

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000 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	237	Skilled (SNF)	237	86,505	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	237	TOTALS	237	86,505	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	9,104	975	6,080	16,159	8
9	SNF/PED					9
10	ICF	45,837	2,330	2,112	50,279	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,941	3,305	8,192	66,438	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.80%

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

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

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

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

None

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

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

YES NO

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

YES NO

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

Date started 06/15/93

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

YES Date 06/01/92 NO

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

YES NO If YES, enter number of beds certified 237 and days of care provided 5,060

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

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	457,136	36,826	26,160	520,122	2,757	522,879	(9,518)	513,361		1
2	Food Purchase		532,079		532,079	(43,575)	488,504	(67,854)	420,650		2
3	Housekeeping	298,187	59,330		357,517	3,183	360,700	5,218	365,918		3
4	Laundry	122,057	29,600		151,657	311	151,968		151,968		4
5	Heat and Other Utilities			310,659	310,659		310,659	(7,540)	303,119		5
6	Maintenance	52,757		231,653	284,410	79	284,489	26,053	310,542		6
7	Other (specify):* related party			225	225		225	13,563	13,788		7
8	TOTAL General Services	930,137	657,835	568,697	2,156,669	(37,245)	2,119,424	(40,078)	2,079,346		8
	B. Health Care and Programs										
9	Medical Director			26,475	26,475		26,475		26,475		9
10	Nursing and Medical Records	3,523,504	332,120	17,539	3,873,163	(20,636)	3,852,527	63,043	3,915,570		10
10a	Therapy	173,041	4,552	40,131	217,724		217,724		217,724		10a
11	Activities	115,602	5,092	3,200	123,894	187	124,081		124,081		11
12	Social Services	48,910			48,910		48,910		48,910		12
13	CNA Training										13
14	Program Transportation			180	180	(180)					14
15	Other (specify):* related party							10,845	10,845		15
16	TOTAL Health Care and Programs	3,861,057	341,764	87,525	4,290,346	(20,629)	4,269,717	73,888	4,343,605		16
	C. General Administration										
17	Administrative	188,497			188,497		188,497	173,808	362,305		17
18	Directors Fees										18
19	Professional Services			1,062,978	1,062,978	(379)	1,062,599	(967,863)	94,736		19
20	Dues, Fees, Subscriptions & Promotions			39,058	39,058		39,058	(20,845)	18,213		20
21	Clerical & General Office Expenses	143,743	26,636	143,039	313,418	1,635	315,053	462,785	777,838		21
22	Employee Benefits & Payroll Taxes			1,115,080	1,115,080	12,270	1,127,350		1,127,350		22
23	Inservice Training & Education										23
24	Travel and Seminar			220	220		220	2,300	2,520		24
25	Other Admin. Staff Transportation			3,296	3,296		3,296	22,080	25,376		25
26	Insurance-Prop.Liab.Malpractice			312,447	312,447		312,447	14,631	327,078		26
27	Other (specify):* related party			342,623	342,623		342,623	(248,595)	94,028		27
28	TOTAL General Administration	332,240	26,636	3,018,741	3,377,617	13,526	3,391,143	(561,699)	2,829,444		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,123,434	1,026,235	3,674,963	9,824,632	(44,348)	9,780,284	(527,889)	9,252,395		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 Town Manor Rehab & HCC

#0038000

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			73,674	73,674		73,674	423,557	497,231			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			200,681	200,681		200,681	467,460	668,141			32
33	Real Estate Taxes			875,042	875,042	(875,042)		887,183	887,183			33
34	Rent-Facility & Grounds			900,034	900,034	875,042	1,775,076	(1,775,076)				34
35	Rent-Equipment & Vehicles			31,859	31,859		31,859	72,826	104,685			35
36	Other (specify):* MIP							60,769	60,769			36
37	TOTAL Ownership			2,081,290	2,081,290		2,081,290	136,719	2,218,009			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		548,247	740,466	1,288,713	44,348	1,333,061	(206,030)	1,127,031			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			500,769	500,769		500,769		500,769			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		548,247	1,241,235	1,789,482	44,348	1,833,830	(206,030)	1,627,800			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,123,434	1,574,482	6,997,488	13,695,404		13,695,404	(597,200)	13,098,204			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		\$ (43,575.00)	Employee Meals
	22	\$ 43,575.00	Employee Meals
22		\$ (31,305.00)	Uniforms
	1	\$ 2,757.00	Uniforms
	3	\$ 3,183.00	Uniforms
	4	\$ 311.00	Uniforms
	6	\$ 79.00	Uniforms
	10	\$ 23,712.00	Uniforms
	11	\$ 187.00	Uniforms
	21	\$ 1,076.00	Uniforms
10		\$ (44,348.00)	Oxygen - to appropriate cost center
	39	\$ 44,348.00	Oxygen - to appropriate cost center
33		\$ (875,042.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 875,042.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		\$ (379.00)	Medifax charges from GL 6929
	21	\$ 379.00	Medifax charges from GL 6929
14		\$ (180.00)	PROLLC Providigm computer svc
	21	\$ 180.00	PROLLC Providigm computer svc

