	42
43	Fire Alarm lights - ABC	2014	2,609	87	5	87		87	43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,684,836	\$ 280,530		\$ 213,033	\$ (67,497)	\$ 3,034,631	70

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

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

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		\$ 7,684,836	\$ 280,530		\$ 213,033	\$ (67,497)	\$ 3,034,631	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	Adj for ABC related party profit	2008	(53)	(6)		(6)		(39)	27
28	Adj for ABC related party profit	2010	(302)	(18)		(18)		(81)	28
29	Adj for ABC related party profit	2011	110	8		8		28	29
30	Adj for ABC related party profit	2012	417	20		20		50	30
31	Adj for ABC related party profit	2013	174	4		4		6	31
32	Adj for ABC related party profit	2014	(38)	(1)		(1)		(1)	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,775,599	\$ 281,841		\$ 214,344	\$ (67,497)	\$ 3,116,630	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,151,979	\$ 146,920	\$ 77,592	\$ (69,328)	varies	\$ 749,136	71
72	Current Year Purchases	60,874	4,269	4,269		varies	4,269	72
73	Fully Depreciated Assets	312,611	5,017	5,017		varies	312,611	73
74								74
75	TOTALS	\$ 1,525,464	\$ 156,206	\$ 86,878	\$ (69,328)		\$ 1,066,016	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	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77	related party-AMS	various	1998-2004	4,026					4,026	77
78										78
79										79
80	TOTALS			\$ 53,852	\$	\$	\$		\$ 53,852	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)	\$ 10,370,960	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 438,047	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 301,222	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (136,825)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,236,498	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	Remodel PT/OT Room	\$ 318,422	92
93			93
94			94
95		\$ 318,422	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 Des Plaines Rehab & HC

0042010

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 eliminated

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 7/1/2001

Ending 6/30/2021

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: \$ 33,138 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>12,571</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>174.00</u>	<u>2,088</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>14,659</u>	21

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</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><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	\$		\$	511,255	\$		\$	511,255	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				80,269				80,269	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				935,285				935,285	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					392,596			392,596	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					38,922	474,203			513,125	13
14	TOTAL			\$		\$	1,565,731	\$	866,799	\$	2,432,530	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		\$511,254.75	
2.	ST		39-3	To Col 5		80,269.33	
3.							
4.	PT		39-3	To Col 5		935,284.57	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					463,390.54	
	Manual Input from Related Party- Forum Drugs					(70,795.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		392,595.54	1,919,404.19
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	0.00
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		38,922.00
Other		587,191.24	
Manual Input: Related Party - Prism		(60,943.00)	
Manual Input: Related Party FECII - I.V.		(65,550.00)	
Manual Input: Related Party FECII - Wound Care		(616.00)	
Oxygen, from reclass worksheet (Pg 4A)		14,121.00	
13. Col 6: Supplies Total	To Col 6	474,203.24	474,203.24
13. Total Line 13, Column 8		0.00	513,125.24
14. Total		0.00	2,432,529.43

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

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	\$	\$ 64,166	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 200,000)	2,092,791	2,092,791	3
4	Supply Inventory (priced at)	3,548	3,548	4
5	Short-Term Investments		23,692	5
6	Prepaid Insurance		76,768	6
7	Other Prepaid Expenses	25,236	95,638	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	20,186	300,483	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,141,761	\$ 2,657,086	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,685,956	14
15	Leasehold Improvements, at Historical Cost	619,469	713,914	15
16	Equipment, at Historical Cost	296,272	2,184,182	16
17	Accumulated Depreciation (book methods)	(704,850)	(5,595,571)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		131,615	21
22	Other Long-Term Assets (spec Refi Fee & CIP)		477,796	22
23	Other(specify): Due from Affiliate,	5,337,155	7,689,191	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,618,462	\$ 16,361,484	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,760,223	\$ 19,018,570	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 415,758	\$ 415,758	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	229,385	229,385	28
29	Short-Term Notes Payable	57,307	288,684	29
30	Accrued Salaries Payable	494,239	494,239	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,474	18,474	31
32	Accrued Real Estate Taxes(Sch.IX-B)		520,000	32
33	Accrued Interest Payable	7,860	31,987	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.	96,600	96,600	36
37	Due to Affiliates	1,862,771	1,862,771	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,182,394	\$ 3,957,898	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,011,970	1,011,970	39
40	Mortgage Payable		11,349,477	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,011,970	\$ 12,361,447	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,194,364	\$ 16,319,345	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,565,859	\$ 2,699,225	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,760,223	\$ 19,018,570	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,031,900	1
2	Restatements (describe):		2
3	Allocate Personnel Director Salary	(40,817)	3
4	Non-allowable cost or revenue adjustments recorded	(721)	4
5	after prior year report submitted:		5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,990,362	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	572,548	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)	\$ 572,548	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)	\$ 3,562,910	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	\$ 11,345,869	1	
2	Discounts and Allowances for all Levels	()	2	
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,345,869	3	
B. Ancillary Revenue				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	134,529	6	
7	Oxygen	6,247	7	
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 140,776	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	102	12	
13	Barber and Beauty Care	251	13	
14	Non-Patient Meals	64	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	5,732	21	
22	Laundry		22	
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 6,149	23	
D. Non-Operating Revenue				
24	Contributions		24	
25	Interest and Other Investment Income***	2,032	25	
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,032	26	
E. Other Revenue (specify):****				
27	Settlement Income (Insurance, Legal, Etc.)		27	
28	See page 19A, if any	25,630	28	
28a			28a	
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 25,630	29	
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,520,456	30	

