

Facility Name & ID Number Alden Village Hlth Facility

0038455 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		Skilled (SNF)		0	1
2	126	Skilled Pediatric (SNF/PED)	126	45,990	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	126	TOTALS	126	45,990	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					8
9	SNF/PED	43,972	24	275	44,271	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,972	24	275	44,271	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.26%

D. How many bed-hold days during this year were paid by the Department?
254 (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 11/01/92

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/01/92 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary Not applicable

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 Village Hlth Facility

0038455

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	203,420	26,003	22,500	251,923	6,090	258,013	(9,197)	248,816		1
2	Food Purchase		806,187		806,187	(33,278)	772,909	(428,171)	344,738		2
3	Housekeeping	175,048	34,621		209,669	5,415	215,084	8,261	223,345		3
4	Laundry	58,864	24,713	6	83,583		83,583		83,583		4
5	Heat and Other Utilities			183,587	183,587		183,587	(978)	182,609		5
6	Maintenance	53,745		203,558	257,303		257,303	28,710	286,013		6
7	Other (specify):* related party							12,302	12,302		7
8	TOTAL General Services	491,077	891,524	409,651	1,792,252	(21,773)	1,770,479	(389,073)	1,381,406		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	2,891,528	313,590	13,602	3,218,720	(35,690)	3,183,030	42,449	3,225,479		10
10a	Therapy			14,809	14,809	209,643	224,452	20,773	245,225		10a
11	Activities	115,493	2,502	1,103	119,098		119,098		119,098		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation	19,801			19,801		19,801		19,801		14
15	Other (specify):* related party							7,227	7,227		15
16	TOTAL Health Care and Programs	3,026,822	316,092	33,114	3,376,028	173,953	3,549,981	70,449	3,620,430		16
	C. General Administration										
17	Administrative	173,882			173,882		173,882	137,633	311,515		17
18	Directors Fees										18
19	Professional Services			573,895	573,895		573,895	(495,998)	77,897		19
20	Dues, Fees, Subscriptions & Promotions			14,759	14,759		14,759	2,655	17,414		20
21	Clerical & General Office Expenses	198,267	18,878	72,724	289,869	1,010	290,879	310,164	601,043		21
22	Employee Benefits & Payroll Taxes			701,126	701,126	17,595	718,721	(12,890)	705,831		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,900	1,900		1,900	1,532	3,432		24
25	Other Admin. Staff Transportation			21,080	21,080		21,080	14,713	35,793		25
26	Insurance-Prop.Liab.Malpractice			149,250	149,250		149,250	12,496	161,746		26
27	Other (specify):* related party/bad debt			4,639	4,639		4,639	65,565	70,204		27
28	TOTAL General Administration	372,149	18,878	1,539,373	1,930,400	18,605	1,949,005	35,870	1,984,875		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,890,048	1,226,494	1,982,138	7,098,680	170,785	7,269,465	(282,753)	6,986,712		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 Village Hlth Facility

#0038455

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			29,879	29,879		29,879	445,603	475,482			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			84,089	84,089		84,089	377,826	461,915			32
33	Real Estate Taxes			133,525	133,525	(133,525)		138,684	138,684			33
34	Rent-Facility & Grounds			770,267	770,267	133,525	903,792	(889,692)	14,100			34
35	Rent-Equipment & Vehicles			11,715	11,715		11,715	48,528	60,243			35
36	Other (specify):* MIP							73,889	73,889			36
37	TOTAL Ownership			1,029,475	1,029,475		1,029,475	194,838	1,224,313			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	218,484	155,470	209,643	583,597	(170,785)	412,812	(48,975)	363,837			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			558,939	558,939		558,939		558,939			42
43	Other (specify):* DD Day Training	5,556		1,521,903	1,527,459		1,527,459		1,527,459			43
44	TOTAL Special Cost Centers	224,040	155,470	2,290,485	2,669,995	(170,785)	2,499,210	(48,975)	2,450,235			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,114,088	1,381,964	5,302,098	10,798,150		10,798,150	(136,891)	10,661,259			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		\$ (33,278.00)	Employee Meals
	22	\$ 33,278.00	Employee Meals
22		\$ (15,683.00)	Uniforms
	1	\$ 6,090.00	Uniforms
	3	\$ 5,415.00	Uniforms
	4		Uniforms
	6		Uniforms
	10	\$ 3,168.00	Uniforms
	11		Uniforms
	21	\$ 1,010.00	Uniforms
10		\$ (38,858.00)	Oxygen - to appropriate cost center
	39	\$ 38,858.00	Oxygen - to appropriate cost center
33		\$ (133,525.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 133,525.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>DD Providers Only:</u>			
39		(209,643.34)	PT, OT,ST & RT CPT Therapy Costs
	10A	209,643.34	PT, OT,ST & RT CPT Therapy Costs
		<u>\$ -</u>	

