

		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: <u>0038000</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Alden Town Manor Rehab & Health Care Center</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2012</u> to <u>12/31/2012</u> 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.																							
Address: <u>6120 West Ogden</u> <u>Cicero</u> <u>60804</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(708) 863 - 0500</u> Fax # <u>(708) 863 - 4893</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Joan Carl</u></td></tr><tr><td>(Title) <u>Vice-President</u></td></tr><tr><td>(Date) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Signed) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td>(Telephone) <u>()</u> Fax # <u>()</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Joan Carl</u>	(Title) <u>Vice-President</u>	(Date) _____	Paid Preparer	(Signed) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>()</u> Fax # <u>()</u>												
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	(Type or Print Name) <u>Joan Carl</u>																								
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	(Date) _____																								
Paid Preparer	(Signed) _____																								
	(Print Name and Title) _____																								
	(Firm Name & Address) _____																								
	(Telephone) <u>()</u> Fax # <u>()</u>																								
Date of Initial License for Current Owners: <u>09/16/92</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY,NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☒ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td>☐ Trust</td><td>_____</td></tr><tr><td></td><td>☐ Other</td><td>_____</td></tr></table>		☐ VOLUNTARY,NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☒ Corporation	☐ Other _____		☐ "Sub-S" Corp.	_____		☐ Limited Liability Co.	_____		☐ Trust	_____		☐ Other	_____
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	☐ Limited Liability Co.	_____																							
	☐ Trust	_____																							
	☐ Other	_____																							
In the event there are further questions about this report, please contact:		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																							
Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u>																									
Email Address: _____																									

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center# 0038000 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>237</u>	Skilled (SNF)	<u>237</u>	<u>86,742</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>237</u>	TOTALS	<u>237</u>	<u>86,742</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>5,374</u>	<u>1,660</u>	<u>6,625</u>	<u>13,659</u>	8
9	SNF/PED					9
10	ICF	<u>50,586</u>	<u>2,942</u>	<u>1,928</u>	<u>55,456</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>55,960</u>	<u>4,602</u>	<u>8,553</u>	<u>69,115</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 79.68%

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 06/15/93

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

YES ☒Date 06/01/92NO ☐

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

YES ☒NO ☐If YES, enter number
of beds certified 237 and days of care provided 6,039Medicare 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.

	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	461,613	59,398	22,800	543,811	1,989	545,800	(2,511)	543,289		1
2	Food Purchase		634,139		634,139	(49,426)	584,713	(97,148)	487,565		2
3	Housekeeping	289,985	60,194		350,179	2,296	352,475	(9,087)	343,388		3
4	Laundry	114,960	33,835	311	149,106	224	149,330		149,330		4
5	Heat and Other Utilities			312,488	312,488		312,488	(15,173)	297,315		5
6	Maintenance	52,711		321,059	373,770	57	373,827	46,378	420,205		6
7	Other (specify):* related party/security			75	75		75	11,108	11,183		7
8	TOTAL General Services	919,269	787,566	656,733	2,363,568	(44,860)	2,318,708	(66,433)	2,252,275		8
	B. Health Care and Programs										
9	Medical Director			26,400	26,400		26,400		26,400		9
10	Nursing and Medical Records	3,883,720	352,681	17,755	4,254,156	(3,498)	4,250,658	88,752	4,339,410		10
10a	Therapy	141,794	3,501	15,688	160,983		160,983		160,983		10a
11	Activities	128,382	6,873	3,108	138,363	135	138,498		138,498		11
12	Social Services	63,730			63,730		63,730		63,730		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,107	8,107		15
16	TOTAL Health Care and Programs	4,217,626	363,055	62,951	4,643,632	(3,363)	4,640,269	96,859	4,737,128		16
	C. General Administration										
17	Administrative	177,673			177,673		177,673	264,623	442,296		17
18	Directors Fees										18
19	Professional Services			1,083,788	1,083,788	(17,772)	1,066,016	(979,306)	86,710		19
20	Dues, Fees, Subscriptions & Promotions			87,998	87,998		87,998	(69,610)	18,388		20
21	Clerical & General Office Expenses	157,157	35,129	150,491	342,777	777	343,554	410,759	754,313		21
22	Employee Benefits & Payroll Taxes			1,069,540	1,069,540	26,838	1,096,378		1,096,378		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,206	2,206		2,206	1,219	3,425		24
25	Other Admin. Staff Transportation			7,120	7,120		7,120	22,514	29,634		25
26	Insurance-Prop.Liab.Malpractice			262,256	262,256		262,256	14,464	276,720		26
27	Other (specify):* related party			277,550	277,550		277,550	(200,078)	77,472		27
28	TOTAL General Administration	334,830	35,129	2,940,949	3,310,908	9,843	3,320,751	(535,415)	2,785,336		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,471,725	1,185,750	3,660,633	10,318,108	(38,380)	10,279,728	(504,989)	9,774,739		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			84,318	84,318		84,318	383,514	467,832			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			335,307	335,307		335,307	353,588	688,895			32
33	Real Estate Taxes							789,716	789,716			33
34	Rent-Facility & Grounds			1,570,775	1,570,775		1,570,775	(1,570,775)				34
35	Rent-Equipment & Vehicles			34,251	34,251		34,251	68,053	102,304			35
36	Other (specify):* M.I.P.							58,321	58,321			36
37	TOTAL Ownership			2,024,651	2,024,651		2,024,651	82,417	2,107,068			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		557,121	805,633	1,362,754	38,380	1,401,134	(162,529)	1,238,605			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			508,504	508,504		508,504		508,504			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		557,121	1,314,137	1,871,258	38,380	1,909,638	(162,529)	1,747,109			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,471,725	1,742,871	6,999,421	14,214,017		14,214,017	(585,101)	13,628,916			45

