

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192 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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	1,941	4,348	29,541	35,830	8
9	SNF/PED					9
10	ICF	7,811	5,820	1,152	14,783	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	9,752	10,168	30,693	50,613	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.33%

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 01/19/98

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 200 and days of care provided 29,162

Medicare Intermediary National Government Services, Inc.

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 Orland Prk Rehab & HCC

0042192

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	670,333	50,886	300	721,519	2,972	724,491	2,818	727,309		1
2	Food Purchase		435,299		435,299	(24,159)	411,140	(27,246)	383,894		2
3	Housekeeping	271,197	74,681		345,878	1,522	347,400	9,445	356,845		3
4	Laundry	82,992	38,999		121,991	1,090	123,081		123,081		4
5	Heat and Other Utilities			216,669	216,669		216,669	(866)	215,803		5
6	Maintenance	63,926		311,846	375,772	147	375,919	10,157	386,076		6
7	Other (specify):* Security/related party			342	342		342	9,800	10,142		7
8	TOTAL General Services	1,088,448	599,865	529,157	2,217,470	(18,428)	2,199,042	4,108	2,203,150		8
	B. Health Care and Programs										
9	Medical Director			35,500	35,500		35,500		35,500		9
10	Nursing and Medical Records	4,066,100	303,519	19,378	4,388,997	18,585	4,407,582	46,902	4,454,484		10
10a	Therapy	142,306	5,986	12,688	160,980		160,980		160,980		10a
11	Activities	165,258	3,518	8,497	177,273	164	177,437		177,437		11
12	Social Services	51,084			51,084		51,084		51,084		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,262	8,262		15
16	TOTAL Health Care and Programs	4,424,748	313,023	76,063	4,813,834	18,749	4,832,583	55,164	4,887,747		16
	C. General Administration										
17	Administrative	158,093			158,093		158,093	132,516	290,609		17
18	Directors Fees										18
19	Professional Services			1,697,409	1,697,409	(270)	1,697,139	(1,583,244)	113,895		19
20	Dues, Fees, Subscriptions & Promotions			56,629	56,629		56,629	(29,601)	27,028		20
21	Clerical & General Office Expenses	366,373	38,182	122,099	526,654	767	527,421	409,791	937,212		21
22	Employee Benefits & Payroll Taxes			1,161,476	1,161,476	(818)	1,160,658	(7,968)	1,152,690		22
23	Inservice Training & Education										23
24	Travel and Seminar			275	275		275	1,752	2,027		24
25	Other Admin. Staff Transportation			4,683	4,683		4,683	16,821	21,504		25
26	Insurance-Prop.Liab.Malpractice			218,685	218,685		218,685	18,378	237,063		26
27	Other (specify):* Related party			277,746	277,746		277,746	(199,815)	77,931		27
28	TOTAL General Administration	524,466	38,182	3,539,002	4,101,650	(321)	4,101,329	(1,241,370)	2,859,959		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,037,662	951,070	4,144,222	11,132,954		11,132,954	(1,182,098)	9,950,856		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.

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			48,142	48,142		48,142	443,738	491,880			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			228,576	228,576		228,576	459,892	688,468			32
33	Real Estate Taxes			771,024	771,024	(771,024)		848,504	848,504			33
34	Rent-Facility & Grounds			824,144	824,144	771,024	1,595,168	(1,595,168)				34
35	Rent-Equipment & Vehicles			22,984	22,984		22,984	55,479	78,463			35
36	Other (specify):* MIP							70,892	70,892			36
37	TOTAL Ownership			1,894,870	1,894,870		1,894,870	283,337	2,178,207			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,653,748	3,077,530	4,731,278		4,731,278	(363,851)	4,367,427			39
40	Barber and Beauty Shops	61,357			61,357		61,357		61,357			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			236,157	236,157		236,157		236,157			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	61,357	1,653,748	3,313,687	5,028,792		5,028,792	(363,851)	4,664,941			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,099,019	2,604,818	9,352,779	18,056,616		18,056,616	(1,262,612)	16,794,004			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		(24,159.00)	Employee Meals
	22	24,159.00	Employee Meals
22		(24,977.00)	Uniforms
	1	2,702.00	Uniforms
	3	1,522.00	Uniforms
	4	1,090.00	Uniforms
	6	147.00	Uniforms
	10	18,585.00	Uniforms
	11	164.00	Uniforms
	21	767.00	Uniforms
33		(771,024.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	771,024.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(270.00)	Linda Roberts
	1	270.00	Linda Roberts
		-	

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	(16)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,504)	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	2,145	30		9
10	Interest and Other Investment Income	(9,090)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,943)	2		13
14	Non-Care Related Interest	(3,588)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(6,332)	21		17
18	Fines and Penalties	(300)	32		18
19	Entertainment	(2,372)	20		19
20	Contributions	14,206	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,861)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(277,746)	27		24
25	Fund Raising, Advertising and Promotional	(22,101)	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)	\$ (328,502)		\$	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)	(946,909)	Various	34
35	Other- Attach Schedule	12,799	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (934,110)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,262,612)		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 Orland Prk Rehab & HCC

