

		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: 0042036 Facility Name: Alden of Waterford Address: 2021 Randi Drive Aurora 60504 County: Kane Telephone Number: (630) 851-7266 Fax #: (630) 851-7585 HFS ID Number: Date of Initial License for Current Owners: 08/01/2001 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X 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) (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
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Facility Name & ID Number Alden of Waterford# 0042036 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>99</u>	Skilled (SNF)	<u>99</u>	<u>36,234</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>99</u>	TOTALS	<u>99</u>	<u>36,234</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>1,159</u>	<u>5,216</u>	<u>13,969</u>	<u>20,344</u>	8
9	SNF/PED					9
10	ICF	<u>6,312</u>	<u>1,801</u>	<u>528</u>	<u>8,641</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>7,471</u>	<u>7,017</u>	<u>14,497</u>	<u>28,985</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 79.99%

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 12/29/01

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

YES ☐

Date _____

NO ☒

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

YES ☒NO ☐If YES, enter number
of beds certified 99 and days of care provided 13,572Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12Fiscal 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	502,112	32,935	22,800	557,847	1,806	559,653	(6,556)	553,097		1
2	Food Purchase		289,721		289,721	(26,675)	263,046	(8,781)	254,265		2
3	Housekeeping	138,416	19,758		158,174	2,368	160,542	3,267	163,809		3
4	Laundry	29,444	13,978		43,422	285	43,707		43,707		4
5	Heat and Other Utilities			235,703	235,703		235,703	(414)	235,289		5
6	Maintenance	45,620		321,063	366,683	(26)	366,657	22,836	389,493		6
7	Other (specify):* Security/related party			1,702	1,702		1,702	4,679	6,381		7
8	TOTAL General Services	715,592	356,392	581,268	1,653,252	(22,242)	1,631,010	15,031	1,646,041		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	2,244,373	204,762	5,185	2,454,320	(4,697)	2,449,623	26,089	2,475,712		10
10a	Therapy	31,565	4,795	19,438	55,798		55,798		55,798		10a
11	Activities	98,016	4,108	30,145	132,269	359	132,628		132,628		11
12	Social Services	45,401			45,401		45,401		45,401		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,400	3,400		15
16	TOTAL Health Care and Programs	2,419,355	213,665	90,768	2,723,788	(4,338)	2,719,450	29,489	2,748,939		16
	C. General Administration										
17	Administrative	127,697			127,697		127,697	63,481	191,178		17
18	Directors Fees										18
19	Professional Services			618,933	618,933		618,933	(572,441)	46,492		19
20	Dues, Fees, Subscriptions & Promotions			88,307	88,307		88,307	(78,281)	10,026		20
21	Clerical & General Office Expenses	244,536	21,565	91,548	357,649	291	357,940	168,647	526,587		21
22	Employee Benefits & Payroll Taxes			653,415	653,415	9,857	663,272	(13,611)	649,661		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,050	1,050		1,050	511	1,561		24
25	Other Admin. Staff Transportation			6,789	6,789		6,789	9,442	16,231		25
26	Insurance-Prop.Liab.Malpractice			104,270	104,270		104,270	10,938	115,208		26
27	Other (specify):* related party			50,781	50,781		50,781	(14,078)	36,703		27
28	TOTAL General Administration	372,233	21,565	1,615,093	2,008,891	10,148	2,019,039	(425,392)	1,593,647		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,507,180	591,622	2,287,129	6,385,931	(16,432)	6,369,499	(380,872)	5,988,627		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			14,162	14,162		14,162	292,551	306,713			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			151,996	151,996		151,996	504,475	656,471			32
33	Real Estate Taxes			71,668	71,668	(71,668)		75,917	75,917			33
34	Rent-Facility & Grounds			702,374	702,374	71,668	774,042	(774,042)				34
35	Rent-Equipment & Vehicles			16,448	16,448		16,448	28,539	44,987			35
36	Other (specify):* M.I.P.							60,709	60,709			36
37	TOTAL Ownership			956,648	956,648		956,648	188,149	1,144,797			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		897,473	1,709,734	2,607,207	16,432	2,623,639	4,076	2,627,715			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			150,038	150,038		150,038		150,038			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		897,473	1,859,772	2,757,245	16,432	2,773,677	4,076	2,777,753			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,507,180	1,489,095	5,103,549	10,099,824		10,099,824	(188,647)	9,911,177			45

