



Facility Name & ID Number Alden Village North

# 0049122 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	150	Skilled Pediatric (SNF/PED)	150	54,750	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	150	TOTALS	150	54,750	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED	28,825	365	163	29,353	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	28,825	365	163	29,353	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 53.61%

D. How many bed-hold days during this year were paid by the Department? 261 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)  
None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?  
YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES  NO

I. On what date did you start providing long term care at this location?  
Date started 1/3/08

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date 1/3/08 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 &amp; ID Number

Alden Village North

# 0049122

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
	<b>A. General Services</b>										
1	Dietary	252,059	24,228	25,860	302,147	5,459	307,606	(11,583)	296,023		1
2	Food Purchase		423,052		423,052	(26,255)	396,797	(202,398)	194,399		2
3	Housekeeping	124,622	38,518		163,140	4,854	167,994	5,477	173,471		3
4	Laundry	121,040	18,059		139,099		139,099		139,099		4
5	Heat and Other Utilities			172,374	172,374		172,374	(498)	171,876		5
6	Maintenance	35,239		223,106	258,345		258,345	21,332	279,677		6
7	Other (specify):* related party/security			1,556	1,556		1,556	7,675	9,231		7
8	<b>TOTAL General Services</b>	532,960	503,857	422,896	1,459,713	(15,942)	1,443,771	(179,995)	1,263,776		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			42,000	42,000		42,000		42,000		9
10	Nursing and Medical Records	2,516,377	137,600	11,370	2,665,347	(16,486)	2,648,861	28,454	2,677,315		10
10a	Therapy			8,107	8,107	88,422	96,529	38,337	134,866		10a
11	Activities	81,535	5,197	2,578	89,310		89,310		89,310		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							4,792	4,792		15
16	<b>TOTAL Health Care and Programs</b>	2,597,912	142,797	64,055	2,804,764	71,936	2,876,700	71,583	2,948,283		16
	<b>C. General Administration</b>										
17	Administrative	181,697			181,697		181,697	91,488	273,185		17
18	Directors Fees										18
19	Professional Services			389,285	389,285		389,285	(317,820)	71,465		19
20	Dues, Fees, Subscriptions & Promotions			11,469	11,469		11,469	2,985	14,454		20
21	Clerical & General Office Expenses	173,654	16,469	51,569	241,692	906	242,598	252,372	494,970		21
22	Employee Benefits & Payroll Taxes			706,078	706,078	12,196	718,274		718,274		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,380	1,380		1,380	1,016	2,396		24
25	Other Admin. Staff Transportation			13,424	13,424		13,424	9,755	23,179		25
26	Insurance-Prop.Liab.Malpractice			72,860	72,860		72,860	8,995	81,855		26
27	Other (specify):* related party/bad debt			23,380	23,380		23,380	21,715	45,095		27
28	<b>TOTAL General Administration</b>	355,351	16,469	1,269,445	1,641,265	13,102	1,654,367	70,506	1,724,873		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,486,223	663,123	1,756,396	5,905,742	69,096	5,974,838	(37,906)	5,936,932		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 &amp; ID Number Alden Village North

