

Facility Name & ID Number Alden Estates of Naperville

0022509 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	203	Skilled (SNF)	203	74,095	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	203	TOTALS	203	74,095	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	1,666	2,021	11,572	15,259	8
9	SNF/PED					9
10	ICF	33,702	2,943	2,676	39,321	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,368	4,964	14,248	54,580	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.66%

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 1/1/79

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

YES Date 1/1/79 NO

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

YES NO If YES, enter number of beds certified 203 and days of care provided 10,211

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.

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	558,995	31,041	25,500	615,536	3,550	619,086	(10,178)	608,908		1
2	Food Purchase		372,634		372,634	(37,596)	335,038	(7,111)	327,927		2
3	Housekeeping	263,276	41,248		304,524	1,682	306,206	10,185	316,391		3
4	Laundry	131,516	21,625	675	153,816	299	154,115		154,115		4
5	Heat and Other Utilities			211,780	211,780		211,780	1,179	212,959		5
6	Maintenance	106,185		251,730	357,915	316	358,231	13,544	371,775		6
7	Other (specify):* related party							10,359	10,359		7
8	TOTAL General Services	1,059,972	466,548	489,685	2,016,205	(31,749)	1,984,456	17,978	2,002,434		8
	B. Health Care and Programs										
9	Medical Director			15,800	15,800		15,800		15,800		9
10	Nursing and Medical Records	3,496,831	288,356	38,797	3,823,984	(17,732)	3,806,252	52,980	3,859,232		10
10a	Therapy	124,394	6,820	20,313	151,527		151,527		151,527		10a
11	Activities	143,372	4,344	2,950	150,666	467	151,133		151,133		11
12	Social Services	48,440			48,440		48,440		48,440		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,910	8,910		15
16	TOTAL Health Care and Programs	3,813,037	299,520	77,860	4,190,417	(17,265)	4,173,152	61,890	4,235,042		16
	C. General Administration										
17	Administrative	173,516			173,516		173,516	142,867	316,383		17
18	Directors Fees										18
19	Professional Services			760,659	760,659	(90)	760,569	(682,593)	77,976		19
20	Dues, Fees, Subscriptions & Promotions			39,385	39,385	90	39,475	(18,016)	21,459		20
21	Clerical & General Office Expenses	211,271	19,801	120,287	351,359	580	351,939	323,511	675,450		21
22	Employee Benefits & Payroll Taxes			954,866	954,866	19,961	974,827	(12,192)	962,635		22
23	Inservice Training & Education										23
24	Travel and Seminar			275	275		275	1,889	2,164		24
25	Other Admin. Staff Transportation			8,194	8,194		8,194	18,139	26,333		25
26	Insurance-Prop.Liab.Malpractice			254,604	254,604		254,604	16,702	271,306		26
27	Other (specify):* related party			183,006	183,006		183,006	(104,881)	78,125		27
28	TOTAL General Administration	384,787	19,801	2,321,276	2,725,864	20,541	2,746,405	(314,574)	2,431,831		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,257,796	785,869	2,888,821	8,932,486	(28,473)	8,904,013	(234,706)	8,669,307		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 Estates of Naperville

#0022509

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			61,022	61,022		61,022	273,833	334,855			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			138,622	138,622		138,622	680,509	819,131			32
33	Real Estate Taxes			176,824	176,824	(176,824)		183,058	183,058			33
34	Rent-Facility & Grounds			1,117,593	1,117,593	176,824	1,294,417	(1,294,417)				34
35	Rent-Equipment & Vehicles			17,272	17,272		17,272	59,828	77,100			35
36	Other (specify):* MIP							112,284	112,284			36
37	TOTAL Ownership			1,511,333	1,511,333		1,511,333	15,095	1,526,428			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		835,631	1,354,790	2,190,421	28,473	2,218,894	(245,459)	1,973,435			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			378,114	378,114		378,114		378,114			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		835,631	1,732,904	2,568,535	28,473	2,597,008	(245,459)	2,351,549			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,257,796	1,621,500	6,133,058	13,012,354		13,012,354	(465,069)	12,547,285			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		(37,596.31)	Employee Meals
	22	37,596.31	Employee Meals
22		(17,635.00)	Uniforms
	1	3,550.00	Uniforms
	3	1,682.00	Uniforms
	4	299.00	Uniforms
	6	316.00	Uniforms
	10	10,741.00	Uniforms
	11	467.00	Uniforms
	21	580.00	Uniforms
10		(28,473.00)	Oxygen - to appropriate cost center
	39	28,473.00	Oxygen - to appropriate cost center
33		(176,824.42)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	176,824.42	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(90.00)	Resident Back Ground Checks
	20	90.00	Resident Back Ground Checks
		<u>\$ -</u>	