ID# 0042192

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,057)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,414)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,964	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	12,675	6	4
5				5
6				6
7	Correct YTD depreciation	(613)	30	7
8				8
9	Late fees on utilities	(4,362)	5	9
10				10
11	Flu shot income	(469)	21	11
12				12
13	Miscellaneous income (Payroll)	(591)	21	13
14	Miscellaneous income (Medical records)	(100)	10	14
15	Vendor discounts	(467)	10	15
16	Marketing Mgr, Aides, Customer Svc Liaison (g/l 6701-1	(41,839)	21	16
17	Mktg Mgr & Aides employee benefits deductions	(7,968)	22	17
18				18
19				19
20	Adj for ABC related party profit - Pg 12	(8)	30	20
21	Adj for ABC related party profit - Pg 12	(30)	30	21
22	Adj for ABC related party profit - Pg 12	(2)	30	22
23	Adj for ABC related party profit - Pg 12	170	30	23
24	Adj for ABC related party profit - Pg 12	16	30	24
25	Adj for ABC related party profit - Pg 12	(0)	30	25
26	OP Chamber of Commerce dues	(185)	20	26
27	Adj Prior Year Dues & Subscription for ILLSSHC	1,200	20	27
28	2010 Real Estate refunds	71,879	33	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		12,799	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192

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	2,818	0	0	0	0	0	0	0	0	2,818	1
2	Food Purchase	(4,959)	0	0	(22,287)	0	0	0	0	0	0	0	(27,246)	2
3	Housekeeping	0	0	9,445	0	0	0	0	0	0	0	0	9,445	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,362)	0	3,496	0	0	0	0	0	0	0	0	(866)	5
6	Maintenance	2,135	0	7,145	0	0	0	(80)	957	0	0	0	10,157	6
7	Other (specify):*	0	0	8,589	1,211	0	0	0	0	0	0	0	9,800	7
8	TOTAL General Services	(7,186)	0	31,493	(21,076)	0	0	(80)	957	0	0	0	4,108	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	(567)	0	53,422	(58)	(5,895)	0	0	0	0	0	0	46,902	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	8,262	0	0	0	0	0	0	0	0	8,262	15
16	TOTAL Health Care and Programs	(567)	0	61,684	(58)	(5,895)	0	0	0	0	0	0	55,164	16
	C. General Administration													
17	Administrative	0	0	132,516	0	0	0	0	0	0	0	0	132,516	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,861)	35,137	(1,612,520)	0	0	0	0	0	0	0	0	(1,583,244)	19
20	Fees, Subscriptions & Promotions	(9,252)	309	(20,658)	0	0	0	0	0	0	0	0	(29,601)	20
21	Clerical & General Office Expenses	(49,231)	224	305,574	32,003	120,311	0	0	910	0	0	0	409,791	21
22	Employee Benefits & Payroll Taxes	(7,968)	0	0	0	0	0	0	0	0	0	0	(7,968)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,752	0	0	0	0	0	0	0	0	1,752	24
25	Other Admin. Staff Transportation	0	0	16,821	0	0	0	0	0	0	0	0	16,821	25
26	Insurance-Prop.Liab.Malpractice	0	18,138	240	0	0	0	0	0	0	0	0	18,378	26
27	Other (specify):*	(277,746)	0	65,637	3,146	9,148	0	0	0	0	0	0	(199,815)	27
28	TOTAL General Administration	(350,058)	53,808	(1,110,638)	35,149	129,459	0	0	910	0	0	0	(1,241,370)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(357,811)	53,808	(1,017,461)	14,015	123,564	0	(80)	1,867	0	0	0	(1,182,098)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192

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	(16,793)	456,541	3,990	0	0	0	0	0	0	0	0	443,738	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(12,978)	461,556	8,719	0	2,595	0	0	0	0	0	0	459,892	32
33	Real Estate Taxes	71,879	771,024	5,922	0	(321)	0	0	0	0	0	0	848,504	33
34	Rent-Facility & Grounds	0	(1,595,168)	0	0	0	0	0	0	0	0	0	(1,595,168)	34
35	Rent-Equipment & Vehicles	0	0	55,479	0	0	0	0	0	0	0	0	55,479	35
36	Other (specify):*	0	70,892	0	0	0	0	0	0	0	0	0	70,892	36
37	TOTAL Ownership	42,108	164,845	74,110	0	2,274	0	0	0	0	0	0	283,337	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	(74,196)	(231,020)	(58,635)	0	0	0	0	0	(363,851)	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	(74,196)	(231,020)	(58,635)	0	0	0	0	0	(363,851)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(315,703)	218,653	(943,351)	(60,181)	(105,182)	(58,635)	(80)	1,867	0	0	0	(1,262,612)	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 Lease Revenue	\$ 1,595,168	Orland Associates Limited Liability Corporation	0.00%	\$	\$ (1,595,168)	1
2	V	32 Interest Inc-RR & Int Inc	276	Orland Associates Limited Liability Corporation			(276)	2
3	V	32 Interest Income - Interco	137,192	Orland Associates Limited Liability Corporation			(137,192)	3
4	V	20 Annual report fee		Orland Associates Limited Liability Corporation		309	309	4
5	V	19 Accounting Fees		Orland Associates Limited Liability Corporation		10,750	10,750	5
6	V	21 Miscellaneous Admin. Fees		Orland Associates Limited Liability Corporation		224	224	6
7	V	33 Real Estate Tax Expense		Orland Associates Limited Liability Corporation		771,024	771,024	7
8	V	26 Insurance Expense		Orland Associates Limited Liability Corporation		18,138	18,138	8
9	V	36 Mortgage Insurance Expense		Orland Associates Limited Liability Corporation		70,892	70,892	9
10	V	32 Interest Expense		Orland Associates Limited Liability Corporation		591,266	591,266	10
11	V	30 Depreciation		Orland Associates Limited Liability Corporation		456,541	456,541	11
12	V	32 Amortization		Orland Associates Limited Liability Corporation		7,758	7,758	12
13	V	19 Legal Fees		Orland Associates Limited Liability Corporation		24,387	24,387	13
14	Total		\$ 1,732,636			\$ 1,951,289	\$ * 218,653	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%	\$ 3,496	\$ 3,496 15
16	V	24 Travel / Seminar		Alden Management Services, Inc.		1,752	1,752 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,821	16,821 17
18	V	26 Insurance		Alden Management Services, Inc.		240	240 18
19	V	20 Dues / Subscriptions	24,816	Alden Management Services, Inc.		4,158	(20,658) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,922	5,922 21
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		55,479	55,479 22
23	V	32 Interest		Alden Management Services, Inc.		8,719	8,719 23
24	V	1 Dietary Salary		Alden Management Services, Inc.		2,818	2,818 24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,445	9,445 25
26	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		8,589	8,589 26
27	V	10 Nursing & Medical records salaries		Alden Management Services, Inc.		53,422	53,422 27
28	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		8,262	8,262 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		132,516	132,516 29
30	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		65,637	65,637 30
31	V	19 Professional Fees	1,662,168	Alden Management Services, Inc.		49,648	(1,612,520) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		305,574	305,574 32
33	V	6 Repair & Maintenance	36,407	Alden Management Services, Inc.		43,552	7,145 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,723,391			\$ 780,040	\$ * (943,351) 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	\$	Prism Health Care Services, Inc.	0.00%	\$	\$
16	V	1 Dietary Salary		Prism Health Care Services, Inc.			
17	V	2 Tube Feeding	44,286	Prism Health Care Services, Inc.		21,999	(22,287)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)
19	V	39 Ancillary Services	118,061	Prism Health Care Services, Inc.		43,865	(74,196)
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		18,919	18,919
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		3,146	3,146
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,211	1,211
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		13,084	13,084
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		\$ 169,007			\$ 108,826	\$ * (60,181)