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

Alden of Waterford
Report Period Beginning: 01/01/2012
Report Period Ending: 12/31/2012

IDPH Facility No. 0042036

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,675.00)	Employee Meals
	22	26,675.00	Employee Meals
22		(16,818.00)	Uniforms
	1	1,806.00	Uniforms
	3	2,368.00	Uniforms
	4	285.00	Uniforms
	6	(26.00)	Uniforms
	10	11,735.00	Uniforms
	11	359.00	Uniforms
	21	291.00	Uniforms
10		(16,432.00)	Oxygen - to appropriate cost center
	39	16,432.00	Oxygen - to appropriate cost center
33		(71,668.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	71,668.00	Rent - Real Estate Tax on associated landowner (Pg 6)

		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	(5,963)	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	(193,644)	30		9
10	Interest and Other Investment Income	(9,342)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,211)	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	(6,859)	21		17
18	Fines and Penalties				18
19	Entertainment	(3,255)	20		19
20	Contributions	(8,279)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(13,790)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(50,781)	27		24
25	Fund Raising, Advertising and Promotional	(26,327)	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)	\$ (322,451)		\$	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)	411,689	Various	34
35	Other- Attach Schedule	(277,885)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 133,804		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (188,647)		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 of Waterford

ID# 0042036

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 -	\$ (2,000)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(11,326)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,844	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	16,203	6	4
5	Correct YTD depreciation	2,470	30	5
6	Adj for ABC related party profit - Pg 12	10	30	6
7				7
8	Late fees on utilities	(2,271)	5	8
9	Flu shot income	(272)	21	9
10	Misc income - payroll [g/l 4977-100-002]	(13)	21	10
11	Misc income - record copies [g/l 4977-100-001]	(997)	10	11
12	Marketing Mgr & Aides [g/l 6701 sub 009 & 015]	(73,058)	21	12
13	Mktg Mgr & Aides employee benefits deduction	(13,611)	22	13
14	IL Health Care Assoc. dues (30%)	(1,639)	20	14
15				15
16	Aurora chambers of commerce fees	(912)	20	16
17	Back out LP mtg int in excess of CON asset limit	(175,047)	32	17
18	Back out LP MIP int in excess of CON asset limit	(19,266)	36	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	(277,885)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Waterford # 0042036 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	2,922	(9,478)	0	0	0	0	0	0	0	(6,556)	1
2	Food Purchase	(4,211)	0	0	(4,570)	0	0	0	0	0	0	0	(8,781)	2
3	Housekeeping	0	0	3,267	0	0	0	0	0	0	0	0	3,267	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,271)	0	1,857	0	0	0	0	0	0	0	0	(414)	5
6	Maintenance	14,084	0	12,810	0	0	0	3,929	(7,987)	0	0	0	22,836	6
7	Other (specify):*	0	0	3,628	1,051	0	0	0	0	0	0	0	4,679	7
8	TOTAL General Services	7,602	0	24,484	(12,997)	0	0	3,929	(7,987)	0	0	0	15,031	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	(997)	0	23,301	84	3,701	0	0	0	0	0	0	26,089	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	3,400	0	0	0	0	0	0	0	0	3,400	15
16	TOTAL Health Care and Programs	(997)	0	26,701	84	3,701	0	0	0	0	0	0	29,489	16
	C. General Administration													
17	Administrative	0	0	63,481	0	0	0	0	0	0	0	0	63,481	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(13,790)	4,171	(562,822)	0	0	0	0	0	0	0	0	(572,441)	19
20	Fees, Subscriptions & Promotions	(40,412)	0	(37,869)	0	0	0	0	0	0	0	0	(78,281)	20
21	Clerical & General Office Expenses	(80,202)	3,094	147,897	18,942	78,916	0	0	0	0	0	0	168,647	21
22	Employee Benefits & Payroll Taxes	(13,611)	0	0	0	0	0	0	0	0	0	0	(13,611)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	511	0	0	0	0	0	0	0	0	511	24
25	Other Admin. Staff Transportation	0	0	9,442	0	0	0	0	0	0	0	0	9,442	25
26	Insurance-Prop.Liab.Malpractice	0	10,795	143	0	0	0	0	0	0	0	0	10,938	26
27	Other (specify):*	(50,781)	0	29,108	2,158	5,437	0	0	0	0	0	0	(14,078)	27
28	TOTAL General Administration	(198,796)	18,060	(350,109)	21,100	84,353	0	0	0	0	0	0	(425,392)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(192,191)	18,060	(298,924)	8,187	88,054	0	3,929	(7,987)	0	0	0	(380,872)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Waterford # 0042036 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

