

Facility Name & ID Number Alden Alma Nelson Manor

0044891 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	268	Skilled (SNF)	268	97,820	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	268	TOTALS	268	97,820	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,702	2,844	7,006	11,552	8
9	SNF/PED					9
10	ICF	44,658	1,589	2,709	48,956	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,360	4,433	9,715	60,508	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.86%

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

0 (Do not include bed-hold days in Section B.)

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

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

None

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

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

YES NO

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

YES NO

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

Date started 08/01/2000

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

YES Date 08/01/2000 NO

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

YES NO If YES, enter number of beds certified 268 and days of care provided 6,851

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	400,454	49,775	26,400	476,629	1,510	478,139	(4,834)	473,305		1
2	Food Purchase		418,138		418,138	(36,150)	381,988	(12,250)	369,738		2
3	Housekeeping	328,037	53,797		381,834	1,328	383,162	11,738	394,900		3
4	Laundry	101,708	24,480		126,188	485	126,673		126,673		4
5	Heat and Other Utilities			268,677	268,677		268,677	1,415	270,092		5
6	Maintenance	119,922		244,046	363,968		363,968	59,663	423,631		6
7	Other (specify):* related party							10,505	10,505		7
8	TOTAL General Services	950,121	546,190	539,123	2,035,434	(32,827)	2,002,607	66,237	2,068,844		8
	B. Health Care and Programs										
9	Medical Director			28,500	28,500		28,500		28,500		9
10	Nursing and Medical Records	3,511,363	246,547	11,389	3,769,299	(9,666)	3,759,633	71,267	3,830,900		10
10a	Therapy	79,601	3,245	11,788	94,634		94,634		94,634		10a
11	Activities	360,589	13,884	2,945	377,418	242	377,660		377,660		11
12	Social Services	74,048			74,048		74,048		74,048		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							10,549	10,549		15
16	TOTAL Health Care and Programs	4,025,601	263,676	54,622	4,343,899	(9,424)	4,334,475	81,816	4,416,291		16
	C. General Administration										
17	Administrative	101,012		6,240	107,252		107,252	314,269	421,521		17
18	Directors Fees										18
19	Professional Services			922,118	922,118		922,118	(831,816)	90,302		19
20	Dues, Fees, Subscriptions & Promotions			95,505	95,505		95,505	(53,310)	42,195		20
21	Clerical & General Office Expenses	305,090	24,351	153,915	483,356	485	483,841	256,323	740,164		21
22	Employee Benefits & Payroll Taxes			1,026,395	1,026,395	16,949	1,043,344	(25,403)	1,017,941		22
23	Inservice Training & Education										23
24	Travel and Seminar			210	210		210	1,557	1,767		24
25	Other Admin. Staff Transportation			11,773	11,773		11,773	18,148	29,921		25
26	Insurance-Prop.Liab.Malpractice			336,204	336,204		336,204	12,168	348,372		26
27	Other (specify):* related party			342,122	342,122		342,122	(261,183)	80,939		27
28	TOTAL General Administration	406,102	24,351	2,894,482	3,324,935	17,434	3,342,369	(569,247)	2,773,122		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,381,824	834,217	3,488,227	9,704,268	(24,817)	9,679,451	(421,194)	9,258,257		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 Alma Nelson Manor

#0044891

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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			31,455	31,455		31,455	397,618	429,073			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			193,118	193,118		193,118	216,938	410,056			32
33	Real Estate Taxes							227,120	227,120			33
34	Rent-Facility & Grounds			940,211	940,211		940,211	(940,211)				34
35	Rent-Equipment & Vehicles			11,298	11,298		11,298	60,467	71,765			35
36	Other (specify):* MIP							57,275	57,275			36
37	TOTAL Ownership			1,176,082	1,176,082		1,176,082	19,207	1,195,289			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		794,954	1,088,110	1,883,064	24,817	1,907,881	(76,813)	1,831,068			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			483,409	483,409		483,409		483,409			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		794,954	1,571,519	2,366,473	24,817	2,391,290	(76,813)	2,314,477			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,381,824	1,629,171	6,235,828	13,246,823		13,246,823	(478,801)	12,768,023			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Alden Alma Nelson Manor
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0044891

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (36,150.00)	Employee Meals
	22	\$ 36,150.00	Employee Meals
22		\$ (19,201.00)	Uniform Reclass
	1	\$ 1,510.00	Uniform Reclass
	3	\$ 1,328.00	Uniform Reclass
	4	\$ 485.00	Uniform Reclass
	6	\$ -	Uniform Reclass
	10	\$ 15,151.00	Uniform Reclass
	11	\$ 242.00	Uniform Reclass
	21	\$ 485.00	Uniform Reclass
10		\$ (24,817.00)	Oxygen Cost Reclass
	39	\$ 24,817.00	Oxygen Cost Reclass
33			Rent - Real Estate Tax on associated landowner (Pg 6)
	34		Rent - Real Estate Tax on associated landowner (Pg 6)

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(13,375)	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	(118,160)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,664)	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	(63)	21		17
18	Fines and Penalties	(23,425)	32		18
19	Entertainment	(712)	20		19
20	Contributions	(5,656)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,118)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(342,122)	27		24
25	Fund Raising, Advertising and Promotional	(21,778)	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)	\$ (533,073)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	240,373		34
35	Other- Attach Schedule	(186,101)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 54,273		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (478,801)		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