* 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	\$ 765,438	Forum Extended Care Services II, Inc.	0.00%	\$ 648,498	\$ (116,940)
16	V	39 I.V.	746,217	Forum Extended Care Services II, Inc.		632,213	(114,004)
17	V	39 Wound Care	498	Forum Extended Care Services II, Inc.		422	(76)
18	V	10 House Stock	33,378	Forum Extended Care Services II, Inc.		28,279	(5,099)
19	V	10 Pharm Consult	5,204	Forum Extended Care Services II, Inc.		4,408	(796)
20	V	27 Employee Vaccin.	5,442	Forum Extended Care Services II, Inc.		4,611	(831)
21	V	27 Employee Benef: G & A		Forum Extended Care Services II, Inc.		9,979	9,979
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		66,167	66,167
23	V	21 Gen'l & Admin.		Forum Extended Care Services II, Inc.		54,144	54,144
24	V	32 Interest		Forum Extended Care Services II, Inc.		2,595	2,595
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(321)	(321)
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		\$ 1,556,177			\$ 1,450,995	\$ * (105,182)

* 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	\$ 2,965,467	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,906,832	\$ (58,635)
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		\$ 2,965,467			\$ 2,906,832	\$ * (58,635)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Repairs & Maintenance	\$ 42,037	Alden Bennett Construction Company, Inc.	0.00%	\$ 41,957	\$ (80)
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		\$ 42,037			\$ 41,957	\$ * (80)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 4,563	Alden Design Group, Inc.	0.00%	\$ 5,520	\$ 957	15	
16	V	21 Gen'l & Admin	4,336	Alden Design Group, Inc.		5,246	910	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		\$ 8,899			\$ 10,766	\$ *	1,867	39

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

Facility Name & ID Number

Alden Orland Prk Rehab & HCC

0042192

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					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 Orland Prk Rehab & HCC # 0042192 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	President	CEO	100.00	177,674	1.584	3.96	Salary	\$ 7,326	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	91,238	1.584	3.96	Salary	3,762	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	91,238	1.584	3.96	Salary	3,762	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	96,271	1.584	3.96	Salary	3,970	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	58,515	1.584	3.96	Salary	2,413	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	\$ 21,233		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 Orland Prk Rehab & HCC

0042192 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	\$ 50,613	\$ 3,496	1	
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	50,613	1,752	2	
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	50,613	16,821	3	
4	26	Insurance	Patient Days	1,278,025	35	6,060	50,613	240	4	
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	50,613	4,158	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	50,613	5,922	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	50,613	55,479	8	
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	50,613	8,719	9	
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	50,613	2,818	10	
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	50,613	9,445	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	50,613	8,589	12	
13	10	Nurs & Med Records Salary	Patient Days	1,278,025	35	1,414,605	1,414,605	50,613	53,422	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	50,613	8,262	14	
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	50,613	132,516	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	50,613	65,637	16	
17	19	Professional fees	Patient Days	1,278,025	35	1,311,498	850,594	50,613	49,648	17
18	21	Gen'I & Admin	Patient Days	1,278,025	35	7,716,027	6,669,245	50,613	305,574	18
19	6	Repair & Maint.	Patient Days	1,278,025	35	1,444,891	1,161,005	50,613	43,552	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 780,040	25	

