

		FOR BHF USE					

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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: 0042010

Facility Name: Alden Des Plaines Rehab & Health Care

Address: 1221 East Golf Road Des Plaines 60016
Number City Zip Code

County: Cook

Telephone Number: (847) 768-1300 Fax # (847) 768-1668

HFS ID Number:

Date of Initial License for Current Owners: 10/31/2000

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) 286-3883
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) _____ (Date) _____
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid
Preparer

(Signed) _____ (Date) _____
(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 Des Plaines Rehab & Health Care# 0042010 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>110</u>	Skilled (SNF)	<u>110</u>	<u>40,260</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>110</u>	TOTALS	<u>110</u>	<u>40,260</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>420</u>	<u>3,765</u>	<u>16,541</u>	<u>20,726</u>	8
9	SNF/PED					9
10	ICF	<u>4,676</u>	<u>1,120</u>	<u>68</u>	<u>5,864</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>5,096</u>	<u>4,885</u>	<u>16,609</u>	<u>26,590</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 66.05%

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?

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 10/31/2000

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

YES ☐Date 10/31/2000NO ☐

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

YES ☒NO ☐If YES, enter number
of beds certified 110 and days of care provided 16,248Medicare 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						
	A. General Services	1	2	3	4	5	6	7	8	9	10
1	Dietary	591,667	23,773	16,061	631,501	1,667	633,168	(3,997)	629,171		1
2	Food Purchase		250,995		250,995	(24,685)	226,310	(8,796)	217,514		2
3	Housekeeping	167,561	33,956		201,517	1,413	202,930	2,997	205,927		3
4	Laundry	32,921	18,719		51,640	89	51,729		51,729		4
5	Heat and Other Utilities			200,643	200,643		200,643	(735)	199,908		5
6	Maintenance	49,178		231,936	281,114	243	281,357	(16,996)	264,361		6
7	Other (specify):* Security/rel. party			1,088	1,088		1,088	4,051	5,139		7
8	TOTAL General Services	841,327	327,443	449,728	1,618,498	(21,273)	1,597,225	(23,476)	1,573,749		8
	B. Health Care and Programs										
9	Medical Director			31,000	31,000		31,000		31,000		9
10	Nursing and Medical Records	2,250,582	166,891	9,630	2,427,103	(2,395)	2,424,708	24,808	2,449,516		10
10a	Therapy	34,282	2,130	11,400	47,812		47,812		47,812		10a
11	Activities	115,003	979	4,439	120,421	191	120,612		120,612		11
12	Social Services	59,701			59,701		59,701		59,701		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,119	3,119		15
16	TOTAL Health Care and Programs	2,459,568	170,000	56,469	2,686,037	(2,204)	2,683,833	27,927	2,711,760		16
	C. General Administration										
17	Administrative	107,647			107,647		107,647	131,148	238,795		17
18	Directors Fees										18
19	Professional Services			873,052	873,052	(57,470)	815,582	(796,489)	19,093		19
20	Dues, Fees, Subscriptions & Promotions			78,829	78,829		78,829	(65,310)	13,519		20
21	Clerical & General Office Expenses	198,060	28,992	76,786	303,838	625	304,463	217,615	522,078		21
22	Employee Benefits & Payroll Taxes			622,148	622,148	11,396	633,544	(2,003)	631,541		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,336	2,336		2,336	469	2,805		24
25	Other Admin. Staff Transportation			1,737	1,737		1,737	8,662	10,399		25
26	Insurance-Prop.Liab.Malpractice			115,856	115,856		115,856	12,253	128,109		26
27	Other (specify):* related party			(2,033)	(2,033)		(2,033)	36,678	34,645		27
28	TOTAL General Administration	305,707	28,992	1,768,711	2,103,410	(45,449)	2,057,961	(456,977)	1,600,984		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,606,602	526,435	2,274,908	6,407,945	(68,926)	6,339,019	(452,526)	5,886,493		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			50,049	50,049		50,049	301,982	352,031			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			121,288	121,288		121,288	514,968	636,256			32
33	Real Estate Taxes			396,908	396,908	(339,438)	57,470	400,971	458,441			33
34	Rent-Facility & Grounds			827,712	827,712	396,908	1,224,620	(1,224,620)				34
35	Rent-Equipment & Vehicles			14,638	14,638		14,638	26,181	40,819			35
36	Other (specify):* MIP							41,120	41,120			36
37	TOTAL Ownership			1,410,595	1,410,595	57,470	1,468,065	60,602	1,528,667			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		965,355	1,875,157	2,840,512	11,456	2,851,968	(294,317)	2,557,651			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			122,534	122,534		122,534		122,534			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		965,355	1,997,691	2,963,046	11,456	2,974,502	(294,317)	2,680,185			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,606,602	1,491,790	5,683,194	10,781,586		10,781,586	(686,241)	10,095,345			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(24,685.00)	Employee Meals
	22	24,685.00	Employee Meals
22		(13,289.00)	Uniforms
	1	1,667.00	Uniforms
	3	1,413.00	Uniforms
	4	89.00	Uniforms
	6	243.00	Uniforms
	10	9,061.00	Uniforms
	11	191.00	Uniforms
	21	625.00	Uniforms
10		(11,456.00)	Oxygen - to appropriate cost center
	39	11,456.00	Oxygen - to appropriate cost center
33		(396,908.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	396,908.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(57,470.00)	2009 R/E Tax refund from Schmidt Salzman
	33	57,470.00	2009 R/E Tax refund from Schmidt Salzman