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

Alden Town Manor Rehab & Health Care Center
Report Period Beginning: 01/01/2012
Report Period Ending: 12/31/2012

IDPH Facility No. 0038000

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(49,426.00)	Employee Meals
	22	49,426.00	Employee Meals
22		(22,588.00)	Uniforms
	1	1,989.00	Uniforms
	3	2,296.00	Uniforms
	4	224.00	Uniforms
	6	57.00	Uniforms
	10	17,110.00	Uniforms
	11	135.00	Uniforms
	21	777.00	Uniforms
10		(38,380.00)	Oxygen - to appropriate cost center
	39	38,380.00	Oxygen - to appropriate cost center
19		(17,772.00)	Clinical Coordinators (Pathway Billing)
	10	17,772.00	Clinical Coordinators (Pathway Billing)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(10,827)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(906)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,222)	2		13
14	Non-Care Related Interest	(79,986)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(28,430)	21		17
18	Fines and Penalties	(30,858)	32		18
19	Entertainment	(1,177)	20		19
20	Contributions	(17,935)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(31,039)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(277,550)	27		24
25	Fund Raising, Advertising and Promotional	(11,033)	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)	\$ (491,963)		\$	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)	179,466	Various	34
35	Other- Attach Schedule	(272,604)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (93,138)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (585,101)		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 Town Manor Rehab & Health Care Center

