

		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 004-2192

Facility Name: Alden Orland Park Rehabilitation and Health Care Center, Inc.

Address: 16450 South 97th Avenue Orland Park 60462
Number City Zip Code

County: Cook

Telephone Number: (708) 403-6500 Fax # (708) 873-9774

HFS ID Number:

Date of Initial License for Current Owners: 01/08/98

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 724-6622
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed)
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid
Preparer

(Signed)
(Print Name and Title)
(Firm Name & Address)
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc.

004-2192 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	<u>200</u>	Skilled (SNF)	<u>200</u>	<u>73,000</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>200</u>	TOTALS	<u>200</u>	<u>73,000</u>	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	<u>8,022</u>	<u>9,365</u>	<u>32,565</u>	<u>49,952</u>	8
9	SNF/PED					9
10	ICF	<u>2,837</u>	<u>625</u>		<u>3,462</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>10,859</u>	<u>9,990</u>	<u>32,565</u>	<u>53,414</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.17%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

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

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

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

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

I. On what date did you start providing long term care at this location? Date started 01/19/98

J. Was the facility purchased or leased after January 1, 1978? YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year? YES ☒ NO ☐ If YES, enter number of beds certified 200 and days of care provided 31,104

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: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden Orland Park Rehabilitation and Health # 004-2192 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	679,563	68,336	7,200	755,099	2,937	758,036	2,518	760,554			1
2	Food Purchase		455,620		455,620	(25,245)	430,375	(23,205)	407,170			2
3	Housekeeping	295,871	88,826		384,697	1,653	386,350	8,816	395,166			3
4	Laundry	82,016	29,364	96	111,476	1,184	112,660		112,660			4
5	Heat and Other Utilities			226,731	226,731		226,731	2,640	229,371			5
6	Maintenance	53,577		341,193	394,770	140	394,910	57,141	452,051			6
7	Other (specify):* Security/Related party			252	252		252	9,408	9,660			7
8	TOTAL General Services	1,111,027	642,146	575,472	2,328,645	(19,331)	2,309,314	57,318	2,366,632			8
	B. Health Care and Programs											
9	Medical Director			25,600	25,600		25,600		25,600			9
10	Nursing and Medical Records	3,963,347	324,807	9,231	4,297,385	32,354	4,329,739	51,029	4,380,768			10
10a	Therapy	81,546	1,720	14,097	97,363		97,363		97,363			10a
11	Activities	130,643	5,565	9,085	145,293	178	145,471		145,471			11
12	Social Services	79,931			79,931		79,931		79,931			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							6,942	6,942			15
16	TOTAL Health Care and Programs	4,255,467	332,092	58,013	4,645,572	32,532	4,678,104	57,971	4,736,075			16
	C. General Administration											
17	Administrative	180,431			180,431		180,431	107,065	287,496			17
18	Directors Fees											18
19	Professional Services			1,716,022	1,716,022	(12,161)	1,703,861	(1,627,678)	76,183			19
20	Dues, Fees, Subscriptions & Promotions			146,605	146,605		146,605	(125,502)	21,103			20
21	Clerical & General Office Expenses	326,434	45,191	98,613	470,238	853	471,091	391,433	862,524			21
22	Employee Benefits & Payroll Taxes			1,021,884	1,021,884	(1,893)	1,019,991	(9,250)	1,010,741			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,327	5,327		5,327	3,087	8,414			24
25	Other Admin. Staff Transportation			5,328	5,328		5,328	18,548	23,876			25
26	Insurance-Prop.Liab.Malpractice			213,126	213,126		213,126	15,473	228,599			26
27	Other (specify):* Related party			149,238	149,238		149,238	(82,757)	66,481			27
28	TOTAL General Administration	506,865	45,191	3,356,143	3,908,199	(13,201)	3,894,998	(1,309,581)	2,585,417			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,873,359	1,019,429	3,989,628	10,882,416		10,882,416	(1,194,292)	9,688,124			29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			79,180	79,180		79,180	512,401	591,581			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			228,357	228,357		228,357	824,968	1,053,325			32
33	Real Estate Taxes			786,842	786,842	(786,842)		794,273	794,273			33
34	Rent-Facility & Grounds			1,048,411	1,048,411	786,842	1,835,253	(1,835,253)				34
35	Rent-Equipment & Vehicles			30,592	30,592		30,592	42,739	73,331			35
36	Other (specify):* M.I.P.							76,881	76,881			36
37	TOTAL Ownership			2,173,382	2,173,382		2,173,382	416,009	2,589,391			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,572,189	2,990,004	4,562,193		4,562,193	(605,017)	3,957,176			39
40	Barber and Beauty Shops	57,833			57,833		57,833		57,833			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			109,500	109,500		109,500		109,500			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	57,833	1,572,189	3,099,504	4,729,526		4,729,526	(605,017)	4,124,509			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,931,192	2,591,618	9,262,514	17,785,324		17,785,324	(1,383,300)	16,402,024			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

From Line	To Line	Amount	Description
2		(25,245.00)	Employee Meals
	22	25,245.00	Employee Meals
22		(27,138.00)	Uniforms
	1	2,937.00	Uniforms
	3	1,653.00	Uniforms
	4	1,184.00	Uniforms
	6	160.00	Uniforms
	10	20,193.00	Uniforms
	11	178.00	Uniforms
	21	833.00	Uniforms
33		(786,842.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	786,842.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		20.00	Vendor Settlements
	6	(20.00)	Vendor Settlements
Others, if any:			
19		(12,161.00)	Clinical Coordinators (Pathway Billing)
	10	12,161.00	Clinical Coordinators (Pathway Billing)
Net		-	