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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	(11,701)	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	14,451	30		9
10	Interest and Other Investment Income	(868)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,672)	2		13
14	Non-Care Related Interest	(36,538)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(29,194)	21		17
18	Fines and Penalties	(9,870)	32		18
19	Entertainment	(1,271)	20		19
20	Contributions	18,735	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,496)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(342,623)	27		24
25	Fund Raising, Advertising and Promotional	(15,026)	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)	\$ (421,073)		\$	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)	45,976		34
35	Other- Attach Schedule	(222,103)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (176,127)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (597,200)		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 Town Manor Rehab & HCCID# 0038000Report Period Beginning: 01/01/2014Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Telephone	\$ 0	21	1
2	Late Fees on Utilities	(5,891)	5	2
3	Intercompany interests GL 7031 (Midcap)	(149,997)	32	3
4	Intercompany interests GL 7053 (ANI)	(4,277)	32	4
5	back out IHCA PAC Fees - 2014	(3,925)	20	5
6	back out Bank Charges - TM LLC	(219)	21	6
7				7
8	Elim Deprec Exp on Pg12 - <\$2,500 TM/Cicero	(3,703)	30	8
9	Elim Deprec Exp on Pg13 - <\$2,500 TM/Cicero	(24,897)	30	9
10	Exp Capital items, Pg13 curr year purch <\$2,500 TM/Ci	29,999	6	10
11	Exp Capital items, Pg13 Related Party AMS	4,470	6	11
12	adj for ABC related party profits -Pg 12	19	30	12
13	adj for ABC related party profits -Pg 12	6	30	13
14	adjustment on Depreciation exp	(4,420)	30	14
15	Elim Housekeeping - Hospice Portion	(7,179)	3	15
16	Elim Utilities - Hospice Portion	(6,238)	5	16
17	Elim Maintenance - Hospice Portion	(5,711)	6	17
18	Elim Real Estate Tax - Hospice Portion	(17,571)	33	18
19	Elim Depreciation - Hospice Portion	(1,083)	30	19
20	Elim Interest - Hospice Portion	(10,178)	32	20
21				21
22				22
23	Miscellaneous Income - Medical Records	(2,958)	10	23
24	Miscellaneous Income - Food Rebate	(4,279)	2	24
25	Miscellaneous Income - Jury Duty	(138)	21	25
26				26
27	Vendor discount GL 4984	(53)	10	27
28	back out Accounting Fees - Midcap GL 6803	(3,880)	19	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		(222,103)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	3,699	(13,217)	0	0	0	0	0	0	0	(9,518)	1
2	Food Purchase	(5,951)	0	0	(61,903)	0	0	0	0	0	0	0	(67,854)	2
3	Housekeeping	(7,179)	0	12,397	0	0	0	0	0	0	0	0	5,218	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(12,129)	0	4,589	0	0	0	0	0	0	0	0	(7,540)	5
6	Maintenance	17,057	0	8,863	0	0	0	(47)	180	0	0	0	26,053	6
7	Other (specify):*	0	0	11,275	2,288	0	0	0	0	0	0	0	13,563	7
8	TOTAL General Services	(8,202)	0	40,823	(72,832)	0	0	(47)	180	0	0	0	(40,078)	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	(3,011)	0	70,125	(58)	(4,013)	0	0	0	0	0	0	63,043	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	10,845	0	0	0	0	0	0	0	0	10,845	15
16	TOTAL Health Care and Programs	(3,011)	0	80,970	(58)	(4,013)	0	0	0	0	0	0	73,888	16
	C. General Administration													
17	Administrative	0	0	173,808	0	0	0	0	0	0	0	0	173,808	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(9,376)	17,616	(976,103)	0	0	0	0	0	0	0	0	(967,863)	19
20	Fees, Subscriptions & Promotions	(1,487)	0	(19,358)	0	0	0	0	0	0	0	0	(20,845)	20
21	Clerical & General Office Expenses	(29,551)	527	401,117	60,470	30,222	0	0	0	0	0	0	462,785	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,300	0	0	0	0	0	0	0	0	2,300	24
25	Other Admin. Staff Transportation	0	0	22,080	0	0	0	0	0	0	0	0	22,080	25
26	Insurance-Prop.Liab.Malpractice	0	14,316	315	0	0	0	0	0	0	0	0	14,631	26
27	Other (specify):*	(342,623)	0	86,159	5,945	1,924	0	0	0	0	0	0	(248,595)	27
28	TOTAL General Administration	(383,037)	32,459	(309,682)	66,415	32,146	0	0	0	0	0	0	(561,699)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(394,250)	32,459	(187,889)	(6,475)	28,133	0	(47)	180	0	0	0	(527,889)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	(19,627)	425,808	17,376	0	0	0	0	0	0	0	0	423,557	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(211,728)	517,094	161,442	0	652	0	0	0	0	0	0	467,460	32
33	Real Estate Taxes	(17,571)	875,042	29,793	0	(81)	0	0	0	0	0	0	887,183	33
34	Rent-Facility & Grounds	0	(1,775,076)	0	0	0	0	0	0	0	0	0	(1,775,076)	34
35	Rent-Equipment & Vehicles	0	0	72,826	0	0	0	0	0	0	0	0	72,826	35
36	Other (specify):*	0	60,769	0	0	0	0	0	0	0	0	0	60,769	36
37	TOTAL Ownership	(248,926)	103,637	281,437	0	571	0	0	0	0	0	0	136,719	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	(107,641)	(55,127)	(43,262)	0	0	0	0	0	(206,030)	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	(107,641)	(55,127)	(43,262)	0	0	0	0	0	(206,030)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(643,176)	136,096	93,548	(114,116)	(26,423)	(43,262)	(47)	180	0	0	0	(597,200)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 1,775,076	Town Manor Associates, LLC	0.00%	\$	\$ (1,775,076)	1
2	V	32 Investment Income - RR	331	Town Manor Associates, LLC			(331)	2
3	V	19 Accounting/Professional Fees		Town Manor Associates, LLC		10,950	10,950	3
4	V	33 Real Estate Tax		Town Manor Associates, LLC		875,042	875,042	4
5	V	26 Property & Liability Insurance		Town Manor Associates, LLC		14,316	14,316	5
6	V	32 Interest on Mortgage		Town Manor Associates, LLC		506,847	506,847	6
7	V	19 Legal Fees - Non Collection		Town Manor Associates, LLC		6,666	6,666	7
8	V	30 Depreciation		Town Manor Associates, LLC		425,808	425,808	8
9	V	32 Amortization		Town Manor Associates, LLC		10,578	10,578	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, LLC		60,769	60,769	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, LLC		527	527	11
12	V							12
13	V							13
14	Total		\$ 1,775,407			\$ 1,911,503	\$ * 136,096	14