#0049122

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

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	
	<b>D. Ownership</b>											
30	Depreciation			27,972	27,972		27,972	423,238	451,210			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			3,462	3,462		3,462	646,832	650,294			32
33	Real Estate Taxes			124,831	124,831	(124,831)		128,219	128,219			33
34	Rent-Facility & Grounds			1,003,295	1,003,295	124,831	1,128,126	(1,128,126)				34
35	Rent-Equipment & Vehicles			20,719	20,719		20,719	32,175	52,894			35
36	Other (specify):* MIP							71,699	71,699			36
37	<b>TOTAL Ownership</b>			1,180,279	1,180,279		1,180,279	174,037	1,354,316			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		105,589	88,422	194,011	(69,096)	124,915	(48,197)	76,718			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			338,265	338,265		338,265		338,265			42
43	Other (specify):* DD Day Training			785,562	785,562		785,562		785,562			43
44	<b>TOTAL Special Cost Centers</b>		105,589	1,212,249	1,317,838	(69,096)	1,248,742	(48,197)	1,200,545			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,486,223	768,712	4,148,924	8,403,859		8,403,859	87,934	8,491,793			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		\$ (26,255.45)	Employee Meals
	22	\$ 26,255.45	Employee Meals
22		\$ (14,059.00)	Uniforms
	1	\$ 5,459.00	Uniforms
	3	\$ 4,854.00	Uniforms
	4		Uniforms
	6		Uniforms
	10	\$ 2,840.00	Uniforms
	11		Uniforms
	21	\$ 906.00	Uniforms
10		\$ (19,325.55)	Oxygen - to appropriate cost center
	39	\$ 19,325.55	Oxygen - to appropriate cost center
33		\$ (124,831.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 124,831.00	Rent - Real Estate Tax on associated landowner (Pg 6)
33		\$ (36.00)	RRReal Estate Tax Bank Fee
	21	\$ 36.00	RRReal Estate Tax Bank Fee
39		(88,422.29)	PT, OT, ST, & RT Therapy Costs (Pg 16 related
	10a	88,422.29	PT, OT, ST, & RT Therapy Costs (Pg 16 related



Facility Name & ID Number Alden Village North

# 0049122

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	(3,129)	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	(50)	30		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(104)	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	(176)	21		17
18	Fines and Penalties	(885)	32		18
19	Entertainment	(885)	20		19
20	Contributions	8,086	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(444)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(23,380)	27		24
25	Fund Raising, Advertising and Promotional	(4,416)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (25,383)		\$	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)	112,695		34
35	Other- Attach Schedule	622		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 113,317		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ 87,934		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY						
48		49		50		51
						52

Alden Village North

ID# 0049122

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 -	\$ (10,220)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(2,282)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	14,960	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	0	6	4
5	Elim ABC Deprec Exp from Pg 12 series -	(35)	30	5
6	Utility Late Fees	(2,526)	5	6
7	Misc Income-Jury Duty	(69)	21	7
8	Misc Income-Record Copies	(40)	10	8
9	Misc Income-Polling Site	(300)	21	9
10	Adj Depreciation to Pg 13's	270	30	10
11	Illinois Association of Healthcare Council	900	20	11
12	Back Out Real Estate Tax Bank Fee	(36)	33	12
13				13
14				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				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	<b>Total</b>		622	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Village North

# 0049122

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	1,634	(13,217)	0	0	0	0	0	0	0	(11,583)	1
2	Food Purchase	(104)	0	0	(202,294)	0	0	0	0	0	0	0	(202,398)	2
3	Housekeeping	0	0	5,477	0	0	0	0	0	0	0	0	5,477	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,526)	0	2,028	0	0	0	0	0	0	0	0	(498)	5
6	Maintenance	11,831	10,937	(1,973)	0	0	0	(52)	589	0	0	0	21,332	6
7	Other (specify):*	0	0	4,981	2,694	0	0	0	0	0	0	0	7,675	7
8	<b>TOTAL General Services</b>	<b>9,201</b>	<b>10,937</b>	<b>12,147</b>	<b>(212,817)</b>	<b>0</b>	<b>0</b>	<b>(52)</b>	<b>589</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(179,995)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(40)	0	30,982	(58)	(2,430)	0	0	0	0	0	0	28,454	10
10a	Therapy	0	0	0	0	0	38,337	0	0	0	0	0	38,337	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	4,792	0	0	0	0	0	0	0	0	4,792	15
16	<b>TOTAL Health Care and Programs</b>	<b>(40)</b>	<b>0</b>	<b>35,774</b>	<b>(58)</b>	<b>(2,430)</b>	<b>38,337</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71,583</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	91,488	0	0	0	0	0	0	0	0	91,488	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(444)	6,913	(324,289)	0	0	0	0	0	0	0	0	(317,820)	19
20	Fees, Subscriptions & Promotions	3,685	0	(700)	0	0	0	0	0	0	0	0	2,985	20
21	Clerical & General Office Expenses	(545)	309	177,218	71,192	4,198	0	0	0	0	0	0	252,372	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	1,016	0	0	0	0	0	0	0	0	1,016	24
25	Other Admin. Staff Transportation	0	0	9,755	0	0	0	0	0	0	0	0	9,755	25
26	Insurance-Prop.Liab.Malpractice	0	8,856	139	0	0	0	0	0	0	0	0	8,995	26
27	Other (specify):*	(23,380)	0	38,066	6,998	31	0	0	0	0	0	0	21,715	27
28	<b>TOTAL General Administration</b>	<b>(20,684)</b>	<b>16,078</b>	<b>(7,307)</b>	<b>78,190</b>	<b>4,229</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70,506</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(11,523)</b>	<b>27,015</b>	<b>40,614</b>	<b>(134,685)</b>	<b>1,799</b>	<b>38,337</b>	<b>(52)</b>	<b>589</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(37,906)</b>	<b>29</b>