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	(1,558)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(17)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(111)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(15,425)	21		17
18	Fines and Penalties	(2,300)	32		18
19	Entertainment	(93)	20		19
20	Contributions	6,091	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,040)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(4,639)	27		24
25	Fund Raising, Advertising and Promotional	(3,593)	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)	\$ (24,685)		\$	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)	52,094		34
35	Other- Attach Schedule	(164,300)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (112,206)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (136,891)		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 Village Hlth Facility

ID# 0038455

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,872)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500 -	(11,952)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,673	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	19,538	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	52	30	6
7	Late Fees on Utilities	(4,036)	5	7
8	Other Nursing Income	(480)	21	8
9	Intercompany Interest	(79,745)	32	9
10	Misc Income- Record Copies	(160)	21	10
11	Misc Income- Jury Duty	(17)	21	11
12	Misc Income- Donations	(100)	21	12
13	Marketing Manager & Aides	(75,634)	21	13
14	Eliminate portion of market benefits	(12,890)	22	14
15	Back Out Bloomingdale Chamber Comm.	(275)	20	15
16	Deprecation adjustment to detail	1,794	30	16
17	Record Depreciation for Deferred Maint.	(196)	6	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			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	(164,300)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Hlth Facility

0038455

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,465	(11,662)	0	0	0	0	0	0	0	(9,197)	1
2	Food Purchase	(111)	0	0	(428,060)	0	0	0	0	0	0	0	(428,171)	2
3	Housekeeping	0	0	8,261	0	0	0	0	0	0	0	0	8,261	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,036)	0	3,058	0	0	0	0	0	0	0	0	(978)	5
6	Maintenance	21,457	0	5,907	0	0	0	(39)	1,385	0	0	0	28,710	6
7	Other (specify):*	0	0	7,513	4,789	0	0	0	0	0	0	0	12,302	7
8	TOTAL General Services	17,310	0	27,204	(434,933)	0	0	(39)	1,385	0	0	0	(389,073)	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	0	0	46,728	(58)	(4,221)	0	0	0	0	0	0	42,449	10
10a	Therapy	0	0	0	0	0	20,773	0	0	0	0	0	20,773	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	7,227	0	0	0	0	0	0	0	0	7,227	15
16	TOTAL Health Care and Programs	0	0	53,955	(58)	(4,221)	20,773	0	0	0	0	0	70,449	16
	C. General Administration													
17	Administrative	0	0	137,633	0	0	0	0	0	0	0	0	137,633	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,040)	6,550	(499,508)	0	0	0	0	0	0	0	0	(495,998)	19
20	Fees, Subscriptions & Promotions	2,130	0	525	0	0	0	0	0	0	0	0	2,655	20
21	Clerical & General Office Expenses	(91,816)	155	267,284	126,572	7,969	0	0	0	0	0	0	310,164	21
22	Employee Benefits & Payroll Taxes	(12,890)	0	0	0	0	0	0	0	0	0	0	(12,890)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,532	0	0	0	0	0	0	0	0	1,532	24
25	Other Admin. Staff Transportation	0	0	14,713	0	0	0	0	0	0	0	0	14,713	25
26	Insurance-Prop.Liab.Malpractice	0	12,286	210	0	0	0	0	0	0	0	0	12,496	26
27	Other (specify):*	(4,639)	0	57,412	12,443	349	0	0	0	0	0	0	65,565	27
28	TOTAL General Administration	(110,255)	18,991	(20,199)	139,015	8,318	0	0	0	0	0	0	35,870	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(92,944)	18,991	60,960	(295,976)	4,097	20,773	(39)	1,385	0	0	0	(282,753)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Village Hlth Facility

0038455

Report Period Beginning:

01/01/2014 Ending:

Summary B

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	(13,978)	455,591	3,990	0	0	0	0	0	0	0	0	445,603	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(82,062)	372,344	87,372	0	172	0	0	0	0	0	0	377,826	32
33	Real Estate Taxes	0	133,525	5,180	0	(21)	0	0	0	0	0	0	138,684	33
34	Rent-Facility & Grounds	0	(889,692)	0	0	0	0	0	0	0	0	0	(889,692)	34
35	Rent-Equipment & Vehicles	0	0	48,528	0	0	0	0	0	0	0	0	48,528	35
36	Other (specify):*	0	73,889	0	0	0	0	0	0	0	0	0	73,889	36
37	TOTAL Ownership	(96,040)	145,657	145,070	0	151	0	0	0	0	0	0	194,838	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	(37,761)	(11,214)	0	0	0	0	0	0	(48,975)	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	(37,761)	(11,214)	0	0	0	0	0	0	(48,975)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(188,985)	164,648	206,030	(333,737)	(6,966)	20,773	(39)	1,385	0	0	0	(136,891)	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	\$ 889,692	Village II, Inc.	0.00%	\$	\$ (889,692)	1
2	V	32 Interest Income Repl Reserve	96	Village II, Inc.			(96)	2
3	V	19 Accounting Fees		Village II, Inc.		6,550	6,550	3
4	V	21 Misc Administrative Expenses		Village II, Inc.		155	155	4
5	V	33 Real Estate Tax Expense		Village II, Inc.		133,525	133,525	5
6	V	26 General Insurance Expense		Village II, Inc.		12,286	12,286	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.		73,889	73,889	7
8	V	32 Interest- Mortgage		Village II, Inc.		369,461	369,461	8
9	V	30 Depreciation Expense		Village II, Inc.		455,591	455,591	9
10	V	32 Amortization Expense		Village II, Inc.		2,979	2,979	10
11	V			Village II, Inc.				11
12	V			Village II, Inc.				12
13	V			Village II, Inc.				13
14	Total		\$ 889,788			\$ 1,054,436	\$ * 164,648	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,058	\$	3,058	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,532		1,532	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,713		14,713	17
18	V	26 Insurance		Alden Management Services, Inc.		210		210	18
19	V	20 Dues & Subscriptions	3,112	Alden Management Services, Inc.		3,637		525	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990		3,990	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,180		5,180	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		48,528		48,528	22
23	V	32 Interest		Alden Management Services, Inc.		87,372		87,372	23
24	V	1 Dietary		Alden Management Services, Inc.		2,465		2,465	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,261		8,261	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		7,513		7,513	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		46,728		46,728	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		7,227		7,227	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		137,633		137,633	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		57,412		57,412	30
31	V	19 Professional Fees	546,869	Alden Management Services, Inc.		47,361		(499,508)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		267,284		267,284	32
33	V	6 Repair & Maint.	34,895	Alden Management Services, Inc.		40,802		5,907	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 584,876			\$ 790,906	\$ *	206,030	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consultant	\$ 22,500	Prism Health Care Services, Inc.	0.00%	\$ 54	\$ (22,446)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		10,784	10,784
17	V	2 Tube Feeding	557,199	Prism Health Care Services, Inc.		129,139	(428,060)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)
19	V	39 Ancillary Supplies	82,068	Prism Health Care Services, Inc.		43,662	(38,406)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		645	645
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		74,826	74,826
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		12,443	12,443
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		4,789	4,789
24	V	21 General & Administrative		Prism Health Care Services, Inc.		51,746	51,746
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		\$ 668,427			\$ 334,690	\$ * (333,737)

* 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	\$ 45,364	Forum Extended Care Services II, Inc.	0.00%	\$ 38,434	\$ (6,930)
16	V	39 Wound Care	28,039	Forum Extended Care Services II, Inc.		23,755	(4,284)
17	V	10 House Stock	25,014	Forum Extended Care Services II, Inc.		21,193	(3,821)
18	V	10 Pharmacy Consultant	2,616	Forum Extended Care Services II, Inc.		2,216	(400)
19	V	27 Employee Vaccination	2,043	Forum Extended Care Services II, Inc.		1,731	(312)
20	V	27 Employee Benefits: G & A		Forum Extended Care Services II, Inc.		661	661
21	V	21 Gen'l & Admin- Salary		Forum Extended Care Services II, Inc.		4,383	4,383
22	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		3,586	3,586
23	V	32 Interest		Forum Extended Care Services II, Inc.		172	172
24	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(21)	(21)
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		\$ 103,076			\$ 96,110	\$ * (6,966)

* 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	10a Therapy	\$ 161,217	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 181,990	\$ 20,773	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		\$ 161,217			\$ 181,990	\$ *	20,773	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 20,159	Alden Bennett Construction Company, Inc.	0.00%	\$ 20,120	\$	(39)	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		\$ 20,159			\$ 20,120	\$ *	(39)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 6,603	Alden Design Group, Inc.	0.00%	\$ 7,988	\$ 1,385	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		\$ 6,603			\$ 7,988	\$ *	1,385	39