		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	(105)	2		4
5	Telephone, TV & Radio in Resident Rooms	(14,796)	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	(90,935)	30		9
10	Interest and Other Investment Income	(3,120)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,721)	2		13
14	Non-Care Related Interest	(4,490)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(8,598)	21		17
18	Fines and Penalties		32		18
19	Entertainment	(493)	20		19
20	Contributions	(7,353)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(23,481)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	2,033	27		24
25	Fund Raising, Advertising and Promotional	(17,237)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (171,296)		\$	30

BHF USE ONLY							
48		49		50		51	52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(343,822)	Various	34
35	Other- Attach Schedule	(171,123)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (514,945)		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (686,241)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

STATE OF ILLINOIS
Alden Des Plaines Rehab & Health Care

Page 5A

ID# 0042010
Report Period Beginning: 01/01/2012
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Late fees on utilities	\$ (2,438)	5	1
2	Record Copies (g/l 4977-100-001)	11	10	2
3	Jury Duty (g/l 4977-100-002)	(121)	21	3
4	Marketing Mgr (g/l 6701-100-009)	(11,518)	21	4
5	Mktg Mgr employee benefits reduction	(2,003)	22	5
6	IL Health Care Assoc Dues (PAC: 30%)	(1,822)	20	6
7	Back out LLC bank charges	(16)	21	7
8	Elim chamber of commerce fees in Dues/subsc.	(414)	20	8
9	Back out LLC mtge int > CON asset limit	(138,560)	32	9
10	Back out LLC MIP exp > CON asset limit	(15,991)	36	10
11	Elim Deprec Exp on Pg 12 items under \$2,500 -	(195)	30	11
12	Elim Deprec Exp on Pg 13 items under \$2500 -	(10,585)	30	12
13	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,950	6	13
14	Expense Pg 13 items under \$2,500 - curr yr purchs +	11,531	6	14
15	Adjust depreciation to Pg 13's	(946)	30	15
16	Elim ABC Deprec Exp from Pg 12 series -	(6)	30	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(171,123)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab & Health Care # 0042010 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	2,680	(6,677)	0	0	0	0	0	0	0	(3,997)	1
2	Food Purchase	(2,826)	0	0	(5,970)	0	0	0	0	0	0	0	(8,796)	2
3	Housekeeping	0	0	2,997	0	0	0	0	0	0	0	0	2,997	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,438)	0	1,703	0	0	0	0	0	0	0	0	(735)	5
6	Maintenance	(1,315)	2,464	(20,056)	0	0	0	1,911	0	0	0	0	(16,996)	6
7	Other (specify):*	0	0	3,328	723	0	0	0	0	0	0	0	4,051	7
8	TOTAL General Services	(6,579)	2,464	(9,348)	(11,924)	0	0	1,911	0	0	0	0	(23,476)	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	11	0	21,376	84	3,337	0	0	0	0	0	0	24,808	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	3,119	0	0	0	0	0	0	0	0	3,119	15
16	TOTAL Health Care and Programs	11	0	24,495	84	3,337	0	0	0	0	0	0	27,927	16
	C. General Administration													
17	Administrative	0	0	131,148	0	0	0	0	0	0	0	0	131,148	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(23,481)	37,425	(810,433)	0	0	0	0	0	0	0	0	(796,489)	19