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning: 01/01/2014

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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				4
5	Telephone, TV & Radio in Resident Rooms	(9,829)	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	(171,885)	30		9
10	Interest and Other Investment Income	(1,610)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,176)	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	(25,062)	21		17
18	Fines and Penalties	(4,499)	32		18
19	Entertainment				19
20	Contributions	14,473	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,474)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(183,006)	27		24
25	Fund Raising, Advertising and Promotional	(9,111)	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)	\$ (395,179)		\$	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)	148,570		34
35	Other- Attach Schedule	(218,460)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (69,890)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (465,069)		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 Estates of Naperville

	ID#	0022509
Report Period Beginning:		01/01/2014
Ending:		12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on utilities	\$ (2,591)	5	1
2	Intercompany interest is not allowed	(130,635)	32	2
3	Misc Income (Record Copies)	(543)	10	3
4				4
5	Marketing Manager & Aides (GL#6701-100-009)	(66,321)	21	5
6	Employee Benefits for Marketing Manager	(12,192)	22	6
7	Vendor Discounts	(206)	10	7
8	Collection Fees	(1,066)	21	8
9				9
10				10
11	Adj for ABC related party profit for 2008 - Page 12	(1)	30	11
12	Adj for ABC related party profit for 2009 - Page 12	(6)	30	12
13	Adj for ABC related party profit for 2010 - Page 12	(14)	30	13
14	Adj for ABC related party profit for 2011 - Page 12	7	30	14
15	Adj for ABC related party profit for 2012 - Page 12	18	30	15
16	Adj for ABC related party profit for 2013 - Page 12	27	30	16
17	Adj for ABC related party profit for 2014 - Page 12	(0)	30	17
18				18
19	Eliminate deprec exp on Pg 12 items <\$2,500	(3,890)	30	19
20	Eliminate deprec exp on Pg 13 items <\$2,500	(14,170)	30	20
21	Expense capital items <\$2,500 on Pg 13 - NP	12,824	6	21
22	Expense Pg 5 Capital Items <\$2,500 on Pg 12 NP	1,286	6	22
23	Adj Deprec Expense to Detail reports	(988)	30	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		(218,460)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Naperville

0022509

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	3,039	(13,217)	0	0	0	0	0	0	0	(10,178)	1
2	Food Purchase	(3,176)	0	0	(3,935)	0	0	0	0	0	0	0	(7,111)	2
3	Housekeeping	0	0	10,185	0	0	0	0	0	0	0	0	10,185	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,591)	0	3,770	0	0	0	0	0	0	0	0	1,179	5
6	Maintenance	4,281	0	9,159	0	0	0	(56)	160	0	0	0	13,544	6
7	Other (specify):*	0	0	9,262	1,097	0	0	0	0	0	0	0	10,359	7
8	TOTAL General Services	(1,486)	0	35,415	(16,055)	0	0	(56)	160	0	0	0	17,978	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	(749)	0	57,609	(58)	(3,822)	0	0	0	0	0	0	52,980	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	8,910	0	0	0	0	0	0	0	0	8,910	15
16	TOTAL Health Care and Programs	(749)	0	66,519	(58)	(3,822)	0	0	0	0	0	0	61,890	16
	C. General Administration													
17	Administrative	0	0	142,867	0	0	0	0	0	0	0	0	142,867	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,474)	6,550	(687,669)	0	0	0	0	0	0	0	0	(682,593)	19
20	Fees, Subscriptions & Promotions	5,362	309	(23,687)	0	0	0	0	0	0	0	0	(18,016)	20
21	Clerical & General Office Expenses	(92,449)	0	329,525	28,990	57,445	0	0	0	0	0	0	323,511	21
22	Employee Benefits & Payroll Taxes	(12,192)	0	0	0	0	0	0	0	0	0	0	(12,192)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,889	0	0	0	0	0	0	0	0	1,889	24
25	Other Admin. Staff Transportation	0	0	18,139	0	0	0	0	0	0	0	0	18,139	25
26	Insurance-Prop.Liab.Malpractice	0	16,443	259	0	0	0	0	0	0	0	0	16,702	26
27	Other (specify):*	(183,006)	0	70,781	2,850	4,494	0	0	0	0	0	0	(104,881)	27
28	TOTAL General Administration	(283,759)	23,302	(147,896)	31,840	61,939	0	0	0	0	0	0	(314,574)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(285,994)	23,302	(45,962)	15,727	58,117	0	(56)	160	0	0	0	(234,706)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Naperville