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

Facility Name & ID Number

Alden Village Hlth Facility

0038455

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	President	CEO	100.00	178,592	1.384	3.46	Salary	\$ 6,408	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	91,709	1.384	3.46	Salary	3,291	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	91,709	1.384	3.46	Salary	3,291	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	96,769	1.384	3.46	Salary	3,472	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	58,817	1.384	3.46	Salary	2,111	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	\$ 18,573		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 Village Hlth Facility

0038455

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	\$ 44,271	\$ 3,058	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	44,271	1,532	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	44,271	14,713	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	44,271	210	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	44,271	3,637	5
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	44,271	5,180	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	44,271	48,528	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	44,271	87,372	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	44,271	2,465	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	44,271	8,261	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	44,271	7,513	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	44,271	46,728	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	44,271	7,227	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	44,271	137,633	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	44,271	57,412	16
17	19	Professional fees	Patient Days	1,278,025	35	1,311,498	44,271	47,361	17
18	21	Gen'I & Admin	Patient Days	1,278,025	35	7,716,027	44,271	267,284	18
19	6	Repair & Maint.	Patient Days	1,278,025	35	1,444,891	44,271	40,802	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 790,906	25

Facility Name & ID Number

Alden Village Hlth Facility

0038455

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	Reporting Period Interest Expense					
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO											Original	Balance		
A. Directly Facility Related																	
Long-Term																	
1	Cambridge		X	Mortgage		9/1/2012	\$ 15,183,700	\$ 14,672,103	9/1/2052	2.5000	\$ 369,461	1					
2												2					
3												3					
4	Insurance Interest (GL07053)		X	Medical Malpractice							2,044	4					
5	Amort of Fin Fees (GL 1918)		X	Refinancing							2,978	5					
Working Capital																	
6	Related party-AMS		X	Working Capital							87,372	6					
7	Related party-FECII		X	Working Capital							172	7					
8												8					
9	TOTAL Facility Related						\$ 15,183,700	\$ 14,672,103			\$ 462,027	9					
B. Non-Facility Related*																	
10	Interest Income on R.R.		X								(96)	10					
11	Int Income (GL#4975)		X								(17)	11					
12												12					
13												13					
14	TOTAL Non-Facility Related						\$	\$			(112)	14					
15	TOTALS (line 9+line14)						\$ 15,183,700	\$ 14,672,103			\$ 461,915	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 73,889 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>126,600</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>128,125</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>1,525</u>		3
4.	Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>132,000</u>		4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>133,525</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>5,159.00</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>138,684</u>
Real Estate Tax Bill for Calendar Year:		2009	<u>111,790</u>	8	
		2010	<u>115,590</u>	9	
		2011	<u>118,677</u>	10	
		2012	<u>122,946</u>	11	
		2013	<u>128,125</u>	12	
The current year accrual is based on an estimated 3% increase of the prior year tax					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2013	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Village Hlth Facility COUNTY Du Page
 FACILITY IDPH LICENSE NUMBER 0038455
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2013 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2013.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>317,349.00</u>	\$ <u>5,180.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(21.00)</u>
3. <u>02-14-107-038</u>	<u>Nursing Home Facility</u>	\$ <u>128,125.24</u>	\$ <u>128,125.24</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>436,308.24</u></u>	\$ <u><u>133,284.24</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.**

Facility Name & ID Number Alden Village Hlth Facility

0038455 Report Period Beginning:

01/01/2014 Ending:

12/31/2014

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,462 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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