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (6,461)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,732)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	5,619	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	25,869	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	409	30	6
7	Other Nursing Income	(165)	21	7
8	Late Fees on utilities	(3,199)	5	8
9	Misc Income - Donation	(200)	21	9
10	Misc Income - Record Copies	(1,586)	21	10
11	Misc Income - Jury Duty	(13)	22	11
12	Vendor Discount	(57)	10	12
13	Reduce Emplpyee Benefit for Marketing	(15,303)	22	13
14	Marketing Manager & Aides	(80,238)	21	14
15	Reduce Emplpyee Benefit for Customer Services Liason	(5,614)	22	15
16	Customer Services Liason & Aides	(29,434)	21	16
17				17
18	Related Party Int on Alma LLC with Rock Inv	(18,800)	32	18
19	To correct YTD depreciation expense to detail	1,092	30	19
20	Record Depreciation for Deferred Maint.	(63)	6	20
21	Eliminate Depreciation on Building Goodwill	(42,973)	30	21
22	AMS Deprec Adj	(241)	30	22
23	Misc Income - Interest	(10)	32	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		(186,101)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,529	(8,363)	0	0	0	0	0	0	0	(4,834)	1
2	Food Purchase	(3,664)	0	0	(8,586)	0	0	0	0	0	0	0	(12,250)	2
3	Housekeeping	0	0	11,738	0	0	0	0	0	0	0	0	11,738	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,199)	0	4,614	0	0	0	0	0	0	0	0	1,415	5
6	Maintenance	18,050	13,352	28,218	0	0	0	(81)	124	0	0	0	59,663	6
7	Other (specify):*	0	0	10,505	0	0	0	0	0	0	0	0	10,505	7
8	TOTAL General Services	11,187	13,352	58,604	(16,949)	0	0	(81)	124	0	0	0	66,237	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	(57)	0	66,497	6,042	(1,215)	0	0	0	0	0	0	71,267	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	10,549	0	0	0	0	0	0	0	0	10,549	15
16	TOTAL Health Care and Programs	(57)	0	77,046	6,042	(1,215)	0	0	0	0	0	0	81,816	16
	C. General Administration													
17	Administrative	0	0	314,269	0	0	0	0	0	0	0	0	314,269	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,118)	8,167	(835,865)	0	0	0	0	0	0	0	0	(831,816)	19
20	Fees, Subscriptions & Promotions	(28,146)	250	(25,414)	0	0	0	0	0	0	0	0	(53,310)	20
21	Clerical & General Office Expenses	(111,686)	0	368,009	0	0	0	0	0	0	0	0	256,323	21
22	Employee Benefits & Payroll Taxes	(20,930)	0	0	0	(4,473)	0	0	0	0	0	0	(25,403)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,557	0	0	0	0	0	0	0	0	1,557	24
25	Other Admin. Staff Transportation	0	0	18,148	0	0	0	0	0	0	0	0	18,148	25
26	Insurance-Prop.Liab.Malpractice	0	11,835	333	0	0	0	0	0	0	0	0	12,168	26
27	Other (specify):*	(342,122)	0	80,939	0	0	0	0	0	0	0	0	(261,183)	27
28	TOTAL General Administration	(507,002)	20,252	(78,024)	0	(4,473)	0	0	0	0	0	0	(569,247)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(495,872)	33,604	57,626	(10,907)	(5,688)	0	(81)	124	0	0	0	(421,194)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015 Ending:

Summary B

12/31/2015

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	(62,906)	456,320	4,204	0	0	0	0	0	0	0	0	397,618	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(160,395)	367,558	9,775	0	0	0	0	0	0	0	0	216,938	32
33	Real Estate Taxes	0	219,693	7,427	0	0	0	0	0	0	0	0	227,120	33
34	Rent-Facility & Grounds	0	(940,211)	0	0	0	0	0	0	0	0	0	(940,211)	34
35	Rent-Equipment & Vehicles	0	0	60,467	0	0	0	0	0	0	0	0	60,467	35
36	Other (specify):*	0	57,275	0	0	0	0	0	0	0	0	0	57,275	36
37	TOTAL Ownership	(223,301)	160,635	81,873	0	0	0	0	0	0	0	0	19,207	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	(59,272)	(17,541)	0	0	0	0	0	0	(76,813)	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	(59,272)	(17,541)	0	0	0	0	0	0	(76,813)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(719,174)	194,239	139,499	(70,179)	(23,229)	0	(81)	124	0	0	0	(478,801)	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
<u>The Alden Realty Services, Inc.</u>	<u>100</u>	<u>See PG 6-Supp</u>		<u>See PG 6-Supp</u>		

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	<u>34 Rent Income</u>	\$ <u>940,211</u>	<u>Alden Alma Nelson Manor, LLC</u>		\$	\$ <u>(940,211)</u>	1
2	V	<u>32 Investment Income - RR</u>	<u>188</u>	<u>Alden Alma Nelson Manor, LLC</u>			<u>(188)</u>	2
3	V	<u>32 Interest on Alma Note</u>	<u>68,658</u>	<u>Alden Alma Nelson Manor, LLC</u>			<u>(68,658)</u>	3
4	V	<u>19 Accounting Fee</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>8,167</u>	<u>8,167</u>	4
5	V	<u>33 Real Estate Tax</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>219,693</u>	<u>219,693</u>	5
6	V	<u>26 General Insurance Expenses</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>11,835</u>	<u>11,835</u>	6
7	V	<u>36 Mortgage Insurance Premium</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>57,275</u>	<u>57,275</u>	7
8	V	<u>32 Interest On Mortg. Note/ Other Interest</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>434,754</u>	<u>434,754</u>	8
9	V	<u>6 Repairs & Maintenance</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>13,352</u>	<u>13,352</u>	9
10	V	<u>30 Depreciation</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>456,320</u>	<u>456,320</u>	10
11	V	<u>32 Amortization</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>1,650</u>	<u>1,650</u>	11
12	V	<u>20 Annual Rpt Fee</u>		<u>Alden Alma Nelson Manor, LLC</u>		<u>250</u>	<u>250</u>	12
13	V							13
14	Total		\$ 1,009,057			\$ 1,203,296	\$ * 194,239	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%	\$ 4,614	\$ 4,614
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,557	1,557
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,148	18,148
18	V	26 Insurance		Alden Management Services, Inc.		333	333
19	V	20 Dues & Subscriptions	30,905	Alden Management Services, Inc.		5,491	(25,414)
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,427	7,427
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		60,467	60,467
23	V	32 Interest		Alden Management Services, Inc.		9,775	9,775
24	V	1 Dietary		Alden Management Services, Inc.		3,529	3,529
25	V	3 Housekeeping		Alden Management Services, Inc.		11,738	11,738
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		10,505	10,505
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		66,497	66,497
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		10,549	10,549
29	V	17 Administrative Salary		Alden Management Services, Inc.		314,269	314,269
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		80,939	80,939
31	V	19 Professional Fees	884,115	Alden Management Services, Inc.		48,250	(835,865)
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		368,009	368,009
33	V	6 Repair & Maint.	15,069	Alden Management Services, Inc.		43,287	28,218
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 930,089			\$ 1,069,588	\$ * 139,499