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 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	(8,957)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	2,145	30		9
10	Interest and Other Investment Income	(6,292)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,999)	2		13
14	Non-Care Related Interest	(7,420)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,663)	21		17
18	Fines and Penalties	(25)	32		18
19	Entertainment	(4,953)	20		19
20	Contributions	(22,243)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(42,221)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(149,238)	27		24
25	Fund Raising, Advertising and Promotional	(42,341)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(60)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (290,267)		\$	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 Amount	2 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)	(1,065,085)	Various	34
35	Other- Attach Schedule	(27,948)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,093,033)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,383,300)		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 Yes	2 No	3 Amount	4 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

Report Period Beginning:

Ending:

ID#

004-2192

1/1/2011

12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,088)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,080)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	16,598	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	41,397	6	4
5				5
6				6
7	Correct YTD depreciation	1,838	30	7
8				8
9	Late fees on utilities	(552)	5	9
10	Late fee on telephone	(19)	21	10
11	Flu shot income	(16)	21	11
12	Miscellaneous income (Vendor rebate)	(18)	21	12
13	Miscellaneous income (Payroll)	(70)	21	13
14	Miscellaneous income (Medical records)	(80)	10	14
15	Marketing Mgr & Aides (g/l 6701-100-009 & 015)	(53,791)	21	15
16	Mktg Mgr & Aides employee benefits deductions	(9,250)	22	16
17	IL Health Care Assoc. dues (30%)	(3,312)	20	17
18	Leadership (Deming) training cost [2,750 x 20%]	(550)	24	18
19				19
20	Adj for ABC related party profit - Pg 12	(8)	30	20
21	Adj for ABC related party profit - Pg 12	(30)	30	21
22	Adj for ABC related party profit - Pg 12	(2)	30	22
23	Adj for ABC related party profit - Pg 12	85	30	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	(27,948)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc. # 004-2192 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	5,917	(3,399)	0	0	0	0	0	0	0	2,518	1
2	Food Purchase	(3,999)	0	0	(19,206)	0	0	0	0	0	0	0	(23,205)	2
3	Housekeeping	0	0	8,816	0	0	0	0	0	0	0	0	8,816	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(552)	0	3,192	0	0	0	0	0	0	0	0	2,640	5
6	Maintenance	49,038	0	7,704	0	0	0	399	0	0	0	0	57,141	6
7	Other (specify):*	0	0	8,442	966	0	0	0	0	0	0	0	9,408	7
8	TOTAL General Services	44,487	0	34,071	(21,639)	0	0	399	0	0	0	0	57,318	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	(80)	0	45,814	34	5,261	0	0	0	0	0	0	51,029	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	6,942	0	0	0	0	0	0	0	0	6,942	15
16	TOTAL Health Care and Programs	(80)	0	52,756	34	5,261	0	0	0	0	0	0	57,971	16
	C. General Administration													
17	Administrative	0	0	107,065	0	0	0	0	0	0	0	0	107,065	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(42,221)	7,434	(1,592,891)	0	0	0	0	0	0	0	0	(1,627,678)	19
20	Fees, Subscriptions & Promotions	(72,909)	0	(52,593)	0	0	0	0	0	0	0	0	(125,502)	20
21	Clerical & General Office Expenses	(58,577)	20,435	286,962	22,635	119,978	0	0	0	0	0	0	391,433	21
22	Employee Benefits & Payroll Taxes	(9,250)	0	0	0	0	0	0	0	0	0	0	(9,250)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(550)	0	3,637	0	0	0	0	0	0	0	0	3,087	24
25	Other Admin. Staff Transportation	0	0	18,548	0	0	0	0	0	0	0	0	18,548	25
26	Insurance-Prop.Liab.Malpractice	0	15,307	166	0	0	0	0	0	0	0	0	15,473	26
27	Other (specify):*	(149,238)	0	55,745	2,415	8,321	0	0	0	0	0	0	(82,757)	27
28	TOTAL General Administration	(332,745)	43,176	(1,173,361)	25,050	128,299	0	0	0	0	0	0	(1,309,581)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(288,338)	43,176	(1,086,534)	3,445	133,560	0	399	0	0	0	0	(1,194,292)	29

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
30	Depreciation	(16,140)	520,354	8,187	0	0	0	0	0	0	0	0	512,401	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(13,737)	827,120	7,642	0	3,943	0	0	0	0	0	0	824,968	32
33	Real Estate Taxes	0	786,843	5,728	0	1,702	0	0	0	0	0	0	794,273	33
34	Rent-Facility & Grounds	0	(1,835,253)	0	0	0	0	0	0	0	0	0	(1,835,253)	34
35	Rent-Equipment & Vehicles	0	0	42,739	0	0	0	0	0	0	0	0	42,739	35
36	Other (specify):*	0	76,881	0	0	0	0	0	0	0	0	0	76,881	36
37	TOTAL Ownership	(29,877)	375,945	64,296	0	5,645	0	0	0	0	0	0	416,009	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	(47,796)	(359,246)	(197,975)	0	0	0	0	0	(605,017)	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	(47,796)	(359,246)	(197,975)	0	0	0	0	0	(605,017)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(318,215)	419,121	(1,022,238)	(44,351)	(220,041)	(197,975)	399	0	0	0	0	(1,383,300)	45