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,589	\$ 4,589
16	V	24 Travel and Seminar		Alden Management Services, Inc.		2,300	2,300
17	V	25 Other Admin Travel		Alden Management Services, Inc.		22,080	22,080
18	V	26 Insurance		Alden Management Services, Inc.		315	315
19	V	20 Dues and Subscription	24,816	Alden Management Services, Inc.		5,458	(19,358)
20	V	30 Depreciation		Alden Management Services, Inc.		17,376	17,376
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		29,793	29,793
22	V	35 Rent - Equipment and Vehicle		Alden Management Services, Inc.		72,826	72,826
23	V	32 Interest		Alden Management Services, Inc.		161,442	161,442
24	V	1 Dietary		Alden Management Services, Inc.		3,699	3,699
25	V	3 Housekeeping		Alden Management Services, Inc.		12,397	12,397
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		11,275	11,275
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		70,125	70,125
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		10,845	10,845
29	V	17 Administrative Salary		Alden Management Services, Inc.		173,808	173,808
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		86,159	86,159
31	V	19 Professional Fees	1,031,458	Alden Management Services, Inc.		55,355	(976,103)
32	V	21 General and Administrative		Alden Management Services, Inc.		401,117	401,117
33	V	6 Repairs and Maintenance	52,369	Alden Management Services, Inc.		61,232	8,863
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,108,643			\$ 1,202,191	\$ * 93,548

* 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	109,789	Prism Health Care Services, Inc.		47,886	(61,903)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)
19	V	39 Ancillary Supplies	177,402	Prism Health Care Services, Inc.		69,761	(107,641)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		35,749	35,749
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		5,945	5,945
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		2,288	2,288
23	V	21 General & Administrative		Prism Health Care Services, Inc.		24,721	24,721
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		\$ 319,351			\$ 205,235	\$ * (114,116)

* 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	\$ 203,497	Forum Extended Care Services II, Inc.	0.00%	\$ 172,408	\$ (31,089)
16	V	39 IV	129,144	Forum Extended Care Services II, Inc.		109,414	(19,730)
17	V	39 Wound Care	28,197	Forum Extended Care Services II, Inc.		23,889	(4,308)
18	V	10 House Stock	20,289	Forum Extended Care Services II, Inc.		17,189	(3,100)
19	V	10 Pharmacy Consultant	5,976	Forum Extended Care Services II, Inc.		5,063	(913)
20	V	27 Employee Vaccination	3,818	Forum Extended Care Services II, Inc.		3,235	(583)
21	V	27 Employee Benefit - G & A		Forum Extended Care Services II, Inc.		2,507	2,507
22	V	21 Salary - G & A		Forum Extended Care Services II, Inc.		16,621	16,621
23	V	21 General and Administrative		Forum Extended Care Services II, Inc.		13,601	13,601
24	V	32 Interest		Forum Extended Care Services II, Inc.		652	652
25	V	33 Real Estate Taxes		Forum Extended Care Services II, Inc.		(81)	(81)
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		\$ 390,921			\$ 364,498	\$ * (26,423)

* 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	\$ 753,376	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 710,114	\$ (43,262)
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		\$ 753,376			\$ 710,114	\$ * (43,262)

