

		FOR BHF USE					

LL1

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0044891

Facility Name: Alden Alma Nelson Manor

Address: 550 South Mulford Avenue Rockford 61108
Number City Zip Code

County: Winnebago

Telephone Number: (815)484-1002 Fax # (815)484-1024

HFS ID Number:

Date of Initial License for Current Owners: 08/1/2000

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) 724-3883
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 01/01/2012 to 12/31/2012 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 Alma Nelson Manor# 0044891 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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>268</u>	Skilled (SNF)	<u>268</u>	<u>98,088</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>268</u>	TOTALS	<u>268</u>	<u>98,088</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>2,365</u>	<u>3,665</u>	<u>9,360</u>	<u>15,390</u>	8
9	SNF/PED					9
10	ICF	<u>49,294</u>	<u>2,322</u>	<u>1,142</u>	<u>52,758</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>51,659</u>	<u>5,987</u>	<u>10,502</u>	<u>68,148</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 69.48%

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?

YesG. 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 08/01/2000NO ☐

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 9,049Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/12 Fiscal Year: 12/31/12

* 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total						
		1	2	3	4	5	6	7	8	9	10
	A. General Services										
1	Dietary	361,772	47,401	22,800	431,973	1,642	433,615	(2,609)	431,006		1
2	Food Purchase		486,215		486,215	(41,522)	444,693	(32,748)	411,945		2
3	Housekeeping	359,063	73,603		432,666	1,443	434,109	7,680	441,789		3
4	Laundry	99,859	31,473		131,332	528	131,860		131,860		4
5	Heat and Other Utilities			253,190	253,190		253,190	1,120	254,310		5
6	Maintenance	106,676	424	227,110	334,210		334,210	63,431	397,641		6
7	Other (specify):* related party							9,954	9,954		7
8	TOTAL General Services	927,370	639,116	503,100	2,069,586	(37,909)	2,031,677	46,828	2,078,505		8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	4,037,973	257,732	6,432	4,302,137	11,337	4,313,474	60,083	4,373,557		10
10a	Therapy	77,919	3,270	11,788	92,977		92,977		92,977		10a
11	Activities	287,141	17,610	5,670	310,421	263	310,684		310,684		11
12	Social Services	81,282			81,282		81,282		81,282		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,994	7,994		15
16	TOTAL Health Care and Programs	4,484,315	278,612	53,890	4,816,817	11,600	4,828,417	68,077	4,896,494		16
	C. General Administration										
17	Administrative	79,049			79,049		79,049	247,287	326,336		17
18	Directors Fees										18
19	Professional Services			1,073,014	1,073,014	(35,918)	1,037,096	(950,258)	86,838		19
20	Dues, Fees, Subscriptions & Promotions			94,721	94,721		94,721	(74,241)	20,480		20
21	Clerical & General Office Expenses	325,316	26,776	136,827	488,919	528	489,447	327,389	816,836		21
22	Employee Benefits & Payroll Taxes			1,030,438	1,030,438	20,642	1,051,080	(12,431)	1,038,649		22
23	Inservice Training & Education										23
24	Travel and Seminar			642	642		642	1,202	1,844		24
25	Other Admin. Staff Transportation			8,280	8,280		8,280	22,199	30,479		25
26	Insurance-Prop.Liab.Malpractice			282,267	282,267		282,267	11,820	294,087		26
27	Other (specify):* related party			217,469	217,469		217,469	(141,945)	75,524		27
28	TOTAL General Administration	404,365	26,776	2,843,658	3,274,799	(14,748)	3,260,051	(568,979)	2,691,072		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,816,050	944,504	3,400,648	10,161,202	(41,057)	10,120,145	(454,073)	9,666,072		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			38,974	38,974		38,974	388,556	427,530			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			266,768	266,768		266,768	678,911	945,679			32
33	Real Estate Taxes							252,807	252,807			33
34	Rent-Facility & Grounds			909,735	909,735		909,735	(909,735)				34
35	Rent-Equipment & Vehicles			17,310	17,310		17,310	67,100	84,410			35
36	Other (specify):* MIP							52,999	52,999			36
37	TOTAL Ownership			1,232,787	1,232,787		1,232,787	530,638	1,763,425			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		716,388	1,277,260	1,993,648	41,057	2,034,705	(81,139)	1,953,566			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			495,689	495,689		495,689		495,689			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		716,388	1,772,949	2,489,337	41,057	2,530,394	(81,139)	2,449,255			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,816,050	1,660,892	6,406,384	13,883,326		13,883,326	(4,575)	13,878,751			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
Report Period Beginning: 01/01/2012
Report Period Ending: 12/31/2012

IDPH Facility No. 0044891

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(41,521.95)	Employee Meals
	22	41,521.95	Employee Meals
22		(20,880.00)	Uniforms
	1	1,642.00	Uniforms
	3	1,443.00	Uniforms
	4	528.00	Uniforms
	6	0.00	Uniforms
	10	16,476.00	Uniforms
	11	263.00	Uniforms
	21	528.00	Uniforms
10		(41,056.58)	Oxygen - to appropriate cost center
	39	41,056.58	Oxygen - to appropriate cost center
19		(35,918.42)	Clinical Coordinators (Pathway Billing)
	10	35,918.42	Clinical Coordinators (Pathway Billing)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,292)	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		30		9
10	Interest and Other Investment Income	(26,387)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,777)	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	(37,130)	21		17
18	Fines and Penalties		32		18
19	Entertainment	(486)	20		19
20	Contributions	(17,653)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,115)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(217,469)	27		24
25	Fund Raising, Advertising and Promotional	(16,370)	20		25
	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)	\$ (337,679)		\$	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)	501,095	Various	34
35	Other- Attach Schedule	(167,991)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 333,104		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (4,575)		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