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		13,230	13,230
17	V	2 Tube Feeding	39,135	Prism Health Care Services, Inc.		15,756	(23,379)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Ancillary Supplies	157,269	Prism Health Care Services, Inc.		67,394	(89,875)
20	V	1 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		4,663	4,663
21	V	2 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		14,793	14,793
22	V	10 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		3,893	3,893
23	V	39 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		30,603	30,603
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 229,464			\$ 159,285	\$ * (70,179)

* 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	\$ 324,180	Forum Extended Care Services II, Inc.	0.00%	\$ 312,882	\$ (11,298)
16	V	39 IV	293,597	Forum Extended Care Services II, Inc.		283,365	(10,232)
17	V	39 Wound Care	9,422	Forum Extended Care Services II, Inc.		9,094	(328)
18	V	10 House Stock	28,459	Forum Extended Care Services II, Inc.		27,468	(991)
19	V	10 Pharmacy Consultant	6,432	Forum Extended Care Services II, Inc.		6,208	(224)
20	V	22 Employee Vaccin.	4,473	Forum Extended Care Services II, Inc.			(4,473)
21	V	39 Employee Vaccin.		Forum Extended Care Services II, Inc.		4,317	4,317
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 666,563			\$ 643,334	\$ * (23,229)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 42,777	Alden Bennett Construction Company, Inc.	0.00%	\$ 42,696	\$	(81)	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		\$ 42,777			\$ 42,696	\$ *	(81)	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 and Maintenance	\$ 591	Alden Design Group, Inc.	0.00%	\$ 715	\$ 124	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		\$ 591			\$ 715	\$ *	124	39

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

Facility Name & ID Number

Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Alma Nelson Manor # 0044891 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	176,056	1.932	4.83	Salary	\$ 8,944	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,165	1.932	4.83	Salary	4,835	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,165	1.932	4.83	Salary	4,835	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	103,871	1.932	4.83	Salary	5,277	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,494	1.932	4.83	Salary	3,022	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	\$ 26,913		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 Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015

Ending: 2/31/2015

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	1,251,552	34	\$ 95,438	\$ 60,508	\$ 4,614	1	
2	24	Trav & Seminar	Patient Days	1,251,552	34	32,213	60,508	1,557	2	
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	60,508	18,148	3	
4	26	Insurance	Patient Days	1,251,552	34	6,897	60,508	333	4	
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573	60,508	5,491	5	
6	30	Depreciation	No of Providers/usage	34	34	156,306	1	4,204	6	
7	33	Real Estate Tax	Patient Days/usage	1,251,552	34	176,959	60,508	7,427	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,251,552	34	1,250,701	60,508	60,467	8	
9	32	Interest	Patient Days/usage	1,251,552	34	2,158,573	60,508	9,775	9	
10	1	Dietary Salary	Patient Days	1,251,552	34	72,994	72,994	60,508	3,529	10
11	3	Housekeeping Salary	Patient Days	1,251,552	34	242,795	242,795	60,508	11,738	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,251,552	34	217,281	60,508	10,505	12	
13	10	Nurs & Med Records Salary	Patient Days	1,251,552	34	1,562,220	1,562,220	60,508	66,497	13
14	15	Employee Benefits -Health Care	Patient Days	1,251,552	34	218,198	60,508	10,549	14	
15	17	Administrative Salary	Patient Days/usage	1,251,552	34	4,332,153	4,332,153	60,508	314,269	15
16	27	Employee Benefits - Admin	Patient Days	1,251,552	34	1,674,148	60,508	80,939	16	
17	19	Professional fees	Patient Days	1,251,552	34	1,213,223	909,774	60,508	48,250	17
18	21	Gen'I & Admin	Patient Days	1,251,552	34	7,611,926	6,744,406	60,508	368,009	18
19	6	Repair & Maint.	Patient Days	1,251,552	34	1,835,211	1,239,870	60,508	43,287	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 1,069,588	25	