Facility Name & ID Number

Alden Orland Prk Rehab & HCC

0042192

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	Name of Lender	2		3	4	5	6		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		A. Directly Facility Related																	
		Long-Term																	
1		Cambridge		X	Mortgage	\$62,864.41	3/2011	\$ 14,668,300	\$ 14,103,984	4/2051	4.1700	\$ 591,266	1						
2		Bank of Leumi		X	LOC	Varies	8/2012	1,717,920	1,717,920	9/2015	4.5000	82,961	2						
3		Amortization		X	Refin. Fees							8,858	3						
4													4						
5													5						
		Working Capital																	
6		Related party-AMS		X	Working Capital							8,719	6						
7		Related party-FECII		X	Working Capital							2,595	7						
8		Insurance Interest (GL7053)		X	Medical Malpractice							3,435	8						
9		TOTAL Facility Related				\$62,864.41		\$ 16,386,220	\$ 15,821,904			\$ 697,834	9						
		B. Non-Facility Related*																	
10		Interest Income on R.R.		X								(116)	10						
11		Interest-Leumi LP accts		X								(160)	11						
12		Interest Income on Corp		X								(9,090)	12						
13													13						
14		TOTAL Non-Facility Related						\$	\$			\$ (9,366)	14						
15		TOTALS (line 9+line14)						\$ 16,386,220	\$ 15,821,904			\$ 688,468	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 70,892 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>815,000</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>816,703</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>1,703</u>		3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>841,200</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>842,903</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>5,601.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>848,504</u>
Real Estate Tax Bill for Calendar Year:	2009	<u>758,297</u>	8	FOR BHF USE ONLY	
	2010	<u>772,338</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
	2011	<u>753,283</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2012	<u>791,302</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2013	<u>816,703</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 Orland Prk Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0042192
 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>5,922.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(321.00)</u>
3. <u>27-21-401-003-000</u>	<u>Nursing Home Facility</u>	\$ <u>816,703.00</u>	\$ <u>816,703.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>1,124,886.00</u></u>	\$ <u><u>822,304.00</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: 92,048 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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>350,871</u>	<u>1997</u>	<u>\$ 584,920</u>	1
2					2
3	TOTALS	350,871		\$ 584,920	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	200		1998	1997	\$ 12,679,210	\$ 314,835	40	\$ 316,980	\$ 2,145	\$ 5,387,179	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		RUN CABLE TO BUILDING/INSTALL 6 OUTLETS	1998		2,975		10			2,975	9
10		RELOCATION OF OUTLETS & POWER CIRCUIT	1998		1,648		10			1,648	10
11		INSTALL 6 WALL JACKS	1998		2,158		5			2,158	11
12		INSTALL CABLE	1998		4,446		10			4,446	12
13		REPLACE SPRINKLER HEADS	1998		6,236		10			6,236	13
14		INSTALL WALL PLATES	1998		4,608		5			4,608	14
15		Climate Service(boiler maintenance)	1999		14,529	726	20	726		11,619	15
16		Directional Boring(sprinkler system)	1999		5,400	60	15	60		5,400	16
17		Chicago Cooling(a/c unit repair)	1999		2,070	58	15	58		2,070	17
18		Church Landscape(floating swan island)	1999		3,400		5			3,400	18
19		Church Landscape(floating swan island)	1999		2,000		5			2,000	19
20		Watermangement(compressor)	1999		2,625	102	15	102		2,625	20
21		New Horizons Communications (light telephone sys)	2000		9,767		10			9,767	21
22		New Horizons Communications (light telephone sys)	2000		7,765		10			7,765	22
23		System Electric (wiring)	2000		1,384	69	20	69		1,036	23
24		Climate Services (pipe)	2000		1,674	84	20	84		1,258	24
25		Climate Services (pipe)	2000		1,689	84	20	84		1,263	25
26		Climate Services (pipe)	2000		1,684	84	20	84		1,261	26
27		Climate Services (pipe)	2000		2,376	119	20	119		1,784	27
28		GT Mechanical (heating/compressor repair)	2000		5,079		10			5,079	28
29		New Horizons Communications (light telephone sys)	2000		7,765		10			7,765	29
30		Alden Bennett Cons (time and billing material)	2000		2,073		10			2,073	30
31		Alden Bennett Cons (time and billing material)	2000		2,798		10			2,798	31
32		New Horizons Comm. (phone insall)	2000		4,437		10			4,437	32
33		Fox Valley Fire & Safety (sprinkler system)	2000		2,290	153	15	153		2,166	33
34		Alden Bennett Construction (time and material)	2000		2,915		10			2,915	34
35		Capps Plumbing (srvc/repair pump)	2001		1,977	132	15	132		1,814	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 Orland Prk Rehab & HCC

0042192

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	
37	Capps Plumbing (repair pump)	2002	\$ 7,214	\$ 481	15	\$ 481	\$	\$ 7,134	37
38	Med-Con (alarm system)	2002	813		10			813	38
39	Alden Bennett Construction (time & material)	2002	4,008	267	15	267		3,383	39
40	Alden Bennett Construction (time & material)	2002	2,809	187	15	187		2,385	40
41	Alden Bennett Construction (time & material)	2002	2,365	158	15	158		2,026	41
42									42
43	Alden Bennett Cons..auto. Door opener	2003	3,915		10			3,915	43
44	Alden Bennet Cons. laundry press/gas/ellec	2003	6,825	455	15	455		5,460	44
45	GT Mechanical-repair heat pump	2003	1,797		5			1,797	45
46	CSI Coker-rebuild dishwasher	2003	4,333		10			4,333	46
47	Real Green-sprinkler system repair	2003	3,600		5			3,600	47
48	Real Green-sprinkler system repair	2003	1,750		5			1,750	48
49	CSI Coker kitchen exhaust pipe repair	2003	1,728		5			1,728	49
50	CSI Coker-walk in freezer repair	2003	1,560		5			1,560	50
51	Alden Bennett Cons.-ejector pump repair	2003	1,182		5			1,182	51
52	Controlled Irrigation-sprinkler system repair	2003	2,552		5			2,552	52
53	Alden Bennett Cons-ejector pump repairs	2003	2,991		5			2,991	53
54	B&K Landscaping-crushed stone walkway base	2003	1,400		10			1,400	54
55									55
56	Alden Bennett - Repairs	2004	1,700	113	15	113		1,140	56
57	Top Notch - Repairs	2004	2,189	146	15	146		1,472	57
58	Alden Bennett Construction - laundry press/gas/electric/pipe	2004	4,062	203	20	203		2,182	58
59	GT Mechanical-repair heat pump	2004	1,083	54	20	54		581	59
60	GT Mechanical-replace A/C compressor unit	2004	8,600	573	15	573		6,017	60
61	Insurance refund on above asset	2004	(3,600)	(240)	15	(240)		(2,520)	61
62	GT Mechanical-repair heater leak	2004	583		5			583	62
63	GT Mechanical-repair valve leak	2004	718		5			718	63
64	GT Mechanical-heater repair	2004	753		5			753	64
65	New Horizons - Phone line repair	2004	2,793	235	10	235		2,793	65
66	B & K Landscaping- crushedstone walkway base	2004	2,420	161	15	161		1,718	66
67	Alden Bennett - Plumbing Repair	2004	866		5			866	67
68	GT Mechanical - Repair compressor leak	2004	700		5			700	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,860,685	\$ 319,301		\$ 321,446	\$ 2,145	\$ 5,554,557	70