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Village North

# 0049122

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)	
	<b>D. Ownership</b>													
30	Depreciation	(12,317)	431,565	3,990	0	0	0	0	0	0	0	0	423,238	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(885)	642,569	5,057	0	91	0	0	0	0	0	0	646,832	32
33	Real Estate Taxes	(36)	124,831	3,435	0	(11)	0	0	0	0	0	0	128,219	33
34	Rent-Facility & Grounds	0	(1,128,126)	0	0	0	0	0	0	0	0	0	(1,128,126)	34
35	Rent-Equipment & Vehicles	0	0	32,175	0	0	0	0	0	0	0	0	32,175	35
36	Other (specify):*	0	71,699	0	0	0	0	0	0	0	0	0	71,699	36
37	<b>TOTAL Ownership</b>	<b>(13,238)</b>	<b>142,538</b>	<b>44,657</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>174,037</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(42,648)	(5,549)	0	0	0	0	0	0	(48,197)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(42,648)</b>	<b>(5,549)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(48,197)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(24,761)</b>	<b>169,553</b>	<b>85,271</b>	<b>(177,333)</b>	<b>(3,670)</b>	<b>38,337</b>	<b>(52)</b>	<b>589</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>87,934</b>	<b>45</b>

**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	\$ 1,128,126	Alden Village North II, LLC	0.00%	\$	\$ (1,128,126)	1
2	V	32 Interest Income Repl Reserve	148	Alden Village North II, LLC			(148)	2
3	V	32 Interest Income		Alden Village North II, LLC				3
4	V	6 Repairs & Maintenance		Alden Village North II, LLC		10,937	10,937	4
5	V	19 Acct Fees/Legal Fees: Non-coll		Alden Village North II, LLC		6,913	6,913	5
6	V	21 Misc Administrative Expenses		Alden Village North II, LLC		309	309	6
7	V	19 Professional Fees		Alden Village North II, LLC				7
8	V	33 Real Estate Tax Expense		Alden Village North II, LLC		124,831	124,831	8
9	V	26 General Insurance Expense		Alden Village North II, LLC		8,856	8,856	9
10	V	36 Mortgage Insurance Premium		Alden Village North II, LLC		71,699	71,699	10
11	V	32 Interest- Mortgage		Alden Village North II, LLC		636,839	636,839	11
12	V	30 Depreciation Expense		Alden Village North II, LLC		431,565	431,565	12
13	V	32 Amortization Expense		Alden Village North II, LLC		5,878	5,878	13
14	Total		\$ 1,128,274			\$ 1,297,827	\$ * 169,553	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 2,028	\$	2,028	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,016		1,016	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		9,755		9,755	17
18	V	26 Insurance		Alden Management Services, Inc.		139		139	18
19	V	20 Dues & Subscriptions	3,112	Alden Management Services, Inc.		2,412		(700)	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990		3,990	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,435		3,435	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		32,175		32,175	22
23	V	32 Interest		Alden Management Services, Inc.		5,057		5,057	23
24	V	1 Dietary		Alden Management Services, Inc.		1,634		1,634	24
25	V	3 Housekeeping		Alden Management Services, Inc.		5,477		5,477	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		4,981		4,981	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		30,982		30,982	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		4,792		4,792	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		91,488		91,488	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		38,066		38,066	30
31	V	19 Professional Fees	366,270	Alden Management Services, Inc.		41,981		(324,289)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		177,218		177,218	32
33	V	6 Repair & Maint.	75,459	Alden Management Services, Inc.		73,486		(1,973)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 444,841			\$ 530,112	\$ *	85,271	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	\$ 25,500	Prism Health Care Services, Inc.	0.00%	\$ 61	\$ (25,439)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		12,222	12,222	16
17	V	2 Tube Feeding	274,536	Prism Health Care Services, Inc.		72,242	(202,294)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)	18
19	V	39 Ancillary Supplies	69,266	Prism Health Care Services, Inc.		26,618	(42,648)	19
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.				20
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		42,087	42,087	21
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		6,998	6,998	22
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		2,694	2,694	23
24	V	21 General & Administrative		Prism Health Care Services, Inc.		29,105	29,105	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		\$ 375,962			\$ 198,629	\$ * (177,333)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 18,077	Forum Extended Care Services II, Inc.	0.00%	\$ 15,315	\$ (2,762)
16	V	39 I.V.		Forum Extended Care Services II, Inc.			
17	V	39 Wound Care	18,245	Forum Extended Care Services II, Inc.		15,458	(2,787)
18	V	10 House Stock	12,306	Forum Extended Care Services II, Inc.		10,426	(1,880)
19	V	10 Pharmacy Consultant	3,600	Forum Extended Care Services II, Inc.		3,050	(550)
20	V	27 Employee Vaccination	2,074	Forum Extended Care Services II, Inc.		1,757	(317)
21	V	27 Employee Benefits: G & A		Forum Extended Care Services II, Inc.		348	348
22	V	21 Gen'l & Admin- Salary		Forum Extended Care Services II, Inc.		2,309	2,309
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		1,889	1,889
24	V	32 Interest		Forum Extended Care Services II, Inc.		91	91
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(11)	(11)
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		\$ 54,302			\$ 50,632	\$ * (3,670)