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Lease Revenue	\$ 1,835,254	Orland Associates Limited Liability Corporation		\$ 1	\$ (1,835,253)	1
2	V	32	Interest Income - RR	388	Orland Associates Limited Liability Corporation			(388)	2
3	V	32	Interest Income - Interco	142,160	Orland Associates Limited Liability Corporation			(142,160)	3
4	V	32	Interest Income	109	Orland Associates Limited Liability Corporation			(109)	4
5	V	19	Accounting Fees		Orland Associates Limited Liability Corporation		7,434	7,434	5
6	V	21	Miscellaneous Admin. Fees		Orland Associates Limited Liability Corporation		20,435	20,435	6
7	V	33	Real Estate Tax Expense		Orland Associates Limited Liability Corporation		786,843	786,843	7
8	V	26	Insurance Expense		Orland Associates Limited Liability Corporation		15,307	15,307	8
9	V	36	Mortgage Insurance Expense		Orland Associates Limited Liability Corporation		76,881	76,881	9
10	V	32	Interest Expense		Orland Associates Limited Liability Corporation		663,135	663,135	10
11	V	30	Depreciation		Orland Associates Limited Liability Corporation		520,354	520,354	11
12	V	32	Amortization		Orland Associates Limited Liability Corporation		31,422	31,422	12
13	V	32	Loan Prepayment fee		Orland Associates Limited Liability Corporation		275,220	275,220	13
14	Total			\$ 1,977,911			\$ 2,397,032	\$ * 419,121	14

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,192	\$ 3,192	15
16	V	24	Travel / Seminar		Alden Management Services, Inc.		3,637	3,637	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		18,548	18,548	17
18	V	26	Insurance		Alden Management Services, Inc.		166	166	18
19	V	20	Dues / Subscriptions	54,882	Alden Management Services, Inc.		2,289	(52,593)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		5,728	5,728	21
22	V	35	Rent-Equip/Vehicle		Alden Management Services, Inc.		42,739	42,739	22
23	V	32	Interest		Alden Management Services, Inc.		7,642	7,642	23
24	V	1	Dietary Salary		Alden Management Services, Inc.		5,917	5,917	24
25	V	3	Housekeeping Salary		Alden Management Services, Inc.		8,816	8,816	25
26	V	7	Employee Benef-Gen'l Servs		Alden Management Services, Inc.		8,442	8,442	26
27	V	10	Nursing & Medical records salaries		Alden Management Services, Inc.		45,814	45,814	27
28	V	15	Employee Benef-Health Care		Alden Management Services, Inc.		6,942	6,942	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		107,065	107,065	29
30	V	27	Employee Benef-Administrative		Alden Management Services, Inc.		55,745	55,745	30
31	V	19	Professional Fees	1,639,446	Alden Management Services, Inc.		46,555	(1,592,891)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		286,962	286,962	32
33	V	6	Repair & Maintenance	46,845	Alden Management Services, Inc.		54,549	7,704	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,741,173			\$ 718,935	\$ * (1,022,238)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Diet. Consultant	\$ 7,200	Prism Health Care Services, Inc.	0.00%	\$ 120	\$ (7,080)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		3,681	3,681	16
17	V	2	Tube Feeding	36,828	Prism Health Care Services, Inc.		17,622	(19,206)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Services	75,017	Prism Health Care Services, Inc.		27,221	(47,796)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Services, Inc.		14,478	14,478	20
21	V	27	Employee Benefits		Prism Health Care Services, Inc.		2,415	2,415	21
22	V	7	Employee Benefits		Prism Health Care Services, Inc.		966	966	22
23	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		8,157	8,157	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			\$ 125,705			\$ 81,354	\$ * (44,351)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 734,588	Forum Extended Care Services II, Inc.	0.00%	\$ 1,018,012	\$ 283,424	15
16	V	39	I.V.	727,242	Forum Extended Care Services II, Inc.		85,491	(641,751)	16
17	V	39	Wound Care	4,396	Forum Extended Care Services II, Inc.		3,477	(919)	17
18	V	10	House Stock	20,111	Forum Extended Care Services II, Inc.		18,607	(1,504)	18
19	V	10	Pharm Consult	9,032	Forum Extended Care Services II, Inc.		15,797	6,765	19
20	V	27	Employee Vaccin.	5,203	Forum Extended Care Services II, Inc.		4,115	(1,088)	20
21	V	27	Employee Benef: G & A		Forum Extended Care Services II, Inc.		9,409	9,409	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		75,585	75,585	22
23	V	21	Gen'l & Admin.		Forum Extended Care Services II, Inc.		44,393	44,393	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		3,943	3,943	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		1,702	1,702	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			\$ 1,500,572			\$ 1,280,531	\$ * (220,041)	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	Therapy	\$ 2,900,115	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,702,140	\$ (197,975)	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			\$ 2,900,115			\$ 2,702,140	\$ * (197,975)	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	\$ 51,361	Alden Bennett Construction Company, Inc.	0.00%	\$ 51,760	\$ 399	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			\$ 51,361			\$ 51,760	\$ * 399	39

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

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc. # 004-2192 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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								1
2			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	2
3			Alden-Long Grove Rehabilitation and Health Ca	Long Grove				3
4			Alden-Lincoln Park Rehabilitation and Health C	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Car	Chicago	Alden Management Serv	Chicago	Management	5
6			Alden-Lakeland Rehabilitation and Health Care (	Chicago				6
7			Alden of Old Town East, Inc.	Bloomingtondale	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	7
8			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden Estates of Naperville, Inc.	Naperville	Alden Gardens of Water	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	11
12			Alden Village Health Facility for Children and Yo	Bloomingtondale	Community Physical The	Addison	Therapy Provider	12
13					Alden Bennett Construct	Chicago	General Contractor	13
14			Alden - Princeton Rehabilitation and Health Car	Chicago	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	14
15			Alden of Old Town West, Inc.	Bloomingtondale	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16			Alden - Town Manor Rehabilitation and Health C	Cicero				16
17			Alden Trails, Inc.	Bloomingtondale				17
18			Alden - Poplar Creek Rehabilitation and Health (	Hoffman Estates				18
19			Alden - North Shore Rehabilitation and Health C	Skokie				19
20			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				20
21			Alden Estates of Evanston, Inc.	Evanston				21
22			Alden - Alma Nelson Manor, Inc.	Rockford				22
23			Alden - Park Strathmoor, Inc.	Rockford				23
24			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				24
25			Alden Estates of Barrington, Inc.	Barrington				25
26			Alden of Waterford, LLC	Aurora				26
27			Alden Springs, Inc.	Bloomingtondale				27
28			Alden Village North, Inc.	Chicago				28
29			Alden Estates of Skokie, Inc.	Skokie				29
30			Alden Estates of Countryside, Inc.	Jefferson, WI				30