20	Fees, Subscriptions & Promotions	(27,319)	0	(37,991)	0	0	0	0	0	0	0	0	(65,310)	20
21	Clerical & General Office Expenses	(20,253)	88	135,678	13,025	89,077	0	0	0	0	0	0	217,615	21
22	Employee Benefits & Payroll Taxes	(2,003)	0	0	0	0	0	0	0	0	0	0	(2,003)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	469	0	0	0	0	0	0	0	0	469	24
25	Other Admin. Staff Transportation	0	0	8,662	0	0	0	0	0	0	0	0	8,662	25
26	Insurance-Prop.Liab.Malpractice	0	12,122	131	0	0	0	0	0	0	0	0	12,253	26
27	Other (specify):*	2,033	0	26,704	1,484	6,457	0	0	0	0	0	0	36,678	27
28	TOTAL General Administration	(71,023)	49,635	(545,632)	14,509	95,534	0	0	0	0	0	0	(456,977)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(77,591)	52,099	(530,485)	2,669	98,871	0	1,911	0	0	0	0	(452,526)	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	
													(to Sch V, col.7)	
30	Depreciation	(102,667)	395,039	9,610	0	0	0	0	0	0	0	0	301,982	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(146,170)	655,617	4,921	0	600	0	0	0	0	0	0	514,968	32
33	Real Estate Taxes	0	396,908	3,185	0	878	0	0	0	0	0	0	400,971	33
34	Rent-Facility & Grounds	0	(1,224,620)	0	0	0	0	0	0	0	0	0	(1,224,620)	34
35	Rent-Equipment & Vehicles	0	0	26,181	0	0	0	0	0	0	0	0	26,181	35
36	Other (specify):*	(15,991)	57,111	0	0	0	0	0	0	0	0	0	41,120	36
37	TOTAL Ownership	(264,828)	280,055	43,897	0	1,478	0	0	0	0	0	0	60,602	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	(26,041)	(269,582)	1,306	0	0	0	0	0	(294,317)	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	(26,041)	(269,582)	1,306	0	0	0	0	0	(294,317)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(342,419)	332,154	(486,588)	(23,372)	(169,233)	1,306	1,911	0	0	0	0	(686,241)	45

VII. RELATED PARTIES

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

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

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	\$ 1,224,620	Alden-Des Plaines Rehabilitation and Health Care Center, LLC		\$	\$ (1,224,620)	1
2	V	32	Interest-RR & Facility loan	64,731	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(64,731)	2
3	V	6	Repair & Maintenance RR		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		2,464	2,464	3
4	V	21	Bank charges/Lic. & Inspection		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		88	88	4
5	V	32	Debt Retirement Fee/Int Other		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		59,517	59,517	5
6	V	33	Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		396,908	396,908	6
7	V	26	Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		12,122	12,122	7
8	V	36	Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		57,111	57,111	8
9	V	32	Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		439,641	439,641	9
10	V	32	Interest on IOD loan		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		51,994	51,994	10
11	V	30	Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		395,039	395,039	11
12	V	32	Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		169,196	169,196	12
13	V	19	Accounting fees/Legal Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		37,425	37,425	13
14	Total			\$ 1,289,351			\$ 1,621,505	\$ * 332,154	14

