

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	110	Skilled (SNF)	110	40,150	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	110	TOTALS	110	40,150	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	947	4,421	15,036	20,404	8
9	SNF/PED					9
10	ICF	4,006	2,614	733	7,353	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,953	7,035	15,769	27,757	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.13%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 10/31/2000

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

YES Date 10/31/2000 NO

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

YES NO If YES, enter number of beds certified 110 and days of care provided 15,019

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	575,846	27,759	16,832	620,437	2,273	622,710	(5,772)	616,938		1
2	Food Purchase		292,026		292,026	(29,005)	263,021	(5,695)	257,326		2
3	Housekeeping	152,995	34,072		187,067	1,290	188,357	4,159	192,516		3
4	Laundry	45,357	17,453	30	62,840	81	62,921		62,921		4
5	Heat and Other Utilities			194,377	194,377		194,377	719	195,096		5
6	Maintenance	40,935		226,421	267,356	222	267,578	4,103	271,681		6
7	Other (specify):* Security/Related Party			768	768		768	4,898	5,666		7
8	TOTAL General Services	815,133	371,310	438,428	1,624,871	(25,139)	1,599,732	2,412	1,602,144		8
	B. Health Care and Programs										
9	Medical Director			39,500	39,500		39,500		39,500		9
10	Nursing and Medical Records	2,218,766	169,988	6,577	2,395,331	5,342	2,400,673	93,355	2,494,028		10
10a	Therapy	38,207	4,151	11,400	53,758		53,758		53,758		10a
11	Activities	111,312	1,410	4,232	116,954	174	117,128		117,128		11
12	Social Services	44,951			44,951		44,951		44,951		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							3,850	3,850		15
16	TOTAL Health Care and Programs	2,413,236	175,549	61,709	2,650,494	5,516	2,656,010	97,205	2,753,215		16
	C. General Administration										
17	Administrative	107,519			107,519		107,519	64,926	172,445		17
18	Directors Fees										18
19	Professional Services			897,819	897,819	(750)	897,069	(841,180)	55,889		19
20	Dues, Fees, Subscriptions & Promotions			75,822	75,822		75,822	(62,024)	13,798		20
21	Clerical & General Office Expenses	195,510	30,411	92,404	318,325	571	318,896	244,600	563,496		21
22	Employee Benefits & Payroll Taxes			654,496	654,496	16,868	671,364		671,364		22
23	Inservice Training & Education										23
24	Travel and Seminar			867	867		867	456	1,323		24
25	Other Admin. Staff Transportation			1,901	1,901		1,901	8,835	10,736		25
26	Insurance-Prop.Liab.Malpractice			126,626	126,626		126,626	12,219	138,845		26
27	Other (specify):* Related Party			168,001	168,001		168,001	(128,085)	39,916		27
28	TOTAL General Administration	303,029	30,411	2,017,936	2,351,376	16,689	2,368,065	(700,253)	1,667,812		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,531,398	577,270	2,518,073	6,626,741	(2,934)	6,623,807	(600,636)	6,023,171		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.

Facility Name & ID Number

Alden Des Plaines Rehab & HC

#0042010

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			44,488	44,488		44,488	310,814	355,302			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			118,435	118,435		118,435	161,803	280,238			32
33	Real Estate Taxes			491,389	491,389	(491,389)		495,745	495,745			33
34	Rent-Facility & Grounds			592,330	592,330	491,389	1,083,719	(1,083,719)				34
35	Rent-Equipment & Vehicles			23,038	23,038		23,038	29,203	52,241			35
36	Other (specify):* MIP							46,692	46,692			36
37	TOTAL Ownership			1,269,680	1,269,680		1,269,680	(39,462)	1,230,218			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,083,203	1,895,511	2,978,714	2,934	2,981,648	(317,378)	2,664,270			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			129,223	129,223		129,223		129,223			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,083,203	2,024,734	3,107,937	2,934	3,110,871	(317,378)	2,793,493			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,531,398	1,660,473	5,812,487	11,004,358		11,004,358	(957,476)	10,046,882			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(29,005.00)	Employee Meals
	22	29,005.00	Employee Meals
22		(12,137.00)	Uniforms
	1	1,523.00	Uniforms
	3	1,290.00	Uniforms
	4	81.00	Uniforms
	6	222.00	Uniforms
	10	8,276.00	Uniforms
	11	174.00	Uniforms
	21	571.00	Uniforms
10		(2,934.00)	Oxygen - to appropriate cost center
	39	2,934.00	Oxygen - to appropriate cost center
33		(491,389.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	491,389.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(470.00)	Resident Background Check
	20	470.00	Resident Background Check
19		(750.00)	Linda Roberts
	1	750.00	Linda Roberts