Facility Name & ID Number Alden Orland Park Rehabilitation and Health # 004-2192 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	President	CEO	100.00	177,488	1.624	4.06	Salary	\$ 7,512	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,853	1.624	4.06	Salary	2,787	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,915	1.624	4.06	Salary	1,605	6-7	3
4											4
5											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											10
11											11
12											12
13								TOTAL	\$ 11,904		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center # 004-2192 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

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 ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Alden Management Services, Inc.
Street Address 4200 W. Peterson
City / State / Zip Code Chicago, IL 60646
Phone Number (773-724-6622
Fax Number (773-724-6622

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	1,315,389	34	\$ 78,619	\$	53,414	\$ 3,192	1
2	24	Trav & Seminar	Patient Days	1,315,389	34	89,570		53,414	3,637	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		53,414	18,548	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		53,414	166	4
5	20	Dues & Subscriptions	Patient Days	1,315,389	34	56,361		53,414	2,289	5
6	30	Depreciation	No of Providers/usage	34	34	291,758		1	8,187	6
7	33	Real Estate Tax	Patient Days/ysage	1,315,389	34	156,401		53,414	5,728	7
8	35	Rent-Equip & Vehicle	Patient Days	1,315,389	34	1,052,493		53,414	42,739	8
9	32	Interest	Patient Days/usage	1,315,389	34	1,368,621		53,414	7,642	9
10	1	Dietary Salary	Patient Days	1,315,389	34	145,718	145,718	53,414	5,917	10
11	3	Housekeeping Salary	Patient Days	1,315,389	34	217,102	217,102	53,414	8,816	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,315,389	34	207,899		53,414	8,442	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,315,389	34	1,184,449	1,184,449	53,414	45,814	13
14	15	Employee Benefits -Health Care	Patient Days	1,315,389	34	170,963		53,414	6,942	14
15	17	Administrative Salary	Patient Days/usage	1,315,389	34	2,886,253	2,886,253	53,414	107,065	15
16	27	Employee Benefits - Admin	Patient Days	1,315,389	34	1,372,783		53,414	55,745	16
17	19	Professional fees	Patient Days	1,315,389	34	1,146,467	654,108	53,414	46,555	17
18	21	Gen'I & Admin	Patient Days	1,315,389	34	7,066,809	5,970,419	53,414	286,962	18
19	6	Repair & Maint.	Patient Days	1,315,389	34	1,343,350	1,077,524	53,414	54,549	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 19,296,460	\$ 12,135,573		\$ 718,935	25

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	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge		x	Mortgage	\$62,864.41	3/2011	\$ 14,668,300	\$ 14,571,998	4/2051	4.1700	\$ 458,950	1
2	Cambridge		x	Mortgage		4/2003	12,105,000	refinanced		5.9300	168,503	2
3	Cambridge		x	Operating		4/2003	2,499,003	refinanced		5.9300	35,682	3
4	Bank of Leumi		x	LOC	Varies	2/2011	1,909,365		7/2012	4.5000	74,872	4
5	Amortization-Fin/Refin fee-Loan prepara	x		Refin. Fees/Mortgage							307,742	5
	Working Capital											
6	Related party-AMS		x	Working Capital							7,642	6
7	Related party-FECII		x	Working Capital							3,943	7
8	Insurance Interest		x	Medical malpractice							2,779	8
9	TOTAL Facility Related				\$62,864.41		\$ 31,181,668	\$ 14,571,998			\$ 1,060,113	9
	B. Non-Facility Related*											
10	Interest income on RR		x								(388)	10
11	Interest-Leumi LP accts		x								(109)	11
12	Interest Income on Corp		x								(1,868)	12
13	Patient interest income		x								(4,423)	13
14	TOTAL Non-Facility Related						\$	\$			\$ (6,788)	14
15	TOTALS (line 9+line14)						\$ 31,181,668	\$ 14,571,998			\$ 1,053,325	15

16)

Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 72,352

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.)

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	781,000	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.)				\$	772,343	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(8,657)	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	795,500	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.				\$	786,843	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	7,430	
Real Estate Tax Bill for Calendar Year:				\$	794,273	
				FOR BHF USE ONLY		
				13	FROM R. E. TAX STATEMENT FOR 2010 \$	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.

FACILITY NAME	<u>Alden Orland Park Rehabilitation and Health Care Center, Inc</u>	COUNTY	<u>Cook</u>
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CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 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 2010.

(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 Ser</u>	\$ <u>300,377.00</u>	\$ <u>5,728.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>42,023.00</u>	\$ <u>1,702.00</u>
3. <u>27-21-401-003-000</u>	<u>Nursing Home Facility</u>	\$ <u>772,338.00</u>	\$ <u>772,338.00</u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
	TOTALS	\$ <u>1,114,738.00</u>	\$ <u>779,768.00</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?