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

Facility Name & ID Number Alden Des Plaines Rehab & Health Care# 0042010Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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%	\$ 1,703	\$ 1,703 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		469	469 16
17	V	25 Other admin travel		Alden Management Services, Inc.		8,662	8,662 17
18	V	26 Insurance		Alden Management Services, Inc.		131	131 18
19	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		1,357	1,357 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		3,185	3,185 21
22	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		26,181	26,181 22
23	V	32 Interest		Alden Management Services, Inc.		4,921	4,921 23
24	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		2,680	2,680 24
25	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		2,997	2,997 25
26	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		3,328	3,328 26
27	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		21,376	21,376 27
28	V	15 Employee Benefits-health care		Alden Management Services, Inc.		3,119	3,119 28
29	V	17 Salaries-Total Admin		Alden Management Services, Inc.		131,148	131,148 29
30	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		26,704	26,704 30
31	V	19 Professional fees	830,646	Alden Management Services, Inc.		20,213	(810,433) 31
32	V	21 Clerical and G & A		Alden Management Services, Inc.		135,678	135,678 32
33	V	6 Maintenance	49,001	Alden Management Services, Inc.		28,945	(20,056) 33
34	V	20 MKT Management Fees	39,348	Alden Management Services, Inc.			(39,348) 34
35	V						35
36	V						36
37	V						37
38	V						38
39	Total		\$ 918,995			\$ 432,407	\$ * (486,588) 39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary consultant	\$ 16,061	Prism Health Care Sevices, Inc.	0.00%	\$ 68	\$ (15,993)	15
16	V	1	Dietary salaries		Prism Health Care Sevices, Inc.		9,316	9,316	16
17	V	2	Tube feeding	18,192	Prism Health Care Sevices, Inc.		12,222	(5,970)	17
18	V	10	Equipment rental-patient care	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Ancillary supplies	46,542	Prism Health Care Sevices, Inc.		20,501	(26,041)	19
20	V	21	G & A salaries		Prism Health Care Sevices, Inc.		9,055	9,055	20
21	V	27	Emp. Benefits-G & A		Prism Health Care Sevices, Inc.		1,484	1,484	21
22	V	7	Emp. Benefits-Dietary		Prism Health Care Sevices, Inc.		723	723	22
23	V	21	G & A expenses		Prism Health Care Sevices, Inc.		3,970	3,970	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			\$ 87,455			\$ 64,083	\$ * (23,372)	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	\$ 457,346	Forum Extended Care Services II, Inc.	0.00%	\$ 584,270	\$ 126,924	15
16	V	39	I.V.	452,386	Forum Extended Care Services II, Inc.		56,187	(396,199)	16
17	V	39	Wound Vac	1,489	Forum Extended Care Services II, Inc.		1,182	(307)	17
18	V	10	House Stock	17,012	Forum Extended Care Services II, Inc.		15,736	(1,276)	18
19	V	10	Pharm Consult	4,604	Forum Extended Care Services II, Inc.		9,217	4,613	19
20	V	27	Employ Vaccin	2,324	Forum Extended Care Services II, Inc.		1,844	(480)	20
21	V	27	Employ Benefits-G & A		Forum Extended Care Services II, Inc.		6,937	6,937	21
22	V	21	G & A Salaries		Forum Extended Care Services II, Inc.		50,674	50,674	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		38,403	38,403	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		600	600	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		878	878	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			\$ 935,161			\$ 765,928	\$ * (169,233)	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	Revenue - therapy	\$ 1,811,925	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,813,231	\$ 1,306	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			\$ 1,811,925			\$ 1,813,231	\$ * 1,306	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	Repair & Maintenance	\$ 30,956	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,867	\$ 1,911	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			\$ 30,956			\$ 32,867	\$ * 1,911	39

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

Facility Name & ID Number Alden Des Plaines Rehab & Health Care # 0042010 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 Des Plaines Rehab & Health Care # 0042010 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	181,329	0.792	1.98	Salary	\$ 3,671	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,278	0.792	1.98	Salary	1,362	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,736	0.792	1.98	Salary	784	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	\$ 5,817		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