	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	(204,490)	487,431	9,610	0	0	0	0	0	0	0	0	292,551	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(184,389)	682,968	5,364	0	532	0	0	0	0	0	0	504,475	32
33	Real Estate Taxes	0	71,667	3,472	0	778	0	0	0	0	0	0	75,917	33
34	Rent-Facility & Grounds	0	(774,042)	0	0	0	0	0	0	0	0	0	(774,042)	34
35	Rent-Equipment & Vehicles	0	0	28,539	0	0	0	0	0	0	0	0	28,539	35
36	Other (specify):*	(19,266)	79,975	0	0	0	0	0	0	0	0	0	60,709	36
37	TOTAL Ownership	(408,145)	547,999	46,985	0	1,310	0	0	0	0	0	0	188,149	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	(41,574)	(236,255)	281,905	0	0	0	0	0	4,076	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	(41,574)	(236,255)	281,905	0	0	0	0	0	4,076	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(600,336)	566,059	(251,939)	(33,387)	(146,891)	281,905	3,929	(7,987)	0	0	0	(188,647)	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
Alden of Waterford Investments, LLC	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 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	Rental income	\$ 774,042	Waterford Rehab and Courts, LLC		\$	\$ (774,042)	1
2	V	32	Interest income-R/R	899	Waterford Rehab and Courts, LLC			(899)	2
3	V	32	Interest income	108,141	Waterford Rehab and Courts, LLC			(108,141)	3
4	V	19	Accounting fees		Waterford Rehab and Courts, LLC		4,171	4,171	4
5	V	32	Loan Prepayment fee		Waterford Rehab and Courts, LLC		60,243	60,243	5
6	V	6	Repairs & Maintenance		Waterford Rehab and Courts, LLC				6
7	V	21	Other administrative		Waterford Rehab and Courts, LLC		3,094	3,094	7
8	V	33	Real estate taxes		Waterford Rehab and Courts, LLC		71,667	71,667	8
9	V	26	Property & liability insurance		Waterford Rehab and Courts, LLC		10,795	10,795	9
10	V	36	Mortgage insurance premium		Waterford Rehab and Courts, LLC		79,975	79,975	10
11	V	32	Mortgage interest		Waterford Rehab and Courts, LLC		651,301	651,301	11
12	V	30	Depreciation		Waterford Rehab and Courts, LLC		487,431	487,431	12
13	V	32	Amortization		Waterford Rehab and Courts, LLC		80,464	80,464	13
14	Total			\$ 883,082			\$ 1,449,141	\$ * 566,059	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%	\$ 1,857	\$ 1,857	15
16	V	24	Travel / Seminar		Alden Management Services, Inc.		511	511	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		9,442	9,442	17
18	V	26	Insurance		Alden Management Services, Inc.		143	143	18
19	V	20	Dues / Subscriptions	39,348	Alden Management Services, Inc.		1,479	(37,869)	19
20	V	30	Depreciation		Alden Management Services, Inc.		9,610	9,610	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		3,472	3,472	21
22	V	35	Rent-Equip/Vehicle		Alden Management Services, Inc.		28,539	28,539	22
23	V	32	Interest		Alden Management Services, Inc.		5,364	5,364	23
24	V	1	Dietary Salary		Alden Management Services, Inc.		2,922	2,922	24
25	V	3	Housekeeping Salary		Alden Management Services, Inc.		3,267	3,267	25
26	V	7	Employee Benef-Gen'l Servs		Alden Management Services, Inc.		3,628	3,628	26
27	V	10	Nursing & Medical records salaries		Alden Management Services, Inc.		23,301	23,301	27
28	V	15	Employee Benef-Health Care		Alden Management Services, Inc.		3,400	3,400	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		63,481	63,481	29
30	V	27	Employee Benef-Administrative		Alden Management Services, Inc.		29,108	29,108	30
31	V	19	Professional Fees	584,856	Alden Management Services, Inc.		22,034	(562,822)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		147,897	147,897	32
33	V	6	Repair & Maintenance	18,742	Alden Management Services, Inc.		31,552	12,810	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 642,946			\$ 391,007	\$ * (251,939)	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 Services, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		13,225	13,225	16
17	V	2	Tube Feeding	17,151	Prism Health Care Services, Inc.		12,581	(4,570)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		6,744	84	18
19	V	39	Ancillary Services	80,582	Prism Health Care Services, Inc.		39,008	(41,574)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Services, Inc.		13,169	13,169	20
21	V	27	Employee Benefits		Prism Health Care Services, Inc.		2,158	2,158	21
22	V	7	Employee Benefits		Prism Health Care Services, Inc.		1,051	1,051	22
23	V	21	Gen'l & Admin		Prism Health Care Services, Inc.		5,773	5,773	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			\$ 127,193			\$ 93,806	\$ * (33,387)	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	\$ 403,911	Forum Extended Care Services II, Inc.	0.00%	\$ 516,005	\$ 112,094	15
16	V	39	I.V.	397,170	Forum Extended Care Services II, Inc.		49,329	(347,841)	16
17	V	39	Wound Care	2,467	Forum Extended Care Services II, Inc.		1,959	(508)	17
18	V	10	House Stock	16,573	Forum Extended Care Services II, Inc.		15,330	(1,243)	18
19	V	10	Pharm Consult	4,935	Forum Extended Care Services II, Inc.		9,879	4,944	19
20	V	27	Employee Vaccin.	3,438	Forum Extended Care Services II, Inc.		2,729	(709)	20
21	V	27	Employee Benef: G & A		Forum Extended Care Services II, Inc.		6,146	6,146	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		44,894	44,894	22
23	V	21	Gen'l & Admin.		Forum Extended Care Services II, Inc.		34,022	34,022	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		532	532	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		778	778	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			\$ 828,494			\$ 681,603	\$ * (146,891)	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	\$ 1,651,187	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,933,092	\$ 281,905	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			\$ 1,651,187			\$ 1,933,092	\$ * 281,905	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 63,626	Alden Bennett Construction Company, Inc.	0.00%	\$ 67,555	\$ 3,929	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			\$ 63,626			\$ 67,555	\$ * 3,929	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	Grounds maintenance	\$ 100,980	Waterford Management Services, Inc.		\$ 92,993	\$ (7,987)	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			\$ 100,980			\$ 92,993	\$ * (7,987)	39