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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048

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

C. Does the Operating Entity?

☐

(a) Own the Facility

☒

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

 YES

☒

 NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing facility	350,871	1997	\$ 584,920	1
2					2
3	TOTALS	350,871		\$ 584,920	3

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	200		1998	1997	12,679,210	314,835	40	316,980	2,145	4,436,239	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	RUN CABLE TO BUILDING/INSTALL 6 OUTLETS			1998	2,975		10			2,975	9
10	RELOCATION OF OUTLETS & POWER CIRCUIT			1998	1,648		10			1,648	10
11	INSTALL 6 WALL JACKS			1998	2,158		5			2,158	11
12	INSTALL CABLE			1998	4,446		10			4,446	12
13	REPLACE SPRINKLER HEADS			1998	6,236		10			6,236	13
14	INSTALL WALL PLATES			1998	4,608		5			4,608	14
15	Climate Service(boiler maintenance)			1999	14,529	726	20	726		9,441	15
16	Directional Boring(sprinkler system)			1999	5,400	360	15	360		4,620	16
17	Chicago Cooling(a/c unit repair)			1999	2,070	138	15	138		1,736	17
18	Church Landscape(floating swan island)			1999	3,400		5			3,400	18
19	Church Landscape(floating swan island)			1999	2,000		5			2,000	19
20	Watermangement(compressor)			1999	2,625	175	15	175		2,173	20
21	New Horizons Communications (light telephone sys)			2000	9,767		10			9,767	21
22	New Horizons Communications (light telephone sys)			2000	7,765		10			7,765	22
23	System Electric (wiring)			2000	1,384	69	20	69		829	23
24	Climate Services (pipe)			2000	1,674	84	20	84		1,006	24
25	Climate Services (pipe)			2000	1,689	84	20	84		1,011	25
26	Climate Services (pipe)			2000	1,684	84	20	84		1,009	26
27	Climate Services (pipe)			2000	2,376	119	20	119		1,427	27
28	GT Mechanical (heating/compressor repair)			2000	5,079		10			5,079	28
29	New Horizons Communications (light telephone sys)			2000	7,765		10			7,765	29
30	Alden Bennett Cons (time and billning material)			2000	2,073		10			2,073	30
31	Alden Bennett Cons (time and billning material)			2000	2,798		10			2,798	31
32	New Horizons Comm. (phone insall)			2000	4,437		10			4,437	32
33	Fox Valley Fire & Safety (sprinkler system)			2000	2,290	153	15	153		1,707	33
34	Alden Bennett Construction (time and material)			2000	2,915		10			2,915	34
35	Capps Plumbing (srvc/repair pump)			2001	1,977	132	15	132		1,418	35
36	Alden Bennet Construction (paving)			2001	9,328	622	15	622		6,271	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc.

004-2192

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	Capps Plumbing (repair pump)	2002	\$ 7,214	\$ 481	15	\$ 481	\$	\$ 5,691	37
38	Med-Con (alarm system)	2002	813	81	10	81		784	38
39	Alden Bennett Construction (time & material)	2002	4,008	267	15	267		2,582	39
40	Alden Bennett Construction (time & material)	2002	2,809	187	15	187		1,824	40
41	Alden Bennett Construction (time & material)	2002	2,365	158	15	158		1,552	41
42									42
43	Alden Bennett Cons..auto. Door opener	2003	3,915	391	10	391		3,325	43
44	Alden Bennet Cons. laundry press/gas/ellec	2003	6,825	455	15	455		4,095	44
45	GT Mechanical-repair heat pump	2003	1,797		5			1,797	45
46	CSI Coker-rebuild dishwasher	2003	4,333	433	10	433		3,717	46
47	Real Green-sprinkler system repair	2003	3,600		5			3,600	47
48	Real Green-sprinkler system repair	2003	1,750		5			1,750	48
49	CSI Coker kitchen exhaust pipe repair	2003	1,728		5			1,728	49
50	CSI Coker-walk in freezer repair	2003	1,560		5			1,560	50
51	Alden Bennett Cons.-ejector pump repair	2003	1,182		5			1,182	51
52	Controlled Irrigation-sprinkler systen repair	2003	2,552		5			2,552	52
53	Alden Bennett Cons-ejector pump repairs	2003	2,991		5			2,991	53
54	B&K Lawnsapcing-crushed stone walkway base	2003	1,400	140	10	140		1,132	54
55									55
56	Alden Bennett - Repairs	2004	1,700	113	15	113		801	56
57	Top Notch - Repairs	2004	2,189	146	15	146		1,034	57
58	Alden Bennett Construction - laundry press/gas/electric/pipe	2004	4,062	203	20	203		1,573	58
59	GT Mechanical-repair heat pump	2004	1,083	54	20	54		419	59
60	GT Mechanical-replace A/C compressor unit	2004	8,600	573	15	573		4,298	60
61	Insurance refund on above asset	2004	(3,600)	(240)	15	(240)		(1,800)	61
62	GT Mechanical-repair heater leak	2004	583		5			583	62
63	GT Mechanical-repair valve leak	2004	718		5			718	63
64	GT Mechanical-heater repair	2004	753		5			753	64
65	New Horizons - Phone line repair	2004	2,793	279	10	279		2,000	65
66	B & K Lawnsapcing- crushedstone walkway base	2004	2,420	161	15	161		1,235	66
67	Alden Bennett - Plumbing Repair	2004	866		5			866	67
68	GT Mechanical - Repair compressor leak	2004	700		5			700	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,870,013	\$ 321,465		\$ 323,610	\$ 2,145	\$ 4,593,999	70

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

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc.