* 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	\$ 25,112	Alden Bennett Construction Company, Inc.	0.00%	\$ 25,065	\$ (47)
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		\$ 25,112			\$ 25,065	\$ * (47)

* 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	\$ 855	Alden Design Group, Inc.	0.00%	\$ 1,035	\$ 180	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		\$ 855			\$ 1,035	\$ *	180	39

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

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzi	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 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	175,383	2.08	5.20	Salary	\$ 9,617	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	90,061	2.08	5.20	Salary	4,939	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	90,061	2.08	5.20	Salary	4,939	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	95,030	2.08	5.20	Salary	5,211	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	57,761	2.08	5.20	Salary	3,167	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	\$ 27,873		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 Town Manor Rehab & HCC

0038000 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	\$ 66,438	\$ 4,589	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	66,438	2,300	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	66,438	22,080	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	66,438	315	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	66,438	5,458	5
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	17,376	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	66,438	29,793	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	66,438	72,826	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	66,438	161,442	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	66,438	3,699	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	12,397	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	66,438	11,275	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	1,414,605	70,125	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	66,438	10,845	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	173,808	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	66,438	86,159	16
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	850,594	55,355	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	6,669,245	401,117	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	1,161,005	61,232	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 1,202,191	25

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

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						
		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 7055/2505/2021)		X	Mortgage	\$57,636.00	02/2011	\$ 12,722,300	\$ 12,069,568	03/2046	4.1700	\$ 506,847	1					
2	Interest - Hospice Portion										(10,178)	2					
3												3					
4												4					
5												5					
Working Capital																	
6	Related party-AMS		X	Working Capital							161,442	6					
7	Related party-FECII		X	Working Capital							652	7					
8	Capital Lease Obligation (GL 7105)		X	Capital Lease							10,578	8					
9	TOTAL Facility Related				\$57,636.00		\$ 12,722,300	\$ 12,069,568			\$ 669,341	9					
B. Non-Facility Related*																	
10	Int Income - R.R. (GL 4972)		X								(331)	10					
11	Int Income (GL#4975 Oper/LLC)		X								(869)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			(1,200)	14					
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 12,069,568			\$ 668,141	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 60,769 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>677,510</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>834,842</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>157,332</u>		3
4.	Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>700,139</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>857,471</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>29,712.00</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>887,183</u>
Real Estate Tax Bill for Calendar Year:				FOR BHF USE ONLY	
	2009	<u>764,588</u>	8		
	2010	<u>777,983</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
	2011	<u>785,126</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2012	<u>795,724</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2013	<u>834,842</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 Town Manor Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0038000
 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>29,793.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(81.00)</u>
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,115.58</u>	\$ <u>3,115.58</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,115.58</u>	\$ <u>3,115.58</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>69,873.21</u>	\$ <u>69,873.21</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>97,202.18</u>	\$ <u>97,202.18</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>356,467.70</u>	\$ <u>356,467.70</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>158,808.69</u>	\$ <u>158,808.69</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>66,717.13</u>	\$ <u>66,717.13</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>66,717.13</u>	\$ <u>66,717.13</u>
TOTALS		\$ <u><u>1,130,200.20</u></u>	\$ <u><u>851,729.20</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.**

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0038000
 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.	Total from PG 10A	\$ 1,130,200.20	\$ 851,729.20
2.	Nursing Home Facility	\$ 6,767.59	\$ 6,767.59
3.	Nursing Home Facility	\$ 6,056.84	\$ 6,056.84
4.	Nursing Home Fac - Parking Lot	\$ 2,770.21	\$ 2,770.21
5.	Nursing Home Fac - Parking Lot	\$ 2,397.84	\$ 2,397.84
6.	Nursing Home Fac - Parking Lot	\$ 3,874.76	\$ 3,874.76
7.	Nursing Home Fac - Parking Lot	\$ 5,608.87	\$ 5,608.87
8.	Nursing Home Fac - Parking Lot	\$ 4,076.39	\$ 4,076.39
9.	Nursing Home Fac - Parking Lot	\$ 2,291.20	\$ 2,291.20
10.	Nursing Home - Hospice RE Tax porti	\$	\$ (17,571.00)
TOTALS		\$ 1,164,043.90	\$ 868,001.90

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: 94,195 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).
none