ID# 0038000

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 <\$2,500 - TM	\$ (6,336)	30	1
2	Elim Deprec Exp on Pg 12 <\$2,500 - Cicero	(23,020)	30	2
3	Expense capital items Pg 12 <\$2,500 - curr yr purchs	5,735	6	3
4	Expense capital items Pg 13 <\$2,500 - curr yr purchs	51,191	6	4
5	Expense capital items Pg 13 <\$2,500 - Related Party	158	6	5
6	adj for ABC related party profits - Pg 12	(27)	30	6
7	adj for ABC related party profits - Pg 12	2	30	7
8	adj for ABC related party profits - Pg 12	12	30	8
9	adjustment om depreciation expense	(476)	30	9
10				10
11	Late Fees on Utilities	(4,540)	5	11
12				12
13	Intercompany Interests	(220,479)	32	13
14	adj prior year's tax refund - 2009 Spec Obje Refund	50,330	33	14
15	back out IHCA PAC Fees for 2012	(3,643)	20	15
16	Eliminate Housekeeping - Hospice Portion 2012	(16,876)	3	16
17	Eliminate Utilities - Hospice Portion 2012	(15,060)	5	17
18	Eliminate Maintenance - Hospice Portion 2012	(18,013)	6	18
19	Eliminate Real Estate Tax - Hospice Portion 2012	(35,768)	33	19
20	Eliminate Depreciation - Hospice Portion 2012	(39)	30	20
21	Eliminate Interest - Hospice Portion 2012	(25,138)	32	21
22	back out Legal Fees - Group Midcap charge	(1,972)	19	22
23	back out Accounting Fees - Group Midcap charge	(3,086)	19	23
24	Miscellaneous Income - Medical records	(199)	10	24
25	Miscellaneous Income - Food Rebate	(5,171)	2	25
26	Miscellaneous Income - Jury Duty	(189)	21	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	(272,604)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center # 0038000 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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	6,967	(9,478)	0	0	0	0	0	0	0	(2,511)	1
2	Food Purchase	(7,393)	0	0	(89,755)	0	0	0	0	0	0	0	(97,148)	2
3	Housekeeping	(16,876)	0	7,789	0	0	0	0	0	0	0	0	(9,087)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(19,600)	0	4,427	0	0	0	0	0	0	0	0	(15,173)	5
6	Maintenance	28,244	9,695	6,005	0	0	0	2,434	0	0	0	0	46,378	6
7	Other (specify):*	0	0	8,651	2,457	0	0	0	0	0	0	0	11,108	7
8	TOTAL General Services	(15,625)	9,695	33,839	(96,776)	0	0	2,434	0	0	0	0	(66,433)	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	(199)	0	83,667	84	5,200	0	0	0	0	0	0	88,752	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	8,107	0	0	0	0	0	0	0	0	8,107	15
16	TOTAL Health Care and Programs	(199)	0	91,774	84	5,200	0	0	0	0	0	0	96,859	16
	C. General Administration													
17	Administrative	0	0	264,623	0	0	0	0	0	0	0	0	264,623	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(36,097)	6,063	(949,272)	0	0	0	0	0	0	0	0	(979,306)	19
20	Fees, Subscriptions & Promotions	(33,788)	0	(35,822)	0	0	0	0	0	0	0	0	(69,610)	20
21	Clerical & General Office Expenses	(28,619)	334	352,665	44,263	42,116	0	0	0	0	0	0	410,759	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,219	0	0	0	0	0	0	0	0	1,219	24
25	Other Admin. Staff Transportation	0	0	22,514	0	0	0	0	0	0	0	0	22,514	25
26	Insurance-Prop.Liab.Malpractice	0	14,124	340	0	0	0	0	0	0	0	0	14,464	26
27	Other (specify):*	(277,550)	0	69,411	5,043	3,018	0	0	0	0	0	0	(200,078)	27
28	TOTAL General Administration	(376,054)	20,521	(274,322)	49,306	45,134	0	0	0	0	0	0	(535,415)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(391,878)	30,216	(148,709)	(47,386)	50,334	0	2,434	0	0	0	0	(504,989)	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	(29,884)	390,403	22,995	0	0	0	0	0	0	0	0	383,514	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(357,367)	531,941	178,730	0	284	0	0	0	0	0	0	353,588	32
33	Real Estate Taxes	14,562	742,196	32,543	0	415	0	0	0	0	0	0	789,716	33
34	Rent-Facility & Grounds	0	(1,570,775)	0	0	0	0	0	0	0	0	0	(1,570,775)	34
35	Rent-Equipment & Vehicles	0	0	68,053	0	0	0	0	0	0	0	0	68,053	35
36	Other (specify):*	0	58,321	0	0	0	0	0	0	0	0	0	58,321	36
37	TOTAL Ownership	(372,689)	152,086	302,321	0	699	0	0	0	0	0	0	82,417	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	(62,396)	(57,147)	(42,986)	0	0	0	0	0	(162,529)	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	(62,396)	(57,147)	(42,986)	0	0	0	0	0	(162,529)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(764,567)	182,302	153,612	(109,782)	(6,114)	(42,986)	2,434	0	0	0	0	(585,101)	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 Income	\$ 1,570,775	Town Manor Associates - LLC		\$	\$ (1,570,775)	1
2	V	32	Investment Income - RR	587	Town Manor Associates - LLC			(587)	2
3	V	19	Accounting/Professional Fees		Town Manor Associates - LLC		6,063	6,063	3
4	V	33	Real Estate Tax		Town Manor Associates - LLC		742,196	742,196	4
5	V	26	Property & Liability Insurance		Town Manor Associates - LLC		14,124	14,124	5
6	V	32	Interest on Mortgage		Town Manor Associates - LLC		521,608	521,608	6
7	V	32	Interest on Operating Loss Loan		Town Manor Associates - LLC				7
8	V	30	Depreciation		Town Manor Associates - LLC		390,403	390,403	8
9	V	32	Amortization		Town Manor Associates - LLC		10,920	10,920	9
10	V	36	Mortgage Insurance Premium		Town Manor Associates - LLC		58,321	58,321	10
11	V	21	Misc Administrative Expenses		Town Manor Associates - LLC		334	334	11
12	V	32	Loan Repayment Fee		Town Manor Associates - LLC				12
13	V	6	Repairs and Maintenance		Town Manor Associates - LLC		9,695	9,695	13
14	Total			\$ 1,571,362			\$ 1,753,664	\$ * 182,302	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,427	\$ 4,427	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		1,219	1,219	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		22,514	22,514	17
18	V	26	Insurance		Alden Management Services, Inc.		340	340	18
19	V	20	Dues and Subscription	39,348	Alden Management Services, Inc.		3,526	(35,822)	19
20	V	30	Depreciation		Alden Management Services, Inc.		22,995	22,995	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		32,543	32,543	21
22	V	35	Rent - Equipment and Vehicle		Alden Management Services, Inc.		68,053	68,053	22
23	V	32	Interest		Alden Management Services, Inc.		178,730	178,730	23
24	V	1	Dietary		Alden Management Services, Inc.		6,967	6,967	24
25	V	3	Housekeeping		Alden Management Services, Inc.		7,789	7,789	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		8,651	8,651	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		83,667	83,667	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		8,107	8,107	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		264,623	264,623	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		69,411	69,411	30
31	V	19	Professional Fees	1,001,811	Alden Management Services, Inc.		52,539	(949,272)	31
32	V	21	General and Administrative		Alden Management Services, Inc.		352,665	352,665	32
33	V	6	Repairs and Maintenance	69,230	Alden Management Services, Inc.		75,235	6,005	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,110,389			\$ 1,264,001	\$ * 153,612	39