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

Facility Name & ID Number Alden of Waterford # 0042036 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	<u>Alden Group</u>	<u>59.37</u>	Alden-Lincoln Park Rehabilitation and Health Ca	Chicago				2
3	<u>Floyd Schlossberg</u>	<u>40.63</u>	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 C	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								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			<u>Alden Estates of Shorewood, Inc.</u>	<u>Shorewood, IL</u>				29
30								30

Facility Name & ID Number Alden of Waterford # 0042036 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	180,999	0.865	2.16	Salary	\$ 4,001	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	67,155	0.865	2.16	Salary	1,485	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	38,665	0.865	2.16	Salary	855	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	\$ 6,341		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 of Waterford# 0042036

Report Period Beginning:

01/01/2012Ending: 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,340,098	35	\$ 85,836	\$	28,985	\$ 1,857	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644		28,985	511	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530		28,985	9,442	3
4	26	Insurance	Patient Days	1,340,098	35	6,589		28,985	143	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371		28,985	1,479	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		28,985	3,472	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497		28,985	28,539	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912		28,985	5,364	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	28,985	2,922	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	28,985	3,267	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731		28,985	3,628	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	28,985	23,301	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190		28,985	3,400	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	28,985	63,481	15
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837		28,985	29,108	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	28,985	22,034	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	28,985	147,897	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	28,985	31,552	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 391,007	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	\$54,288.00	4/29/11	\$ 12,667,104	\$ 12,466,670	5/1/2051	4.1700	\$ 522,339	1							
2	Int related to f/a > CON limit		x	Mortgage							(175,047)	2							
3	Cambridge		x	Operating loss loan (OLL)	\$12,727.05	5/31/12	2,870,233	2,847,719	1/1/2045	3.7500	62,837	3							
4	Cambridge		x	Operating loss loan (OLL)		5/1/08	2,870,223	refinanced		5.7800	66,125	4							
5	Amortization-Fin/refin fee / Loan prep		x	Operating loss loan (OLL) / Mortgage							140,707	5							
	Working Capital																		
6	Related party-AMS		x								5,364	6							
7	Related party-FECII		x								532	7							
8	Bank of Leumi		x	LOC	varies	1/11/12	1,100,000	740,000	1/10/2014	varies	41,940	8							
9	TOTAL Facility Related					\$67,015.05		\$ 19,507,560	\$ 16,054,389			\$ 664,797	9						
	B. Non-Facility Related*																		
10	Insurance interest		x	Medical malpractice							1,915	10							
11	Waterford LP revenue		x	Replacement reserve interest							(899)	11							
12	Interest income of LLC		x	Patient interest income							(9,342)	12							
13												13							
14	TOTAL Non-Facility Related							\$	\$			\$ (8,326)	14						