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	1
2					2
3	TOTALS	<u>66,775</u>		<u>\$ 1,137,260</u>	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	249		1992	1992	\$ 9,104,204	\$ 289,022	30	\$ 303,473	\$ 14,451	\$ 6,658,953	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Window glass repair	1992		1,600		10			1,600	9
10		CSI - boiler repair	1994		3,268		3			3,268	10
11		Tower cleaners - drapery	1995		1,557		5			1,557	11
12		Bartlett heating -pipe insulation	1995		3,700		15			3,700	12
13		CSI - a/c repair	1995		4,093		10			4,093	13
14		CSI - a/c repair	1995		4,027		10			4,027	14
15		CSI - pipe insulation	1995		1,981		15			1,981	15
16		CSI - chiller HVAC	1996		6,042		10			6,042	16
17		The floor source - carpet installation	1996		5,345		10			5,345	17
18		Ward door specialist, Inc. - metal door	1996		1,385		15			1,385	18
19		Shalom landscaping - planting	1996		8,000		10			8,000	19
20		The floor source - carpet installation	1996		6,049		10			6,049	20
21		Bartlett heating -pipe insulation	1996		18,526		15			18,526	21
22		Over charged by Bartlett	1996		(10,500)					(10,500)	22
23		Alden Bennett const. - heating, vent , a/c	1996		69,300	3,465	20	3,465		63,814	23
24		Alden Bennett construction - sanitary sewer lift station	1996		23,921	1,196	20	1,196		22,027	24
25		Arrigo enterprises, Inc. - heating and cooling sys. Corridor	1996		10,931	547	20	547		10,113	25
26		Misco shawnee, Inc. - tile	1996		9,232	462	20	462		8,503	26
27		Misco shawnee, Inc. - tile	1996		9,020	451	20	451		8,306	27
28		General parts - repair dishwasher	1997		2,139		5			2,139	28
29		System Electric - 120 volt circuit installed and replaced	1997		2,085		5			2,085	29
30		Climate - freeon into a/c	1997		6,221		5			6,221	30
31		Long elevator - install new eyes on elevator door	1997		3,180		5			3,180	31
32		A&B cable - outlets installation	1997		11,520		5			11,520	32
33		Arrigo enterprises, Inc. - corridor renovation	1997		24,366	1,218	20	1,218		22,129	33
34		ABC - hvac repairs	1998		39,300	1,965	20	1,965		32,914	34
35		ABC - sanitary sewer lift station	1998		1,259	63	20	63		1,055	35
36		Coit drapery	1998		12,976		5			12,976	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 Town Manor Rehab & HCC

0038000

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 fuse and cleaned ice machine	1998	\$ 3,267	\$	10	\$	\$	\$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071		15			2,071	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		1,960	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	87	15	87		1,726	46
47	Climater service - repair rooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		5,279	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		3,251	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		1,704	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		1,079	60
61	Patten (water pump)	2001	2,325	116	20	116		1,615	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		1,905	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		3,348	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,230	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784		10			3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 299,963		\$ 314,414	\$ 14,451	\$ 7,050,264	70