Alden Alma Nelson Manor

ID# 0044891

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (10,804)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,047)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,292	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,501	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	76	30	6
7	Other Nursing Income	(304)	21	7
8	Late Fees on utilities	(3,245)	5	8
9	Intercompany interest	(3,884)	32	9
10	Misc Income - Garnishment Processing	(3)	22	10
11	Misc Income - Record Copies	(1,719)	21	11
12	Misc Income - Jury Duty	(65)	22	12
13	Misc Income -Other Unclaimed Property	(500)	22	13
14	Reduce Emplpyee Benefit for Marketing	(11,864)	22	14
15	Marketing Manager & Aides	(66,964)	21	15
16	Back Out Rockford Area Chamber/	(467)	20	16
17	30% Backout PAC fees -IHCA	(3,670)	20	17
18	Bank Fees paid by LLC	(44)	21	18
19	Related Party Int on Alma LLC with Rock Inv	(18,800)	32	19
20	Prior Year Interest Adj on Related Pary Loan	(1,632)	32	20
21	To correct YTD depreciation expense to detail	1,505	30	21
22	Record Depreciation for Deferred Maint.	(381)	6	22
23	Eliminate Depreciation on Building Goodwill	(42,973)	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	(167,991)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Alma Nelson Manor # 0044891 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	6,869	(9,478)	0	0	0	0	0	0	0	(2,609)	1
2	Food Purchase	(3,777)	0	0	(28,971)	0	0	0	0	0	0	0	(32,748)	2
3	Housekeeping	0	0	7,680	0	0	0	0	0	0	0	0	7,680	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,245)	0	4,365	0	0	0	0	0	0	0	0	1,120	5
6	Maintenance	120	2,652	58,392	0	0	0	2,267	0	0	0	0	63,431	6
7	Other (specify):*	0	0	8,530	1,424	0	0	0	0	0	0	0	9,954	7
8	TOTAL General Services	(6,902)	2,652	85,836	(37,025)	0	0	2,267	0	0	0	0	46,828	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	54,784	84	5,215	0	0	0	0	0	0	60,083	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	7,994	0	0	0	0	0	0	0	0	7,994	15
16	TOTAL Health Care and Programs	0	0	62,778	84	5,215	0	0	0	0	0	0	68,077	16
	C. General Administration													
17	Administrative	0	0	247,287	0	0	0	0	0	0	0	0	247,287	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,115)	8,900	(952,043)	0	0	0	0	0	0	0	0	(950,258)	19
20	Fees, Subscriptions & Promotions	(38,645)	275	(35,871)	0	0	0	0	0	0	0	0	(74,241)	20
21	Clerical & General Office Expenses	(106,161)	44	347,731	25,662	60,113	0	0	0	0	0	0	327,389	21
22	Employee Benefits & Payroll Taxes	(12,431)	0	0	0	0	0	0	0	0	0	0	(12,431)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,202	0	0	0	0	0	0	0	0	1,202	24
25	Other Admin. Staff Transportation	0	0	22,199	0	0	0	0	0	0	0	0	22,199	25
26	Insurance-Prop.Liab.Malpractice	0	11,485	335	0	0	0	0	0	0	0	0	11,820	26
27	Other (specify):*	(217,469)	0	68,440	2,924	4,160	0	0	0	0	0	0	(141,945)	27
28	TOTAL General Administration	(381,822)	20,704	(300,720)	28,586	64,273	0	0	0	0	0	0	(568,979)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(388,723)	23,356	(152,106)	(8,355)	69,488	0	2,267	0	0	0	0	(454,073)	29