15	TOTALS (line 9+line14)							\$ 19,507,560	\$ 16,054,389			\$ 656,471	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 60,709 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.		\$	56,580	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.)		\$	63,147	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	6,567	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	65,100	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.		\$	71,667	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	4250
		Total Real Estate Tax Expense, Sch V, Line 33		\$	75,917
Real Estate Tax Bill for Calendar Year:					
2007	76,324	8			
2008	91,489	9			
2009	105,205	10			
2010	91,499	11			
2011	105,245	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 of Waterford, LLC

COUNTY
Kane

FACILITY IDPH LICENSE NUMBER
004-2036

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	\$ 3,472.00
2. See attached (Supplement)	Related party-FEC II, Inc.	\$ 37,853.00	\$ 778.00
3. 15-36-202-005	Nursing Home Facility	\$ 105,245.00	\$ 63,147.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 446,308.00	\$ 67,397.00

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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,206

B. General Construction Type: Exterior Brick Frame Steel

Number of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

None

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

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing facility	152,896	1994	\$ 662,733	1
2					2
3	TOTALS	152,896		\$ 662,733	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9			
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4	99			2001	\$ 11,880,012	\$ 297,000	40	\$ 171,168	\$ (125,832)	\$ 2,104,939	4	
5	Adjustment to correct to CON costs (net=6,846,713)				(5,033,299)						5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	storm/sewer-ltd p/s			2001	218,336	8,733	25	8,733		98,975	9	
10	concrete/curbs/gutters-ltd p/s			2001	21,491	1,433	15	1,433		16,240	10	
11	concrete walks-ltd p/s			2001	46,391	3,093	15	3,093		35,054	11	
12	asphalt paving-ltd p/s			2001	40,929		10			40,929	12	
13	street lighting-ltd p/s			2001	129,677	8,645	15	8,645		97,977	13	
14	wrought iron fencing-ltd p/s			2001	60,821	2,433	25	2,433		27,574	14	
15	piers-ltd p/s			2001	64,296	4,286	15	4,286		48,545	15	
16	exterior signs-ltd p/s			2001	20,853	1,738	12	1,738		19,697	16	
17	brick pavers-ltd p/s			2001	5,213		10			5,213	17	
18	waterfalls-ltd p/s			2001	53,870	2,693	20	2,693		30,521	18	
19	gate house-ltd p/s			2001	26,066	1,738	15	1,738		19,697	19	
20	retaining walls-ltd p/s			2001	19,115	956	20	956		10,834	20	
21	external roads-ltd p/s			2001	261,213		10			261,213	21	
22											22	
23	storm/sewer-ltd p/s			2003	16,853	674	25	674		6,740	23	
24	concrete/curbs/gutters-ltd p/s			2003	1,659	111	15	111		1,110	24	
25	concrete walks-ltd p/s			2003	3,581	239	15	239		2,390	25	
26	asphalt paving-ltd p/s			2003	3,159	315	10	315		3,159	26	
27	street lighting-ltd p/s			2003	10,009	667	15	667		6,670	27	
28	wrought iron fencing-ltd p/s			2003	4,695	188	25	188		1,878	28	
29	piers-ltd p/s			2003	4,963	331	15	331		3,310	29	
30	exterior signs-ltd p/s			2003	1,610	134	12	134		1,340	30	
31	brick pavers-ltd p/s			2003	402	40	10	40		400	31	
32	waterfalls-ltd p/s			2003	4,158	208	20	208		2,080	32	
33	gate house-ltd p/s			2003	2,012	134	15	134		1,340	33	
34	retaining walls-ltd p/s			2003	1,475	74	20	74		740	34	
35	external roads-ltd p/s			2003	20,163	2,016	10	2,016		20,160	35	
36											36	