0022509

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	(190,902)	460,745	3,990	0	0	0	0	0	0	0	0	273,833	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(136,744)	675,976	140,038	0	1,239	0	0	0	0	0	0	680,509	32
33	Real Estate Taxes	0	176,824	6,387	0	(153)	0	0	0	0	0	0	183,058	33
34	Rent-Facility & Grounds	0	(1,294,417)	0	0	0	0	0	0	0	0	0	(1,294,417)	34
35	Rent-Equipment & Vehicles	0	0	59,828	0	0	0	0	0	0	0	0	59,828	35
36	Other (specify):*	0	112,284	0	0	0	0	0	0	0	0	0	112,284	36
37	TOTAL Ownership	(327,646)	131,412	210,243	0	1,086	0	0	0	0	0	0	15,095	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	(66,199)	(109,425)	(69,835)	0	0	0	0	0	(245,459)	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	(66,199)	(109,425)	(69,835)	0	0	0	0	0	(245,459)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(613,639)	154,714	164,281	(50,472)	(50,222)	(69,835)	(56)	160	0	0	0	(465,069)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,294,417	Alden Naperville, LLC	0.00%	\$	\$ (1,294,417)	1
2	V	32 Investment Income RR	270	Alden Naperville, LLC			(270)	2
3	V	19 Accounting Fee		Alden Naperville, LLC		6,550	6,550	3
4	V	20 Dues & Subscriptions/Rprt Fee		Alden Naperville, LLC		309	309	4
5	V	32 Debt Retirement Fee		Alden Naperville, LLC				5
6	V	33 Real Estate Tax		Alden Naperville, LLC		176,824	176,824	6
7	V	26 General Insurance		Alden Naperville, LLC		16,443	16,443	7
8	V	36 Mortgage Insurance Premium		Alden Naperville, LLC		112,284	112,284	8
9	V	32 Interest - Mortgage		Alden Naperville, LLC		665,026	665,026	9
10	V	30 Depreciation Expense		Alden Naperville, LLC		460,745	460,745	10
11	V	32 Amortization Expense		Alden Naperville, LLC		11,220	11,220	11
12	V	6 R&M Replacement Reserve		Alden Naperville, LLC				12
13	V							13
14	Total		\$ 1,294,687			\$ 1,449,401	\$ * 154,714	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%	\$ 3,770	\$ 3,770 15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,889	1,889 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,139	18,139 17
18	V	26 Insurance		Alden Management Services, Inc.		259	259 18
19	V	20 Dues/Subscriptions	28,171	Alden Management Services, Inc.		4,484	(23,687) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,387	6,387 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		59,828	59,828 22
23	V	32 Interest		Alden Management Services, Inc.		140,038	140,038 23
24	V	1 Diet. Salary		Alden Management Services, Inc.		3,039	3,039 24
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		10,185	10,185 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,262	9,262 26
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		57,609	57,609 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,910	8,910 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		142,867	142,867 29
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		70,781	70,781 30
31	V	19 Professional Fees	738,748	Alden Management Services, Inc.		51,079	(687,669) 31
32	V	21 Gen'l & Administrative		Alden Management Services, Inc.		329,525	329,525 32
33	V	6 Repairs & Maniten.	26,336	Alden Management Services, Inc.		35,495	9,159 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 793,255			\$ 957,536	\$ * 164,281 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 Services, Inc.	0.00%	\$ 61	\$ (25,439)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		12,222	12,222
17	V	2 Tube Feeding	13,209	Prism Health Care Services, Inc.		9,274	(3,935)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)
19	V	39 Supplies	107,725	Prism Health Care Services, Inc.		41,526	(66,199)
20	V	21 Salary G & A		Prism Health Care Services, Inc.		17,138	17,138
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		2,850	2,850
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,097	1,097
23	V	21 G & A		Prism Health Care Services, Inc.		11,852	11,852
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		\$ 153,094			\$ 102,622	\$ * (50,472)

* 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 <u>Drugs</u>	\$ 379,144	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 321,219	\$ (57,925)	15
16	V	39 <u>I.V. Drugs</u>	321,960	<u>Forum Extended Care Services II, Inc.</u>		272,772	(49,188)	16
17	V	39 <u>Wound Care</u>	15,130	<u>Forum Extended Care Services II, Inc.</u>		12,818	(2,312)	17
18	V	10 <u>House Stock</u>	20,149	<u>Forum Extended Care Services II, Inc.</u>		17,071	(3,078)	18
19	V	10 <u>Pharmacy Consultant</u>	4,872	<u>Forum Extended Care Services II, Inc.</u>		4,128	(744)	19
20	V	27 <u>Employee Vaccination</u>	1,776	<u>Forum Extended Care Services II, Inc.</u>		1,505	(271)	20
21	V	27 <u>Employee Benefit - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		4,765	4,765	21
22	V	21 <u>Salary - G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		31,593	31,593	22
23	V	21 <u>General Administration</u>		<u>Forum Extended Care Services II, Inc.</u>		25,852	25,852	23
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		1,239	1,239	24
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		(153)	(153)	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		\$ 743,031			\$ 692,809	\$ * (50,222)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 1,319,177	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,249,342	\$ (69,835)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,319,177			\$ 1,249,342	\$ * (69,835)

* 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	\$ 29,693	Alden Bennett Construction Company, Inc.	0.00%	\$ 29,637	\$ (56)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 29,693			\$ 29,637	\$ * (56)

* 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	\$ 765	Alden Design Group, Inc.	0.00%	\$ 925	\$ 160	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		\$ 765			\$ 925	\$ *	160	39