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

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

none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>nursing facility</u>		<u>1992</u>	<u>\$ 580,000</u>	1
2					2
3	TOTALS			\$ 580,000	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5		1998		2,216,218	56,839	varies	56,839		924,951	5
6	119	2009	2009	11,600,002	297,436	varies	297,436		1,759,830	6
7										7
8										8
Improvement Type**										
9	Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10	Water heater moyor;valve repair		1993	9,288		5-15			9,288	10
11	Carpentry work, water heater repair		1994	63,064		3-15			63,064	11
12	Fire alarm repairs; brickwork; install circuits		1995	185,123	5,475	3-25	5,475		158,764	12
13	Village construction		1996	14,046	562	25	562		11,098	13
14	Install fire door		1996	2,977		15			2,977	14
15	Replace compressor		1997	1,825		5			1,825	15
16	Roof patching		1998	1,700		10			1,700	16
17	Replace condensing unit		1998	4,810		15			4,810	17
18	install damper motor &detector		1998	2,104		15			2,104	18
19	Replace furnace equipment		1999	1,827		15			1,827	19
20	install automatic door		1999	8,107		10			8,107	20
21	Install display and digital phones		2000	1,726		10			1,726	21
22	Replace HVAC burners		2000	1,607		3			1,607	22
23	Replace 5 ton condensing unit		2000	1,950		5			1,950	23
24	Install 100 amp disconnect and cable		2000	1,920		5			1,920	24
25	Roof repair		2000	1,583		5			1,583	25
26	Door Alarms		2001	19,015		10			19,015	26
27	Display phone and digital phone		2001	1,609		10			1,609	27
28	ABC (misc. repairs)		2002	2,362		5			2,362	28
29	Capps Plumbing (gas regulators for main gas to building)		2002	4,375		10			4,375	29
30	GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350		10			5,350	30
31	ABC (wall mounted eye wash)		2002	2,507		10			2,507	31
32	ABC (misc. repairs)		2002	1,800		5			1,800	32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	ABC=-Parking lot repairs	2003	\$ 20,730	\$	10	\$	\$	\$ 20,730	37
38	ABC- misc construction	2003	7,580		10			7,580	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200		10			3,200	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		680	42
43	ABC- roof repair	2003	10,121		10			10,121	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		6,899	44
45	Patton Ind-gernerator repair	2004	2,050	120	10	120		2,050	45
46	ABC - roof repairs	2004	1,918	94	10	94		1,918	46
47	GT Mechanical-heater repair	2004	1,506	124	10	124		1,506	47
48	GT Mechanical-heater repair	2004	1,878	171	10	171		1,878	48
49	ABC-roof repairs	2004	3,356	334	10	334		3,356	49
50	ABC-new tile	2004	9,043	153	10	153		9,043	50
51	ABC-doors	2004	3,293	220	15	220		2,382	51
52	ABC-roof canopy	2004	3,581	90	10	90		3,581	52
53	INS, Inc-rewire for DSL	2004	1,512	14	10	14		1,512	53
54	ABC-various remodeling	2004	4,661		5			4,661	54
55	ABC-new water heater for kitchen	2004	14,644	976	15	976		10,249	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227	79	10	79		1,227	57
58	Capps Plumbing-install 2 discharge lines	2005	865		5			865	58
59	Patton Ind-gernerator repair	2005	1,747		5			1,747	59
60	Oak Fire-change out 30 detectors	2005	1,885		5			1,885	60
61	Equipment International-washer repairs	2005	1,905		5			1,905	61
62	ABC-firestop installation	2005	3,213	321	10	321		2,944	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160	616	10	616		5,801	63
64	GT Mechanical-replace storage tank	2005	8,935	894	10	894		8,791	64
65	ABC-diswasher repairs	2006	6,824	682	10	682		6,082	65
66	ABC - elevator pump	2006	10,042	502	20	502		4,101	66
67	ABC - elevator power supply	2006	4,974	249	20	249		2,013	67
68	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		2,150	68
69	ABC-Repave parking lot	2006	3,600	75	8	75		3,600	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 366,985		\$ 366,985	\$	\$ 3,139,120	70

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

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		\$ 14,319,203	\$ 366,985		\$ 366,985	\$	\$ 3,139,120	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		21,905	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		8,910	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		3,476	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refri	2008	2,703	270	10	270		1,755	5
6	JuLAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		1,283	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	626	8	626		3,965	7
8	ABC- Installed new railings	2009	4,540	303	15	303		1,692	8
9	ABC -Roof Installation	2009	14,288	1,429	10	1,429		7,224	9
10	ABC- RoofTop Screening fire protect	2009	8,436	844	10	844		4,220	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106		5			4,106	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		1,438	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		931	13
14	GARPAV-Re-stripe existing lav out with new seal coat in parking	2011	3,000	600	5	600		1,956	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	519	8	519		1,695	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	910	10	910		2,047	16
17	ABC-Emergency hot water heater replace	2012	23,395	2,340	10	2,340		5,460	17
18	AprAMS IC-AMEEXP Floyd-Patten: Generator repairs	2013	4,885	977	5	977		1,384	18
19	ABC-dampers, fire radiation	2013	2,674	535	5	535		981	19
20	ABC-Wall protection: dining, activity 5 & 7, room C114, C116, C1	2013	5,481	548	10	548		685	20
21	ABC-dampers, fire radiation	2013	12,440	2,488	5	2,488		3,110	21
22	Tile Replacement-ALDBEN	2014	3,320	28	20	28		28	22
23	Dampers,fire radiation replace-ABC	2014	5,481	411	10	411		411	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)		\$ 14,496,924	\$ 385,201		\$ 385,201	\$	\$ 3,217,781	34