\* 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	\$ 96,529	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 134,866	\$ 38,337	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		\$ 96,529			\$ 134,866	\$ *	38,337	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	\$ 27,362	Alden Bennett Construction Company, Inc.	0.00%	\$ 27,310	\$	(52)	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	<b>Total</b>		\$ 27,362			\$ 27,310	\$ *	(52)	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	\$ 2,809	Alden Design Group, Inc.	0.00%	\$ 3,398	\$ 589	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	<b>Total</b>		\$ 2,809			\$ 3,398	\$ *	589	39

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

Facility Name &amp; ID Number

Alden Village North

# 0049122

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Village North # 0049122 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	180,751	0.92	2.30	Salary	\$ 4,249	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	92,818	0.92	2.30	Salary	2,182	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	92,818	0.92	2.30	Salary	2,182	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	97,939	0.92	2.30	Salary	2,302	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,529	0.92	2.30	Salary	1,399	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	\$ 12,314		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 North

# 0049122

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	\$ 29,353	\$ 2,028	1	
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	29,353	1,016	2	
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	29,353	9,755	3	
4	26	Insurance	Patient Days	1,278,025	35	6,060	29,353	139	4	
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	29,353	2,412	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	29,353	3,435	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	29,353	32,175	8	
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	29,353	5,057	9	
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	71,149	29,353	1,634	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	29,353	5,477	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	29,353	4,981	12	
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	1,414,605	29,353	30,982	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	29,353	4,792	14	
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	29,353	91,488	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	29,353	38,066	16	
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	850,594	29,353	41,981	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	6,669,245	29,353	177,218	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	1,161,005	29,353	73,486	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 530,112	25	