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,518,731	\$ 299,963		\$ 314,414	\$ 14,451	\$ 7,050,264	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		1,869	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various are	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844		10			2,844	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803		10			1,803	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		1,133	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964		10			4,964	17
18	Thybony Wallcoverings (Design works)	2003	2,098		10			2,098	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	420	10	420		25,220	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	247	10	247		2,709	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		5,387	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		3,219	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		1,932	33
34	TOTAL (lines 1 thru 33)		\$ 9,631,392	\$ 301,900		\$ 316,351	\$ 14,451	\$ 7,156,915	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,631,392	\$ 301,900		\$ 316,351	\$ 14,451	\$ 7,156,915	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler, Steamer, Dishwasher, Plateware)	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		2,925	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		5,379	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		14,889	17
18	ABC - exhaust fan	2006	5,662	566	10	566		4,670	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880	588	10	588		4,753	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072		5			5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613	361	10	361		2,858	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592		5			9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	457	10	457		3,466	25
26	ABC - New HVAC motor	2007	3,188		5			3,188	26
27	ABC - new ceiling tiles	2007	4,289		5			4,289	27
28	ABC - new plumbing faucet	2007	6,344		5			6,344	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$ 306,499		\$ 320,950	\$ 14,451	\$ 7,295,477	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,778,511	\$ 306,499		\$ 320,950	\$ 14,451	\$ 7,295,477	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	Adjust for ABC Related Party Profit	2008	(111)	(16)		(16)		(84)	27
28	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(30)	28
29	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(30)	29
30	Adjust for ABC Related Party Profit	2011	294	2		2		7	30
31	Adjust for ABC Related Party Profit	2012	1,362	24		24		60	31
32	Adjust for ABC Related Party Profit	2013	582	64		64		96	32
33	Adjust for ABC Related Party Profit	2014	174	6		6		6	33
34	TOTAL (lines 1 thru 33)		\$ 9,870,972	\$ 307,872		\$ 322,323	\$ 14,451	\$ 7,377,536	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,870,972	\$ 307,872		\$ 322,323	\$ 14,451	\$ 7,377,536	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		950	2
3	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		8,433	3
4	ABC - new tiles	2008	4,802	480	10	480		3,160	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		3,843	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		2,980	6
7	ABC - replaced patio door	2009	2,852	285	10	285		1,615	7
8	ABC - receiving door	2009	6,451	645	10	645		3,655	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)	(107)		(107)		(535)	10
11	ABC - Asphalt	2010	12,834	1,604	8	1,604		5,213	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)	(77)		(77)		(385)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)	(589)		(589)		(2,117)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)	(117)		(117)		(236)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)	(161)		(161)		(322)	15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		1,200	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		3,175	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		1,714	18
19	ABC - damaged hardware repair	2011	2,989	598	5	598		2,342	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		1,507	20
21	ABC - thermal units/lights repairs	2011	6,624	1,325	5	1,325		5,079	21
22	GT Mechanical - laundry room repair	2011	8,341	1,668	5	1,668		6,255	22
23	ABC - plumbing repairs	2011	5,800	1,160	5	1,160		4,157	23
24	TopNotch - motor assembly	2011	2,600	520	5	520		1,733	24
25	ABC - handrail for the patio	2011	7,740	1,548	5	1,548		5,031	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		8,473	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100	620	5	620		2,067	27
28	Oak Fire - fire security master switchboard	2012	2,950	295	10	295		787	28
29	ABC - sprinkler system fire protection	2012	5,585	223	25	223		576	29
30	ABC - boiler repair	2012	16,491	825	20	825		1,719	30
31	GT Mechanical - laundry room damper repair	2012	7,273	727	10	727		1,575	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	355	10	355		1,006	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,052,620	\$ 327,189		\$ 341,640	\$ 14,451	\$ 7,452,186	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 10,052,620	\$ 327,189		\$ 341,640	\$ 14,451	\$ 7,452,186	1
2	ABC - railing stairwell	2013	43,240	2,883	15	2,883		5,285	2
3	Topnotch - freezer compressor	2013	5,525	1,105	5	1,105		1,658	3
4	Topnotch - motor dishwasher	2013	4,727	945	5	945		1,339	4
5									5
6									6
7	TM - Parking Lot	1994	334,637	13,385	25	13,385		281,095	7
8	ABC - motor pump	2014	3,640	425	5	425		425	8
9	ABC - heating and vent	2014	7,503	875	5	875		875	9
10	ABC - asphalt	2014	63,275	1,318	8	1,318		1,318	10
11	ABC - asphalt	2014	5,934	185	8	185		185	11
12	ABC - radiation dampers	2014	11,537	192	10	192		192	12
13	OakFire - damper	2014	10,160	1,016	5	1,016		1,016	13
14	ADG - window	2014	13,742	458	10	458		458	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,556,540	\$ 349,976		\$ 364,427	\$ 14,451	\$ 7,746,032	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	\$ 1,322,841	\$ 117,796	\$ 117,796	\$	varies	\$ 606,784	71
72	Current Year Purchases	178,612	9,272	9,272		varies	7,113	72
73	Fully Depreciated Assets	1,386,384	5,595	5,595		varies	1,386,384	73
74								74
75	TOTALS	\$ 2,887,837	\$ 132,663	\$ 132,663	\$		\$ 2,000,281	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	1998-2002	4,026				3	4,026	77
78	Midwest Transit	bus/passenger	2001	49,967					49,967	78
79	Van	2000 Ford Super Duty	2013	2,829	141	141			282	79
80	TOTALS			\$ 56,822	\$ 141	\$ 141	\$		\$ 54,275	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)	\$ 14,638,459	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 482,780	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 497,231	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,800,588	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 Town Manor Rehab & HCC

0038000

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 02/23/11

Ending 12/31/21

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: \$ 45,409 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>26,774</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>26,774</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 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 294,138	\$		\$ 294,138	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			39,059			39,059	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			395,736			395,736	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				172,408		172,408	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				(43,262)	268,952		225,690	13
14	TOTAL			\$		\$ 685,671	\$ 441,360		\$ 1,127,031	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)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
1.	OT		39-3	To Col 5		\$294,138.00	
2.	ST		39-3	To Col 5		39,059.00	
3.							
4.	PT		39-3	To Col 5		395,736.00	
5.							
6.							
7.							
8.	Pharmacy Supplies per GL					203,497.00	
	Manual Input from Related Party- Forum Drugs					(31,089.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		172,408.00	901,341.00
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(43,262.00)
Other		356,283.00	
Manual Input: Related Party - Prism		(107,641.00)	
Manual Input: Related Party FECII - I.V.		(19,730.00)	
Manual Input: Related Party FECII - Wound Care		(4,308.00)	
Oxygen, from reclass worksheet (Pg 4A)		44,348.00	
13. Col 6: Supplies Total	To Col 6	268,952.00	268,952.00
13. Total Line 13, Column 8		0.00	225,690.00
14. Total		0.00	1,127,031.00