Summary B

12/31/2012

													SUMMARY	
Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)		
Depreciation	(66,243)	445,189	9,610	0	0	0	0	0	0	0	0	388,556	30	
Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31	
Interest	(50,703)	716,598	12,611	0	405	0	0	0	0	0	0	678,911	32	
Real Estate Taxes	0	244,053	8,162	0	592	0	0	0	0	0	0	252,807	33	
Rent-Facility & Grounds	0	(909,735)	0	0	0	0	0	0	0	0	0	(909,735)	34	
Rent-Equipment & Vehicles	0	0	67,100	0	0	0	0	0	0	0	0	67,100	35	
Other (specify):*	0	52,999	0	0	0	0	0	0	0	0	0	52,999	36	
TOTAL Ownership	(116,946)	549,104	97,483	0	997	0	0	0	0	0	0	530,638	37	
Ancillary Expense														
E. Special Cost Centers														
Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38	
Ancillary Service Centers	0	0	0	(48,863)	(165,554)	133,278	0	0	0	0	0	(81,139)	39	
Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40	
Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41	
Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42	
Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43	
TOTAL Special Cost Centers	0	0	0	(48,863)	(165,554)	133,278	0	0	0	0	0	(81,139)	44	
GRAND TOTAL COST (sum of lines 29, 37 & 44)	(505,670)	572,460	(54,623)	(57,218)	(95,069)	133,278	2,267	0	0	0	0	(4,575)	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.	0	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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 909,735	Alden Alma Nelson Manor, LLC		\$	\$ (909,735)	1
2	V	32	Investment Income - RR	136	Alden Alma Nelson Manor, LLC			(136)	2
3	V	32	Interest on Alma Note	72,237	Alden Alma Nelson Manor, LLC			(72,237)	3
4	V	19	Accounting Fee/Professional Fees		Alden Alma Nelson Manor, LLC		8,900	8,900	4
5	V	21	Bank Fees		Alden Alma Nelson Manor, LLC		44	44	5
6	V	33	Real Estate Tax		Alden Alma Nelson Manor, LLC		244,053	244,053	6
7	V	26	General Insurance Expenses		Alden Alma Nelson Manor, LLC		11,485	11,485	7
8	V	36	Mortgage Insurance Premium		Alden Alma Nelson Manor, LLC		52,999	52,999	8
9	V	32	Interest On Mortg. Note/ Other Interest		Alden Alma Nelson Manor, LLC		501,621	501,621	9
10	V	6	Repairs & Maintenance		Alden Alma Nelson Manor, LLC		2,652	2,652	10
11	V	30	Depreciation		Alden Alma Nelson Manor, LLC		445,189	445,189	11
12	V	32	Amortization		Alden Alma Nelson Manor, LLC		287,350	287,350	12
13	V	20	Licenses & Inpection/Annual Rpt Fee		Alden Alma Nelson Manor, LLC		275	275	13
14	Total			\$ 982,108			\$ 1,554,568	\$ * 572,460	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%	\$ 4,365	\$ 4,365	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		1,202	1,202	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		22,199	22,199	17
18	V	26	Insurance		Alden Management Services, Inc.		335	335	18
19	V	20	Dues & Subscriptions	39,348	Alden Management Services, Inc.		3,477	(35,871)	19
20	V	30	Depreciation		Alden Management Services, Inc.		9,610	9,610	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		8,162	8,162	21
22	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		67,100	67,100	22
23	V	32	Interest		Alden Management Services, Inc.		12,611	12,611	23
24	V	1	Dietary		Alden Management Services, Inc.		6,869	6,869	24
25	V	3	Housekeeping		Alden Management Services, Inc.		7,680	7,680	25
26	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		8,530	8,530	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		54,784	54,784	27
28	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		7,994	7,994	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		247,287	247,287	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		68,440	68,440	30
31	V	19	Professional Fees	1,003,847	Alden Management Services, Inc.		51,804	(952,043)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		347,731	347,731	32
33	V	6	Repair & Maint.	15,791	Alden Management Services, Inc.		74,183	58,392	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,058,986			\$ 1,004,363	\$ * (54,623)	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	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1	Dietarty Salary		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2	Tube Feeding	41,168	Prism Health Care Sevices, Inc.		12,197	(28,971)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Ancillary Supplies	101,695	Prism Health Care Sevices, Inc.		52,832	(48,863)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		17,840	17,840	20
21	V	27	Employee Benefits		Prism Health Care Sevices, Inc.		2,924	2,924	21
22	V	7	Employee Benefits		Prism Health Care Sevices, Inc.		1,424	1,424	22
23	V	21	Gen'l & Admin		Prism Health Care Sevices, Inc.		7,822	7,822	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			\$ 172,323			\$ 115,105	\$ * (57,218)	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	\$ 312,157	Forum Extended Care Services II, Inc.	0.00%	\$ 398,788	\$ 86,631	15
16	V	39	IV	286,217	Forum Extended Care Services II, Inc.		35,549	(250,668)	16
17	V	39	Wound Care	7,374	Forum Extended Care Services II, Inc.		5,857	(1,517)	17
18	V	10	House Stock	16,378	Forum Extended Care Services II, Inc.		15,150	(1,228)	18
19	V	10	Pharmacy Consultant	6,432	Forum Extended Care Services II, Inc.		12,875	6,443	19
20	V	27	Employee Vaccin.	2,526	Forum Extended Care Services II, Inc.		2,005	(521)	20
21	V	27	Employee Benefits: G&A		Forum Extended Care Services II, Inc.		4,681	4,681	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		34,197	34,197	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		25,916	25,916	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		405	405	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		592	592	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			\$ 631,084			\$ 536,015	\$ * (95,069)	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	\$ 420,872	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 554,150	\$ 133,278	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			\$ 420,872			\$ 554,150	\$ * 133,278	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	\$ 36,705	Alden Bennett Construction Company, Inc.	0.00%	\$ 38,972	\$ 2,267	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			\$ 36,705			\$ 38,972	\$ * 2,267	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:

01/01/2012

Ending:

12/31/2012

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 Ca	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care (	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Yo	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health C	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Car	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health C	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health (	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health C	Skokie				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: 01/01/2012 Ending: 12/31/2012

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	175,592	2.036	5.09	Salary	\$ 9,408	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,149	2.036	5.09	Salary	3,491	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,510	2.036	5.09	Salary	2,010	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	\$ 14,909		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: 01/01/2012 Ending: 2/31/2012

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 (773-286-3883
Fax Number (773-286-8038