**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 12A, Carried Forward		\$ 12,860,685	\$ 319,301		\$ 321,446	\$ 2,145	\$ 5,554,557	1
2	GT Mechanical - Repair cooling fan	2004	1,256		5			1,256	2
3	GT Mechanical - Repairs	2004	679		5			679	3
4	Top Notch - Repairs	2004	839		5			839	4
5	GT Mechanical - AC maintenance/repair	2004	1,108		5			1,108	5
6	GT Mechanical - Replace CFM & contactor	2004	1,126	34	10	34		1,126	6
7	Replace condenser fan motor	2004	1,204	33	10	33		1,204	7
8	Building Repairs	2004	5,871	391	15	391		4,041	8
9	A&B Custom Cable TV Service, Inc. - Inst cable jacks	2004	8,120		10			8,120	9
10	GTMECH-Replace Gas Valve in the RTU	2005	2,165	144	15	144		1,440	10
11	TOPNOT Commercial Kitchen	2005	1,735	116	15	116		1,160	11
12	New Horizons Phone Repair	2005	2,461	246	10	246		2,399	12
13	Dryer and Condensing Unit	2005	1,309	131	10	131		1,277	13
14									14
15	ABC Installed Cabinets and Drawers	2005	5,332	355	15	355		3,373	15
16	New Horizons CRD 6 Circuit	2005	2,285	229	10	229		2,118	16
17	New Furnance	2005	2,299		5			2,299	17
18	12 New Phones	2005	3,559	356	10	356		3,234	18
19	ABC repair work on entry ramp and ramp walls	2005	5,211	347	15	347		3,123	19
20	Millcar Milliken Carpets	2005	18,160	1,816	10	1,816		17,101	20
21	Asphalt the Parking Lot	2005	1,806	181	10	181		1,674	21
22	Asphalt the Parking Lot	2005	1,787	179	10	179		1,656	22
23	Millcar Milliken Carpets	2005	(15,609)	(910)	10	(910)		(15,609)	23
24	Parking Lot	2006	217,356	13,846	8	13,846		217,356	24
25	Installed new seal and started on HP-1	2006	2,528	253	10	253		2,256	25
26	Installed new power supply	2006	4,274	214	20	214		1,908	26
27	Removed and replaced carpet	2006	3,848		5			3,848	27
28	Repair Generator	2006	2,819		5			2,819	28
29	Installed new vanity countertop	2006	3,277	328	10	328		2,869	29
30	Installed sewage ejector pump	2006	4,453	297	15	297		2,425	30
31	Carpet for the second floor	2006	31,104		5			31,104	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,183,047	\$ 337,885		\$ 340,030	\$ 2,145	\$ 5,862,760	34