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden of Waterford

0042036

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	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Mech. Projects- install exhaust,gas line, electric to steamer-corp	2002	4,254	213	20	213		2,341	37
38	Long elevator- correct elevator problem-corp	2001	882		10			882	38
39	Affcus- repair fire alarm-corp	2002	1,552		5			1,552	39
40	GT Mech- chiller repair-corp	2002	1,924		5			1,924	40
41	ISS replace nurses station	2003	1,956		5			1,956	41
42	CSI Coker-filter system (boiler)	2004	1,723	86	20	86		767	42
43	ABC-medical gas repair	2004	2,291	229	10	229		2,042	43
44	CSI Coker-filter system (boiler)	2004	2,050	103	20	103		908	44
45	ABC-sod yards/parkway/etc	2004	9,189	919	10	919		7,964	45
46	ISS/Chicago Sound-power supply call light	2004	2,084	139	15	139		1,158	46
47	Central States-Adapters/valve caps	2005	1,243	83	15	83		657	47
48	ABC [Stripe-It-Right] - Sealcoat, crackfill & stripe asphalt	2005	3,079	308	10	308		2,284	48
49	Cybor Fire Protection - Sprinkler head replacement	2005	2,900	193	15	193		1,432	49
50	ABC ISS/Chicago Sound]-8 Jeron provider 680 vent alarms	2005	3,381	225	15	225		1,651	50
51	GT Mechanical - Compressor & chiller circuit	2005	8,600	573	15	573		4,107	51
52	ABC - Replace ceiling tiles	2005	952	79	12	79		553	52
53	ABC - Emergency outlets vent	2007	4,268	213	20	213		1,278	53
54	Wtrfd Inv - Montgomery Road expansion	2006	16,186	405	40	405		2,464	54
55	ABC-[Cobra Concrete&Stripe It]-Replace walk/curb concrete with	2007	1,694	113	15	113		621	55
56	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		2,489	56
57	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		2,417	57
58	GT Mechanical-HVAC parts(bearing assembliescouplemotor)	2008	5,171	517	10	517		2,198	58
59	GT Mechanical - Replace bearing assembly/seal/motor	2009	0		5				59
60	GT Mechanical - HVAC bearing assembly seal & coupler	2009	0		5				60
61	GT Mechanical - Pump elect. (bearing assembly)	2009	0		5				61
62	Top Notch - Compressor for freezer	2010	2,464	493	5	493		1,356	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,976,215	\$ 343,636		\$ 217,804	\$ (125,832)	\$ 2,913,726	70

**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 12A, Carried Forward		\$ 7,976,215	\$ 343,636		\$ 217,804	\$ (125,832)	\$ 2,913,726	1
2	Fish tank modification and repair	2012	1,955	326	5	326		326	2
3	GT Mechanical - HVAC program repairs	2012	3,118	208	10	208		208	3
4	Elevator panels in service elevator	2012	1,998	100	10	100		100	4
5	Patio slab caulking - ABC	2012	6,596	165	10	165		165	5
6									6
7	Sprinkler system pipe leak repair	2012	2,988	299	5	299		299	7
8	GT Mechanical - fire damper replacement	2012	13,108	218	10	218		218	8
9									9
10	Adj for ABC related party profit	2012	407	10		10		10	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									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)		\$ 8,006,386	\$ 344,961		\$ 219,129	\$ (125,832)	\$ 2,915,051	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 12B, Carried Forward		\$ 8,006,386	\$ 344,961		\$ 219,129	\$ (125,832)	\$ 2,915,051	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									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,092,676	\$ 346,462		\$ 220,630	\$ (125,832)	\$ 2,993,715	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	\$777,112	\$149,572	\$81,760	\$(67,812)	various	\$455,563	71
72	Current Year Purchases	42,773	3,431	3,431		various	2,838	72
73	Fully Depreciated Assets	140,252	892	892		various	140,252	73
74								74
75	TOTALS	\$960,137	\$153,895	\$86,083	\$(67,812)		\$598,653	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	Passenger Bus	2001 Ford Eldorado	2001	\$50,888	\$	\$	\$	4	\$50,888	76
77										77
78										78
79	Related party - AMS		'98-'02	3,911					3,911	79
80	TOTALS			\$54,799	\$	\$	\$		\$54,799	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)	\$9,770,345	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$500,357	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$306,713	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(193,644)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$3,647,167	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	Therapy room remodel	\$71,501	92
93			93
94			94
95		\$71,501	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:Related party - cost is backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES☒ NO