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	\$ 1,902,777	\$ 1,969,041	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (220,000))	3,093,076	3,093,076	3
4	Supply Inventory (priced at)	5,695	5,695	4
5	Short-Term Investments			5
6	Prepaid Insurance		27,671	6
7	Other Prepaid Expenses	12,732	12,732	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties/Escrows</u>	6,411	406,415	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,020,691	\$ 5,514,630	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	214,896	214,896	12
13	Land		1,155,166	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	838,735	893,360	15
16	Equipment, at Historical Cost	698,204	2,959,215	16
17	Accumulated Depreciation (book methods)	(1,288,198)	(9,302,843)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		256,485	21
22	Other Long-Term Assets (spec <u>Refinance Fee</u>)		198,932	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 463,637	\$ 5,479,415	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,484,328	\$ 10,994,045	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 463,662	\$ 463,662	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	286,127	286,127	28
29	Short-Term Notes Payable		191,969	29
30	Accrued Salaries Payable	524,606	524,606	30
31	Accrued Taxes Payable (excluding real estate taxes)	36,415	36,415	31
32	Accrued Real Estate Taxes(Sch.IX-B)		859,900	32
33	Accrued Interest Payable		41,942	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA, Sales Tac, etc</u>	329,884	329,884	36
37	<u>Due to Affiliates</u>	1,499,815	1,499,815	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,140,509	\$ 4,234,320	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,877,599	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	8,105,558	7,106,956	43
44	<u>Shareholders Loan, others</u>	1,151,668	1,151,668	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 9,257,226	\$ 20,136,223	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,397,735	\$ 24,370,543	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,913,407)	\$ (13,376,498)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,484,328	\$ 10,994,045	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,663,560)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,663,560)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(249,847)	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)	\$ (249,847)	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)	\$ (6,913,407)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,103,878	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,103,878	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	230,818	6
7	Oxygen	10,427	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 241,245	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	371	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	310	20
21	Other Medical Services	595	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,276	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	868	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 868	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Gain on Sale of Assets/Miscellaneous	29,925	28
28a	Rental Income - FHH (Non Operating Revenue)	68,365	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 98,290	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,445,557	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,156,669	31
32	Health Care	4,290,346	32
33	General Administration	3,377,617	33
B. Capital Expense			
34	Ownership	2,081,290	34
C. Ancillary Expense			
35	Special Cost Centers	1,288,713	35
36	Provider Participation Fee	500,769	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,695,404	40
41	Income before Income Taxes (line 30 minus line 40)**	(249,847)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (249,847)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,287,975	44
45	Private Pay - Net Inpatient Revenue	666,032	45
46	Medicare - Net Inpatient Revenue	2,409,694	46
47	Other-(specify) <u>Hospice</u>	511,053	47
48	Other-(specify) <u>Insurance</u>	229,124	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,103,878	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 Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Medical records	\$ 2,958
Food Rebate	\$ 4,279
Jury Duty	\$ 138
Write Off of Old A/P	\$ 16,278
Gain on Sale of Fixed Assets	\$ 6,219
Vendors Discount	\$ 53

Line 28 Total: 29,925

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	\$ 99,507	\$ 47.84	1
2	Assistant Director of Nursing	3,240	3,240	121,139	37.39	2
3	Registered Nurses	23,220	24,622	718,989	29.20	3
4	Licensed Practical Nurses	40,475	42,928	1,080,797	25.18	4
5	CNAs & Orderlies	96,670	105,999	1,244,692	11.74	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,272	3,670	57,903	15.78	8
9	Activity Director	2,080	2,080	42,564	20.46	9
10	Activity Assistants	4,631	5,150	61,959	12.03	10
11	Social Service Workers	3,063	3,090	59,989	19.41	11
12	Dietician					12
13	Food Service Supervisor	1,456	1,510	46,914	31.07	13
14	Head Cook	1,120	1,120	21,154	18.89	14
15	Cook Helpers/Assistants	31,048	33,767	389,067	11.52	15
16	Dishwashers					16
17	Maintenance Workers	1,912	2,007	52,757	26.29	17
18	Housekeepers	23,325	25,629	298,187	11.63	18
19	Laundry	7,608	8,310	122,057	14.69	19
20	Administrator	2,120	2,283	123,392	54.05	20
21	Assistant Administrator	1,856	1,954	65,105	33.32	21
22	Other Administrative	7,488	7,753	205,460	26.50	22
23	Office Manager	1,472	1,498	22,522	15.03	23
24	Clerical	3,105	3,208	30,897	9.63	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,240	4,240	144,920	34.18	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer Directo	6,883	7,476	113,463	15.18	33
34	TOTAL (lines 1 - 33)	272,364	293,614	\$ 5,123,434 *	\$ 17.45	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	2180/month	\$ 26,160	1-3	35
36	Medical Director	2206/month	26,475	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/month	5,976	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 hours	880	11-3	44
45	Social Service Consultant	16 hours	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 60,611		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	41 hrs	\$ 8,366	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		\$ 8,366		53

Alden Town Manor Rehab & HCC
 Legal Fee Support
 2014

Legal Fees Reported on Pg 21, Section C:	53,738.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(5,496.00)
Non-allowable legal fees, if any, deducted on	
- AMS Allocated Legal Fees	(46,908.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>1,334.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>		<u>Allowable Legal fees</u>
Sheriff of Cook Cou	11/21/14	60.00	guardianship of a residence
Clerk of the Circuit	11/21/14	137.00	guardianship of a residence
Barry Grrenburg	11/03/14	175.00	Sheila Bogan case
Barry Grrenburg	09/08/14	175.00	Sheila Bogan case
Barry Grrenburg	08/20/14	175.00	Sheila Bogan case
Barry Grrenburg	07/18/14	175.00	Sheila Bogan case
Barry Grrenburg	06/18/14	262.00	Sheila Bogan case
Barry Grrenburg	01/23/14	175.00	Sheila Bogan case
TOTAL ALLOWABLE LEGAL FEES		<u>1,334.00</u>	