Facility Name & ID Number

Alden Village North

# 0049122

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		8	9	10	11						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge Realty Capital, Ltd.		X	Mortgage	\$63,213.43	8/29/13	\$ 12,960,000	\$ 12,809,398	7/1/2051	4.9500	\$ 636,840	1						
2												2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							2,577	4						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							5,878	5						
<b>Working Capital</b>																		
6	Related party-AMS		X	Working Capital							5,057	6						
7	Related party-FECII		X	Working Capital							91	7						
8												8						
9	<b>TOTAL Facility Related</b>				\$63,213.43		\$ 12,960,000	\$ 12,809,398			\$ 650,442	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income on R.R.		X								(148)	10						
11	Int Income (GL#4975)		X									11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(148)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 12,960,000	\$ 12,809,398			\$ 650,294	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.     \$ 71,699     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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1.	Real Estate Tax accrual used on 2013 report.	\$	<u>125,100</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>123,095</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(2,005)</u>		3
4.	Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>126,800</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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>	\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>124,795</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>3,424.00</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>128,219</u>
Real Estate Tax Bill for Calendar Year:		2009	<u>103,953</u>	8	
		2010	<u>108,478</u>	9	
		2011	<u>108,027</u>	10	
		2012	<u>121,451</u>	11	
		2013	<u>123,095</u>	12	
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>					
				<b>FOR BHF USE ONLY</b>	
		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 North COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0049122  
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll  
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

**A. Summary of Real Estate Tax Cost**

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

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>317,349.00</u>	\$ <u>3,435.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(11.00)</u>
3. <u>11-29-307-019-0000</u>	<u>7404 N. Sheridan Rd-Nursing Facility</u>	\$ <u>28,196.96</u>	\$ <u>28,196.96</u>
4. <u>11-29-307-020-0000</u>	<u>7404 N. Sheridan Rd-Nursing Facility</u>	\$ <u>27,199.01</u>	\$ <u>27,199.01</u>
5. <u>11-29-307-022-0000</u>	<u>7404 N. Sheridan Rd-Nursing Facility</u>	\$ <u>67,699.18</u>	\$ <u>67,699.18</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>431,278.15</u></u>	\$ <u><u>126,519.15</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES        x   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 51,814 B. General Construction Type: Exterior Load Bearing CMU, B Frame Steel stud Number of Stories 3+Basement

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

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

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

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>33,315</u>	<u>2008</u>	<u>\$ 358,296</u>	1
2					2
3	<b>TOTALS</b>	<b>33,315</b>		<b>\$ 358,296</b>	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	150	2008	1968	\$ 2,984,341	\$ 76,522	39	\$ 76,522	\$	\$ 535,654	4
5	Constuction Project HUD 2009-2011		2011	6,830,905	175,151	39	175,151		656,817	5
6										6
7										7
8	Related Party-Forum		1978	13,669		25			13,669	8
	Improvement Type**									
9	ABC-Doors		2008	5,996	600	10	600		4,149	9
10	ABC-Doors		2008	3,091	309	10	309		2,112	10
11	A&B Cable-Cable lines		2008	4,230	423	10	423		2,891	11
12	ABC-Remodel - plumbing		2008	4,635		5			4,635	12
13	ABC-Door entry system		2008	2,850	285	10	285		1,805	13
14	ABC-Hvac- major repair to system		2008	4,583		5			4,583	14
15	Capps-Drains - major repairs		2008	3,875		5			3,875	15
16	Renovate-gen'l labor AMS		2008	10,664		5			10,664	16
17	Renovate-gen'l labor AMS		2008	11,352		5			11,352	17
18	Capps-Repipe shower lines		2008	4,585		5			4,585	18
19	ABCPlumbing - major repair		2008	4,885		5			4,885	19
20	Wire building for cable		2009	6,518	652	10	652		3,857	20
21	Wire building for cable		2009	6,240	624	10	624		3,692	21
22	Wire building for cable		2009	2,800	280	10	280		1,563	22
23	ABCPlumbing - major repair		2009	17,539	877	20	877		5,189	23
24	ABC-Replace elevator shaft		2009	9,794	490	20	490		2,858	24
25	ABC-Replace elevator shaft		2009	39,178	1,959	20	1,959		11,427	25
26	Central States-Replace sprinkler alarm panel		2009	2,650	44	5	44		2,650	26
27	Patten-Major generator repair		2009	2,992	51	5	51		2,992	27
28	Patten-Major generator repair		2009	10,604	706	5	706		10,604	28
29	Fire sprinkler repair & corrections Focus Fire		2010	2,672	534	5	534		2,225	29
30										30
31										31
32										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 &amp; ID Number Alden Village North