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

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease.
-

9. Option to Buy:
- ☐ YES☒ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$13,887Description: Copy machine lease \$12,548, postage meter \$1,140, various office equipment \$199
(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	\$ #####	\$ 14,314	17
18					18
19	Auto Lease GL 6890	various	230.00	2,760	19
20					20
21	TOTAL		\$ #####	\$ 17,074	21

10. Effective dates of current rental agreement:

Beginning05/01/2001
Ending07/31/2021

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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

In the box below record the amount of income your facility received training CNAs from other facilities.

		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)	\$			

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	\$		\$ 582,485	\$		\$ 582,485	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			157,768			157,768	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			910,932			910,932	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				516,006		516,006	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>					281,905	178,619		460,524	13
14	TOTAL			\$		\$ 1,933,090	\$ 694,625		\$ 2,627,715	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 5	\$582,485.00
2.	ST	39-3	To Col 5	157,768.00
3.				
4.	PT	39-3	To Col 5	910,932.00
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			403,911.00
	Manual Input from Related Party- Forum Drugs			112,095.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	516,006.00
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		0.00

13. Col 5: Manual Input: Related Party - CPT	To Col 5	281,905.00
Other		552,109.00
Manual Input: Related Party - Prism		(41,574.00)
Manual Input: Related Party FECII - I.V.		(347,841.00)
Manual Input: Related Party FECII - Wound Care		(507.00)
Oxygen, from reclass worksheet (Pg 4A)		16,432.00

13. Col 6: Supplies Total	To Col 6	178,619.00

13. Total Line 13, Column 8		460,524.00

14. Total		2,627,715.00
		=====

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 80,829	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 75,000)	1,522,540	1,522,540	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		87,594	5
6	Prepaid Insurance		47,804	6
7	Other Prepaid Expenses	12,703	12,703	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	129,341	129,341	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,664,584	\$ 1,880,811	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		662,733	13
14	Buildings, at Historical Cost		11,880,012	14
15	Leasehold Improvements, at Historical Cost	94,381	1,175,475	15
16	Equipment, at Historical Cost	175,420	2,133,821	16
17	Accumulated Depreciation (book methods)	(171,676)	(5,551,803)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		1,023,165	21
22	Other Long-Term Assets (specify: Fin fees)		240,196	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 98,125	\$ 11,563,599	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,762,709	\$ 13,444,410	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 574,579	\$ 578,036	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	134,151	134,151	28
29	Short-Term Notes Payable		180,930	29
30	Accrued Salaries Payable	382,433	382,433	30
31	Accrued Taxes Payable (excluding real estate taxes)	72,912	72,912	31
32	Accrued Real Estate Taxes(Sch.IX-B)		65,100	32
33	Accrued Interest Payable	8,954	61,175	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	66,685	66,685	36
37	Due to affiliates	1,816,612	294,310	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,056,326	\$ 1,835,732	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	740,000	3,540,976	39
40	Mortgage Payable		12,332,483	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates	2,791,460	2,791,460	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 3,531,460	\$ 18,664,919	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,587,786	\$ 20,500,651	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,825,077)	\$ (7,056,241)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,762,709	\$ 13,444,410	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (5,755,187)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	1,490	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (5,753,697)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	928,620	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)	\$ 928,620	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)	\$ (4,825,077)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Waterford# 0042036Report 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	\$ 10,894,418	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,894,418	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	98,536	6
7	Oxygen	15,869	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 114,405	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	211	12
13	Barber and Beauty Care	2,199	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	45	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	3,000	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,455	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	9,342	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,342	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	4,824	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,824	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,028,444	30