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

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 13,183,047	\$ 337,885		\$ 340,030	\$ 2,145	\$ 5,862,760	1
2	New Carpet at Orland	2007	38,166		5			38,166	2
3	Adjustment Alden bennett 2002 costs	2007	(4,558)	(304)	15	(304)		(2,331)	3
4	New Park Benches	2007	2,606		5			2,606	4
5	Install intercom system	2007	5,825	583	10	583		4,372	5
6	replaced worn and broken locksets	2007	6,137		5			6,137	6
7	Modifications to irrigation system	2007	22,716		5			22,716	7
8	Major repair to Drver	2007	5,088	509	10	509		3,733	8
9	Porch repair	2007	2,695		5			2,695	9
10	new carpet	2007	19,420		5			19,420	10
11	Topnot Booster Heater	2007	5,462	546	10	546		3,868	11
12	Replaced damaged parking lot with new material	2007	6,020	752	8	752		5,327	12
13	Additional work on parking lot	2007	7,771	971	8	971		6,959	13
14	Fence around parking lot	2007	6,996	875	8	875		6,271	14
15	New Door and concrete around area-ABC	2008	5,215	348	15	348		2,233	15
16	Laundry chute Door-ABC	2008	8,803	880	10	880		5,647	16
17	New Receiving Door and new motor-ABC	2008	6,271	627	10	627		3,971	17
18	Replace receiving door-ABC	2008	2,521	252	10	252		1,533	18
19	Replace laundry chute, ceiling tile, broken plumbing & electrical fi	2009	7,028	703	10	703		3,749	19
20	Asphalt paving-ABC	2009	22,465	2,808	8	2,808		14,508	20
21	Coating EIFS installation of control joint-ABC	2009	3,275	491	5	491		3,275	21
22	Concrete & EIFS coating repairs - J.S. Goray	2009	8,670	578	15	578		3,179	22
23	Repair railings & exterior EIFS entrance-ABC	2009	8,665	578	15	578		3,131	23
24	Oxygen suction system repaired air hoses-Medical Gas Mngmt	2010	11,467	2,293	5	2,293		10,510	24
25	Elevator: CPU repairs/parts-Long Elevator Co.	2010	5,675	1,135	5	1,135		5,108	25
26	Paving-Asphalt cleaned sealcoat applied-Garelli Pavement	2010	3,450	431	8	431		1,868	26
27	Engineering Fees, rebuilding-Therapy Room-ABC	2010	6,796	453	15	453		1,925	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,407,693	\$ 353,394		\$ 355,539	\$ 2,145	\$ 6,043,336	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,407,693	\$ 353,394		\$ 355,539	\$ 2,145	\$ 6,043,336	1
2	Carpentry Accoustical work - ABC	2011	17,521	1,168	15	1,168		4,283	2
3	Carpentry drywall accoustical demoli. work - ABC	2011	57,595	3,840	15	3,840		14,080	3
4	Carpentry electrical work - ABC	2011	48,742	3,249	15	3,249		11,913	4
5	Framing/drywall fire protection work - ABC	2011	19,334	1,289	15	1,289		4,726	5
6	HVAC/Plumbing - ABC	2011	32,533	2,169	15	2,169		7,953	6
7	Plumbing fire protection work - ABC	2011	18,840	1,256	15	1,256		4,605	7
8	Pier construction (3) - JMALLE	2011	19,637	982	20	982		3,191	8
9	Pier construction - concrete/carpentry/finish hardware/electrical fi	2011	33,117	1,656	20	1,656		5,106	9
10	Pier construction - concrete/carpentry/finish hardware/electrical fi	2011	55,850	2,793	20	2,793		8,689	10
11	Pier construction - fence/electrical fixtures - ABC	2011	5,005	250	20	250		771	11
12	Pier construction - landscaping - ABC	2011	26,077	1,304	20	1,304		4,021	12
13									13
14	Generator transfer switch/install - ABC	2011	12,578	2,516	5	2,516		9,225	14
15	Upholstery - Design	2011	2,905	581	5	581		2,130	15
16									16
17	Sprinkley heads & pressure gauges (11) - US Fire	2012	5,856	1,171	5	1,171		2,654	17
18	Fire damper replacement and repairs labor - GT Mechanical	2012	12,585	1,259	10	1,259		2,728	18
19	Pier construction - landscaping - Sebert	2012	6,215	311	20	311		751	19
20									20
21	Paving, parking lot, sealcoat/re-stripe-ABC	2013	26,195	1,746	15	1,746		2,437	21
22	Asphalt walking path, excavate/install-ABC	2013	16,194	2,024	8	2,024		2,530	22
23	Washer motor-Washtown Equipment	2013	2,617	523	5	523		916	23
24	Sprinkler heads, dry pendants (4, cooler & freezer)-Valley Fire	2013	2,664	533	5	533		577	24
25									25
26	Adj for ABC related party profit	2008	(130)	(8)		(8)		(52)	26
27	Adj for ABC related party profit	2009	(547)	(30)		(30)		(165)	27
28	Adj for ABC related party profit	2010	(83)	(2)		(2)		(9)	28
29	Adj for ABC related party profit	2011	2,545	170		170		595	29
30									30
31	Adj for ABC related party profit	2013	571	16		16		32	31
32	Adj for ABC related party profit	2014	(19)	(0)		(0)		(0)	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,832,090	\$ 384,159		\$ 386,304	\$ 2,145	\$ 6,137,022	34

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

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192

Report Period Beginning:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,832,090	\$ 384,159		\$ 386,304	\$ 2,145	\$ 6,137,022	1
2									2
3	Fireproof spray-on toilet shafts and main ducts-ABC	2014	9,997	83		83		83	3
4	Resurface stair and ramp walls, top patio and stair landing (w/CTI	2014	4,188	70		70		70	4
5									5
6	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	6
7	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	7
8	Forum Prof Ctr: Tennant Improv	1986	961		13			925	8
9	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	9
10	Forum Prof Ctr: Roof	1994	3,445		16			3,317	10
11	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	11
12	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	12
13	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	13
14	Forum Prof Ctr: bathroom remodel	2002	661		5			661	14
15	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	15
16	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	16
17	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	17
18	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	18
19	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	19
20	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	50	7	50		398	20
21	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	21
22	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	22
23	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	23
24	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	24
25	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	25
26	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	26
27	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	27
28	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	28
29	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	29
30	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,936,731	\$ 385,616		\$ 387,761	\$ 2,145	\$ 6,219,210	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	\$ 667,026	\$ 75,986	\$ 75,986	\$	varies	\$ 272,492	71
72	Current Year Purchases	38,474	2,251	2,251		varies	1,960	72
73	Fully Depreciated Assets	1,648,172	25,882	25,882		varies	1,648,172	73
74								74
75	TOTALS	\$ 2,353,672	\$ 104,119	\$ 104,119	\$		\$ 1,922,624	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	Car Engine/Bus/Van	Various/Dodge	'98-'04	\$ 8,164	\$	\$	\$		\$ 8,164	76
77	Midwest Transit	Ford Eldorado	2000	49,826					49,826	77
78	Water hoses replace on auto	Various	2005	1,537					1,537	78
79	related party-AMS	various	1998-2004	4,026				3	4,026	79
80	TOTALS			\$ 63,553	\$	\$	\$		\$ 63,553	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,938,876	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 489,735	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 491,880	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,145	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,205,387	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 Orland Prk Rehab & HCC

0042192

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is backed out

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 04/01/1996

Ending 04/01/2016

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: \$ 44,685 Description: Copy machine lease \$19,197, postage meter \$3,787, various office equipment \$21,701