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

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Diet Consultant	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1	Diet Salary		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2	Tube Feeding	145,863	Prism Health Care Sevices, Inc.		56,108	(89,755)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Ancillary Supplies	121,896	Prism Health Care Sevices, Inc.		59,500	(62,396)	19
20	V	21	Salary - G & A		Prism Health Care Sevices, Inc.		30,772	30,772	20
21	V	27	Employee Benefit		Prism Health Care Sevices, Inc.		5,043	5,043	21
22	V	7	Employee Benefit		Prism Health Care Sevices, Inc.		2,457	2,457	22
23	V	21	General & Administrative		Prism Health Care Sevices, Inc.		13,491	13,491	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			\$ 297,219			\$ 187,437	\$ * (109,782)	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	\$ 251,919	Forum Extended Care Services II, Inc.	0.00%	\$ 321,832	\$ 69,913	15
16	V	39	IV	138,701	Forum Extended Care Services II, Inc.		17,227	(121,474)	16
17	V	39	Wound Care	27,160	Forum Extended Care Services II, Inc.		21,574	(5,586)	17
18	V	10	House Stock	16,663	Forum Extended Care Services II, Inc.		15,413	(1,250)	18
19	V	10	Pharmacy Consultant	6,438	Forum Extended Care Services II, Inc.		12,888	6,450	19
20	V	27	Employee Vaccination	1,274	Forum Extended Care Services II, Inc.		1,012	(262)	20
21	V	27	Employee Benefit - G & A		Forum Extended Care Services II, Inc.		3,280	3,280	21
22	V	21	Salary - G & A		Forum Extended Care Services II, Inc.		23,959	23,959	22
23	V	21	General and Administrative		Forum Extended Care Services II, Inc.		18,157	18,157	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		284	284	24
25	V	33	Real Estate Taxes		Forum Extended Care Services II, Inc.		415	415	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			\$ 442,155			\$ 436,041	\$ * (6,114)	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	\$ 793,922	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 750,936	\$ (42,986)	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			\$ 793,922			\$ 750,936	\$ * (42,986)	39

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

Facility Name & ID Number	Alden Town Manor Rehab & Health Care Center	#	0038000	Report Period Beginning:	01/01/2012	Ending:	12/31/2012
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VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	\$ 39,412	Alden Bennett Construction Company, Inc.	0.00%	\$ 41,846	\$ 2,434	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			\$ 39,412			\$ 41,846	\$ * 2,434	39

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

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center # 0038000 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 Town Manor Rehab & Health Care C # 0038000 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,459	2.064	5.16	Salary	\$ 9,541	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,100	2.064	5.16	Salary	3,540	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,482	2.064	5.16	Salary	2,038	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	\$ 15,119		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 Town Manor Rehab & Health Care Center # 0038000 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

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

Name of Related Organization Alden Management Services, Inc.
Street Address 4200 W. Peterson
City / State / Zip Code Chicago, IL 60646
Phone Number (773-286-3883
Fax Number (773-286-8038

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	1,340,098	35	\$ 85,836	\$	69,115	\$ 4,427	1
2	24	Travel/Seminar	Patient days	1,340,098	35	23,644		69,115	1,219	2
3	25	Other Admin Travel	Patient days	1,340,098	35	436,530		69,115	22,514	3
4	26	Insurance	Patient days	1,340,098	35	6,589		69,115	340	4
5	20	Dues/Subscriptions	Patient days	1,340,098	35	68,371		69,115	3,526	5
6	30	Depreciation	No. of Providers	35	35	340,112		1	22,995	6
7	33	Real Estate Tax	Patient days	1,340,098	35	184,769		69,115	32,543	7
8	35	Rent-Equip & Vehicles	Patient days	1,340,098	35	1,319,497		69,115	68,053	8
9	32	Interest	Patient days	1,340,098	35	2,398,912		69,115	178,730	9
10	1	Diet. Salary	Patient days	1,340,098	35	135,080	135,080	69,115	6,967	10
11	3	Housekeeping Salary	Patient days	1,340,098	35	151,028	151,028	69,115	7,789	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,340,098	35	167,731		69,115	8,651	12
13	10	Nurs & Med Record Salary	Patient days	1,340,098	35	1,186,643	1,186,643	69,115	83,667	13
14	15	Employee Benefits-Health Care	Patient days	1,340,098	35	157,190		69,115	8,107	14
15	17	Administrative Salary	Patient days	1,340,098	35	3,283,025	3,283,025	69,115	264,623	15
16	27	Employee Benefits-Adminstr.	Patient days	1,340,098	35	1,345,837		69,115	69,411	16
17	19	Professional Fees	Patient days	1,340,098	35	1,018,709	751,716	69,115	52,539	17
18	21	Gen'l & Administrative	Patient days	1,340,098	35	6,837,958	6,125,097	69,115	352,665	18
19	6	Repairs & Maniten.	Patient days	1,340,098	35	1,458,765	980,107	69,115	75,235	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 1,264,001	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 (GL 7055)		X	Mortgage	\$57,636.00	02/2011	\$ 12,722,300	\$ 12,430,343	03/2046	4.1700	\$ 521,608	1	
2	Interest - Hospice Portion										(25,138)	2	
3												3	
4												4	
5	Medical Malpractice Insurance		x								3,985	5	
	Working Capital												
6	Related party-AMS		X	Working Capital							178,730	6	
7	Related party-FECII		X	Working Capital							284	7	
8	Cap Lease Oblig (LLC) GL 7105		X	Capital Lease							10,920	8	
9	TOTAL Facility Related				\$57,636.00		\$ 12,722,300	\$ 12,430,343			\$ 690,389	9	
	B. Non-Facility Related*												
10	Interest Inc - Repl Reserve (GL 4972)										(587)	10	
11	Interest Income (GL 4646/4975 - Inc)										(907)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (1,494)	14	
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 12,430,343			\$ 688,895	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 58,321 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.		\$	731,113	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.)		\$	785,126	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	54,013	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	702,745	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.		\$	756,758	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	32958
		Total Real Estate Tax Expense, Sch V, Line 33		\$	789,716
Real Estate Tax Bill for Calendar Year:		2007	805,675	8	
		2008	790,847	9	
		2009	764,588	10	
		2010	777,983	11	
		2011	785,126	12	
the current year accrual is based on an estimated 3% increase of the prior year tax					
789,716					