	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	1,340,098	35	\$ 85,836	\$	68,148	\$ 4,365	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644		68,148	1,202	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530		68,148	22,199	3
4	26	Insurance	Patient Days	1,340,098	35	6,589		68,148	335	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371		68,148	3,477	5
6	30	Depreciation	No of Providers/usage	35	35	340,112		1	9,610	6
7	33	Real Estate Tax	Patient Days/ysage	1,340,098	35	184,769		68,148	8,162	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497		68,148	67,100	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912		68,148	12,611	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	68,148	6,869	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	68,148	7,680	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731		68,148	8,530	12
13	10	Nurs & Med Records Salary	Patient Days	1,340,098	35	1,186,643	1,186,643	68,148	54,784	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190		68,148	7,994	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	68,148	247,287	15
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837		68,148	68,440	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	68,148	51,804	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	68,148	347,731	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	68,148	74,183	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 1,004,363	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		09/04	\$ 12,036,800	\$ Re-finance	09/39	5.6000	\$ 154,278	1	
2	Cambridge		X	Mortgage		03/12	12,036,800	11,921,614	04/47	3.6300	328,544	2	
3	Related Party-Alden Design Grp		X	Working Capital		03/06	109,000	109,000	12'12	Variable	183	3	
4	Amortization-Fin/Refin Fee		X								298,180	4	
5	Bank Leumi		X	Line of Credit		12/12	3,000,000	2,698,651	12/13	4.5000		5	
	Working Capital												
6	Related party-AMS		x								12,611	6	
7	Related party-FECII		x								405	7	
8	Gemino Healthcare Finance		x	Revolver		12/07	3,000,000	Paid Off	Revolver		178,001	8	
9	TOTAL Facility Related						\$ 30,182,600	\$ 14,729,265			\$ 972,202	9	
	B. Non-Facility Related*												
10	Int Income on Repl Reserve										(136)	10	
11	Interest and Other Investment Income										(26,387)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (26,523)	14	
15	TOTALS (line 9+line14)						\$ 30,182,600	\$ 14,729,265			\$ 945,679	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 52,999 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 2011 report.		\$	232,700	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.)		\$	234,853	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	2,153	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	241,900	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.		\$	244,053	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	8754
		Total Real Estate Tax Expense, Sch V, Line 33		\$	252,807
Real Estate Tax Bill for Calendar Year:		2007	197,095	8	
		2008	209,898	9	
		2009	215,298	10	
		2010	225,958	11	
		2011	234,853	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 2011	\$		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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
Alden Alma Nelson Manor, Inc.

COUNTY
Winnebago

FACILITY IDPH LICENSE NUMBER
004-4891

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 2011 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 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. See attached (Supplement)	Related party-Alden Management	\$ 303,210.00	\$ 8,162.00
2. See attached (Supplement)	Related Party-Forum Extended Care	\$ 37,853.00	\$ 592.00
3. 12-27-152-001	Nursing Home Facility	\$ 115,515.32	\$ 115,515.32
4. 12-27-152-002	Nursing Home Facility	\$ 118,516.00	\$ 118,516.00
5. 12-27-152-003	Nursing Home Facility	\$ 821.84	\$ 821.84
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 575,916.16	\$ 243,607.16

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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).

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	60,952	2000	\$ 835,364	1
2					2
3	TOTALS	60,952		\$ 835,364	3

Facility Name & ID Number Alden Alma Nelson Manor

0044891

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

XI. OWNERSHIP COSTS (continued)

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

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		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	\$	\$ 2,759,257	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		3,149	10
11	Alden Design - HVAC			2000	3,089	154	20	154		1,889	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		13,484	24
25	Alden Design - misc			2001	22,412	1,121	20	1,121		13,448	25
26	Alden Design - misc			2001	94,243	4,712	20	4,712		56,152	26
27	ABC - laundry room repairs			2001	11,608	580	20	580		6,722	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

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	
37	GT Mechanical, Inc. - Repair Air Conditioner	2002	\$ 11,519	\$ 575	10	\$ 575	\$	\$ 11,519	37
38	Pro Com Systems - Repair Nurse Call System	2002	1,862	63	10	63		1,862	38
39	GT Mechanical, Inc. - Repair Heater	2002	1,996	16	10	16		1,996	39
40	FE Moran - Repair - Fire Alarm System	2002	1,825	105	10	105		1,825	40
41	Nelson Carlson - Repair Water Main	2002	2,407	20	10	20		2,407	41
42	ABC - Carpet	2002	1,231	82	15	82		848	42
43	ABC - Chimney	2002	3,032	152	20	152		1,555	43
44	Medline - Window Blinds	2003	1,706		7			1,706	44
45	Tyco - installtion of smoke detectors	2003	6,753	450	15	450		4,501	45
46	Code Alert - Update system	2003	5,007	334	15	334		3,172	46
47	ABC - 4 doors	2003	2,449	245	10	245		2,225	47
48	ABC - Light Fixtures	2003	2,283		5			2,283	48
49	GT Mech - Replace Pump	2003	1,532	153	10	153		1,480	49
50	Simplex - Repair Smoke Detector system	2003	4,238	424	10	424		4,097	50
51	ABC - Roof Repair	2003	3,953	264	15	264		2,549	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	218	10	218		2,051	53
54	ABC - Repair Boiler	2003	23,646	1,576	15	1,576		14,317	54
55	ABC-Roof repairs	2004	3,102	310	10	310		2,662	55
56	ABC-Roof repairs	2004	3,486	349	10	349		3,081	56
57	ABC-Roof repairs	2004	4,565	457	10	457		3,958	57
58	Equipment Int'l LTD-repair laundry	2004	1,714	171	10	171		1,527	58
59	CSI Coker - Repair Dishwasher	2004	2,387	239	10	239		2,109	59
60	CSI Coker - Repair Dishwasher	2004	2,915	292	10	292		2,552	60
61	GT Mechanical-furnace repair	2004	1,765	177	10	177		1,533	61
62	GT Mechanical-a/c repair	2004	2,128	213	10	213		1,845	62
63	ABC-boiler repairs	2004	1,877	188	10	188		1,597	63
64	GT Mechanical-Expansion tank replacement	2004	5,925	593	10	593		4,840	64
65	GT Mechanical-heater repair	2004	5,536	554	10	554		4,476	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,347,751	\$ 238,387		\$ 238,387	\$	\$ 3,020,443	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:

01/01/2012

Ending:

12/31/2012

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 12A, Carried Forward		\$ 7,347,751	\$ 238,387		\$ 238,387	\$	\$ 3,020,443	1
2	ABC-hotwater tank reparis	2006	3,000	250	10	250		3,000	2
3	GT Mechanical-heater repairs	2005	5,310	531	10	531		3,850	3
4	GT Mech-water pump repair	2005	2,032	203	10	203		1,873	4
5	Long Elevator-elevator repairs	2005	2,138	214	10	214		1,605	5
6	GT Mech-compressor replacement	2005	1,957	196	10	196		1,436	6
7	ABC-boiler tube replacement	2005	4,240	424	10	424		3,074	7
8	GT Mech-heater motor replacement	2005	1,591	159	10	159		1,153	8
9	GT Mech-laundry room repairs	2005	741	74	10	74		537	9
10	Top Notch-kitchen boiler repairs	2005	3,853	385	10	385		2,727	10
11	ABC-fire alarm panel replacements	2005	11,532	1,153	10	1,153		8,168	11
12	ABC-door locks	2005	2,203	220	10	220		1,651	12
13	ABC-door locks	2005	2,203	220	10	220		1,633	13
14	ABC-door locks	2005	1,825	183	10	183		1,355	14
15	ABC-replace b0iler tubes	2007	3,834	383	10	383		1,980	15
16	November AMS Maint Alloc	2007	32,048	3,205	10	3,205		16,293	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		2,311	18
19	ABC -new automatic door	2007	5,644	564	10	564		3,385	19
20	ABC -new water heater	2007	13,771	918	15	918		5,508	20
21	ABC - repaire roof	2007	4,926	493	10	493		2,958	21
22	ABC -Paving	2007	27,958	3,495	8	3,495		18,349	22
23	ABC -replace boiler tubes	2007	2,798	280	10	280		1,446	23
24	ABC -replace boiler tubes	2007	3,834	383	10	383		1,979	24
25	Top Notch -kichen appliance repairs	2007	3,452	576	5	576		3,452	25
26	ABC-Boiler repair	2008	7,668	767	10	767		3,664	26
27	TopNotch Commerc. Kitchen-Freezer Door	2008	4,553	911	5	911		3,871	27
28	ABC-new paving	2008	55,917	2,796	20	2,796		12,116	28
29	ABC Repl Plumbing Electrical Hardware & Fix	2008	4,065	407	10	407		2,136	29
30	ABC-New Gasketing Fire Doors	2008	2,981	298	10	298		1,267	30
31	ABC-New Flooring CarpentryCabintrySecurityDoor	2008	21,812	1,454	15	1,454		5,937	31
32	ABC-New SecurityHardware/Doors/FramesCameras	2008	22,312	1,487	15	1,487		5,948	32
33	ABC - Parking Lot Construction	2008	17,808	890	20	890		4,302	33
34	TOTAL (lines 1 thru 33)		\$ 7,632,345	\$ 262,292		\$ 262,292	\$	\$ 3,152,141	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:

01/01/2012 Ending: 12/31/2012

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	\$ 262,292		\$ 262,292	\$	\$ 3,152,141	1
2	ABC-roof leak	2008	10,686	1,069	10	1,069		4,543	2
3	Gt Mechanical Inc.-HVAC repairs	2008	3,625	363	10	363		1,723	3
4	Equipment international, Ltd.- washer major repair	2008	3,230	646	5	646		2,746	4
5	ABC -Install worn, cilling tile, floor tile, roofing & Plumbing	2008	5,603	560	10	560		2,380	5
6	Gt Mechanical, Inc.- Refri Cooling Start Up	2008	2,838	284	10	284		1,278	6
7	ABC- new egress hardware Fire safety code	2008	8,344	834	10	834		3,475	7
8	OctAMS Maint Allocation	2008	5,006	1,001	5	1,001		4,171	8
9	GT Mechanical- Instld flame safe guard	2008	2,829	283	10	283		1,132	9
10	ABC- fire proof/repl boiler-Job #7031	2008	5,888	589	10	589		2,056	10
11	ABC- Install alarm monitor to control Oxygen level	2008	10,240	1,024	10	1,024		4,352	11
12	GTMECH- main AH Electronic Starter	2009	2,787	557	5	557		2,136	12
13	GTMECH- repairs for Kitchen area HVAC	2009	5,682	1,136	5	1,136		4,355	13
14	ABC-Repl/leaky tubes boiler heating tubes	2009	4,312	862	5	862		3,161	14
15	ABC- New MI unit-Job # 2839	2009	53,402	3,560	15	3,560		13,647	15
16	ABC-Job#2846-Carpentary-Rough & Finish	2009	14,068	938	15	938		3,205	16
17	ABCnew MIunit-Job#2839 Iv#9909	2009	7,144	476	15	476		1,785	17
18	AugAMSI/C-AMEEXP Harold-Patten -filter, valve,cap dust	2009	3,407	681	5	681		2,384	18
19	JuIAMSI/C-WRIEXP Harold-Rock ValleyWater-Install Parts for	2009	3,213	643	5	643		2,250	19
20	EQUINT inverter for washer	2009	3,183	318	10	318		1,007	20
21	DIASIG -Install monument sign DBL face Sandblasted Redwood S	2010	4,550	303	15	303		606	21
22	ABC-MI Unit A-Job#2930-1-HVAC,SecuritySys,Concrete	2010	62,693	4,180	15	4,180		11,843	22
23	EQUINT-Washer Reparis #3	2010	3,082	616	5	616		1,797	23
24	CENSAU- Instll 2 Dry Sidewall sprinkler	2010	3,117	623	5	623		1,817	24
25	ALDBEN-Rprs Exterior Door,LavatoryStation	2010	3,161	632	5	632		1,633	25
26	EQUINT - Washer Inverter/Clamps (1)	2010	3,517	352	10	352		880	26
27	ALDBEN - boiler repair	2010	5,139	1,028	5	1,028		2,399	27
28	ABC - Install Concrete -Job# 1033-1	2011	19,842	1,323	15	1,323		2,646	28
29	ABC - Instll Sprinklers System -Job# 1033-2	2011	134,719	8,981	15	8,981		17,963	29
30	BOUDEV- Demolition, Masonry, Steel, Carpentry	2011	55,000	2,750	20	2,750		5,500	30
31	ABC -MetalFrames, windows, Glass&Glazing- Job# 1033 -3	2011	42,601	2,840	15	2,840		5,680	31
32	BOUDEV- Framing, Drywall, Insultion, Painting, Flooring, acoust	2011	30,925	1,546	20	1,546		3,093	32
33	ABC - install smoke Dampers & electrical- Job# 1033-4	2011	127,757	8,517	15	8,517		17,035	33
34	TOTAL (lines 1 thru 33)		\$ 8,283,936	\$ 311,807		\$ 311,807	\$	\$ 3,286,817	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 12C, Carried Forward		\$ 8,283,936	\$ 311,807		\$ 311,807	\$	\$ 3,286,817	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25	ABC- Adjustment for realted party profit	2008	(424)	(8)		(8)		(28)	25
26	ABC- Adjustment for realted party profit	2009	(1,859)	(49)		(49)		(196)	26
27	ABC- Adjustment for realted party profit	2010	(869)	(103)		(103)		(257)	27
28	ABC- Adjustment for realted party profit	2011	3,744	464		464		464	28
29	ABC- Adjustment for realted party profit	2012							29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,370,819	\$ 313,613		\$ 313,613	\$	\$ 3,365,463	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 12D, Carried Forward		\$ 8,370,819	\$ 313,613		\$ 313,613	\$	\$ 3,365,463	1
2	ABC - Fire Protection & Smoke Dampers -Job# 1033-5	2011	69,599	4,640	15	4,640		8,893	2
3	ABC - Monument/Sign Replacing Sign	2011	6,715	672	10	672		1,288	3
4	ABC -Dumb waiter reconfigure	2011	51,123	3,408	15	3,408		5,964	4
5	PAIUSA-Carpentry & Painting	2011	20,700	1,380	15	1,380		1,840	5
6	ABC -Tower Railings (1)	2011	16,003	1,067	15	1,067		1,245	6
7	GTMECH - install heat exchanger	2011	5,828	583	10	583		1,117	7
8	FebAMSI/C-AMEEXP Floyd-Patten CAT-Install remote alarm pa	2011	8,591	859	10	859		1,718	8
9	FebAMSI/C-AMEEXP Floyd-Patten CAT -Install remote annunci	2011	7,886	789	10	789		1,577	9
10	GTMECH -Install new mod motor and Boiler maint.	2011	5,866	1,173	5	1,173		2,346	10
11	EQUINT - Washer Inverter/Clamps (1)	2011	3,617	723	5	723		1,266	11
12	JDROOF- Roof Repairs	2011	4,970	994	5	994		1,657	12
13	ALDBEN -Replace boiler tubes	2011	3,253	651	5	651		1,031	13
14	GTMECH -chiller & cracked line Reprs, pilot valve replcs	2011	15,442	3,088	5	3,088		4,375	14
15	GTMECH- Chiller reprs	2011	5,034	1,007	5	1,007		1,427	15
16	GARPAV -Seal Coat & Crack repairs in Parking lot	2011	15,618	1,952	8	1,952		2,603	16
17	ABC- Repair leak Boiler1/HeatingVent	2011	9,610	1,922	5	1,922		2,082	17
18	JDROOF- Roof Repairs	2012	6,000	900	5	900		900	18
19	BELELC -Generator Stop Switches	2012	2,699	90	10	90		90	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,629,373	\$ 339,510		\$ 339,510	\$	\$ 3,406,881	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	\$789,851	\$83,364	\$83,364	\$	various	\$285,537	71
72	Current Year Purchases	35,484	3,098	3,098		various	3,098	72
73	Fully Depreciated Assets	758,103	1,558	1,558		various	758,103	73
74								74
75	TOTALS	\$1,583,438	\$88,020	\$88,020	\$		\$1,046,738	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party-AMS	Various	98-'02	3,911				3	3,911	79
80	TOTALS			\$3,911	\$	\$	\$		\$3,911	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)	\$11,052,086	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$427,530	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$427,530	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,457,530	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.