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

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		\$ 14,496,924	\$ 385,201		\$ 385,201	\$	\$ 3,217,781	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27	ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(12)	27
28	ABC- Adjustment for realted party profit	2009	(209)	(6)		(6)		(27)	28
29	ABC- Adjustment for realted party profit	2010	(237)	(9)		(9)		(39)	29
30	ABC- Adjustment for realted party profit	2011	46	1		1		3	30
31	ABC- Adjustment for realted party profit	2012	1,444	48		48		144	31
32	ABC- Adjustment for realted party profit	2013	241	10		10		31	32
33	ABC- Adjustment for realted party profit	2014	(17)	(1)		(1)		(1)	33
34	TOTAL (lines 1 thru 33)		\$ 14,588,619	\$ 386,547		\$ 386,547	\$	\$ 3,299,914	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	\$ 874,436	\$ 75,131	\$ 75,131	\$	varies	\$ 416,880	71
72	Current Year Purchases	82,810	8,072	8,072		varies	6,918	72
73	Fully Depreciated Assets	773,609	970	970		varies	773,609	73
74								74
75	TOTALS	\$ 1,730,855	\$ 84,173	\$ 84,173	\$		\$ 1,197,407	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus Purch-Anrie Yusim/Bus Purch AMS transfer		2004/2000	\$ 95,121	\$	\$	\$	5/5	\$ 95,121	76
77	Bus repairs, including 2 in MRs on Vlg II		2006	20,826				5	20,826	77
78	MIDTRA-Bus Repairs/ MIDTRA replaceengine on bus		2011	19,842	4,763	4,763		3/5	18,059	78
79	Related party-AMS	various	1998-2004	4,026				3	4,026	79
80	TOTALS			\$ 139,815	\$ 4,763	\$ 4,763	\$		\$ 138,032	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)	\$ 17,039,289	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 475,482	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 475,482	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,635,353	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	CIP	\$ 3,149	92
93			93
94			94
95		\$ 3,149	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 Village Hlth Facility

0038455

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		<u>Related party-cost is backed out</u>		\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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: \$ 16,303

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>17,841</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>145.83</u>	<u>1,750</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>19,591</u>	21

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

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

Facility Name & ID Number Alden Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2014 Ending: 12/31/2014
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39-3	hrs							4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	See Pg 16A	# of prescripts				38,434		38,434	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		218,484					218,484	12	
13	Other (specify):	See Pg 16A		0			106,919		106,919	13	
14	TOTAL			\$ 218,484		\$	\$ 145,353		\$ 363,837	14	

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

XIV. Special Services (Direct Cost)

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		

1.	OT		39-3	To Col 5		\$43,874.92	
2.	ST		39-3	To Col 5		17,590.73	
3.							
4.	PT		39-3	To Col 5		99,751.69	
5.							
6.							
7.							
8.							
						<u>161,217.34</u>	
						(161,217.34)	
						0.00	
	Pharmacy Supplies per GL					45,363.76	
	Manual Input from Related Party- Forum Drugs					(6,930.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		38,433.76	38,433.76

10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		218,484.39	
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	
	Total Exceptional Care (Line 12, Col 8)					218,484.39	218,484.39

13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT	To Col 5		0.00
13. Col 3: Transport. Specialist -Input to Column 3		0.00	0.00
Other		158,532.27	
Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A		(48,426.00)	
Manual Input: Related Party - Prism		(37,761.00)	
Manual Input: Related Party FECII - I.V.		0.00	
Manual Input: Related Party FECII - Wound Care		(4,284.00)	
Oxygen, from reclass worksheet (Pg 4A)		38,858.00	
13. Col 6: Supplies Total	To Col 6	106,919.27	106,919.27
13. Total Line 13, Column 8		0.00	106,919.27
14. Total		0.00	363,837.42