Facility Name & ID Number

Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	Name of Lender	2		3	4	5	6		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		A. Directly Facility Related																	
		Long-Term																	
1		Cambridge		X	Mortgage		03/12	\$ 12,036,800	\$ 11,367,404	04/47	3.6300	\$ 415,954	1						
2		Insurance Interest (GL 7053)		X	Medical Malpractice							4,572	2						
3		Related Party-Alden Design Grp		X	Working Capital		03/06	109,000	109,000	12/16	Variable	118	3						
4		Amortization-Fin/Refin Fee		X	Refinancing							1,650	4						
5		Bank Leumi		X	Line of Credit		12/12	3,000,000	1,973,651	12/16	4.7500	96,455	5						
		Working Capital																	
6		Related party-AMS		X	Working Capital							9,775	6						
7													7						
8													8						
9		TOTAL Facility Related						\$ 15,145,800	\$ 13,450,055			\$ 528,525	9						
		B. Non-Facility Related*																	
10		Interest Income on R.R.		X								(191)	10						
11		Int Income (GL#4975)		X								(118,278)	11						
12													12						
13													13						
14		TOTAL Non-Facility Related						\$	\$			\$ (118,469)	14						
15		TOTALS (line 9+line14)						\$ 15,145,800	\$ 13,450,055			\$ 410,056	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 57,275 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 2014 report.	\$	<u>223,000</u>		1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<u>218,093</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(4,907)</u>		3
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>224,600</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>219,693</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>7,427</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>227,120</u>
Real Estate Tax Bill for Calendar Year:		2010	<u>225,958</u>	8	
		2011	<u>234,853</u>	9	
		2012	<u>211,557</u>	10	
		2013	<u>216,517</u>	11	
		2014	<u>218,093</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 2014	\$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Alma Nelson Manor COUNTY Winnebago
 FACILITY IDPH LICENSE NUMBER 0044891
 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 2014 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 2014.

(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>153,627.00</u>	\$ <u>7,427.00</u>
2. <u>12-27-152-001</u>	<u>Nursing Home Facility</u>	\$ <u>107,201.90</u>	\$ <u>107,201.90</u>
3. <u>12-27-152-002</u>	<u>Nursing Home Facility</u>	\$ <u>109,987.22</u>	\$ <u>109,987.22</u>
4. <u>12-27-152-003</u>	<u>Nursing Home Facility</u>	\$ <u>903.42</u>	\$ <u>903.42</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>371,719.54</u></u>	\$ <u><u>225,519.54</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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: 60,952 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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>60,952</u>	<u>2000</u>	<u>\$ 835,364</u>	1
2					2
3	TOTALS	60,952		\$ 835,364	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	268	2000		\$ 7,000,000	\$ 222,222	31.5	\$ 222,222	\$	\$ 3,425,923	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	GT Mechanical - replace 75 ton compressor		2000	23,550		10			23,550	9
10	Building Improvements		2000	5,142	257	20	257		3,920	10
11	Alden Design - HVAC		2000	3,089	154	20	154		2,351	11
12	Alden Bennett Const.		2001	16,737		10			16,737	12
13	Pro com systems		2001	4,055		10			4,055	13
14	Alden Bennett Const.		2001	2,098		10			2,098	14
15	New Horz. Comm		2001	1,701		10			1,701	15
16	Alden Bennett Const.		2001	1,816		10			1,816	16
17	Alden Bennett Const.		2001	2,263		10			2,263	17
18	Alden Bennett Const.		2001	2,828		10			2,828	18
19	Seams -rebuild engine		2001	4,938		10			4,938	19
20	Alden Bennett Const.		2001	1,632		10			1,632	20
21	CSI Coker - belt/heating element		2001	5,256		10			5,256	21
22	Alden Bennett Const.		2001	3,198		10			3,198	22
23	GT Mechanical - heater		2001	2,406		10			2,406	23
24	Alden Design - elect. /plumbing		2001	22,472	1,124	20	1,124		16,856	24
25	Alden Design - misc		2001	22,412	1,121	20	1,121		16,811	25
26	Alden Design - misc		2001	94,243	4,712	20	4,712		70,288	26
27	ABC - laundry room repairs		2001	11,608	580	20	580		8,462	27
28										28
29										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 & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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	GT Mechanical, Inc. - Repair Air Conditioner	2002	\$ 11,519	\$	10	\$	\$	\$ 11,519	37
38	Pro Com Systems - Repair Nurse Call System	2002	1,862		10			1,862	38
39	GT Mechanical, Inc. - Repair Heater	2002	1,996		10			1,996	39
40	FE Moran - Repair - Fire Alarm System	2002	1,825		10			1,825	40
41	Nelson Carlson - Repair Water Main	2002	2,407		10			2,407	41
42	ABC - Carpet	2002	1,231	82	15	82		1,097	42
43	ABC - Chimney	2002	3,032	152	20	152		2,011	43
44	Medline - Window Blinds	2003	1,706		7			1,706	44
45	Tyco - installation of smoke detectors	2003	6,753	450	15	450		5,851	45
46	Code Alert - Update system	2003	5,007	334	15	334		4,174	46
47	ABC - 4 doors	2003	2,449		10			2,449	47
48	ABC - Light Fixtures	2003	2,283		5			2,283	48
49	GT Mech - Replace Pump	2003	1,532		10			1,532	49
50	Simplex - Repair Smoke Detector system	2003	4,238		10			4,238	50
51	ABC - Roof Repair	2003	3,953	264	15	264		3,341	51
52	CSI Coker - Repair Dishwasher	2003	3,291		7			3,291	52
53	ABC - Repair C wing main A/C power	2003	2,177		10			2,177	53
54	ABC - Repair Boiler	2003	23,646	1,576	15	1,576		19,045	54
55	ABC-Roof repairs	2004	3,102		10			3,102	55
56	ABC-Roof repairs	2004	3,486		10			3,486	56
57	ABC-Roof repairs	2004	4,565		10			4,565	57
58	Equipment Int'l LTD-repair laundry	2004	1,714		10			1,714	58
59	CSI Coker - Repair Dishwasher	2004	2,387		10			2,387	59
60	CSI Coker - Repair Dishwasher	2004	2,915		10			2,915	60
61	GT Mechanical-furnace repair	2004	1,765		10			1,765	61
62	GT Mechanical-a/c repair	2004	2,128		10			2,128	62
63	ABC-boiler repairs	2004	1,877		10			1,877	63
64	GT Mechanical-Expansion tank replacement	2004	5,925		10			5,925	64
65	GT Mechanical-heater repair	2004	5,536		10			5,536	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,347,751	\$ 233,028		\$ 233,028	\$	\$ 3,725,293	70