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

Facility Name & ID Number

Alden Estates of Naperville

0022509

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 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 Estates of Naperville # 0022509 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		
					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	177,099	1.708	4.27	Salary	\$ 7,901	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	90,943	1.708	4.27	Salary	4,057	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	90,943	1.708	4.27	Salary	4,057	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	95,960	1.708	4.27	Salary	4,281	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	58,326	1.708	4.27	Salary	2,602	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	\$ 22,898		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 Estates of Naperville

0022509

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	\$ 54,580	\$ 3,770	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	54,580	1,889	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	54,580	18,139	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	54,580	259	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	54,580	4,484	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	54,580	6,387	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	54,580	59,828	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	54,580	140,038	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	71,149	3,039	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	10,185	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	54,580	9,262	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	1,414,605	57,609	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	54,580	8,910	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	142,867	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	54,580	70,781	16
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	850,594	51,079	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	6,669,245	329,525	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	1,161,005	35,495	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 957,536	25

Facility Name & ID Number

Alden Estates of Naperville

0022509

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		8	9	10	11						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge (GL 2505/7055)		X	Mortgage	\$76,408.80	10/13	\$ 20,349,200	\$ 20,036,497	09/2053	0.0330	\$ 665,026	1						
2												2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,488	4						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							11,220	5						
Working Capital																		
6	Related party-AMS		X	Working Capital							140,038	6						
7	Related party-FECII		X	Working Capital							1,239	7						
8												8						
9	TOTAL Facility Related				\$76,408.80		\$ 20,349,200	\$ 20,036,497			\$ 821,011	9						
B. Non-Facility Related*																		
10	Interest Income on R.R.		X								(270)	10						
11	Int Income (GL#4975)		X								(1,610)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (1,880)	14						
15	TOTALS (line 9+line14)						\$ 20,349,200	\$ 20,036,497			\$ 819,131	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 112,284 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>170,200</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>170,924</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	724		3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>176,100</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>176,824</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>6,234.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>183,058</u>
Real Estate Tax Bill for Calendar Year:	2009	<u>141,148</u>	8	FOR BHF USE ONLY	
	2010	<u>143,183</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
	2011	<u>152,587</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2012	<u>165,243</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2013	<u>170,924</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax					

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 Estates of Naperville COUNTY Dupage
 FACILITY IDPH LICENSE NUMBER 0022509
 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>6,387.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(153.00)</u>
3. <u>08-29-307-001</u>	<u>Nursing Home Facility</u>	\$ <u>170,924.42</u>	\$ <u>170,924.42</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>479,107.42</u></u>	\$ <u><u>177,158.42</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: 65,063 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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>1980</u>	<u>\$ 656,000</u>	1
2					2
3	TOTALS			\$ 656,000	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	203	1980	1979	\$ 2,143,997	\$ 171,885	30	\$	\$ (171,885)	\$ 2,143,977	4
5		2009	2009	5,640,091	144,617	39	144,617		855,654	5
6										6
7										7
8										8
Improvement Type**										
9	bells/doors	1981		\$ 876	\$	20	\$	\$	\$ 876	9
10	elevator repair	1982		2,796		8			2,796	10
11	repair water sys;roof;install windows/grab bars	1983		21,739		5-20			21,739	11
12	circuit breaker repair	1984		4,478		20			4,478	12
13	electical repair & water tower repair	1987		5,403		3			5,403	13
14	complete building renovation	1987		43,055		3-20			43,055	14
15	complete building renovation	1988		728,446	1,972	3-30	1,972		723,919	15
16	water tower repair/electrical repair	1987		7,293		3			7,293	16
17	repair telphone sys;electical laundry	1988		3,890		5			3,890	17
18	repair pumppls./laundry;decoratoin	1989		19,459		5-20			19,459	18
19	water heater	1990		8,793		5			8,793	19
20	renovation	1991		24,099		5-20			24,099	20
21	repari water heater boiler freezer condenser	1991		8,380		5			8,380	21
22	repair water heater/frecZer/ssprinkler syst/a/c	1992		19,357	42	5-25	42		19,357	22
23	wallcovering hot water heater/paving/doors alarm syst	1993		45,517		5-15			45,517	23
24	plumbing /valves/pvaving	1994		22,139	172	10-20	172		22,139	24
25	repair water tower/fire alarms electical /roof wash.mach	1995		45,492		10-20			45,492	25
26	install door/frame	1996		2,200		10			2,200	26
27	replace condenser	1996		5,073		15			5,073	27
28	new cooling tower	1996		15,140		15			15,140	28
29	install amp panel/new circuits	1997		2,670		5			2,670	29
30	new valve	1997		1,710		5			1,710	30
31	recaulking	1997		7,475		5			7,475	31
32	new bearings/hvac/etc.	1998		4,317		5			4,317	32
33	Gen'l Parts- boiler repairs	1997		4,033	202	20	202		3,482	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 Estates of Naperville