(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>20,397</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>20,397</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	\$		\$	1,381,905	\$		\$	1,381,905	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				195,196				195,196	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				1,388,366				1,388,366	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					648,498			648,498	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					(58,635)	812,097			753,462	13
14	TOTAL			\$		\$	2,906,832	\$	1,460,595	\$	4,367,427	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		\$1,381,904.92	
2.	ST		39-3	To Col 5		195,196.12	
3.							
4.	PT		39-3	To Col 5		1,388,366.40	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					765,438.16	765,438.16
	Manual Input from Related Party- Forum Drugs					(116,940.00)	(116,940.00)
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		648,498.16	648,498.16

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		(58,635.00)
Other		1,000,372.15	
Manual Input: Related Party - Prism		(74,196.00)	
Manual Input: Related Party FECII - I.V.		(114,004.00)	
Manual Input: Related Party FECII - Wound Care		(76.00)	
Oxygen, from reclass worksheet (Pg 4A)		0.00	
13. Col 6: Supplies Total	To Col 6	812,096.15	812,096.15
13. Total Line 13, Column 8		0.00	753,461.15
14. Total		0.00	4,367,426.75

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192

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	\$ 700	\$ 81,979	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 230,000)	3,005,221	3,005,221	3
4	Supply Inventory (priced at)	5,917	5,917	4
5	Short-Term Investments			5
6	Prepaid Insurance		15,056	6
7	Other Prepaid Expenses	19,972	43,512	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	6,741	6,741	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,038,551	\$ 3,158,426	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	501,814	1,103,927	15
16	Equipment, at Historical Cost	452,821	2,551,814	16
17	Accumulated Depreciation (book methods)	(817,189)	(8,088,008)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		536,250	21
22	Other Long-Term Assets (spec financing fees)	31,170	205,567	22
23	Other(specify): Due from Affiliates	29,118,645	32,216,121	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 29,287,261	\$ 41,704,009	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 32,325,812	\$ 44,862,435	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 657,639	\$ 660,639	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	263,430	263,430	28
29	Short-Term Notes Payable		169,451	29
30	Accrued Salaries Payable	693,019	693,019	30
31	Accrued Taxes Payable (excluding real estate taxes)	31,090	31,090	31
32	Accrued Real Estate Taxes(Sch.IX-B)		841,200	32
33	Accrued Interest Payable	111,875	160,886	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.	159,911	159,911	36
37	Due to Affiliates	3,032,226	3,032,226	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,949,190	\$ 6,011,852	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,717,920	1,717,920	39
40	Mortgage Payable		13,934,533	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates			43
44	Sharehold.loan, other	79,728	79,728	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,797,648	\$ 15,732,181	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,746,838	\$ 21,744,033	46
47	TOTAL EQUITY(page 18, line 24)	\$ 25,578,974	\$ 23,118,402	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 32,325,812	\$ 44,862,435	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 22,816,459	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 22,816,459	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	2,762,515	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)	\$ 2,762,515	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)	\$ 25,578,974	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	\$ 20,681,224	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 20,681,224	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	67,365	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 67,365	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	587	12
13	Barber and Beauty Care	37,075	13
14	Non-Patient Meals	16	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	222	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	255	19
20	Radiology and X-Ray	61	20
21	Other Medical Services	4,159	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 42,375	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,090	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,090	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	19,077	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,077	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,819,131	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,217,470	31
32	Health Care	4,813,834	32
33	General Administration	4,101,650	33
B. Capital Expense			
34	Ownership	1,894,870	34
C. Ancillary Expense			
35	Special Cost Centers	4,792,635	35
36	Provider Participation Fee	236,157	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,056,616	40
41	Income before Income Taxes (line 30 minus line 40)**	2,762,515	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 2,762,515	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,654,048	44
45	Private Pay - Net Inpatient Revenue	2,008,681	45
46	Medicare - Net Inpatient Revenue	15,034,976	46
47	Other-(specify) <u>Hospice</u>	258,956	47
48	Other-(specify) <u>Insurance/Sales Allow.</u>	1,724,563	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 20,681,224	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 Orland Prk Rehab & HCC # 0042192 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous income gl 4977 medical records	100.00
Miscellaneous income gl 4977 wage/service fees	591.00
Gain on sale of assets	2,201.00
Write off prior years A/P	15,718.00
Vendor discounts	467.00