		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 - Town Manor Rehabilitation and Health Care Center, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 003-3800

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)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	<u>\$ 303,210.00</u>	<u>\$ 32,543.00</u>
2.	<u>See attached (Supplement)</u>	<u>Related party-Forum Ext. Care II</u>	<u>\$ 37,853.00</u>	<u>\$ 415.00</u>
3.	<u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 2,929.66</u>	<u>\$ 2,929.66</u>
4.	<u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 2,929.66</u>	<u>\$ 2,929.66</u>
5.	<u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 65,703.85</u>	<u>\$ 65,703.85</u>
6.	<u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 91,401.99</u>	<u>\$ 91,401.99</u>
7.	<u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 335,196.97</u>	<u>\$ 335,196.97</u>
8.	<u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 149,432.40</u>	<u>\$ 149,432.40</u>
9.	<u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 62,736.00</u>	<u>\$ 62,736.00</u>
10.	<u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 62,736.00</u>	<u>\$ 62,736.00</u>
		TOTALS	<u>\$ 1,114,129.53</u>	<u>\$ 806,024.53</u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 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.**

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

FACILITY NAME	<u>Alden Town Manor Rehab & Health Care Center</u>	COUNTY	<u>Cook</u>
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FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-8038

Enter the tax index number and real estate tax assessed for 2000 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 2000.

HFS 3745 (N-4-99)

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195

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	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	3

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center

0038000

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	249		1992	1992	9,104,204	289,022	30	303,473	14,451	6,052,007	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Window glass repair			1992	1,600		10			1,600	9
10	CSI - boiler repair			1994	3,268		3			3,268	10
11	Tower cleaners - drapery			1995	1,557		5			1,557	11
12	Bartlett heating -pipe insulation			1995	3,700		15			3,700	12
13	CSI - a/c repair			1995	4,093		10			4,093	13
14	CSI - a/c repair			1995	4,027		10			4,027	14
15	CSI - pipe insulation			1995	1,981		15			1,981	15
16	CSI - chiller HVAC			1996	6,042		10			6,042	16
17	The floor source - carpet installation			1996	5,345		10			5,345	17
18	Ward door specialist, Inc. - metal door			1996	1,385		15			1,385	18
19	Shalom landscaping - planting			1996	8,000		10			8,000	19
20	The floor source - carpet installation			1996	6,049		10			6,049	20
21	Bartlett heating -pipe insulation			1996	18,526		15			18,526	21
22	Over charged by Bartlett			1996	(10,500)					(10,500)	22
23	Alden Bennett const. - heating, vent , a/c			1996	69,300	3,465	20	3,465		56,884	23
24	Alden Bennett construction - sanitary sewer lift station			1996	23,921	1,196	20	1,196		19,635	24
25	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor			1996	10,931	547	20	547		9,019	25
26	Misco shawnee, Inc. - tile			1996	9,232	462	20	462		7,579	26
27	Misco shawnee, Inc. - tile			1996	9,020	451	20	451		7,404	27
28	General parts - repair dishwasher			1997	2,139		5			2,139	28
29	System Electric - 120 volt circuit installed and replaced			1997	2,085		5			2,085	29
30	Climate - freeon into a/c			1997	6,221		5			6,221	30
31	Long elevator - install new eyes on elevator door			1997	3,180		5			3,180	31
32	A&B cable - outlets installation			1997	11,520		5			11,520	32
33	Arrigo enterprises, Inc. - corridor renovation			1997	24,366	1,218	20	1,218		19,693	33
34	ABC - hvac repairs			1998	39,300	1,965	20	1,965		28,984	34
35	ABC - sanitary sewer lift station			1998	1,259	63	20	63		929	35
36	Coit drapery			1998	12,976		5			12,976	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 Town Manor Rehab & Health Care Center

0038000

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	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$	10	\$	\$	\$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071	138	15	138		1,944	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		1,710	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		1,524	46
47	Climater service - repair roooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		4,579	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343	223	15	223		2,805	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		1,464	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		925	60
61	Patten (water pump)	2001	2,325	116	20	116		1,383	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		1,623	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		2,858	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,050	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784	66	10	66		3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 300,196		\$ 314,647	\$ 14,451	\$ 6,421,281	70