Facility Name & ID Number Alden Village Hlth Facility

0038455

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 56,876	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 20,000)	1,880,649	1,880,649	3
4	Supply Inventory (priced at)	4,088	4,088	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,732	6
7	Other Prepaid Expenses	9,161	63,924	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party		72,676	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,893,898	\$ 2,088,945	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	694,934	1,904,593	15
16	Equipment, at Historical Cost	512,759	828,804	16
17	Accumulated Depreciation (book methods)	(1,077,314)	(4,669,975)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		86,558	21
22	Other Long-Term Assets (spec CIP, Financing Fees)	3,149	67,667	22
23	Other(specify): Due from Affiliate			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 133,528	\$ 12,614,368	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,027,426	\$ 14,703,313	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 893,217	\$ 893,217	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	11,059	11,059	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	470,869	470,869	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,110	19,110	31
32	Accrued Real Estate Taxes(Sch.IX-B)		132,000	32
33	Accrued Interest Payable		30,567	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Ins, Exps, IDPA, Sales Tax, etc.	1,757,797	1,704,610	36
37	Due to Affiliates		236,769	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,152,052	\$ 3,498,201	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,435,335	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 14,435,335	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,152,052	\$ 17,933,536	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,124,626)	\$ (3,230,222)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,027,426	\$ 14,703,314	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,117,852)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,117,852)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(6,774)	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)	\$ (6,774)	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)	\$ (1,124,626)	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	\$ 9,152,974	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,152,974	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	19,853	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 19,853	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,145	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		20
21	Other Medical Services	480	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,625	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	17	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 17	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	1,616,907	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,616,907	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,791,376	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,792,252	31
32	Health Care	3,376,028	32
33	General Administration	1,930,400	33
B. Capital Expense			
34	Ownership	1,029,475	34
C. Ancillary Expense			
35	Special Cost Centers	2,111,056	35
36	Provider Participation Fee	558,939	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,798,150	40
41	Income before Income Taxes (line 30 minus line 40)**	(6,774)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (6,774)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,096,360	44
45	Private Pay - Net Inpatient Revenue	4,813	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice</u>	55,160	47
48	Other-(specify) <u>Charity/Sales Allow.</u>	(3,360)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,152,973	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 Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2014 Ending: _____

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Jury Duty	\$ 17
Record Copies- Backed out with line reference 22 on page 5A	\$ 160
Donations- Backed out with line reference 22 on page 5A	\$ 100
Day Training Income	\$ 1,610,989
Write off old A/P	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	\$ 1,889
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	\$ 3,752

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	\$ 125,273	\$ 60.23	1
2	Assistant Director of Nursing	2,080	2,080	70,192	33.75	2
3	Registered Nurses	27,348	29,462	889,670	30.20	3
4	Licensed Practical Nurses	16,613	17,591	438,065	24.90	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	12,138	12,316	112,032	9.10	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,112	2,158	52,849	24.49	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,889	16,457	150,571	9.15	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	53,745	25.84	17
18	Housekeepers	15,463	16,710	175,048	10.48	18
19	Laundry	5,265	5,645	58,864	10.43	19
20	Administrator	2,080	2,080	103,249	49.64	20
21	Assistant Administrator	2,080	2,080	70,632	33.96	21
22	Other Administrative	4,160	4,168	139,536	33.48	22
23	Office Manager	1,840	1,840	32,404	17.61	23
24	Clerical	2,814	2,879	26,327	9.14	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	12,160	12,263	213,025	17.37	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	101,676	108,626	1,373,787	12.65	30
31	Medical Records					31
32	Other Health C: Bahavioral Health	80	80	3,462	43.28	32
33	Other(specify) <u>Transportation sp</u>	1,415	1,663	25,357	15.25	33
34	TOTAL (lines 1 - 33)	229,373	242,258	\$ 4,114,088 *	\$ 16.98	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	1875/monthly	\$ 22,500	1-3	35
36	Medical Director	300/monthly	3,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/monthly	2,616	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	5	220	11-3	44
45	Social Service Consultant	17	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	22	\$ 29,216		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	22	\$ 3,257	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	22	\$ 3,257		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
LONGO, LAURIE M	Administrator	0	\$ 103,250	Workers' Compensation Insurance	\$ 178,145	IDPH License Fee	\$	
HARRIS, YVONNE	Assistant Administrator	0	70,632	Unemployment Compensation Insurance	37,802	Advertising: Employee Recruitment	1,909	
				FICA Taxes	299,288	Health Care Worker Background Check		
				Employee Health Insurance	134,702	(Indicate # of checks performed 53)	1,710	
				Employee Meals	33,278	Patient Background Checks	5 50	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bonds/Costco	1,653	
				Dental, Life, Relations, Pension & Misc	26,676	Health Care Counsol	6,955	
				Employee Drug Test	2,720	Association of Providers for Children with cc	1,500	
				401k Match	4,373	Related party-Village II, LLC		
				Employee Vaccinations	2,043	Related party- AMS	3,637	
				Tuition Reimbursement	(306)	Less: Public Relations Expense	()	
				Employee Benefit -Marketing	(12,890)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 173,882				\$ 705,831		\$ 17,414		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$			Not Applicable		\$	Out-of-State Travel	\$
							In-State Travel	
							IL Health Care Association	1,305
							IL Assoc of Rehab facilities	375
							Related party- AMS	1,532
							Seminar Expense	
							Seminars/Conventions	220
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 3,432	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services	Consulting fees	\$ 499,960						
BDO Siedman/Virchow Krause	Accounting Fees	9,238						
MidCap/Mercer Health & Benefit, L	Accounting Fees	2,978						
Clerk of the Circuit Court/Sheriff of	Legal -Non Collection	450						
IIT Chicago -Kent College of Law	Legal -Non Collection	6,638						
Michigan Peer Review Organization	Quality Control & Review	1,230						
First Advantage	Tax Consultants	2,025						
Chuhak & Tecson, P.C./Edward J.M	Land&Construction Serv.	1,429						
AMS (Eliminated)	Allocated Legal Fees	46,908						
Clerk of the Circuit Court/Sheriff of	Legal -Collection	885						
D Squared Reporters/Valer Enterpri	Legal -Collection	744						
Righeimer Mertin & Cinquine, P.C.	Legal -Collection	1,410						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)								
\$ 573,895								