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	\$	26,590	\$ 1,703	1
2	24	Travel & Seminar	Patient Days	1,340,098	35	23,644		26,590	469	2
3	25	Other admin travel	Patient Days	1,340,098	35	436,530		26,590	8,662	3
4	26	Insurance	Patient Days	1,340,098	35	6,589		26,590	131	4
5	20	Dues/subscriptions/fees etc	Patient Days	1,340,098	35	68,371		26,590	1,357	5
6	30	Depreciation	No. of Providers/usage	35	35	340,112		1	9,610	6
7	33	Real estate taxes	Patient Days/usage	1,340,098	35	184,769		26,590	3,185	7
8	35	Rent-equipment/vehicles	Patient Days	1,340,098	35	1,319,497		26,590	26,181	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912		26,590	4,921	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	26,590	2,680	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	26,590	2,997	11
12	7	Employee Benefits-general Svcs	Patient Days	1,340,098	35	167,731		26,590	3,328	12
13	10	Nurse & Med. Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	26,590	21,376	13
14	15	Employee Benefits-health care	Patient Days	1,340,098	35	157,190		26,590	3,119	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	26,590	131,148	15
16	27	Employee Benefits-Admin	Patient Days	1,340,098	35	1,345,837		26,590	26,704	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	26,590	20,213	17
18	21	Gen'l & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	26,590	135,678	18
19	6	Repair & Maintenance	Patient Days	1,340,098	35	1,458,765	980,107	26,590	28,945	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 432,407	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 Realty		x	Mortgage	\$66,929.00	10/1/2012	\$ 12,080,802	\$ 12,026,629	9/1/2047	2.5000	\$ 100,448	1	
2	Cambridge Realty		x	Mortgage		9/1/2005	10,390,300	refinanced/0		5.4000	339,193	2	
3	Cambridge Realty		x	Operating loss loan		3/1/2004	1,690,000	refinanced/0		5.1000	51,994	3	
4				Int exp in excess of CON cap							(138,560)	4	
5	Amort-Fin/Refin Fee/Early Ret of Deb		x								228,713	5	
	Working Capital												
6	Bank Leumi		x	Working Capital	varies	8/2012	1,071,730	1,071,730	3/2014	4.5000	51,028	6	
7	Related party-AMS		x	Working Capital							4,921	7	
8	Related party-FECII		x	Working Capital							600	8	
9	TOTAL Facility Related				\$66,929.00		\$ 25,232,832	\$ 13,098,359			\$ 638,337	9	
	B. Non-Facility Related*												
10	DP Rehab & HCC, LCC	x		Interest-Replacement Res							(428)	10	
11	Patient interest income		x								(3,119)	11	
12	Insurance Interest		x	Medical Malpractice							1,466	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (2,081)	14	
15	TOTALS (line 9+line14)						\$ 25,232,832	\$ 13,098,359			\$ 636,256	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 41,120 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.		\$	455,800	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.)		\$	448,378	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(7,422)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	461,800	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.		\$	454,378	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	4063
		Total Real Estate Tax Expense, Sch V, Line 33		\$	458,441
Real Estate Tax Bill for Calendar Year:		2007	331,157	8	
		2008	339,285	9	
		2009	403,099	10	
		2010	442,517	11	
		2011	448,368	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 Des Plaines Rehab & Health Care

COUNTY
Cook

FACILITY IDPH LICENSE NUMBER
0042010

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	\$ 3,185.00
2. See attached (Supplement)	Related party-Forum Extended Care	\$ 37,853.00	\$ 878.00
3. 09-17-200-128-0000	Nursing Home Facility	\$ 260,612.00	\$ 260,612.00
4. 09-17-200-129-0000	Nursing Home Facility	\$ 187,756.00	\$ 187,756.00
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 789,431.00	\$ 452,431.00

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.**

A. Square Feet:

51,490

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).

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	51,490	2000	\$ 1,016,045	1
2					2
3	TOTALS	51,490		\$ 1,016,045	3