0022509

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	CSI (replaced valves,relief)	1998	3,200		5			3,200	37
38	Atash(cleaned & tested dampers)	1998	3,465		5			3,465	38
39	Climate Service (fixed compressor and plate)	1998	8,747		15			8,747	39
40	ETC Carpet (carpet)	1998	1,118		5			1,118	40
41	Climate Service (repair chiller and safety controls)	1998	3,718		10			3,718	41
42	Patten (repair generator)	1998	1,986	99	20	99		1,628	42
43	Firemen Sealcoating (sealcoat asphalt parking lot)	1998	3,995	200	20	200		3,232	43
44	CSI-install thermometer/hvac-hot water)	1998	2,975		5			2,975	44
45	Chicago Cooling(repair a/c)	1999	2,171		10			2,171	45
46	Chicago Cooling(repair a/c pump)	1999	2,835		10			2,835	46
47	Harold Scales(4 dehumidifiers)	1999	2,115		10			2,115	47
48	Climate Services(ice machine repair)	1999	2,055		10			2,055	48
49	Fox Valley Fire & Safety(install door holders)	1999	1,568		10			1,568	49
50	Sterling Services(carpet maintenance)	1999	1,600		5			1,600	50
51	ABC: MISC LABOR	1999	2,278		10			2,278	51
52	ABC: CARPENTRY REPAIRS	1999	2,404		10			2,404	52
53	Sterling Services(carpet maintenance)	1999	1,600		5			1,600	53
54	Climate Services, Inc (boiler repair)	2000	9,048		10			9,048	54
55	Climate Services, Inc (boiler repair)	2000	1,654		10			1,654	55
56	Climate Services, Inc (Replace dampers)	2000	6,950		10			6,950	56
57	Climate Services, Inc (main coil , misc. piping)	2000	31,846	1,593	20	1,593		23,625	57
58	Poblocki & Sons (room ID'S)	2000	5,398	270	20	270		3,982	58
59	D. B. S Contracting (signs lighting)	2000	2,300		12			2,300	59
60	Alden Bennett Construction (major repair time & billing by fac)	2000	1,696		10			1,696	60
61	Fox Valley Fire & Safety (safety system)	2000	2,351		10			2,351	61
62	GT Mechanical, INC (heater safety defrost fan relay)	2000	1,700		10			1,700	62
63	Alden Bennett Construction (major repair time & billing by fac)	2000	4,658		5			4,658	63
64	GT Mechanical, INC (suction, discharge & expansion valve)	2000	6,684		10			6,684	64
65	Coker Service (replace vessel, steam safety valve & ignition wire)	2000	5,906		10			5,906	65
66	Alden Bennett Const-time/material build.improv.	2000	3,248		10			3,248	66
67	Coker Service, Inc (dishwasher repair)	2001	1,926		10			1,926	67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,971,112	\$ 321,052		\$ 149,167	\$ (171,885)	\$ 4,170,820	70