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				Related Party -Cost is Backed Out			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?
16. Rental Amount for movable equipment: \$21,732Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859
(Attach a schedule detailing the breakdown of movable equipment)
- ☐ YES☒ NO

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	\$ #####	\$ 33,653	17
18					18
19	Auto Lease GL 6890	various	98.55	1,182.54	19
20					20
21	TOTAL		\$ #####	\$ 34,836	21

10. Effective dates of current rental agreement:

Beginning08/01/2010

Ending07/31/2020

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

	Fiscal Year Ending	Annual Rent
12.	12/31/13	\$ #####
13.	12/31/14	\$ #####
14.	12/31/15	\$ #####

* 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	\$		\$ 492,166	\$		\$ 492,166	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			98,572			98,572	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			662,230			662,230	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				398,788		398,788	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3		0			0			12
13	Other (specify): <u>See Pg 16A</u>					133,279	168,531		301,810	13
14	TOTAL			\$		\$ 1,386,247	\$ 567,319		\$ 1,953,566	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	\$492,166.23
2.	ST		39-3	To Col 5	98,571.96
3.					
4.	PT		39-3	To Col 5	662,229.82
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL				312,157.17
	Manual Input from Related Party- Forum Drugs				86,631.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6	398,788.17
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	133,279.00
Other		428,521.52
Manual Input: Related Party - Prism		(48,863.00)
Manual Input: Related Party FECII - I.V.		(250,668.00)
Manual Input: Related Party FECII - Wound Care		(1,516.00)
Oxygen, from reclass worksheet (Pg 4A)		41,056.58

13. Col 6: Supplies Total	To Col 6	168,531.10

13. Total Line 13, Column 8		301,810.10

14. Total		1,953,566.28
		=====

Facility Name & ID Number	Alden Alma Nelson Manor
--------------------------------------	--------------------------------

#

0044891

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

XV. BALANCE SHEET - Unrestricted Operating Fund.**As of**

12/31/2012

_____ (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	\$ 36,338	\$ 50,134	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 255,000)	3,272,555	3,272,555	3
4	Supply Inventory (priced at)	848	848	4
5	Short-Term Investments			5
6	Prepaid Insurance		11,006	6
7	Other Prepaid Expenses	5,057	32,040	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	68,922	187,430	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,383,720	\$ 3,554,012	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	457,573	2,322,568	15
16	Equipment, at Historical Cost	255,952	896,704	16
17	Accumulated Depreciation (book methods)	(536,902)	(4,924,922)	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		159,676	21
22	Other Long-Term Assets (specify: <u>Fin Fees, net</u>)		35,467	22
23	Other(specify): <u>Repairs Escrow</u>		765,578	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 176,623	\$ 8,450,988	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,560,343	\$ 12,005,000	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 695,929	\$ 1,126,576	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	183,958	183,958	28
29	Short-Term Notes Payable	2,719,936	2,898,019	29
30	Accrued Salaries Payable	567,825	567,825	30
31	Accrued Taxes Payable (excluding real estate taxes)	86,756	86,756	31
32	Accrued Real Estate Taxes(Sch.IX-B)		241,900	32
33	Accrued Interest Payable	5,976	215,988	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>	320,360	320,360	36
37	<u>Due to affiliates</u>	1,072,739	239,682	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,653,479	\$ 5,881,063	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,743,531	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>	3,790,360	3,790,360	43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,790,360	\$ 15,533,891	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,443,839	\$ 21,414,954	46
47	TOTAL EQUITY(page 18, line 24)	\$ (5,883,496)	\$ (9,409,954)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,560,343	\$ 12,005,000	48

***(See instructions.)**

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,963,094)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(51,572)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,014,666)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	131,170	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)	\$ 131,170	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)	\$ (5,883,496)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Alma Nelson Manor# 0044891Report Period Beginning: 01/01/2012Ending: 12/31/2012**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

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

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

		1	
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,704,751	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,704,751	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	221,728	6
7	Oxygen	42,680	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 264,408	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	468	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,996	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	10,913	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 13,376	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	26,387	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 26,387	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	5,574	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,574	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,014,496	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,069,586	31
32	Health Care	4,816,817	32
33	General Administration	3,274,799	33
	B. Capital Expense		
34	Ownership	1,232,787	34
	C. Ancillary Expense		
35	Special Cost Centers	1,993,648	35
36	Provider Participation Fee	495,689	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,883,326	40
41	Income before Income Taxes (line 30 minus line 40)**	131,170	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 131,170	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 7,103,075	44
45	Private Pay - Net Inpatient Revenue	642,997	45
46	Medicare - Net Inpatient Revenue	4,370,102	46
47	Other-(specify) <u>Hospice & Insurance</u>	1,589,051	47
48	Other-(specify) <u>Charity/Sales Allow</u>	(475)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,704,750	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 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 Alma Nelson Manor # 0044891 Report Period Beginning 01/01/2012 Ending: 12/31/2012

Details of Page 19, Line 28

Description	Amount
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	2,286.58
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)	3287.29
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	
Total of line 28	
Line 28 Total:	5,574

Misc Income - Other Unclaimed Property	500
Misc Income - Vending Machine Receipt	3
Misc Income - Record Copies	1,719
Misc Income - Jury Duty	65
Misc Income - Wages Service Fee	3
	2,289.61