* Attach copy of IMRF notifications

**See instructions.

**Alden Village Hlth Facility
Legal Fee Support
2014**

Legal Fees Reported on Pg 21, Section C:	\$ 57,035.80
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(3,039.75)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(46,908.00)
Allowable Legal Fees	<u>\$ 7,088.05</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
Clerk Of The Circuit Court	09/24/14	180.00	
Clerk Of The Circuit Court	12/29/14	180.00	
IIT Chicago-Kent College if Law	10/16/13	1,030.50	
IIT Chicago-Kent College if Law	03/26/14	1,839.75	
IIT Chicago-Kent College if Law	10/27/14	3,767.80	
Sheriff of DuPage County	09/24/14	45.00	
Sheriff of DuPage County	12/29/14	45.00	
TOTAL ALLOWABLE LEGAL FEES		<u><u>7,088.05</u></u>	

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
Ariana Fisch	12/31/14	2.00	
Clerk Of The Circuit Court	02/04/14	(180.00)	
Clerk Of The Circuit Court	01/13/14	150.00	
Clerk Of The Circuit Court	02/04/14	180.00	

Clerk Of The Circuit Court	02/04/14	180.00
Clerk Of The Circuit Court	05/12/14	180.00
Clerk Of The Circuit Court	06/25/14	180.00
D Squared Reporters, Inc.	05/16/14	595.95
RIGMAR GAL FEES GUARDIANSHIP-B	03/26/14	728.50
RIGMAR GAL FEES-CRUMP	03/26/14	681.50
Sheriff of Cook Country	01/13/14	60.00
Sheriff of DuPage County	02/13/14	(45.00)
Sheriff of DuPage County	02/13/14	(45.00)
Sheriff of DuPage County	02/04/14	45.00
Sheriff of DuPage County	02/13/14	45.00
Sheriff of DuPage County	09/10/14	45.00
Sheriff of DuPage County	02/04/14	45.00
Sheriff of DuPage County	05/12/14	45.00
VALENT Valer Enterprises Inc.	09/01/14	146.80

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 3,039.75

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

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost

	<u>57,035.80</u>
\$	-

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	Compressor A/C	11/94	\$ 2,191	15	\$ 146	\$ 146	\$ 146	\$ 0				
2	Relocating water pipe	7/95	3,545	15	127	127	127	64				
3	Painting	5/09	839	3			163	280	279	117	0	0
4	Paint, Tinted Paint	06/12	838	3						140	279	279
5	Paint, Tinted	11/12	503	3						14	168	168
6	Painting	5/13	1,827	3							355	609
7	Painting	12/13	3,369	3							0	1,123
8	Painting -ABC	2014	885	3								271
9	Painting -ABC	2014	655	3								182
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 14,653		\$ 273	\$ 273	\$ 436	\$ 344	\$ 279	\$ 271	\$ 802	\$ 2,632
												\$ 2,538

Facility Name & ID Number Alden Village Hlth Facility

0038455

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes, RN/LPNs: NC (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
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Counsol -\$6,955
- (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. \$ 59,532 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. \$ 558,939
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.
- (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. \$ 33,278 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? NO
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 88,596
- (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.