Facility Name & ID Number Alden Des Plaines Rehab & Health Care

0042010

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 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	110		2000	2000	9,685,956	242,149	40	174,652	(67,497)	\$ 2,207,794	4
5	Adjustment to correct to CON costs (net=6,986,060)				(2,699,896)						5
6											6
7											7
8											8
	Improvement Type**										
9	ISS/Chicago Sound & Communication(vent alarm interface)			2000	3,400		10			3,400	9
10	Alden Bennett Construction(multiple wireless install)			2001	4,894		10			4,894	10
11	Owners extras (change orders)			2000	524,876	26,244	20	26,244		325,862	11
12	Owners extras (change orders)			2000	12,972	648	20	648		8,050	12
13	ABC-parking lot sealcoat/stripe			2002	3,852		7			3,852	13
14	ABC-screened patio enclosure			2002	10,069		7			10,069	14
15	EWS Welding-alarm			2002	1,076	53	10	53		1,076	15
16	New Horizons-residents phones			2002	1,646	53	10	53		1,646	16
17	New Horizons-residents phones			2002	3,161	132	10	132		3,161	17
18	ABC-owners extras			2003	2,571	171	15	171		1,711	18
19	ABC-owners extras			2003	5,511	367	15	367		3,671	19
20	ABC [GT Mechanical]-Replace B1 compressor			2007	3,383	140	5	140		3,383	20
21	Mohawk-Calhoun Carpet Admin area			2007	2,747	459	5	459		2,747	21
22	ABC-New carpeting Nile Room			2007	6,053	705	5	705		6,053	22
23	ABC-New patio door operator			2007	4,046	405	10	405		2,194	23
24	GTMECH-Exhaust motor & wheel blade			2007	4,791	479	10	479		2,515	24
25	ABC-Removal & repair of hot water piping			2007	4,170	167	25	167		863	25
26	Replace Gas Oxygen Units			2008	9,275	928	10	928		4,253	26
27	GTMECH-Repair Boiler Pumps			2008	3,242	324	10	324		1,431	27
28											28
29	ABC - Pavement Asphalt			2010	11,722	1,465	8	1,465		3,418	29
30	Nursing Station Repair			2010	2,600	520	5	520		1,127	30
31	ABC - Repair Laundry Chute & Grease Interceptor			2010	8,248	1,650	5	1,650		3,437	31
32	ABC - HVAC Pump			2010	4,738	316	15	316		711	32
33	Smoke Vent Relocation (non-hvac)			2011	3,345	669	5	669		892	33
34	Fish Tank Repair			2011	3,700	740	5	740		925	34
35	Sprinkler Heads & Gauges Replaced			2011	7,072	707	10	707		825	35
36	Dampers, labeling			2012	6,750	169	10	169		169	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 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		\$ 7,645,970	\$ 279,659		\$ 212,162	\$ (67,497)	\$ 2,610,129	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									25
26	Adj for ABC related party profit	2008	(53)	(6)		(6)		(27)	26
27	Adj for ABC related party profit	2010	(302)	(18)		(18)		(45)	27
28	Adj for ABC related party profit	2011	110	8		8		12	28
29	Adj for ABC related party profit	2012	417	10		10		10	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,732,432	\$ 281,155		\$ 213,658	\$ (67,497)	\$ 2,688,743	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	\$1,012,290	\$142,777	\$119,339	\$(23,438)	various	\$782,106	71
72	Current Year Purchases	117,604	16,592	16,592		various	16,592	72
73	Fully Depreciated Assets	185,276	2,442	2,442		various	185,276	73
74								74
75	TOTALS	\$1,315,170	\$161,811	\$138,373	\$(23,438)		\$983,974	75

D. Vehicle Costs. (See instructions.)*										
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78	Related Party - AMS	Various	98-'02	3,911					3,911	78
79										79
80	TOTALS			\$ 53,737	\$	\$	\$		\$ 53,737	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)			\$	10,117,384
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	442,966
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	352,031
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	(90,935)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	3,726,454

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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 eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES

☒NO

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

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:\$10,108Description:Copy machine lease & Various Office Equipment
- (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	\$#####	\$13,131	17
18					18
19	Auto Lease GL 6890	various	523.83	6,286	19
20					20
21	TOTAL		\$#####	\$19,417	21

10. Effective dates of current rental agreement:

Beginning7/1/2001

Ending6/30/2021

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

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

- (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.