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	1,592	1,606	\$ 66,295	\$ 41.28	1
2	Assistant Director of Nursing	3,000	3,000	102,302	34.10	2
3	Registered Nurses	20,573	21,875	646,136	29.54	3
4	Licensed Practical Nurses	52,927	57,089	1,540,994	26.99	4
5	CNAs & Orderlies	109,103	119,641	1,459,476	12.20	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,505	1,662	27,845	16.75	8
9	Activity Director	1,864	1,928	31,449	16.31	9
10	Activity Assistants	7,515	8,713	112,027	12.86	10
11	Social Service Workers	4,872	4,872	90,705	18.62	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	41,426	19.92	13
14	Head Cook					14
15	Cook Helpers/Assistants	29,338	31,633	320,346	10.13	15
16	Dishwashers					16
17	Maintenance Workers	4,160	4,160	106,676	25.64	17
18	Housekeepers	29,892	32,935	359,063	10.90	18
19	Laundry	8,262	9,233	99,859	10.82	19
20	Administrator	560	560	23,654	42.24	20
21	Assistant Administrator	1,920	1,920	55,395	28.85	21
22	Other Administrative	10,400	10,664	291,559	27.34	22
23	Office Manager	1,752	1,752	19,929	11.38	23
24	Clerical	7,559	7,913	77,514	9.80	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,792	3,800	111,179	29.26	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Behavioral Counselors	6,666	6,954	143,665	20.66	32
33	Other(specify) Unit Manager Sub	5,158	5,783	88,556	15.31	33
34	TOTAL (lines 1 - 33)	314,490	339,773	\$ 5,816,050 *	\$ 17.12	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	1900/Monthly	\$ 22,800	1-3	35
36	Medical Director	2500/Monthly	30,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	536/Monthly	6,432		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	35	1,360	11-3	44
45	Social Service Consultant	280/Monthly	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	35	\$ 60,872		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

STATE OF ILLINOIS

0044891

Report Period Beginning:

01/01/2012

Page 21

Ending: 12/31/2012

Facility Name & ID Number

Alden Alma Nelson Manor

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
WUBBENA, JODI A	Administrator	0	\$ 10,066
MCCARTHY, GINA M	Administrator	0	13,588
SCHIESHER, HEATH C	Assistant Administrator	0	11,140
WILSON, ASHLEY E	Assistant Administrator	0	44,256
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 79,049

B. Administrative - Other

Description	Amount
	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Servs.	Consulting	\$ 966,035
Ava P. Daley/KPMG Cost Rpt	Accounting Fees	217
Baker Tilly	Accounting Fees	11,560
AMS (Eliminated)	Allocated Legal Fees	37,812
Kenneth J. Fisch	Legal-Collections	7,115
Pathway	Billing & Clinical Consltnts	35,918
First Advantage	Tax Credit Services/Food Audit	2,424
Gemino	Accounting Fees	7,798
Linda Roberts & Assoc.,	Food Audit	300
Lisa A Jensen/Gemino Finance	Legal-Non Collections	3,834
Note: \$35,918 of the above Pathways cost was reclassified to Ln 10 on Pg 3. & \$612 Medi.Com cost were reclassified to Ln 21 on Pg 3.		
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 1,073,014

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 190,043
Unemployment Compensation Insurance	107,250
FICA Taxes	436,991
Employee Health Insurance	76,891
Employee Meals	41,522
Illinois Municipal Retirement Fund (IMRF)*	
Union Health & Welfare	145,079
Dental, Life, Relations, Pension & Misc	46,128
Tuition & Drug Test	2,560
401k Match / Empl. Dishonesty/Emp Vaccinations	4,616
Offset Benefit Costs with Misc. Income	(567)
Employee Benefit -Marketing	(11,864)
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,038,649

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
Not Applicable		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	686
Health Care Worker Background Check (Indicate # of checks performed 40)	1,110
Patient Background Checks 402	4,024
CollabrativeHealthcare/CityofRockford/Con	1,177
Surety Bond/Citi Bank AnnualRpt/CrisisPre	1,169
Related party-Alma, LLC	275
IHCA dues, less pac fees	8,562
Related parties	3,477
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 20,480

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
IL Health Care Association	286
Senior Living Conference	260
Related parties	1,202
Seminar Expense	
Leadership Training	
Seminars/Conventions	96
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 1,844

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

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	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Painting>\$1500 YTD 2004	03/04	1,753	10	175	175	175	175	175	175	175	175	0
2	Patton-generator repairs	08/05	1,615	5	323	323	323	323	0	0	0	0	0
3	Patton-generator repairs	08/05	1,656	5	331	331	331	331	0	0	0	0	0
4	Patton-generator repairs	08/05	1,728	5	346	346	346	344	0	0	0	0	0
5	SeptAMS -Painting	09/08	2,550	5	0	170	510	510	510	510	340	0	0
6	ABC- Tinted Paint Color	2011	4,319	3					240	1,440	1,440	1,200	0
7	ABC-paint, tinted	2012	693	5						12	139	139	139
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 14,314		\$ 1,175	\$ 1,345	\$ 1,685	\$ 1,683	\$ 925	\$ 2,136	\$ 2,093	\$ 1,514	\$ 139

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=\$8,562
- (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.

\$ 46,467

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.

\$ 495,689

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.

\$ 41,522

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 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?

No

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