Corporate SNF Costs			
Monthly Corp Legal Alloc Cost - 2014	3,909.00	}	monthly accrual
Monthly Corp Legal Alloc Cost - 2014	3,909.00		
Monthly Corp Legal Alloc Cost - 2014	3,909.00		
Monthly Corp Legal Alloc Cost - 2014	3,909.00		
Monthly Corp Legal Alloc Cost - 2014	3,909.00		
Monthly Corp Legal Alloc Cost - 2014	3,909.00		
Monthly Corp Legal Alloc Cost - 2014	3,909.00		
Monthly Corp Legal Alloc Cost - 2014	3,909.00		

Monthly Corp Legal Alloc Cost - 2014	3,909.00
Monthly Corp Legal Alloc Cost - 2014	3,909.00
Monthly Corp Legal Alloc Cost - 2014	3,909.00
Monthly Corp Legal Alloc Cost - 2014	3,909.00

Total Corp SNF Allocated Costs 46,908.00

Legal Fees - Collection

12/23/14	CLEOCU COLLECT CIT-HEAGGINS	80.00	HEAGGINS
12/08/14	STOPOG Pogrund & Korey LLC	500.00	
11/25/14	ABCACC SPECIAL PROCESS COLLE	86.00	18351
11/07/14	STOPOG Pogrund & Korey LLC	500.00	
10/14/14	ABCACC COLLECTION-LUCIO	43.00	18321
10/14/14	RECCOO JUDGMENT COLLECTION	40.00	HEAGGINS
10/07/14	STOPOG Pogrund & Korey LLC	532.40	
09/05/14	STOPOG Pogrund & Korey LLC	545.36	
08/28/14	ABCACC SPECIAL PROCESS COLLE	43.00	BARON,G.
08/28/14	CLEOCU ALIAS SUMMONS COLLEC	12.00	ELLIS
08/22/14	RECCOO COLLECTION SUIT MEMO	80.00	RESTREPO
08/12/14	MARINV LESLIE ELLIS	50.00	42788-42789
08/12/14	MARINV RAUL ELLIS	50.00	42788-42789
08/07/14	STOPOG Pogrund & Korey LLC	571.28	
07/24/14	RECCOO MEMO OF JUDGE COLL-G	40.00	GRECO
07/03/14	STOPOG Pogrund & Korey LLC	545.36	
06/24/14	CLEOCU Clerk Of The Circuit Co	80.00	Lucio
06/24/14	ABCACC Lucio "Special Process"	43.00	Lucio/Hearn
06/24/14	ABCACC Hearn "Special Process"	43.00	Lucio/Hearn
06/24/14	ABCACC Leonard Smith dba ABC A	43.00	Heaggins
06/06/14	STOPOG Pogrund & Korey LLC	500.00	
05/21/14	RECCOO Recorder of Deeds Cook	40.00	FULLER
05/21/14	CLEOCU Clerk Of The Circuit Co	6.00	BORAN
05/02/14	MARINV Markley Investigations	50.00	41073
05/02/14	ABCACC Leonard Smith dba ABC A	172.00	18224
05/02/14	CLEOCU Clerk Of The Circuit Co	12.00	HOBBS
04/09/14	CLEOCU Clerk Of The Circuit Co	80.00	LUCIO
04/09/14	CLEOCU Clerk Of The Circuit Co	6.00	HEAGGINS
03/17/14	CLEOCU Clerk Of The Circuit Co	6.00	GRECIA
03/06/14	RECCOO Recorder of Deeds Cook	50.00	TAMILLO
03/06/14	CHITIC TAMILLO	60.00	H25334611
03/10/14	ABCACC ABC Accounts Corpor	131.00	
03/05/14	MARINV 022514 Bridgett Poole	150.00	40146

03/05/14	RECCOO Recorder of Deeds Cook	40.00	LUCIO
03/05/14	CLEOCU Clerk Of The Circuit Co	30.00	ALIAS
01/28/14	CLEOCU Clerk Of The Circuit Co	12.00	Hobbs
01/28/14	CLEOCU Clerk Of The Circuit Co	6.00	REAMS
01/28/14	CLEOCU Clerk Of The Circuit Co	6.00	BERON
01/28/14	ABCACC ZARCO ZENELDA SPECIAL	43.00	18165
01/28/14	ABCACC QUEEN NORMAN	43.00	18165
01/22/14	MARINV BRANT,HOBBS SPECIAL PI	125.00	39662
	Total Legal Fees - Collection	5,495.40	

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

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes;RN/LPN: No (13)
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL \$13,082
- (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. \$ 97,487 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. \$ 500,769
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. \$ 43,575 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.