004-2192

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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 12A, Carried Forward		\$ 12,870,013	\$ 321,465		\$ 323,610	\$ 2,145	\$ 4,593,999	1
2	GT Mechanical - Repair cooling fan	2004	1,256		5			1,256	2
3	GT Mechanical - Repairs	2004	679		5			679	3
4	Top Notch - Repairs	2004	839		5			839	4
5	GT Mechanical - AC maintenance/repair	2004	1,108		5			1,108	5
6	GT Mechanical - Replace CFM & contactor	2004	1,126	113	10	113		866	6
7	Replace condenser fan motor	2004	1,204	120	10	120		931	7
8	Building Repairs	2004	5,871	391	15	391		2,868	8
9	A&B Custom Cable TV Service, Inc. - Inst cable jacks	2004	8,120	812	10	812		6,496	9
10	GTMECH-Replace Gas Valve in the RTU	2005	2,165	144	15	144		1,008	10
11	TOPNOT Commercial Kitchen	2005	1,735	116	15	116		812	11
12	New Horizons Phone Repair	2005	2,461	246	10	246		1,661	12
13	Dryer and Condensing Unit	2005	1,309	131	10	131		884	13
14									14
15	ABC Installed Cabinets and Drawers	2005	5,332	355	15	355		2,308	15
16	New Horizons CRD 6 Circuit	2005	2,285	229	10	229		1,431	16
17	New Furnance	2005	2,299		5			2,299	17
18	12 New Phones	2005	3,559	356	10	356		2,166	18
19	ABC repair work on entry ramp and ramp walls	2005	5,211	347	15	347		2,082	19
20	Millcar Milliken Carpets	2005	18,160	1,816	10	1,816		11,653	20
21	Asphalt the Parking Lot	2005	1,806	181	10	181		1,131	21
22	Asphalt the Parking Lot	2005	1,787	179	10	179		1,119	22
23	Millcar Milliken Carpets	2005	(15,609)	(1,561)	10	(1,561)		(11,577)	23
24	Parking Lot	2006	217,356	27,170	8	27,170		147,170	24
25	Installed new seal and started on HP-1	2006	2,528	253	10	253		1,497	25
26	Installed new power supply	2006	4,274	214	20	214		1,266	26
27	Removed and replaced carpet	2006	3,848	255	5	255		3,848	27
28	Repair Generator	2006	2,819	140	5	140		2,819	28
29	Installed new vanity countertop	2006	3,277	328	10	328		1,885	29
30	Installed sewage ejector pump	2006	4,453	297	15	297		1,534	30
31	Carpet for the second floor	2006	31,104	5,702	5	5,702		31,104	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,192,375	\$ 359,798		\$ 361,943	\$ 2,145	\$ 4,817,142	34

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

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc.

004-2192

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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 12B, Carried Forward		\$ 13,192,375	\$ 359,798		\$ 361,943	\$ 2,145	\$ 4,817,142	1
2	New Carpet at Orland	2007	38,166	7,633	5	7,633		38,165	2
3	Adjustment Alden bennett 2002 costs	2007	(4,558)	(304)	15	(304)		(1,419)	3
4	New Park Benches	2007	2,606	521	5	521		2,258	4
5	Install intercom system	2007	5,825	583	10	583		2,623	5
6	replaced worn and broken locksets	2007	6,137	1,227	5	1,227		5,522	6
7	Modifications to irrigation system	2007	22,716	4,543	5	4,543		20,444	7
8	Major repair to Dryer	2007	5,088	509	10	509		2,206	8
9	Porch repair	2007	2,695	539	5	539		2,336	9
10	new carpet	2007	19,420	3,884	5	3,884		16,507	10
11	Topnot Booster Heater	2007	5,462	546	10	546		2,230	11
12	Replaced damaged parking lot with new material	2007	6,020	752	8	752		3,071	12
13	Additional work on parking lot	2007	7,771	971	8	971		4,046	13
14	Fence around parking lot	2007	6,996	875	8	875		3,646	14
15	New Door and concrete around area-ABC	2008	5,215	348	15	348		1,189	15
16	Laundry chute Door-ABC	2008	8,803	880	10	880		3,007	16
17	New Receiving Door and new motor-ABC	2008	6,271	627	10	627		2,090	17
18	Replace receiving door-ABC	2008	2,521	252	10	252		777	18
19	Replace laundry chute, ceiling tile, broken plumbing & electrical f	2009	7,028	703	10	703		1,640	19
20	Asphalt paving-ABC	2009	22,465	2,808	8	2,808		6,084	20
21	Coating EIFS installation of control joint-ABC	2009	3,275	655	5	655		1,474	21
22	Concrete & EIFS coating repairs - J.S. Goray	2009	8,670	578	15	578		1,445	22
23	Repair railings & exterior EIFS entrance-ABC	2009	8,665	578	15	578		1,397	23
24	Oxygen suction system repaired air hoses-Medical Gas Mngmt	2010	11,467	2,293	5	2,293		3,631	24
25	Elevator: CPU repairs/parts-Long Elevator Co.	2010	5,675	1,135	5	1,135		1,703	25
26	Paving-Asphalt cleaned sealcoat applied-Garelli Pavement	2010	3,450	431	8	431		575	26
27	Engineering Fees, rebuilding-Therapy Room-ABC	2010	6,796	453	15	453		566	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,417,021	\$ 393,819		\$ 395,964	\$ 2,145	\$ 4,944,355	34

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

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc.

004-2192

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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 12C, Carried Forward		\$ 13,417,021	\$ 393,819		\$ 395,964	\$ 2,145	\$ 4,944,355	1
2									2
3	Carpentry Accoustical work - ABC	2011	17,521	779	15	779		779	3
4	Carpentry drywall accoustical demoli. work - ABC	2011	57,595	2,560	15	2,560		2,560	4
5	Carpentry electrical work - ABC	2011	48,742	2,166	15	2,166		2,166	5
6	Framing/drywall fire protection work - ABC	2011	19,334	859	15	859		859	6
7	HVAC/Plumbing - ABC	2011	32,533	1,446	15	1,446		1,446	7
8	Plumbing fire protection work - ABC	2011	18,840	837	15	837		837	8
9	Pier construction (3) - JMALLE	2011	19,637	245	20	245		245	9
10	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	33,117	138	20	138		138	10
11	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	55,850	310	20	310		310	11
12	Pier construction - fence/eletrical fixtures - ABC	2011	5,005	21	20	21		21	12
13	Pier construction - landscaping - ABC	2011	26,077	109	20	109		109	13
14									14
15	Generator transfer switch/install - ABC	2011	12,578	1,677	5	1,677		1,677	15
16	Upholstery - Design	2011	2,905	387	5	387		387	16
17									17
18	Adj for ABC related party profit	2008	(130)	(8)		(8)		(28)	18
19	Adj for ABC related party profit	2009	(547)	(30)		(30)		(75)	19
20	Adj for ABC related party profit	2010	(83)	(2)		(2)		(3)	20
21	Adj for ABC related party profit	2011	2,545	85		85		85	21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,768,540	\$ 405,399		\$ 407,544	\$ 2,145	\$ 4,955,869	34

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

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, Inc.