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	

- (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	\$		\$ 561,682	\$		\$ 561,682	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			55,557			55,557	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,194,686			1,194,686	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				584,270		584,270	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								12
13	Other (specify): <u>See Pg 16A</u>					1,306	160,150		161,456	13
14	TOTAL			\$		\$ 1,813,231	\$ 744,420		\$ 2,557,651	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
XIV. Special Services (Direct Cost)	Col 6: Supplies

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.
1.	OT		39-3	To Col	\$561,682.65
2.	ST		39-3	To Co	55,556.74
3.					
4.	PT		39-3	To Co	1,194,686.01
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL				457,345.98
	Manual Input from Related Party- Forum Drugs				126,924.00
9.	Total to line 9 Pharmacy	See Pg 16A		To Co	584,269.98
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A		To Cc	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Cc	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 C	1,306.00
Other		571,241.24
Manual Input: Related Party - Prism		(26,041.00)
Manual Input: Related Party FECII - I.V.		(396,199.00)
Manual Input: Related Party FECII - Wound Care		(307.00)
Oxygen, from reclass worksheet (Pg 4A)		11,456.00

13. Col 6: Supplies Total	To Col	160,150.24

13. Total Line 13, Column 8		160,150.24

14. Total		2,557,651.62
		=====

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	\$	111,328	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 15,000)	1,320,432	1,320,432	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		21,399	5
6	Prepaid Insurance		87,048	6
7	Other Prepaid Expenses	8,357	8,357	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	36,161	503,958	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,364,950	\$ 2,052,522	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,685,956	14
15	Leasehold Improvements, at Historical Cost	605,915	675,047	15
16	Equipment, at Historical Cost	289,688	1,952,930	16
17	Accumulated Depreciation (book methods)	(627,693)	(4,707,628)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		586,293	21
22	Other Long-Term Assets (specify: Refinancing Fee		274,117	22
23	Other(specify): Due from affiliates	4,960,398	7,686,828	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,298,724	\$ 17,227,944	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,663,674	\$ 19,280,466	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 515,669	\$ 516,444	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	114,281	114,281	28
29	Short-Term Notes Payable	89,797	89,797	29
30	Accrued Salaries Payable	406,025	406,025	30
31	Accrued Taxes Payable (excluding real estate taxes)	58,264	58,264	31
32	Accrued Real Estate Taxes(Sch.IX-B)		461,800	32
33	Accrued Interest Payable	16,067	41,123	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	105,134	105,134	36
37	Due to affiliates	1,821,609	2,162,706	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,126,846	\$ 3,955,574	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,071,730	1,071,730	39
40	Mortgage Payable		11,685,532	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates			43
44	S/holder loans, others			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,071,730	\$ 12,757,262	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,198,576	\$ 16,712,836	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,465,098	\$ 2,567,630	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,663,674	\$ 19,280,466	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,875,953	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	8,179	4
5	Allocate Personnel Director Salary	(38,735)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,845,397	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	619,701	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)	\$ 619,701	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)	\$ 2,465,098	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Des Plaines Rehab & Health Care# 0042010Report 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	\$ 11,291,603	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,291,603	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	88,013	6
7	Oxygen	6,034	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 94,047	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	576	12
13	Barber and Beauty Care	1,550	13
14	Non-Patient Meals	105	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,494	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(446)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 4,279	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,119	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,119	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	8,239	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,239	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,401,287	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,618,498	31
32	Health Care	2,686,037	32
33	General Administration	2,103,410	33
	B. Capital Expense		
34	Ownership	1,410,595	34
	C. Ancillary Expense		
35	Special Cost Centers	2,840,512	35
36	Provider Participation Fee	122,534	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,781,586	40