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

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center

0038000

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	
1	Totals from Page 12A, Carried Forward		\$ 9,518,731	\$ 300,196		\$ 314,647	\$ 14,451	\$ 6,421,281	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		1,587	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various are	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844	169	10	169		2,844	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803	180	10	180		1,756	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		933	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	496	10	496		4,878	17
18	Thybonny Wallcoverings (Design works)	2003	2,098	210	10	210		1,995	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220	2,522	10	2,522		22,278	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709	271	10	271		2,191	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		4,377	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		2,886	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		1,552	33
34	TOTAL (lines 1 thru 33)		\$ 9,631,392	\$ 305,314		\$ 319,765	\$ 14,451	\$ 6,522,031	34

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

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center

0038000

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	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		\$ 9,631,392	\$ 305,314		\$ 319,765	\$ 14,451	\$ 6,522,031	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewar	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		2,325	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		4,161	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		11,453	17
18	ABC - exhaust fan	2006	5,662	566	10	566		3,538	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880	588	10	588		3,577	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072	762	5	762		5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613	361	10	361		2,136	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592	641	5	641		9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	457	10	457		2,552	25
26	ABC - New HVAC motor	2007	3,188	424	5	424		3,188	26
27	ABC - new ceiling tiles	2007	4,289	714	5	714		4,289	27
28	ABC - new plumbing faucet	2007	6,344	1,057	5	1,057		6,344	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$ 313,511		\$ 327,962	\$ 14,451	\$ 6,651,395	34

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

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center

0038000

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	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		\$ 9,778,511	\$ 313,511		\$ 327,962	\$ 14,451	\$ 6,651,395	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	forward 6 items below to 2013 Cost Report								26
27	TM - Parking Lot	1/1/1994	334,637	13,385	25	13,385		254,323	27
28	Adjust for ABC Related Party Profit	2008	(111)	(16)		(16)		(52)	28
29	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(18)	29
30	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(20)	30
31	Adjust for ABC Related Party Profit	2011	294	2		2		3	31
32	Adjust for ABC Related Party Profit	2012	1,362	12		12		12	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,200,688	\$ 328,384		\$ 342,835	\$ 14,451	\$ 6,984,307	34

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

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center

0038000

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,200,688	\$ 328,384		\$ 342,835	\$ 14,451	\$ 6,984,307	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		672	2
3	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		5,871	3
4	ABC - new tiles	2008	4,802	480	10	480		2,200	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		2,331	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		1,928	6
7	ABC - replaced patio door	2009	2,852	285	10	285		1,045	7
8	ABC - receiving door	2009	6,451	645	10	645		2,365	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(22,120)	(2,212)		(2,212)		(2,212)	10
11									11
12	ABC - Asphalt	2010	12,834	1,604	8	1,604		2,005	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)	(589)		(589)		(939)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)	(2)		(2)		(2)	14
15									15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		560	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		1,221	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		602	18
19	ABC - damaged hardware repair	2011	2,989	598	5	598		1,146	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		721	20
21	ABC - thermal units/lights repairs	2011	6,624	1,325	5	1,325		2,429	21
22	GT Mechanical - laundry room repair	2011	8,341	1,668	5	1,668		2,919	22
23	ABC - plumbing repairs	2011	5,800	1,160	5	1,160		1,837	23
24	TopNotch - motor assembly	2011	2,600	520	5	520		693	24
25	ABC - handrail for the patio	2011	7,740	1,548	5	1,548		1,935	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		3,389	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100	620	5	620		827	27
28	Oak Fire - fire security master switchboard	2012	2,950	197	10	197		197	28
29	ABC - sprinkler system fire protection	2012	5,585	130	25	130		130	29
30	ABC - boiler repair	2012	16,491	69	20	69		69	30
31	GT Mechanical - laundry room damper repair	2012	7,273	121	10	121		121	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	296	10	296		296	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,364,478	\$ 344,337		\$ 358,788	\$ 14,451	\$ 7,018,663	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	\$1,181,808	\$97,619	\$97,619	\$	various	\$481,036	71
72	Current Year Purchases	154,727	10,521	10,521		various	10,419	72
73	Fully Depreciated Assets	1,254,571	904	904		various	1,254,571	73
74								74
75	TOTALS	\$2,591,106	\$109,044	\$109,044	\$		\$1,746,026	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related Party - AMS	various	98-02	3,911				3	3,911	79
80	TOTALS			\$3,911	\$	\$	\$		\$3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$14,096,755	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$453,381	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$467,832	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$8,768,600	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93	Building Improvement	5,331	93
94			94
95		\$5,331	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

10. Effective dates of current rental agreement:

Beginning02/23/11
Ending12/31/21

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

Fiscal Year EndingAnnual Rent

- 12.12/31/13\$varies
- 13.12/31/14\$varies
- 14.12/31/15\$varies

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

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

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

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$28,384Description:copy machine lease GL 6861, office equipment lease GL 6859
(Attach a schedule detailing the breakdown of movable equipment)
- ☒ YES☐ NO

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party-Pg 6A	various	\$#####	\$34,131	17
18					18
19	Auto Lease GL 6890	various	#####	800	19
20					20
21	TOTAL		\$#####	\$34,931	21