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,653,252	31
32	Health Care	2,723,788	32
33	General Administration	2,008,891	33
	B. Capital Expense		
34	Ownership	956,648	34
	C. Ancillary Expense		
35	Special Cost Centers	2,607,207	35
36	Provider Participation Fee	150,038	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,099,824	40
41	Income before Income Taxes (line 30 minus line 40)**	928,620	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 928,620	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,208,646	44
45	Private Pay - Net Inpatient Revenue	930,823	45
46	Medicare - Net Inpatient Revenue	7,033,267	46
47	Other-(specify) <u>Hospice</u>	145,370	47
48	Other-(specify) <u>Insurance</u>	1,576,312	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,894,418	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 of Waterford # 0042036 Report Period Beginning 01/01/2012 Ending: 12/31/2012

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Record copies (g/l 4977-100-001)	997.00
Payroll (g/l 4977-100-002)	12.00
Reverse prior year expense	200.00
Gain on sale of assets (g/l 4985)	3,615
Line 28 Total:	<u>4,824</u>

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,040	2,040	\$ 105,394	\$ 51.66	1
2	Assistant Director of Nursing	560	560	26,308	46.98	2
3	Registered Nurses	37,507	39,912	1,185,051	29.69	3
4	Licensed Practical Nurses	1,229	1,254	27,075	21.59	4
5	CNAs & Orderlies	61,168	65,558	780,011	11.90	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,992	2,001	42,209	21.09	9
10	Activity Assistants	5,937	6,365	55,807	8.77	10
11	Social Service Workers	2,037	2,037	45,401	22.29	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,854	3,854	80,414	20.87	14
15	Cook Helpers/Assistants	35,590	38,575	421,698	10.93	15
16	Dishwashers					16
17	Maintenance Workers	1,365	1,365	45,620	33.42	17
18	Housekeepers	13,316	14,771	138,416	9.37	18
19	Laundry	3,164	3,420	29,444	8.61	19
20	Administrator	2,080	2,080	127,697	61.39	20
21	Assistant Administrator					21
22	Other Administrative	7,928	8,082	219,047	27.10	22
23	Office Manager	2,080	2,080	32,004	15.39	23
24	Clerical	2,799	2,872	25,050	8.72	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,008	2,205	71,910	32.61	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Director	2,800	2,940	48,624	16.54	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	189,454	201,971	\$ 3,507,180 *	\$ 17.36	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	1,900/monthly	\$ 22,800	1-3	35
36	Medical Director	3,000/monthly	36,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	198/monthly	2,376	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	2,425/monthly	29,104	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 90,280		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

0042036

Report Period Beginning:

01/01/2012

Page 21

Ending: 12/31/2012

Facility Name & ID Number

Alden of Waterford

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Nora O' Gorman	Administrator	0	\$ 127,697
		0	
		0	
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 127,697

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	\$ 547,044
AMS (Eliminated)	Allocated Legal Fees	37,812
Jackson Lewis LLP	Legal Fees: Non-Collections	416
Kenneth Fisch	Legal Fees: Collections	13,790
Linda Roberts	Food service audit	1,006
First Advantage	Tax Consultant	371
Bank Leumi	Loan document revision	7,134
Virchow Krause/A. Daley	Accounting/Audit Fees	11,252
KPMG	Accounting Fees	108
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 618,933

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 124,513
Unemployment Compensation Insurance	80,678
FICA Taxes	246,472
Employee Health Insurance	58,519
Employee Meals	26,675
Illinois Municipal Retirement Fund (IMRF)*	
Union, Health & Welfare	87,337
Dental, Life ins, relations, msc payroll	3,782
Pension	27,223
Employee Drug Tests	2,816
401k match	1,819
Employee vaccinations	3,438
Mktg mgr benefit deduction	(13,611)
TOTAL (agree to Schedule V, line 22, col.8)	\$ 649,661

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

Description	Line #	Amount
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	263
Health Care Worker Background Check (Indicate # of checks performed 9)	250
Patient Background Checks	314 3,140
IL Health Care Assoc.	3,826
Collaborative Healthcare dues	405
Surety Bond Fees	225
Sun-Times subscription	438
Related party-AMS	1,479
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 10,026

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related party-AMS	511
Seminar Expense	
Illinois Council on LT Care	210
IL HealthCare Assoc. convention	840
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 1,561

* 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			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
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 \$3,826

(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.

\$ 26,790

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.

\$ 150,038

This amount is to be recorded on line 42 of Schedule V.

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.
- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 26,675

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.