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

Facility Name & ID Number Alden Estates of Naperville

0022509

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		\$ 8,971,112	\$ 321,052		\$ 149,167	\$ (171,885)	\$ 4,170,820	1
2	Dav.Sol.- repair relief valve	2002	1,893		5			1,893	2
3	GT Mechanical, Inc.-replace burnt wire/motor hvac)	2002	1,992		10			1,992	3
4	GT Mechanical- replace condensor bundle on water chiller	2002	22,292	1,486	15	1,486		20,185	4
5	Alden Bennett Const-time/material build.improv.	2002	5,797		10			5,797	5
6	Alden Bennett Const-time/material build.improv.	2001	10,694	713	15	713		9,664	6
7	Dave Soltwich -repair water line	2003	1,531		5			1,531	7
8	CSI-Coker--repair dishwasher	2003	1,704		5			1,704	8
9	Simplex Grinnell-repair fire alarm&wiring	2003	3,179		5			3,179	9
10	Capps Plumbing-repair mejector pump	2003	1,398		5			1,398	10
11	Alden Bennett Const.- Awning	2004	2,350	157	15	157		1,674	11
12	Alden Bennett Const. -carpeting	2004	841		5			841	12
13	DSL-cable upgrade	2004	704	7	10	7		704	13
14	Alden Bennett Const. -nursing station repairs	2004	1,788		15			1,788	14
15	Alden Bennett Const. -new roof	2004	5,023	379	10	379		5,023	15
16	Alden Bennett Const. -ceiling tiles	2004	3,205	267	12	267		2,782	16
17	Alden Bennett Const. Asphalt repair	2004	6,580	55	10	55		6,580	17
18	CSI Coker-repair pewash pump	2004	2,325	15	10	15		2,325	18
19	Alden Bennett Const. -auto door operating equipment	2004	2,788	22	10	22		2,788	19
20	Alden Bennett Const. -kitchen repairs	2004	2,335	197	10	197		2,335	20
21	Cybor Fire Protection-fire sprinkler	2005	1,510		7			1,510	21
22	GT Mechanical-tower pump replacement	2005	1,750	175	10	175		1,706	22
23	Alden Bennett Const. -resident bathroom replacement	2005	1,867	187	10	187		1,699	23
24	Capps Plumbing-furnish & install 20 ft of piping	2005	1,985	199	10	199		1,923	24
25	Top Notch-repair rinse motor on dishwasher	2005	2,829	283	10	283		2,759	25
26	ABCUSC-Custom cable	2005	2,986	299	10	299		2,890	26
27	ABCUSC-Custom cable	2005	5,200	520	10	520		5,157	27
28	ABCUSC-master antenna	2005	6,300	630	10	630		6,247	28
29	Replace Various Mtrs and Kitchen storage room thermastat	2006	4,677	467	10	467		4,165	29
30	Install satellite TV in all common areas and rooms	2006	4,500	450	10	450		3,863	30
31	remove and replace 500 sq ft of roof above room 201	2006	2,655	266	10	266		2,261	31
32	Install satellite TV	2006	9,000	900	10	900		7,350	32
33	charge for addtl fire alarm protection per state	2006	17,800	1,780	10	1,780		14,388	33
34	TOTAL (lines 1 thru 33)		\$ 9,112,590	\$ 330,506		\$ 158,621	\$ (171,885)	\$ 4,300,921	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,112,590	\$ 330,506		\$ 158,621	\$ (171,885)	\$ 4,300,921	1
2	Condensing Unit	2006	11,688	779	15	779		6,946	2
3	Engineering Fee for preparation of fire alarm drawings	2006	3,500	233	15	233		2,078	3
4	Concrete Slab replacement	2006	1,515	101	15	101		901	4
5	Concrete Slab replacement	2006	3,431	229	15	229		1,927	5
6	Leasehold Imp - Install new sidewalk	2007	21,571	1,438	15	1,438		11,264	6
7	Alden Bennett Construction -concrete slab replace	2007	10,593	1,059	10	1,059		8,297	7
8	GT Mechanical - rebuild tower pump	2007	7,674		5			7,674	8
9	Top Notch - install new compressor	2007	5,539	462	12	462		3,500	9
10	Pattern - repair generator	2007	9,531		5			9,531	10
11	Top Notch - replace new booster	2007	5,751	575	10	575		3,546	11
12	A&B CustomCable - rackout cable line	2008	4,380	438	10	438		3,030	12
13	ABC - Repaired plumbing	2008	5,999	600	10	600		4,100	13
14	GT Mechanical - repaired leak pumps	2008	3,972	397	10	397		2,515	14
15									15
16	Adj for ABC related party profit	2008	(34)	(1)		(1)		(34)	16
17									17
18	Top Notch - new condensing unit	2009	5,988	599	10	599		3,344	18
19	GT Mech - Air condition repaired	2009	3,042	306	5	306		3,042	19
20	GT Mech - repaired cracked chiller	2009	6,779	677	5	677		6,779	20
21	ABC - Pantry addition - LLC	2009	20,518	1,368	15	1,368		8,208	21
22	Shingles/basement;floor prep;haul away;touchup - LLC	2009	19,672	2	5	2		19,672	22
23	windows/signs/firetop sealants/countertop/grout - LLC	2009	13,946	1	5	1		13,946	23
24	Adj for ABC related party profit	2009	(271)	(6)		(6)		(33)	24
25	ABC-Storm Sewer Repair	2010	4,076	815	5	815		3,328	25
26	Adj for ABC related party profit	2010	(50)	(14)		(14)		(20)	26
27									27
28	GARPAV-Asphalt/Paint/Cement blocks for Parking Lot	2011	3,975	497	8	497		1,698	28
29	ABC - Tree Work/Removal	2011	3,736	747	5	747		2,304	29
30	ABC - Window replacement-LLC	2011	48,514	4,851	10	4,851		14,958	30
31	Adj for ABC related party profit	2011	407	7		7		25	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,338,032	\$ 346,667		\$ 174,782	\$ (171,885)	\$ 4,443,447	34