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES
☒ NO

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

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
COMMUNITY COLLEGE☐
HOURS PER CNA_____

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☐
IN OTHER FACILITY☐
HOURS PER CNA_____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 307,495	\$		\$ 307,495	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			34,362			34,362	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			453,008			453,008	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				321,832		321,832	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1,39-3								12
13	Other (specify): See Pg 16A					(42,987)	164,895		121,908	13
14	TOTAL			\$		\$ 751,878	\$ 486,727		\$ 1,238,605	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

					Page 16
					Col 5: PT,OT, & ST
					Col 6: Supplies
	XIV. Special Services (Direct Cost)				

Line	Service	Col. 1:	Ref. No.	To Pg 16: Col. No.	
1.	OT		39-3	To Col 5	307,495.00
2.	ST		39-3	To Col 5	34,362.00
3.					
4.	PT		39-3	To Col 5	453,008.00
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL				251,919.00
	Manual Input from Related Party- Forum Drugs				69,913.00
					- - - - -
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6	321,832.00
					- - - - -
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3	-
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6	-
					- - - - -
	Total Exceptional Care (Line 12, Col 8)				-
					- - - - -
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT			To Col 5	(42,987.00)
	Other				315,970.00
	HFS 3745 (N-4-99)				

Manual Input: Related Party - Prism		(62,396.00)
Manual Input: Related Party FECII - I.V.		(121,474.00)
Manual Input: Related Party FECII - Wound Care		(5,585.00)
Oxygen, from reclass worksheet (Pg 4A)		38,380.00
		- - - - -
13. Col 6: Supplies Total	To Col 6	164,895.00
		- - - - -
13. Total Line 13, Column 8		121,908.00
		- - - - -
14. Total		1,238,605.00
		= = = = =

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	\$ 1,991,654	\$ 2,064,433	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (210,000))	3,548,262	3,548,262	3
4	Supply Inventory (priced at)	21,486	21,486	4
5	Short-Term Investments			5
6	Prepaid Insurance		29,121	6
7	Other Prepaid Expenses	3,359	3,359	7
8	Accounts Receivable (owners or related parties)		8,046	8
9	Other(specify): Due from 3rd parties/Escrows	133,522	507,871	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 5,698,283	\$ 6,182,578	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	233,583	233,583	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	839,960	876,966	15
16	Equipment, at Historical Cost	738,804	2,517,186	16
17	Accumulated Depreciation (book methods)	(1,170,034)	(8,352,663)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		678,394	21
22	Other Long-Term Assets (specify: Refi Fee, CIP Bldg Improvements)		225,576	22
23	Other(specify): Due from affiliates			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 642,313	\$ 6,420,506	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,340,596	\$ 12,603,084	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 680,837	\$ 685,182	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	267,238	267,238	28
29	Short-Term Notes Payable		176,634	29
30	Accrued Salaries Payable	492,450	492,450	30
31	Accrued Taxes Payable (excluding real estate taxes)	95,762	95,762	31
32	Accrued Real Estate Taxes(Sch.IX-B)		808,700	32
33	Accrued Interest Payable		43,195	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	357,937	357,937	36
37	Due to affiliates	1,537,670	1,537,670	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,431,894	\$ 4,464,768	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		12,253,710	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates	7,847,300	6,590,426	43
44	S holder loans, others	1,378,592	1,378,592	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 9,225,892	\$ 20,222,728	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,657,786	\$ 24,687,496	46
47	TOTAL EQUITY(page 18, line 24)	\$ (6,317,190)	\$ (12,084,402)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,340,596	\$ 12,603,094	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,769,458)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	518,266	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,251,192)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(65,998)	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)	\$ (65,998)	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)	\$ (6,317,190)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Town Manor Rehab & Health Care Center # 0038000 Report Period Beginning: 01/01/2012 Ending: 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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,692,649	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,692,649	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	202,375	6
7	Oxygen	48,468	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 250,843	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	198	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,411	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,609	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	906	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 906	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Gain on Sale of Assets/Miscellaneous	16,712	28
28a	Rental Income - FHH (Non Operating Revenue)	185,300	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 202,012	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,148,019	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,363,568	31
32	Health Care	4,643,632	32
33	General Administration	3,310,908	33
	B. Capital Expense		
34	Ownership	2,024,651	34
	C. Ancillary Expense		
35	Special Cost Centers	1,362,754	35
36	Provider Participation Fee	508,504	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,214,017	40
41	Income before Income Taxes (line 30 minus line 40)**	(65,998)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (65,998)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Medicaid</u>	8,977,999	47
48	Other-(specify) <u>Medicare/Private/Hospice/Insurance</u>	4,714,650	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,692,649	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 Town Manor Rehab & Health Care Center# 0038000Report Period Beginning 01/01/2012 Ending: _____

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Medical Records	\$ 199
Food Vendor rebate	\$ 5,171
Jury Duty/Miscellaneous	\$ 189
Write-off of old AP	\$ 1,160
Gain on Sale of Assets	\$ 9,993