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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		\$ 7,347,751	\$ 233,028		\$ 233,028	\$	\$ 3,725,293	1
2	ABC-hotwater tank reparis	2006	3,000		10			3,000	2
3	GT Mechanical-heater repairs	2005	5,310	398	10	398		5,310	3
4	GT Mech-water pump repair	2005	2,032		10			2,032	4
5	Long Elevator-elevator repairs	2005	2,138	105	10	105		2,138	5
6	GT Mech-compressor replacement	2005	1,957	129	10	129		1,957	6
7	ABC-boiler tube replacement	2005	4,240	318	10	318		4,240	7
8	GT Mech-heater motor replacement	2005	1,591	120	10	120		1,591	8
9	GT Mech-laundry room repairs	2005	741	56	10	56		741	9
10	Top Notch-kitchen boiler repairs	2005	3,853	356	10	356		3,853	10
11	ABC-fire alarm panel replacements	2005	11,532	1,058	10	1,058		11,532	11
12	ABC-door locks	2005	2,203	112	10	112		2,203	12
13	ABC-door locks	2005	2,203	130	10	130		2,203	13
14	ABC-door locks	2005	1,825	104	10	104		1,825	14
15	ABC-replace boiler tubes	2007	3,834	383	10	383		3,129	15
16	November AMS Maint Alloc	2007	32,048	3,205	10	3,205		25,908	16
17	Patten Ind-generator repairs metal.	2007	2,735		5			2,735	17
18	Top Notch Services- replace boiler assembly	2007	3,853	385	10	385		3,466	18
19	ABC -new automatic door	2007	5,644	564	10	564		5,077	19
20	ABC -new water heater	2007	13,771	918	15	918		8,262	20
21	ABC - repaire roof	2007	4,926	493	10	493		4,437	21
22	ABC -Paving	2007	27,958	2,619	8	2,619		27,958	22
23	ABC -replace boiler tubes	2007	2,798	280	10	280		2,286	23
24	ABC -replace boiler tubes	2007	3,834	383	10	383		3,128	24
25	Top Notch -kichen appliance repairs	2007	3,452		5			3,452	25
26	ABC-Boiler repair	2008	7,668	767	10	767		5,965	26
27	TopNotch Commerc. Kitchen-Freezer Door	2008	4,553		5			4,553	27
28	ABC-new paving	2008	55,917	2,796	20	2,796		20,504	28
29	ABC Repl Plumbing Electrical Hardware & Fix	2008	4,065	407	10	407		3,357	29
30	ABC-New Gasketing Fire Doors	2008	2,981	298	10	298		2,161	30
31	ABC-New Flooring CarpentryCabintrySecurityDoor	2008	21,812	1,454	15	1,454		10,299	31
32	ABC-New SecurityHardware/Doors/FramesCameras	2008	22,312	1,487	15	1,487		10,409	32
33	ABC - Parking Lot Construction	2008	17,808	890	20	890		6,972	33
34	TOTAL (lines 1 thru 33)		\$ 7,632,345	\$ 253,244		\$ 253,244	\$	\$ 3,921,976	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,632,345	\$ 253,244		\$ 253,244	\$	\$ 3,921,976	1
2	ABC-roof leak	2008	10,686	1,069	10	1,069		7,750	2
3	Gt Mechanical Inc.-HVAC repairs	2008	3,625	363	10	363		2,812	3
4	Equipment international, Ltd.- washer major repair	2008	3,230		5			3,230	4
5	ABC -Install worn, cilling tile, floor tile, roofing & Plumbing	2008	5,603	560	10	560		4,060	5
6	Gt Mechanical, Inc.- Refri Cooling Start Up	2008	2,838	284	10	284		2,130	6
7	ABC- new egress hardware Fire safety code	2008	8,344	834	10	834		5,977	7
8	OctAMS Maint Allocation	2008	5,006		5			5,006	8
9	GT Mechanical- Instld flame safe guard	2008	2,829	283	10	283		1,981	9
10	ABC- fire proof/repl boiler-Job #7031	2008	5,888	589	10	589		3,823	10
11	ABC- Install alarm monitor to control Oxygen level	2008	10,240	1,024	10	1,024		7,424	11
12	GTMECH- main AH Electronic Starter	2009	2,787		5			2,787	12
13	GTMECH- repairs for Kitchen area HVAC	2009	5,682		5			5,682	13
14	ABC-Repl/leaky tubes boiler heating tubes	2009	4,312		5			4,312	14
15	ABC- New MI unit-Job # 2839	2009	53,402	3,560	15	3,560		24,327	15
16	ABC-Job#2846-Carpentary-Rough & Finish	2009	14,068	938	15	938		6,019	16
17	ABCnew MIunit-Job#2839 Iv#9909	2009	7,144	476	15	476		3,213	17
18	AugAMSI/C-AMEEXP Harold-Patten -filter, valve,cap dust	2009	3,407		5			3,407	18
19	JulAMSI/C-WRIEXP Harold-Rock ValleyWater-Install Parts for	2009	3,213		5			3,213	19
20	EQUINT inverter for washer	2009	3,183	318	10	318		1,961	20
21	DIASIG -Install monument sign DBL face Sandblasted Redwood S	2010	4,550	303	15	303		1,515	21
22	ABC-MI Unit A-Job#2930-1-HVAC,SecuritySys,Concrete	2010	62,693	4,180	15	4,180		24,383	22
23	EQUINT-Washer Reparis #3	2010	3,082	53	5	53		3,082	23
24	CENSAU- Instll 2 Dry Sidewall sprinkler	2010	3,117	54	5	54		3,117	24
25	ALDBEN-Rprs Exterior Door,LavatoryStation	2010	3,161	264	5	264		3,161	25
26	EQUINT - Washer Inverter/Clamps (1)	2010	3,517	352	10	352		1,936	26
27	ALDBEN - boiler repair	2010	5,139	684	5	684		5,139	27
28	ABC - Install Concrete -Job# 1033-1	2011	19,842	1,323	15	1,323		6,615	28
29	ABC - Instll Sprinklers System -Job# 1033-2	2011	134,719	8,981	15	8,981		44,906	29
30	BOUDEV- Demolition, Masonry, Steel, Carpentry	2011	55,000	2,750	20	2,750		13,750	30
31	ABC -MetalFrames, windows, Glass&Glazing- Job# 1033 -3	2011	42,601	2,840	15	2,840		14,200	31
32	BOUDEV- Framing, Drywall, Insultion, Painting, Flooring, acoust	2011	30,925	1,546	20	1,546		7,731	32
33	ABC - install smoke Dampers & electrical- Job# 1033-4	2011	127,757	8,517	15	8,517		42,586	33