## 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 Job 1058-Phone lines new thruout	2011	\$ 9,348	\$ 623	15	\$ 623	\$	\$ 2,144	37
38	ABC Job 1058-Carpet labor-children's exit	2011	2,000	133	15	133		458	38
39	ABC Job 1058-Ceramic flooring in kitchen	2011	1,369	91	15	91		313	39
40	ABC Job 1058-Structural Steel-exterior railings	2011	7,501	500	15	500		1,721	40
41	ABC Job 1058-Plumbing-kitchen sink and cleanout covers	2011	4,546	303	15	303		1,043	41
42	ABC Job 1058-concrete coring	2011	327	22	15	22		76	42
43	ABC Job 1058-Parking Lot-paving	2011	7,144	476	15	476		1,638	43
44	ABC Job 1058-Kitchen equipment	2011	3,542	236	15	236		812	44
45	ABC Job 1058-Finish Hardware-door kickplates, handles	2011	900	60	15	60		207	45
46	ABC Job 1058-Elevator-stainless steel cladding	2011	14,550	970	15	970		3,339	46
47	ABC Job 1058-Millwork cabinets-nurses station / work areas	2011	1,728	115	15	115		396	47
48	ABC Job 1058-Countertops-nurses station / work areas	2011	1,344	90	15	90		310	48
49	ABC Job 1058-Drywall-lower level	2011	3,398	227	15	227		781	49
50	ABC Job 1058-Smoke detectors-lower level	2011	3,365	224	15	224		771	50
51									51
52	Railing Ramp (2)-ALDBEN	2013	3,295	220	15	220		348	52
53	Hot water heater-J&EPLU	2013	3,168	634	5	634		1,215	53
54	Freezer, non-HVAC-TOPNOT	2013	3,049	610	5	610		762	54
55									55
56	Masonry and concrete work - FOXBUI	2014	4,200	280	5	280		280	56
57									57
58									58
59									59
60									60
61									61
62									62
63	Adj for ABC Related Party Profit	2008	(173)	(29)		(29)		(202)	63
64	Adj for ABC Related Party Profit	2009	(878)	(38)		(38)		(228)	64
65	Adj for ABC Related Party Profit-None	2010							65
66	Adj for ABC Related Party Profit	2011	475	28		28		98	66
67	Adj for ABC Related Party Profit	2013	44	4		4		6	67
68	Adj for ABC Related Party Profit	2014							68
69									69
70	TOTAL (lines 4 thru 69)		\$ 10,064,890	\$ 265,286		\$ 265,286	\$	\$ 1,325,021	70

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

Facility Name &amp; ID Number Alden Village North

# 0049122

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	<b>Totals from Page 12C, Carried Forward</b>		\$ 10,064,890	\$ 265,286		\$ 265,286	\$	\$ 1,325,021	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,155,346	\$ 266,590		\$ 266,590	\$	\$ 1,407,055	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	\$ 975,340	\$ 180,372	\$ 180,372	\$	varies	\$ 687,846	71
72	Current Year Purchases	43,472	3,417	3,417		varies	3,145	72
73	Fully Depreciated Assets	472,596	831	831		varies	472,596	73
74								74
75	TOTALS	\$ 1,491,408	\$ 184,620	\$ 184,620	\$		\$ 1,163,587	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,009,076	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 451,210	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 451,210	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)	\$ 2,574,668	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 Village North

# 0049122

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: Related Party Cost is Eliminated

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

If NO, see instructions.

YES  NO

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

10. Effective dates of current rental agreement:

Beginning 1/2/08

Ending 1/2/18

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending                      Annual Rent

12. 12/31/2015                      \$ 1,150,014

13. 12/31/2016                      \$ 1,150,014

14. 12/31/2017                      \$ 1,150,014

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: \$ 22,596 Description: Copy machine lease: \$13,820.40; computer equipment lease: \$8,775.84

(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>985.75</u>	\$ <u>11,829</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>574.85</u>	<u>6,898</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>18,727</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.