Line 28 Total:	<u>16,712</u>
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Facility Name & ID Number Alden Town Manor Rehab & Health Care Center# 0038000Report Period Beginning: 01/01/2012Ending: 12/31/2012

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	2,032	2,080	\$ 83,351	\$ 40.07	1
2	Assistant Director of Nursing	2,216	2,376	93,161	39.21	2
3	Registered Nurses	24,539	25,863	755,765	29.22	3
4	Licensed Practical Nurses	44,142	46,425	1,163,803	25.07	4
5	CNAs & Orderlies	112,177	120,746	1,455,208	12.05	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,742	7,537	92,027	12.21	8
9	Activity Director	1,976	2,080	40,929	19.68	9
10	Activity Assistants	7,697	8,065	87,453	10.84	10
11	Social Service Workers	1,712	1,880	51,730	27.52	11
12	Dietician					12
13	Food Service Supervisor	1,816	2,032	42,968	21.15	13
14	Head Cook	2,024	2,080	24,588	11.82	14
15	Cook Helpers/Assistants	32,173	34,793	394,057	11.33	15
16	Dishwashers					16
17	Maintenance Workers	1,896	2,090	52,712	25.22	17
18	Housekeepers	23,115	25,752	289,985	11.26	18
19	Laundry	7,396	8,194	114,960	14.03	19
20	Administrator	2,032	2,283	120,611	52.83	20
21	Assistant Administrator	1,944	2,128	57,063	26.82	21
22	Other Administrative	5,744	6,248	152,912	24.47	22
23	Office Manager	1,968	2,088	27,424	13.13	23
24	Clerical	2,744	2,816	26,586	9.44	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,008	4,160	142,770	34.32	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,016	1,052	17,708	16.83	31
32	Other Health Care Unit Director	1,873	2,161	44,472	20.58	32
33	Other(specify) <u>Alzheimer Dir/Aid</u>	8,648	9,565	139,482	14.58	33
34	TOTAL (lines 1 - 33)	301,630	324,494	\$ 5,471,725 *	\$ 16.86	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	1900/month	\$ 22,800	1-3	35
36	Medical Director	2200/month	26,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/month	5,976	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	105/month	1,264	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 56,440		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

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		
Catalina Soto-Jones	Administrator	0	\$ 81,494	Workers' Compensation Insurance	\$ 174,991	IDPH License Fee	\$		
Lucille Hoffman	Administrator	0	39,117	Unemployment Compensation Insurance	178,910	Advertising: Employee Recruitment	644		
Valerie Buniao	Assistant Administrator	0	30,790	FICA Taxes	416,249	Health Care Worker Background Check			
Linda Williams	Assistant Administrator	0	26,272	Employee Health Insurance	68,897	(Indicate # of checks performed 183)	1,830		
		0		Employee Meals	49,426	Patient Background Checks	65 1,928		
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,528		
		0		Union, Health & Welfare	150,324	IL Health Care Association	8,501		
				Dental & Life	1,711	Collaborative Healthcare/Sec of State	431		
TOTAL (agree to Schedule V, line 17, col. 1)				Pension	44,400				
(List each licensed administrator separately.)			\$ 177,673	Employee Relations	4,987	Related party-AMS	3,526		
B. Administrative - Other				Employee Vaccination/Drug Test	4,009	Less: Public Relations Expense	()		
Description			Amount	401k Match/Tuition Reimbursement/Misc		Non-allowable advertising	()		
			\$	Payroll Costs	2,474	Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,096,378	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 18,388		
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**			
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount			\$			
Alden Management Servs.	Consulting		\$ 963,999				Out-of-State Travel	\$	
AMS (eliminated)	Allocated Legal Fees		37,812						
BDO Seidman	Accounting Fees		1,892						
Ken Fisch	Legal Fees - Collection		31,039				In-State Travel		
Pathway (reclassified to Nursing)	Clinical Consultant		17,772						
Linda Roberts & Associates	Food Service Audit		14,115						
First Advantage	Tax Services		3,771				Related party-AMS	1,219	
Alden Group (Midcap Acctg chgs)	Accounting Fees		3,086				Seminar Expense		
Ungaretti & Harris/B. Greenburg	Legal Fees - Collection		3,572				Service Training/Certification	1,245	
KPMG/Ava Daly/Virchow Krause	Accounting Fees		3,131				Dementia/Alzheimer/Trauma	491	
Alden Group (Midcap Legal chgs)	Legal Fees - Non Collections		1,972				Long Term Care	470	
B.Simon/Clerk Circuit Cty/J.Lewis	Legal Fees - Non Collections		1,627				Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)		
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 1,083,788				TOTAL	\$ 3,425	

*** Attach copy of IMRF notifications**

****See instructions.**

Legal Fee Support

Legal Fees Reported on Pg 21, Section C:	38,210.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(31,039.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>(3,599.00)</u>
Allowable Legal Fees (below \$5,000-don't provide copies of invoices)	<u><u>3,572.00</u></u>

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.

IL Healthcare Associations \$8,501
- (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.

\$ 112,273

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.

\$ 508,504

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.

\$ 49,426

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.