34	TOTAL (lines 1 thru 33)		\$ 8,283,936	\$ 295,389		\$ 295,389	\$	\$ 4,193,211	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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		\$ 8,283,936	\$ 295,389		\$ 295,389	\$	\$ 4,193,211	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	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	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28	ABC- Adjustment for realted party profit	2008	(424)	(8)		(8)		(47)	28
29	ABC- Adjustment for realted party profit	2009	(1,859)	(49)		(49)		(343)	29
30	ABC- Adjustment for realted party profit	2010	(869)	(103)		(103)		(566)	30
31	ABC- Adjustment for realted party profit	2011	3,744	464		464		1,391	31
32	ABC- Adjustment for realted party profit	2012							32
33	ABC- Adjustment for realted party profit	2013	760	109		109		135	33
34	TOTAL (lines 1 thru 33)		\$ 8,376,199	\$ 297,075		\$ 297,075	\$	\$ 4,279,251	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,376,199	\$ 297,075		\$ 297,075	\$	\$ 4,279,251	1
2	ABC - Fire Protection & Smoke Dampers -Job# 1033-5	2011	69,599	4,640	15	4,640		22,813	2
3	ABC - Monument/Sign Replacing Sign	2011	6,715	672	10	672		3,304	3
4	ABC -Dumb waiter reconfigure	2011	51,123	3,408	15	3,408		16,188	4
5	PAIUSA-Carpentry & Painting	2011	20,700	1,380	15	1,380		5,980	5
6	ABC -Tower Railings (1)	2011	16,003	1,067	15	1,067		4,446	6
7	GTMECH - install heat exchanger	2011	5,828	583	10	583		2,866	7
8	FebAMSI/C-AMEEXP Floyd-Patten CAT-Install remote alarm pa	2011	8,591	859	10	859		4,295	8
9	FebAMSI/C-AMEEXP Floyd-Patten CAT -Install remote annunci	2011	7,886	789	10	789		3,944	9
10	GTMECH -Install new mod motor and Boiler maint.	2011	5,866	1,173	5	1,173		5,865	10
11	EQUINT - Washer Inverter/Clamps (1)	2011	3,617	723	5	723		3,435	11
12	JDROOF- Roof Repairs	2011	4,970	994	5	994		4,639	12
13	ALDBEN -Replace boiler tubes	2011	3,253	651	5	651		2,984	13
14	GTMECH -chiller & cracked line Reprs, pilot valve replcs	2011	15,442	3,088	5	3,088		13,639	14
15	GTMECH- Chiller reprs	2011	5,034	1,007	5	1,007		4,448	15
16	GARPAV -Seal Coat & Crack repairs in Parking lot	2011	15,618	1,952	8	1,952		8,459	16
17	ABC -Repair leak Boiler1/HeatingVent	2011	9,610	1,922	5	1,922		7,848	17
18	JDROOF- Roof Repairs	2012	6,000	1,200	5	1,200		4,500	18
19	BELELC -Generator Stop Switches	2012	2,699	270	10	270		900	19
20	Dry Wall & Anti-Freeze Loop Install-VALFIR	2013	4,836	322	15	322		832	20
21	Roof install- ABC	2013	29,767	2,977	10	2,977		7,194	21
22	Boiler tube Install (1)-ABC	2013	10,732	715	15	715		1,490	22
23	Washer #1 inverter install-EQUINT	2013	3,221	644	5	644		1,449	23
24	Boiler#1 leaking tubes repairs-ABC	2013	6,185	618	10	618		1,597	24
25	Boiler burner replace-ABC	2013	6,169	617	10	617		1,594	25
26	Cooler Walking,Install Evap Coil- TOPNOT	2013	5,693	1,139	5	1,139		2,563	26
27	Generator Repairs -JuneAMSI/C-AMX-Floyd-Patten	2013	6,586	1,317	5	1,317		3,402	27
28	Chiller leaks repair - GTMECH	2013	9,072	1,814	5	1,814		4,082	28
29	Condensing unit reconnectChiller Reprs - GTMECH	2013	4,952	990	5	990		2,310	29
30	Parking lot Repairs-ABC	2013	3,614	452	8	452		904	30
31	ATS and Control Board-JanAMSI/C-Floyd Patten	2013	10,696	1,070	10	1,070		2,942	31
32	Boiler# 1upper tubes install and # 2 head assembly-ALDBEN	2014	10,732	715	15	715		1,311	32
33	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576	515	5	515		816	33
34	TOTAL (lines 1 thru 33)		\$ 8,749,584	\$ 337,358		\$ 337,358	\$	\$ 4,432,290	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 8,749,584	\$ 337,358		\$ 337,358	\$	\$ 4,432,290	1
2	Boiler# 1upper tubes install and # 2 head assembly-ALDBEN	2014	3,790	253	15	253		337	2
3	Boiler # 1&2 retube,smoke box door(1), heat gasket plate(1)-ALDE	2014	11,615	774	15	774		903	3
4	Boiler tubes repls.-ALDBEN	2014	5,426	362	15	362		362	4
5	Actuator (1) -NORMEC	2014	2,782	556	5	556		741	5
6	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576	515	5	515		687	6
7	Boiler tubes replace -ALDBEN	2015	4,370	194	15	194		194	7
8	Motor replace for Elevator (1)-SUBELE	2015	5,506	459	5	459		459	8
9	Boiler tube replaced-ALDBEN	2015	11,416	317	15	317		317	9
10	Roofing Repairs-JDROOF	2015	5,560	185	5	185		185	10
11	Chiller repairs -GTMECH	2015	4,124	344	5	344		344	11
12									12
13									13
14									14
15									15
16									16
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30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,806,749	\$ 341,317		\$ 341,317	\$	\$ 4,436,820	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,806,749	\$ 341,317		\$ 341,317	\$	\$ 4,436,820	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24	ABC- Adjustment for realted party profit	2014	(60)	(3)		(3)		(6)	24
25	ABC- Adjustment for realted party profit	2015	(30)	(1)		(1)		(1)	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,806,659	\$ 341,313		\$ 341,313	\$	\$ 4,436,812	34