Line 28 Total: 19,077

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192

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	\$ 103,491	\$ 49.76	1
2	Assistant Director of Nursing	4,160	4,160	181,905	43.73	2
3	Registered Nurses	40,708	43,386	1,441,315	33.22	3
4	Licensed Practical Nurses	25,706	27,634	725,635	26.26	4
5	CNAs & Orderlies	97,752	106,206	1,289,307	12.14	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,024	5,645	86,086	15.25	8
9	Activity Director	2,000	2,080	72,262	34.74	9
10	Activity Assistants	5,548	5,988	68,908	11.51	10
11	Social Service Workers	2,040	2,105	51,084	24.27	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	49,024	23.57	13
14	Head Cook	9,840	9,975	162,856	16.33	14
15	Cook Helpers/Assistants	42,434	44,589	458,453	10.28	15
16	Dishwashers					16
17	Maintenance Workers	2,000	2,000	63,926	31.96	17
18	Housekeepers	20,679	22,321	271,197	12.15	18
19	Laundry	7,572	8,187	82,992	10.14	19
20	Administrator	2,080	2,080	141,031	67.80	20
21	Assistant Administrator	440	537	17,062	31.77	21
22	Other Administrative	12,240	12,240	326,880	26.71	22
23	Office Manager	2,080	2,080	34,237	16.46	23
24	Clerical	2,402	2,428	20,953	8.63	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	6,208	6,208	225,079	36.26	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Alz/Beautician/Dis</u>	11,541	12,074	225,336	18.66	33
34	TOTAL (lines 1 - 33)	306,614	326,083	\$ 6,099,019 *	\$ 18.70	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	25/month	\$ 300	1-3	35
36	Medical Director	2,958/month	35,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	400/month	4,800	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	16	880	11-3	44
45	Social Service Consultant	12	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	28	\$ 42,040		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	214	\$ 13,915	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	214	\$ 13,915		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership %	Amount	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function				Description	Amount	Description	Amount	
Dewerdt, Katie	Administrator		\$ 141,031	Workers' Compensation Insurance	\$ 267,910	IDPH License Fee	\$		
Gonzalez, Matthew	Assist Admin		6,825	Unemployment Compensation Insurance	82,792	Advertising: Employee Recruitment			
Herron, Taylor	Assist Admin		10,237	FICA Taxes	444,743	Health Care Worker Background Check			
				Employee Health Insurance	138,162	(Indicate # of checks performed 40)	1,198		
				Employee Meals	24,159	Patient Background Checks	972	9,720	
				Illinois Municipal Retirement Fund (IMRF)*					
				Union, Health & Welfare	151,911	Health Care Council of Illinois		11,140	
				Pension	29,735	Surety bond fee		349	
				Dental, life ins, relations, misc	11,734	Annual report fee		463	
				Drug tests, 401k match, vaccinations	9,512	Related party- AMS		4,158	
				Mktg mgr/Cstmr Svc Liaison benefit deduction	(7,968)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 158,093	TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,152,690	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 27,028
B. Administrative - Other			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			\$	Description	Line #	Amount	Description	Amount	
						\$	Out-of-State Travel	\$	
							In-State Travel		
							Related party- AMS	1,752	
							Seminar Expense		
							PESI - IL Dementia Intervention	170	
							IL Council Seminar	105	
							Entertainment Expense	(
							(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL	\$ 2,027	
C. Professional Services			Amount						
Vendor/Payee	Type		\$						
Alden Management Services	Consulting		1,615,260						
BDO / KPMG / Mercer	Accounting fees		3,605						
Baker Tilly / C. Novotny	Accounting fees		16,748						
AMS (Eliminated)	Allocated legal fees		46,908						
First Advantage	Tax consulting		2,194						
Design	Architectural analysis		4,336						
Linda Roberts	Clinical consulting		270						
Achieve Accreditation	Professional fees		2,227						
Circuit Court/Sheriff of Cook Count	Legal fees: Collections		4,598						
Valer Enterprises	Legal fees: Collections		1,263						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 1,697,409						

* Attach copy of IMRF notifications

**See instructions.

Alden Orland Prk Rehab & HCC
 Legal Fee Support
 2014

Legal Fees Reported on Pg 21, Section C:	\$	52,769.00
Less: Collection, estates, & other non-allowable legal f listed on Pg 5, Line 22		(5,861.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(46,908.00)
Allowable Legal Fees	\$	<u><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>
Account Corp	03/10/14	43.00	
Account Corp	06/24/14	43.00	
Account Corp	05/01/14	43.00	
Account Corp	04/10/14	48.00	
Account Corp	01/27/14	43.00	
Bergen Country Sherriff's Offic	12/09/14	35.00	
Chicago Title Company	10/14/14	75.00	
Chicago Title Company	03/04/14	60.00	
Chicago Title Company	02/17/14	75.00	
Clerk of the Circuit Court	12/29/14	247.00	

Clerk of the Circuit Court	12/29/14	227.00
Clerk of the Circuit Court	01/06/15	337.00
Clerk of the Circuit Court	12/09/14	247.00
Clerk of the Circuit Court	12/09/14	247.00
Clerk of the Circuit Court	12/09/14	337.00
Clerk of the Circuit Court	12/09/14	247.00
Clerk of the Circuit Court	12/09/14	186.00
Clerk of the Circuit Court	12/09/14	136.00
Clerk of the Circuit Court	09/18/14	247.00
Clerk of the Circuit Court	09/18/14	247.00
Clerk of the Circuit Court	01/15/14	177.00
Clerk of the Circuit Court	06/23/14	337.00
Clerk of the Circuit Court	06/23/14	247.00
Markley Investigations	07/30/14	50.00
Markley Investigations	03/04/14	50.00
Recorder of Deeds Cook Cour	11/26/14	40.00
Recorder of Deeds Cook Cour	08/22/14	40.00
Recorder of Deeds Cook Cour	06/23/14	40.00
Recorder of Deeds Cook Cour	05/21/14	40.00
Recorder of Deeds Cook Cour	03/31/14	50.00
Recorder of Deeds Will County	08/26/14	38.00
Sheriff of Cook County	10/28/14	60.00
Sheriff of Cook County	10/28/14	60.00
Sheriff of Cook County	12/29/14	60.00
Sheriff of Cook County	12/09/14	120.00
Sheriff of Cook County	12/09/14	60.00
Sheriff of Cook County	12/09/14	60.00
Sheriff of Cook County	01/15/14	60.00
Sheriff of Cook County	01/15/14	60.00
Sheriff of Cook County	06/23/14	120.00
Sheriff of Cook County	06/23/14	60.00
Shriff of Will County	12/09/14	108.00
Shriff of Will County	12/09/14	79.00
Valer Enterprises	10/01/14	675.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 5,861.00

<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 52,769.00

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	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Alden Orland Prk Rehab & HCC

0042192

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA-yes, RN/LPN-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 IL \$11,140
- (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. \$ 47,055 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. \$ 236,157
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. \$ 24,159 Has any meal income been offset against related costs? _____ 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.