004-2192

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,768,540	\$ 405,399		\$ 407,544	\$ 2,145	\$ 4,955,869	1
2									2
3	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	3
4	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	4
5	Forum Prof Ctr: Tennant Improv	1986	824		13			824	5
6	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	6
7	Forum Prof Ctr: Roof	1994	2,956		16			2,956	7
8	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	8
9	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	9
10	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	10
11	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	11
12	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	12
13	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	13
14	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	14
15	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	15
16	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	16
17	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	17
18	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	18
19	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	19
20	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	20
21	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	21
22	Alden Mgt Servs: Remodel suites	2002	290		7			290	22
23	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,847,003	\$ 406,357		\$ 408,502	\$ 2,145	\$ 5,026,513	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$1,679,723	\$158,830	\$158,830	\$		\$1,255,349	71
72	Current Year Purchases	339,384	22,029	22,029			17,460	72
73	Fully Depreciated Assets	219,437	2,220	2,220			219,437	73
74								74
75	TOTALS	\$2,238,544	\$183,079	\$183,079	\$		\$1,492,246	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Car Engine/Bus/Van	Various/Dodge	'98-'04	\$8,164	\$	\$	\$		\$8,164	76
77	Midwest Transit	Ford Eldorado	2000	49,826					49,826	77
78	Water hoses replace on auto	Various	2005	1,537					1,537	78
79	Related Party-AMS	Various	'98-'02	4,026					4,026	79
80	TOTALS			\$63,553	\$	\$	\$		\$63,553	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$16,734,02081
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$589,43682
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$591,58183
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$2,14584
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$6,582,31285

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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related party - cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES

☒ NO

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

**

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: \$30,842Description:Copy machine lease \$26,347, postage meter \$4,245, various office equip \$250

(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	related party- Pg 6A	various	\$ #####	\$ 29,030	17
18					18
19					19
20					20
21	TOTAL		\$ #####	\$ 29,030	21

10. Effective dates of current rental agreement:

Beginning04/01/1996

Ending04/01/2016

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

	Fiscal Year Ending	Annual Rent
12.	12/2012	\$Varies
13.	12/2013	\$Varies
14.	12/2014	\$Varies

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		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.)										
		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 1,392,726	\$		\$ 1,392,726	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			161,714			161,714	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,345,675			1,345,675	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				1,018,012		1,018,012	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					(197,975)	237,024		39,049	13
14	TOTAL			\$		\$ 2,702,140	\$ 1,255,036		\$ 3,957,176	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.

				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.	
1.	OT	39-3	To Col 5	\$1,392,726.00
2.	ST	39-3	To Col 5	161,714.00
3.				
4.	PT	39-3	To Col 5	1,345,675.00
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			734,588.00
	Manual Input from Related Party- Forum Drugs			283,424.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	1,018,012.00
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(197,975.00)
	Other			927,489.00
	Manual Input: Related Party - Prism			(47,796.00)
	Manual Input: Related Party FECII - I.V.			(641,750.00)
	Manual Input: Related Party FECII - Wound Care			(919.00)
	Oxygen, from reclass worksheet (Pg 4A)			
13.	Col 6: Supplies Total		To Col 6	237,024.00
13.	Total Line 13, Column 8			39,049.00
14.	Total			3,957,176.00

Facility Name & ID Number Alden Orland Park Rehabilitation and Health Care Center, I# 004-2192Report Period Beginning: 1/1/2011Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 42,117	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>50,000</u>)	2,624,222	2,624,222	3
4	Supply Inventory (priced at)	10,000	10,000	4
5	Short-Term Investments			5
6	Prepaid Insurance		14,815	6
7	Other Prepaid Expenses	7,383	27,228	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	34,912	34,912	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,676,517	\$ 2,753,294	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	16,001	16,001	12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	579,241	1,013,116	15
16	Equipment, at Historical Cost	445,292	2,416,021	16
17	Accumulated Depreciation (book methods)	(650,957)	(6,441,326)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		488,382	21
22	Other Long-Term Assets (spe <u>financing fees</u>)	34,471	232,397	22
23	Other(specify): <u>Due from affiliates</u>	20,254,773	23,748,470	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 20,678,821	\$ 34,651,399	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,355,338	\$ 37,404,693	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 866,977	\$ 874,305	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	165,218	165,218	28
29	Short-Term Notes Payable		149,558	29
30	Accrued Salaries Payable	552,284	552,284	30
31	Accrued Taxes Payable (excluding real estate taxes)	99,286	99,286	31
32	Accrued Real Estate Taxes(Sch.IX-B)		795,500	32
33	Accrued Interest Payable	95,285	145,923	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	77,027	77,027	36
37	<u>Due to affiliates</u>	3,214,336	3,214,336	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,070,413	\$ 6,073,437	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,909,365	1,909,365	39
40	Mortgage Payable		14,422,441	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>			43
44	<u>S/holder loans, others</u>	79,728	79,728	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,989,093	\$ 16,411,534	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,059,506	\$ 22,484,971	46
47	TOTAL EQUITY(page 18, line 24)	\$ 16,295,832	\$ 14,919,722	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,355,338	\$ 37,404,693	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 12,605,695	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 12,605,695	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	3,690,137	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)	\$ 3,690,137	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)	\$ 16,295,832	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			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 21,359,465	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 21,359,465	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	31,334	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 31,334	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	717	12
13	Barber and Beauty Care	49,226	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	187	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	8,971	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 59,101	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	6,291	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,291	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg19A	19,270	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,270	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 21,475,461	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,328,645	31
32	Health Care	4,645,572	32
33	General Administration	3,908,199	33
	B. Capital Expense		
34	Ownership	2,173,382	34
	C. Ancillary Expense		
35	Special Cost Centers	4,620,026	35
36	Provider Participation Fee	109,500	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 17,785,324	40
41	Income before Income Taxes (line 30 minus line 40)**	3,690,137	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 3,690,137	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done 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.