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

Facility Name & ID Number Alden Estates of Naperville

0022509

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		\$ 9,338,032	\$ 346,667		\$ 174,782	\$ (171,885)	\$ 4,443,447	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									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,428,487	\$ 347,971		\$ 176,086	\$ (171,885)	\$ 4,525,481	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,428,487	\$ 347,971		\$ 176,086	\$ (171,885)	\$ 4,525,481	1
2	ABC - Duct Work Installation	2012	5,321	355	15	355		857	2
3	OAKFIR - Damper Link Testing Repairs	2012	9,975	998	10	998		2,161	3
4	Adj for ABC related party profit	2012	329	18		18		46	4
5									5
6	GT Mech - Fire Dampers	2013	6,837	684	10	684		1,368	6
7	ABC - Fire Dampers	2013	12,693	1,269	10	1,269		2,221	7
8	GT Mech - Fire Dampers	2013	9,475	948	10	948		1,422	8
9	EQUINT - Washer Motor	2013	2,799	560	5	560		793	9
10	JMALLE - Drywall	2013	2,923	195	15	195		244	10
11	JMALLE - Drywall	2013	3,398	227	15	227		303	11
12	ABC - Drywall/Metal Studs	2013	2,611	174	15	174		232	12
13	EQUINT - Washer parts/maint	2013	2,634	527	5	527		615	13
14	Adj for ABC related party profit	2013	206	27		27		41	14
15									15
16	ABC - Paving, Concrete and sidewalk	2014	5,277	88	15	88		88	16
17	Adj for ABC related party profit	2014	(10)	(0)		(0)		(0)	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)		\$ 9,492,955	\$ 354,041		\$ 182,156	\$ (171,885)	\$ 4,535,871	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	\$ 1,722,915	\$ 145,652	\$ 145,652	\$	varies	\$ 887,816	71
72	Current Year Purchases	34,565	2,994	2,994		varies	2,469	72
73	Fully Depreciated Assets	979,758	4,053	4,053		varies	979,758	73
74								74
75	TOTALS	\$ 2,737,238	\$ 152,699	\$ 152,699	\$		\$ 1,870,043	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				3	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)	\$ 12,890,219	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 506,740	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 334,855	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (171,885)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,409,940	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 Estates of Naperville

0022509

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 costs are 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 7/1/2005

Ending 7/1/2015

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: \$ 17,002 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>21,996</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>274.90</u>	<u>3,299</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>25,295</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 Estates of Naperville # 0022509 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?</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	\$			\$ 538,476	\$		\$ 538,476	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				92,623			92,623	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				682,451			682,451	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					321,219		321,219	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					(69,835)	408,501		338,666	12
13	Other (specify):	See Pg 16A									13
14	TOTAL			\$			\$ 1,243,716	\$ 729,720		\$ 1,973,435	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		\$538,476.37	
2.	ST		39-3	To Col 5		92,623.29	
3.							
4.	PT		39-3	To Col 5		682,450.87	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					379,143.54	
	Manual Input from Related Party- Forum Drugs					(57,925.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		321,218.54	1,634,769.07
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		(69,835.00)
Other		497,727.25	
Manual Input: Related Party - Prism		(66,199.00)	
Manual Input: Related Party FECII - I.V.		(49,188.00)	
Manual Input: Related Party FECII - Wound Care		(2,312.00)	
Oxygen, from reclass worksheet (Pg 4A)		28,473.00	
13. Col 6: Supplies Total	To Col 6	408,501.25	408,501.25
13. Total Line 13, Column 8		0.00	338,666.25
14. Total		0.00	1,973,435.32

Facility Name & ID Number Alden Estates of Naperville

0022509

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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>140,000</u>)	2,747,232	2,747,232	3
4	Supply Inventory (priced at)	5,253	5,253	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,590	6
7	Other Prepaid Expenses	24,961	107,301	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	5,613	101,467	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,783,059	\$ 2,975,843	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		4,300,000	13
14	Buildings, at Historical Cost		12,515,508	14
15	Leasehold Improvements, at Historical Cost	1,556,779	1,734,976	15
16	Equipment, at Historical Cost	1,323,781	2,826,347	16
17	Accumulated Depreciation (book methods)	(2,669,333)	(5,944,697)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		283,731	21
22	Other Long-Term Assets (spec <u>Refinancing Fee</u>		261,121	22
23	Other(specify): <u>Due from Affiliate</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 211,227	\$ 15,976,986	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,994,286	\$ 18,952,828	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 562,493	\$ 476,071	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	182,292	182,292	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	595,711	595,711	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,191	26,191	31
32	Accrued Real Estate Taxes(Sch.IX-B)		176,100	32
33	Accrued Interest Payable		55,100	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	154,691	154,691	36
37	<u>Due to affiliates & ST portion of LT Debt</u>	1,700,452	1,960,056	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,221,830	\$ 3,626,213	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		19,776,893	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	5,755,193	3,482,905	43
44	<u>Sharehold.loan, other</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,755,193	\$ 23,259,798	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,977,023	\$ 26,886,010	46
47	TOTAL EQUITY (page 18, line 24)	\$ (5,982,737)	\$ (7,933,182)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,994,286	\$ 18,952,828	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,029,122)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,029,122)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,046,385	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)	\$ 1,046,385	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)	\$ (5,982,737)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Naperville