		2		
II. Expenses		Amount		
A. Operating Expenses				
31	General Services	1,678,724	31	
32	Health Care	2,721,730	32	
33	General Administration	2,579,583	33	
B. Capital Expense				
34	Ownership	1,220,789	34	
C. Ancillary Expense				
35	Special Cost Centers	2,577,391	35	
36	Provider Participation Fee	169,691	36	
D. Other Expenses (specify):				
37			37	
38			38	
39			39	
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,947,908	40	
41	Income before Income Taxes (line 30 minus line 40)**	572,548	41	
42	Income Taxes		42	
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 572,548	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,820,092	44
45	Private Pay - Net Inpatient Revenue	1,397,852	45
46	Medicare - Net Inpatient Revenue	6,382,813	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,749,429	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	(4,317)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,345,869	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 Des Plaines Rehab & HC # 0042010 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 591
Misc Income (Jury Duty)	\$ 52
Gain on Sale of Assets	\$ 2,788
Adj prior year expense via A/P	\$ 21,784
Vendor Discounts	\$ 415

Line 28 Total: 25,630

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

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	2,080	2,080	\$ 100,573	\$ 48.35	1
2	Assistant Director of Nursing	2,080	2,080	75,317	36.21	2
3	Registered Nurses	27,301	28,666	867,536	30.26	3
4	Licensed Practical Nurses	7,863	8,340	234,024	28.06	4
5	CNAs & Orderlies	62,940	67,526	833,981	12.35	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,558	2,798	45,488	16.26	8
9	Activity Director	1,664	1,672	30,650	18.33	9
10	Activity Assistants	6,552	7,025	67,646	9.63	10
11	Social Service Workers	2,618	2,626	56,459	21.50	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,032	51,244	25.22	13
14	Head Cook	2,357	2,549	67,553	26.50	14
15	Cook Helpers/Assistants	37,751	40,866	453,666	11.10	15
16	Dishwashers					16
17	Maintenance Workers	1,540	1,540	42,300	27.47	17
18	Housekeepers	11,947	13,401	140,208	10.46	18
19	Laundry	5,535	6,016	61,183	10.17	19
20	Administrator	2,080	2,080	108,443	52.14	20
21	Assistant Administrator					21
22	Other Administrative	6,312	6,448	144,305	22.38	22
23	Office Manager					23
24	Clerical	5,550	5,837	59,773	10.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,184	3,283	110,721	33.73	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Unit Manager</u>	2,080	2,080	31,404	15.10	33
34	TOTAL (lines 1 - 33)	195,992	208,945	\$ 3,582,474 *	\$ 17.15	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	Monthly	\$ 20,508	1-3	35
36	Medical Director	Monthly	16,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	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	48	2,778	11-3	44
45	Social Service Consultant	8	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	56	\$ 42,486		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	5	\$ 1,935	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	5	\$ 1,935		53

Alden Des Plaines Rehab & HC
 Legal Fee Support
 2014

Legal Fees Reported on Pg 21, Section C:	\$	51,131.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(4,223.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u><u>-</u></u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
		-	
TOTAL ALLOWABLE LEGAL FEES		<u><u>-</u></u>	

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
Clerk Of The Circuit Court	12/9/2014	186.00	
Clerk Of The Circuit Court	10/17/2014	227.00	
Clerk Of The Circuit Court	10/17/2014	247.00	
Clerk Of The Circuit Court	10/17/2014	227.00	
Clerk Of The Circuit Court	10/17/2014	337.00	
Clerk Of The Circuit Court	10/17/2014	247.00	
Clerk Of The Circuit Court	10/17/2014	247.00	
Clerk Of The Circuit Court	10/17/2014	227.00	
Clerk Of The Circuit Court	10/17/2014	177.00	
Clerk Of The Circuit Court	1/31/2014	247.00	
Clerk Of The Circuit Court	2/25/2014	12.00	
Clerk Of The Circuit Court	10/17/2014	227.00	

Clerk Of The Circuit Court	3/11/2014	6.00
Clerk Of The Circuit Court	12/29/2014	337.00
Clerk Of The Circuit Court	6/6/2014	227.00
Clerk Of The Circuit Court	5/12/2014	80.00
Clerk Of The Circuit Court	5/12/2014	12.00
Recorder of Deeds Cook County	1/21/2014	80.00
Recorder of Deeds Lake County	3/18/2014	58.00
Sheriff of Cook County	12/29/2014	60.00
Sheriff of Cook County	10/17/2014	60.00
Sheriff of Cook County	10/17/2014	60.00
Sheriff of Cook County	10/17/2014	60.00
Sheriff of Cook County	10/17/2014	60.00
Sheriff of Cook County	10/17/2014	60.00
Sheriff of Cook County	10/17/2014	120.00
Sheriff of Cook County	10/17/2014	120.00
Sheriff of Cook County	10/17/2014	60.00
Sheriff of Cook County	10/17/2014	60.00
Sheriff of Cook County	1/13/2014	60.00
Sheriff of Wake County	6/6/2014	35.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 4,223.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
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

51,131.00

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

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes RN/LPN: No (13)
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Healthcare Council = \$6,072
- (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. \$ 23,385 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 169,691
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. \$ 27,600 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? No
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.