Facility Name & ID Number	Alden Orland Park Rehabilitation and He	# 001-7319	Report Period Beginning:	1/1/2011	Ending:	12/31/2011
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Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous income gl 4977 record copies	80
Miscellaneous income gl 4977 jury duty	17
Miscellaneous income gl 4977 wage/service fees	71
Gain on sale of assets	19,102
Line 28 Total:	<u>19,270</u>

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,080	\$ 105,486	\$ 50.71	1
2	Assistant Director of Nursing	4,160	4,160	197,207	47.41	2
3	Registered Nurses	39,887	42,492	1,314,835	30.94	3
4	Licensed Practical Nurses	23,971	25,277	614,282	24.30	4
5	CNAs & Orderlies	103,175	110,513	1,337,576	12.10	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,789	2,045	33,093	16.18	8
9	Activity Director	2,080	2,080	67,497	32.45	9
10	Activity Assistants	5,335	5,676	63,146	11.13	10
11	Social Service Workers	4,136	4,136	79,931	19.33	11
12	Dietician					12
13	Food Service Supervisor	4,160	4,160	80,339	19.31	13
14	Head Cook	8,312	8,312	135,142	16.26	14
15	Cook Helpers/Assistants	44,692	47,061	464,082	9.86	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	53,577	25.76	17
18	Housekeepers	22,094	23,899	295,871	12.38	18
19	Laundry	7,473	8,253	82,017	9.94	19
20	Administrator	2,080	2,081	97,183	46.70	20
21	Assistant Administrator	2,328	2,431	83,248	34.24	21
22	Other Administrative	12,204	12,255	299,589	24.45	22
23	Office Manager	2,080	2,080	32,271	15.51	23
24	Clerical	2,444	2,511	20,872	8.31	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	5,942	5,942	198,483	33.40	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C; Unit Director)	4,552	4,616	82,147	17.80	32
33	Other(specify) <u>Alzh/Beautician/D</u>	10,474	11,143	193,318	17.35	33
34	TOTAL (lines 1 - 33)	317,528	335,283	\$ 5,931,192 *	\$ 17.69	34

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	600/month	\$ 7,200	1-3	35
36	Medical Director	2,133/month	25,600	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	400/month	4,800	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	91/month	1,088	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 38,688		49

C. CONTRACT NURSES

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

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Maniatis, Katie	Administrator	0	\$ 97,183	Workers' Compensation Insurance	\$ 158,637	IDPH License Fee	\$	
Glaza, Karen Lynn	Assist Admin	0	36,629	Unemployment Compensation Insurance	76,760	Advertising: Employee Recruitment	623	
MacLean, Thomas	Assist Admin	0	24,975	FICA Taxes	466,297	Health Care Worker Background Check		
Thompson, Pamela	Assist Admin	0	21,644	Employee Health Insurance	84,869	(Indicate # of checks performed 124)	1,240	
		0		Employee Meals	25,245	Patient Background Checks	871	
		0		Illinois Municipal Retirement Fund (IMRF)*		IL Health Care Assoc	7,728	
		0		Union, Health & Welfare	128,286	Collaborative Healthcare dues	175	
TOTAL (agree to Schedule V, line 17, col. 1)				Pension	39,039	Surety Bond Fee	338	
(List each licensed administrator separately.)			\$ 180,431	Dental, Life Ins, relations, tuition, msc	30,291	Related party-AMS	2,289	
B. Administrative - Other				Drug tests, 401k match, vaccinations	10,567	Related parties		
Description				Mrktg mgr & aides benefits back out	(9,250)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,010,741	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 21,103	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**		
Vendor/Payee	Type	Amount		Description	Line #	Amount	Description	Amount
Alden Management Services, Inc.	Consulting	\$ 1,603,446					Out-of-State Travel	\$
Kenneth Fisch	Legal Fees-Collections	42,221						
Barry Greenburg	Legal Fees-Non Collections	88						
AMS (Eliminated)	Allocated Legal Fees	36,000					In-State Travel	
First Advantage	Tax Consulting	1,130						
Pathway-reclassified to nursing	Clinical Consulting	12,161					Related party-AMS	3,637
Linda Roberts & Assoc.	Nutrition systems audit	1,020					Leadership Training	2,200
Medicom	Billing Consultant	457					Seminar Expense	
BDO / KPMG	Accounting Fees	2,383					IL Council on LT Care, IL HC Assc.	1,352
Baker Tilly / A. Daley	Accounting Fees	14,716					Life Services Network, IL Continuity of Car	875
IL Assn. of Healthcare facilities	Union matters	2,400					Case managers CEU	350
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 1,716,022				TOTAL	\$ 8,414

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union?

Yes

(2) Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount. IHCA \$7,497 IL Assoc of HC \$2,400

(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.

\$ 48,685

Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement?

YES

x

NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

x

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 109,500

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.

\$ 25,245

Has any meal income been offset against related costs?

Indicate the amount. \$

(16) Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

0

d. Have vehicle usage logs been maintained?

No

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

No

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$

(17) Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

Yes

(19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

n/a

Attach invoices and a summary of services for all architect and appraisal fees.