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

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	\$ 799,750	\$ 74,705	\$ 74,705	\$	varies	\$ 453,565	71
72	Current Year Purchases	160,953	6,537	6,537		varies	6,537	72
73	Fully Depreciated Assets	848,776	6,518	6,518		varies	848,776	73
74								74
75	TOTALS	\$ 1,809,479	\$ 87,760	\$ 87,760	\$		\$ 1,308,878	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	Related party-AMS	various	1998-2004	\$ 4,026	\$	\$	\$		\$ 4,026	76
77										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)	\$ 11,455,528	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 429,073	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 429,073	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)	\$ 5,749,716	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 Alma Nelson Manor

0044891

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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 08/01/2010

Ending 07/31/2020

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. 12/31/16 \$ varies

13. 12/31/17 \$ varies

14. 12/31/18 \$ 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: \$ 29,191

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>18,664</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>	<u>0</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>18,664</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 Alma Nelson Manor # 0044891 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
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	\$		\$	364,175	\$		\$	364,175	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				208,244				208,244	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				489,556				489,556	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					317,199			317,199	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						451,894			451,894	13
14	TOTAL			\$		\$	1,061,975	\$	769,093	\$	1,831,068	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.

Alden Alma Nelson Manor, Inc.
PA pg 16A Ref. Line 39 Details)
For the Twelve Months Ending December 31, 2015

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
<hr style="border-top: 1px dashed black;"/>							
1.	OT		39-3	To Col 5		364,174.54	
2.	ST		39-3	To Col 5		208,244.10	
3.						-	
4.	PT		39-3	To Col 5		489,556.05	
5.							
6.							
7.							
8.	Pharmacy Supplies per GL					324,179.74	
	Manual Input from Related Party- Forum Drugs					(6,981.00)	
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		317,198.74	1,379,173.43
<hr style="border-top: 1px dashed black;"/>							
10.							
11.							
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		-	0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		-	0.00
<hr style="border-top: 1px dashed black;"/>							
	Total Exceptional Care (Line 12, Col 8)					-	0.00
<hr style="border-top: 1px dashed black;"/>							
13.	Other:		See Pg 16A			-	0.00
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		-	0.00

Other		496,908.08	
Manual Input: Related Party - Prism		(59,271.00)	
Manual Input: Related Party FECII - I.V.		(10,232.00)	
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(328.00)	
		24,817.00	
13. Col 6: Supplies Total	To Col 6	451,894.08	----- 451,894.08 -----
13. Total Line 13, Column 8		-	----- 451,894.08 -----
14. Total		-	----- 1,831,067.51 =====