41	Income before Income Taxes (line 30 minus line 40)**	619,701	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 619,701	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 781,482	44
45	Private Pay - Net Inpatient Revenue	662,126	45
46	Medicare - Net Inpatient Revenue	8,764,549	46
47	Other-(specify) <u>Hospice</u>	54,628	47
48	Other-(specify) <u>Insurance</u>	1,028,818	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,291,603	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Des Plaines Rehab & Health Care # 0042010 Report Period Beginning 01/01/2012 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income (Record copies)	(11.00)
Misc Income (Jury Duty)	121.00
Gain on Sale of Assets	8,129.00
Line 28 Total:	<u>8,239</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	1,464	1,464	\$ 73,902	\$ 50.48	1
2	Assistant Director of Nursing	1,520	1,520	55,219	36.33	2
3	Registered Nurses	22,816	24,011	719,244	29.95	3
4	Licensed Practical Nurses	14,953	16,120	416,600	25.84	4
5	CNAs & Orderlies	56,663	61,462	780,445	12.70	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,812	2,069	34,282	16.57	8
9	Activity Director	2,080	2,080	47,792	22.98	9
10	Activity Assistants	5,633	6,117	67,211	10.99	10
11	Social Service Workers	3,238	3,294	67,349	20.45	11
12	Dietician					12
13	Food Service Supervisor	1,944	2,028	55,677	27.45	13
14	Head Cook	2,673	2,684	59,634	22.22	14
15	Cook Helpers/Assistants	39,045	43,020	476,356	11.07	15
16	Dishwashers					16
17	Maintenance Workers	1,861	1,861	49,178	26.43	17
18	Housekeepers	14,969	16,374	167,561	10.23	18
19	Laundry	3,215	3,472	32,922	9.48	19
20	Administrator	800	800	41,176	51.47	20
21	Assistant Administrator	1,920	1,920	66,472	34.62	21
22	Other Administrative	7,504	7,830	175,736	22.44	22
23	Office Manager					23
24	Clerical	4,276	4,487	41,893	9.34	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,224	4,224	131,815	31.21	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,120	1,182	16,148	13.66	31
32	Other Health Care Unit Manager	2,080	2,080	29,990	14.42	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	195,810	210,099	\$ 3,606,602 *	\$ 17.17	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	Monthly	\$ 16,061	1-3	35
36	Medical Director	Monthly	31,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	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	16	984	11-3	44
45	Social Service Consultant	16	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	32	\$ 51,805		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	%	Amount	Description		Amount	Description	Amount	
Bryan Anthony Pottow	Administrator	0	\$ 30,125	Workers' Compensation Insurance		\$ 126,669	IDPH License Fee	\$ 283	
Annette Borcky	Administrator	0	11,051	Unemployment Compensation Insurance		41,829	Advertising: Employee Recruitment		
Cindy Hoffmeyer	Asst. Admin.	0	19,797	FICA Taxes		272,817	Health Care Worker Background Check		
Catalin Dragomir	Asst. Admin.	0	4,818	Employee Health Insurance		46,858	(Indicate # of checks performed 49)	1,430	
Bryan Anthony Pottow	Asst. Admin.	0	41,856	Employee Meals		24,685	Patient Background Checks	451 4,919	
		0		Illinois Municipal Retirement Fund (IMRF)*			Surety bond fees	500	
		0		Union health & welfare		90,836	IL Health Care Assoc	4,250	
TOTAL (agree to Schedule V, line 17, col. 1)				Union pension		27,990	Collaborative Healthcare	755	
(List each licensed administrator separately.) \$ 107,647				Dental/Life/401k match/Empl rel/Misc pr		7,725	Secretary of State	25	
B. Administrative - Other				EE drug tests/Vaccinations		4,130	Related party-AMS	1,357	
Description			Amount	Mktg Mgr employee benefit deduction		(2,003)	Less: Public Relations Expense	()	
			\$	Gardens/Crts Personnel Dir. e/b deduction		(9,995)	Non-allowable advertising	()	
							Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)		\$ 631,541	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 13,519	
TOTAL (agree to Schedule V, line 17, col. 3)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount	
C. Professional Services						\$	Out-of-State Travel	\$	
Vendor/Payee	Type		Amount						
Alden Management Servs.	Consulting		\$ 792,834						
Jackson Lewis LLP	Legal fees:non-collections		295						
Bank Leumi/Markley Investigations	Legal fees:non-collections		1,587						
AMS (Eliminated)	Allocated Legal Fees		37,812				In-State Travel		
Applegate & Thorne-Thomsen	Business Consultation		3,512						
Kenneth Fisch	Legal fees:collections		23,481						
Ava P. Daley	Accounting Fees		109				Related party-AMS	469	
Baker Tilly	Accounting Fees		11,530				Seminar Expense		
BDO Seidman	Accounting Fees		1,892				ILLHCA	1,231	
							IL Council & Others	1,105	
							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.) \$ 873,052							TOTAL	\$ 2,805	

*** Attach copy of IMRF notifications**

****See instructions.**

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			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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=\$4,250

(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. \$ 15,731 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. \$ 122,534
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. \$ 24,685 Has any meal income been offset against related costs? No Indicate the amount. \$ _____

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____

(17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____

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