**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. CLASSROOM PORTION:</b></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><b>3. CLINICAL PORTION:</b></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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

- (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 prescrpts				15,315		15,315	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					61,402		61,402	13	
14	<b>TOTAL</b>			\$		\$	\$ 76,718		\$ 76,718	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		\$20,822.83	
2.	ST		39-3	To Col 5		25,120.32	
3.							
4.	PT		39-3	To Col 5		42,479.14	
5.							
6.							
7.							
8.							
	<b>Less: OT, ST, &amp; PT costs - reclassified to 10A for DD facilities</b>					<b>(88,422)</b>	
				<b>Total Lines 1,2 &amp; 4</b>		<b>0.00</b>	
	Pharmacy Supplies per GL					18,077.49	
	Manual Input from Related Party- Forum Drugs					(2,762.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		15,315.49	15,315.49
-----							
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	0.00
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
-----							

13. Other: See Pg 16A

13. Col 5: Manual Input: Related Party - CPT To Col 5

Other	87,511.48	
Manual Input: Related Party - Prism	(42,648.00)	
Manual Input: Related Party FECII - I.V.	0.00	
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)	(2,787.00)	
	19,325.55	
13. Col 6: Supplies Total	61,402.03	61,402.03
13. Total Line 13, Column 8	0.00	61,402.03
14. Total	0.00	76,717.52

Facility Name &amp; ID Number Alden Village North

# 0049122

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$ 94,556	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 15,000 )	1,165,774	1,165,774	3
4	Supply Inventory (priced at )	1,749	1,749	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	11,930	158,352	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,179,453	\$ 1,420,431	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		358,296	13
14	Buildings, at Historical Cost		9,815,246	14
15	Leasehold Improvements, at Historical Cost	305,084	375,892	15
16	Equipment, at Historical Cost	228,346	1,501,067	16
17	Accumulated Depreciation (book methods)	(380,184)	(2,571,437)	17
18	Deferred Charges	94,600	232,409	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		205,126	21
22	Other Long-Term Assets (specify: <u>RR, CIP, S/H loan</u> )	9,973	9,973	22
23	Other(specify): <u>Due from Affiliate</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 257,819	\$ 9,926,572	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,437,272	\$ 11,347,003	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 558,289	\$ 558,289	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	27,096	27,096	28
29	Short-Term Notes Payable		127,360	29
30	Accrued Salaries Payable	380,586	380,586	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,684	18,684	31
32	Accrued Real Estate Taxes(Sch.IX-B)		126,800	32
33	Accrued Interest Payable		52,839	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Ins, Exp, IDPA, Sales Tax, etc.</u>	241,395	241,395	36
37	<u>Due to Affiliate</u>	1,073,376	1,073,376	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,299,426	\$ 2,606,425	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,682,038	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliate</u>	10,428,536	9,431,935	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 10,428,536	\$ 22,113,973	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 12,727,962	\$ 24,720,398	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (11,290,690)	\$ (13,373,395)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 1,437,272	\$ 11,347,003	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (9,570,309)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (9,570,309)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,720,381)	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (1,720,381)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (11,290,690)	24 *

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Alden Village North

# 0049122

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,882,752	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,882,752	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	11,161	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 11,161	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	(575)	12
13	Barber and Beauty Care		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		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ (575)	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	50	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 50	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See page 19A, if any	790,090	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 790,090	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,683,478	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,459,713	31
32	Health Care	2,804,764	32
33	General Administration	1,641,265	33
<b>B. Capital Expense</b>			
34	Ownership	1,180,279	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	979,573	35
36	Provider Participation Fee	338,265	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 8,403,859	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,720,381)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,720,381)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,789,573	44
45	Private Pay - Net Inpatient Revenue	71,873	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) Hospice	32,096	47
48	Other-(specify) Charity/Sales Allow.	(10,790)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,882,752	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 North # 0049122 Report Period Beginning: 01/01/2014 Ending:

## Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
<b>Misc. Income GL#4977 (discribe) (is offset against Sch.# V)</b>	
Misc Income-medical record copy	\$ 69
Misc Income-jury duty	\$ 40
Misc Income-Polling Site	\$ 300
Day Training Income (not offset, actual costs reported)	\$ 785,562
Adj. to Prior Year Activity	\$ 2,747
Gain on sale of asset	\$ 1,372
Line 28 Total:	<u><u>790,090</u></u>



Facility Name & ID Number Alden Village North

# 0049122

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	\$ 95,498	\$ 45.91	1
2	Assistant Director of Nursing	1,832	59,637	30.43	2
3	Registered Nurses	17,663	621,461	32.65	3
4	Licensed Practical Nurses	14,790	372,468	23.98	4
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	2,072	40,857	19.64	9
10	Activity Assistants	3,977	40,678	9.65	10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor	2,080	39,284	18.89	13
14	Head Cook				14
15	Cook Helpers/Assistants	17,544	212,775	10.93	15
16	Dishwashers				16
17	Maintenance Workers	1,440	35,239	24.22	17
18	Housekeepers	10,539	124,622	10.92	18
19	Laundry	10,360	121,040	10.17	19
20	Administrator	2,080	102,276	49.17	20
21	Assistant Administrator	2,672	79,421	27.59	21
22	Other Administrative				22
23	Office Manager	2,080	46,382	22.30	23
24	Clerical	2,467	28,298	10.55	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)	7,592	125,956	16.45	28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)	97,229	1,199,360	11.43	30
31	Medical Records				31
32	Other Health C: Unit Manager	2,463	41,998	17.05	32
33	Other(specify) Resident Service D	4,188	98,973	23.63	33
34	TOTAL (lines 1 - 33)	205,148	\$ 3,486,223 *	\$ 15.84	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	2,155/monthly	\$ 25,860	1-3 35
36	Medical Director	3,500/monthly	42,000	10-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	300/monthly	3,600	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	4	220	11-3 44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	4	\$ 71,680	49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	61	\$ 870	10-3 50
51	Licensed Practical Nurses			10-3 51
52	Certified Nurse Assistants/Aides			10-3 52
53	TOTAL (lines 50 - 52)	61	\$ 870	53



Alden Village North  
 Legal Fee Support  
 2014

Legal Fees Reported on Pg 21, Section C:	\$	52,892.01
Less: Collection, estates, & other non-allowable legal f listed on Pg 5, Line 22		(444.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>5,540.01</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Total Amount</u>	<u>Total Allowable Legal fees</u>
AMS Allocated Legal Fees	1/1/14 - 12/31/2014	46,908.00	
Clerk Of The Circuit Court	6/3/2014	137.00	
Clerk Of The Circuit Court	6/3/2014	137.00	
Epstein and Epstein	10/20/2014	2,915.01	2,915.01
James S. Meyer, Esq.	2/25/2014	1,000.00	1,000.00
Law Offices of Alice D. Borzyr	2/4/2014	950.00	950.00
Markley Investigations Inc.	2/25/2014	50.00	
Sheriff of Cook County	6/3/2014	60.00	
Sheriff of Cook County	6/3/2014	60.00	
Stern & Associates	2/4/2014	675.00	675.00
<b>TOTAL</b>		<u><b>52,892.01</b></u>	<u><b>5,540.01</b></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	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	
1	Painting	2008	\$ 87,992	3	\$	\$ 17,851	\$ 29,331	\$ 29,331	\$ 11,479	\$	\$	\$	
2	Painting	1/09	12,330	3			3,768	4,110	4,110	342			
3	Painting/Tinting	01/11	1,097	5				201	219	219	219	219	
4	Painting	12/11	822	3					274	274	274		
5	Painting	7/12	2,348	3					391	783	783	391	
6	Painting	2013	3,765	3						941	1,255	1,255	
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	<b>TOTALS</b>		\$ 108,354		\$	\$ 17,851	\$ 33,099	\$ 33,441	\$ 15,790	\$ 1,226	\$ 2,217	\$ 2,531	\$ 1,865

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? 'RN/LPN=No; HabAide' (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 Illinois \$8,280
- (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. \$ 32,108 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. \$ 338,265  
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. \$ 26,255 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.