0022509

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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	\$ 13,814,836	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,814,836	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	211,432	6
7	Oxygen	19,772	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 231,205	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,343	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	154	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	267	19
20	Radiology and X-Ray		20
21	Other Medical Services	2,973	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 4,738	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,610	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,610	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	6,350	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,350	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,058,739	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,016,205	31
32	Health Care	4,190,417	32
33	General Administration	2,725,864	33
B. Capital Expense			
34	Ownership	1,511,333	34
C. Ancillary Expense			
35	Special Cost Centers	2,190,421	35
36	Provider Participation Fee	378,114	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,012,354	40
41	Income before Income Taxes (line 30 minus line 40)**	1,046,385	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,046,385	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,064,149	44
45	Private Pay - Net Inpatient Revenue	828,170	45
46	Medicare - Net Inpatient Revenue	5,452,936	46
47	Other-(specify) Hospice/Insurance	1,291,455	47
48	Other-(specify) Veterans/Sales Allow.	178,126	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,814,836	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 Estates of Naperville # 0022509 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)	\$ 543
Adj. to Prior Year Activity	\$ 4,413
Vendor Discounts	\$ 206
Gain on Sale of Prior Year Assets	\$ 1,189

Line 28 Total: 6,350

Facility Name & ID Number Alden Estates of Naperville

0022509

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	\$ 101,217	\$ 48.66	1
2	Assistant Director of Nursing	2,080	2,080	83,775	40.28	2
3	Registered Nurses	34,879	37,586	1,225,381	32.60	3
4	Licensed Practical Nurses	17,703	18,964	539,338	28.44	4
5	CNAs & Orderlies	95,239	101,731	1,383,328	13.60	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,054	3,369	61,022	18.11	8
9	Activity Director	1,992	2,079	42,847	20.61	9
10	Activity Assistants	5,651	6,483	100,525	15.51	10
11	Social Service Workers	2,080	2,080	48,440	23.29	11
12	Dietician					12
13	Food Service Supervisor	2,152	2,152	67,590	31.41	13
14	Head Cook	4,184	4,345	88,281	20.32	14
15	Cook Helpers/Assistants	34,749	36,461	403,123	11.06	15
16	Dishwashers					16
17	Maintenance Workers	4,160	4,160	106,185	25.53	17
18	Housekeepers	18,563	20,866	263,276	12.62	18
19	Laundry	6,847	7,954	131,515	16.53	19
20	Administrator	2,080	2,080	100,276	48.21	20
21	Assistant Administrator	2,080	2,080	73,240	35.21	21
22	Other Administrative	6,184	6,273	146,584	23.37	22
23	Office Manager	1,448	1,448	26,575	18.35	23
24	Clerical	3,223	3,486	35,164	10.09	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,984	4,005	152,772	38.15	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Alzheimers Spervi</u>	3,716	4,066	77,342	19.02	33
34	TOTAL (lines 1 - 33)	258,128	275,828	\$ 5,257,796 *	\$ 19.06	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	\$ 25,500	1-3	35
36	Medical Director	Monthly	15,800	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,872	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	40	2,200	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	40	\$ 48,372		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	1	\$ 387	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	1	\$ 387		53

Alden Estates of Naperville
 Legal Fee Support
 2014

Legal Fees Reported on Pg 21, Section C:	\$	49,881.84
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,473.84)
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>1,500.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Total Amount</u>	<u>Total Allowable Legal fees</u>
AMS Allocated Legal Fees	1/1/14 - 12/31/2014	46,908.00	
Chicago Title Company , LLC	8/14/2014	60.00	
Clerk Of The Circuit Court	12/29/2014	60.00	
Clerk Of The Circuit Court	10/14/2015	5.00	
Clerk Of The Circuit Court	10/17/2015	5.00	
Clerk Of The Circuit Court	8/19/2014	5.00	
Clerk Of The Circuit Court	8/19/2014	290.00	
Clerk Of The Circuit Court	7/2/2014	40.00	
Clerk Of The Circuit Court	6/6/2014	200.00	
Law Offices of Chicago-Kent	10/29/2014	1,500.00	1,500.00
Markley Investigations Inc.	9/17/2014	267.00	
Markley Investigations Inc.	11/21/2014	100.00	
Recorder of Deeds - Will County	8/12/2014	47.75	
Sheriff of Jefferson County	10/17/2014	36.00	
Sheriff of Josephine County	8/19/2014	36.00	
Sheriff of Kendall County	6/6/2014	73.00	
Sheriff of Will County	8/19/2014	100.00	

Valer Enterprises Inc.

9/1/2014

149.09

TOTAL	49,881.84	1,500.00
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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	Fuel Pump	3/96	\$ 2,066	15	\$	\$	\$ 138	\$ 138	\$ 23	\$	\$	\$
2	Water Pump	3/96	1,302	15			87	87	15			
3	Evaporator Fan	9/96	1,887	15			126	126	84			
4												
5	Alden Bennett Constructi	1/02	3,719	15			248	248	248	248	248	248
6	Alden Bennett Constructi	3/02	1,755	15			117	117	117	117	117	117
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 10,729		\$	\$	\$ 716	\$ 716	\$ 486	\$ 365	\$ 365	\$ 365

Facility Name & ID Number Alden Estates of Naperville

0022509

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? 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 of Illinois = \$11,206
- (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. \$ 55,224 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. \$ 378,114
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. \$ 37,596 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.