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$ 65,560	\$ 124,239	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (240,000))	2,133,045	2,133,045	3
4	Supply Inventory (priced at)	4,643	4,643	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,011	6
7	Other Prepaid Expenses	5,020	29,667	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	124,516	286,866	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,332,784	\$ 2,587,471	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		700,000	13
14	Buildings, at Historical Cost		7,000,000	14
15	Leasehold Improvements, at Historical Cost	469,974	2,521,141	15
16	Equipment, at Historical Cost	280,726	1,133,234	16
17	Accumulated Depreciation (book methods)	(634,655)	(6,383,126)	17
18	Deferred Charges		6,916	18
19	Organization & Pre-Operating Costs		1,489,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		163,110	21
22	Other Long-Term Assets (spec <u>Fin Fees, net</u>		30,436	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 116,045	\$ 6,660,712	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,448,829	\$ 9,248,182	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 573,018	\$ 573,018	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	197,595	197,595	28
29	Short-Term Notes Payable	1,998,820	2,197,359	29
30	Accrued Salaries Payable	627,756	627,756	30
31	Accrued Taxes Payable (excluding real estate taxes)	36,872	36,872	31
32	Accrued Real Estate Taxes(Sch.IX-B)		224,600	32
33	Accrued Interest Payable	9,268	64,103	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	269,501	269,501	36
37	<u>Due to Affiliates</u>	1,137,610	512,116	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,850,440	\$ 4,702,920	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,168,865	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	3,423,648	3,423,648	43
44	<u>Sharehold.loan, other</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,423,648	\$ 14,592,513	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,274,088	\$ 19,295,433	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,825,259)	\$ (10,047,250)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,448,829	\$ 9,248,182	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,934,715)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,934,715)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(890,544)	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)	\$ (890,544)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (5,825,259)	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	\$ 11,917,259	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,917,259	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	273,311	6
7	Oxygen	33,901	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 307,212	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	362	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,607	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	5,296	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,265	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	118,160	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 118,160	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	5,383	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,383	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,356,279	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,035,434	31
32	Health Care	4,343,899	32
33	General Administration	3,324,935	33
B. Capital Expense			
34	Ownership	1,176,082	34
C. Ancillary Expense			
35	Special Cost Centers	1,883,064	35
36	Provider Participation Fee	483,409	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,246,823	40
41	Income before Income Taxes (line 30 minus line 40)**	(890,544)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (890,544)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,736,198	44
45	Private Pay - Net Inpatient Revenue	321,601	45
46	Medicare - Net Inpatient Revenue	3,177,424	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,682,221	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	(185)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,917,259	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.

Details of Page 19, Line 28Description

Miscellaneous Income gl 4977 (describe) (is offset againsts Schdl V.)
Wage Service Fee- Backed out with line reference 22 on page 5A
Record Copies- Backed out with line reference 22 on page 5A
Jury Duty- Backed out with line reference 22 on page 5A
Vending Machine Receipt- Backed out with line reference 2 on page 5A
Recovery of Bad Debts (private only, is not offset on Schdl V)

Adjustment to prior year expense (related to prior yr, not offset on Schdl V)
Vendor Discounts
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)

Line 28 Total:

Ending: 12/31/2015

Amount

\$ 1,809

\$ 57

\$ 3,517

5,383

Facility Name & ID Number **Alden Alma Nelson Manor**
 XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
 (This schedule must cover the entire reporting period.)

0044891

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

12/31/2015

	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	2,040	2,167	\$ 104,723	\$ 48.33	1
2	Assistant Director of Nursing	2,504	2,504	97,348	38.88	2
3	Registered Nurses	22,663	24,094	758,533	31.48	3
4	Licensed Practical Nurses	36,826	39,983	1,215,370	30.40	4
5	CNAs & Orderlies	80,692	88,552	1,146,240	12.94	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,798	2,026	34,278	16.92	8
9	Activity Director	2,085	2,085	37,694	18.08	9
10	Activity Assistants	7,144	8,042	96,470	12.00	10
11	Social Service Workers	3,393	3,418	74,048	21.66	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	57,075	27.44	13
14	Head Cook					14
15	Cook Helpers/Assistants	28,506	31,458	343,379	10.92	15
16	Dishwashers					16
17	Maintenance Workers	4,889	5,001	119,923	23.98	17
18	Housekeepers	27,513	29,988	328,033	10.94	18
19	Laundry	8,423	9,380	101,708	10.84	19
20	Administrator	640	640	29,671	46.36	20
21	Assistant Administrator	2,486	2,498	71,341	28.56	21
22	Other Administrative	8,552	8,977	258,490	28.79	22
23	Office Manager					23
24	Clerical	8,033	8,588	93,827	10.93	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	135,623	32.60	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselor	14,209	14,553	278,050	19.11	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	268,636	290,194	\$ 5,381,824 *	\$ 18.55	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	2200/Monthly	\$ 26,400	1-3	35
36	Medical Director	2375/Monthly	28,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant	536/Monthly	6,432	10-3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	20/Hourly	980	11-3	44
45	Social Service Consultant	53/Hourly	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 63,152		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	20	\$ 3,827	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	20	\$ 3,827		53

Alden Alma Nelson Manor
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	70,005.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(4,118.42)
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>18,978.58</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Medicaid Legal Fees-2011	12/10/15	7,919.89
Medicaid Legal Fees-2012	12/10/15	10,320.89
Medicaid Legal Fees-2013	12/10/15	737.50

TOTAL ALLOWABLE LEGAL FEES 18,978.28

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Valet Enterprises, Inc.	6/29/2015	103.36
Silvestri Law Office	11/18/2015	927.50
Silvestri Law Office	11/3/2015	33.00

Silvestri Law Office	11/3/2015	204.00
Silvestri Law Office	7/6/2015	470.00
Silvestri Law Office	4/1/2015	390.00
Silvestri Law Office	2/13/2015	1,843.25
Chicago Title Company	4/1/2015	80.00
Pogrund & Korey LLC-d/b/a Stone Pogr	12/31/2015	812.50
Pogrund & Korey LLC-d/b/a Stone Pogr	12/31/2015	912.00
PCC Cash Import	2/9/2015	(1,657.19)

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 4,118.42

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00
AMS Corp Legal Cost Alloc-'15		3,909.00

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost

70,004.70

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2	ABC-paint, tinted	2012	693	5					12	139	139	139
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 693		\$	\$	\$	\$	\$ 12	\$ 139	\$ 139	\$ 139

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes,RN/LPNs: No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council -\$25,728
- (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. \$ 43,228 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. \$ 483,409
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. \$ 36,150 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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (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.