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		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	(743)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,808)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(90,935)	30		9
10	Interest and Other Investment Income	(5,552)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,329)	2		13
14	Non-Care Related Interest	(4,041)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(11,413)	21		17
18	Fines and Penalties	(305)	32		18
19	Entertainment	(1,077)	20		19
20	Contributions	(3,293)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,663)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(168,001)	27		24
25	Fund Raising, Advertising and Promotional	(24,971)	20		25
26	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)	\$ (332,131)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(519,186)	Various	34
35	Other- Attach Schedule	(106,159)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (625,345)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (957,476)		37

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

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

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

Alden Des Plaines Rehab & HC

ID# 0042010

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (1,005)	5	1
2	Record Copies (g/l 4977-100-001)	(327)	10	2
3	IL Health Care Assoc Dues (PAC: 30%)	(1,063)	20	3
4	Back out LLC bank charges	(30)	21	4
5	Elim Chamber of Commerce fees in Dues/subsc.	(869)	20	5
6	Flu Shots	(394)	21	6
7	Back out LLC mtge int > CON asset limit	(83,355)	32	7
8	Back out LLC MIP exp > CON asset limit	(18,158)	36	8
9	Elim Deprec Exp on Pg 12 items under \$2,500 -	(390)	30	9
10	Elim Deprec Exp on Pg 13 items under \$2,500 -	(10,640)	30	10
11	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	11
12	Expense Pg 13 items under \$2,500 - curr yr purchs +	11,392	6	12
13	Adjust depreciation to Pg 13's	(1,620)	30	13
14	Elim ABC Deprec Exp from Pg 12 series -	6	30	14
15	Back out R/E Tax Refund	294	33	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				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		(106,159)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	1,484	(7,256)	0	0	0	0	0	0	0	(5,772)	1
2	Food Purchase	(5,072)	0	0	(623)	0	0	0	0	0	0	0	(5,695)	2
3	Housekeeping	0	0	4,159	0	0	0	0	0	0	0	0	4,159	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,005)	0	1,724	0	0	0	0	0	0	0	0	719	5
6	Maintenance	(4,416)	3,120	5,027	0	0	0	372	0	0	0	0	4,103	6
7	Other (specify):*	0	0	3,940	958	0	0	0	0	0	0	0	4,898	7
8	TOTAL General Services	(10,493)	3,120	16,334	(6,921)	0	0	372	0	0	0	0	2,412	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	(327)	0	95,337	1,351	(3,006)	0	0	0	0	0	0	93,355	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	3,850	0	0	0	0	0	0	0	0	3,850	15
16	TOTAL Health Care and Programs	(327)	0	99,187	1,351	(3,006)	0	0	0	0	0	0	97,205	16
	C. General Administration													
17	Administrative	0	0	64,926	0	0	0	0	0	0	0	0	64,926	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,663)	10,682	(850,199)	0	0	0	0	0	0	0	0	(841,180)	19
20	Fees, Subscriptions & Promotions	(31,273)	309	(31,060)	0	0	0	0	0	0	0	0	(62,024)	20
21	Clerical & General Office Expenses	(11,837)	30	152,580	20,165	83,662	0	0	0	0	0	0	244,600	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	456	0	0	0	0	0	0	0	0	456	24
25	Other Admin. Staff Transportation	0	0	8,835	0	0	0	0	0	0	0	0	8,835	25
26	Insurance-Prop.Liab.Malpractice	0	12,094	125	0	0	0	0	0	0	0	0	12,219	26
27	Other (specify):*	(168,001)	0	30,349	2,061	7,506	0	0	0	0	0	0	(128,085)	27
28	TOTAL General Administration	(212,774)	23,115	(623,988)	22,226	91,168	0	0	0	0	0	0	(700,253)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(223,594)	26,235	(508,467)	16,656	88,162	0	372	0	0	0	0	(600,636)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(103,579)	405,317	9,076	0	0	0	0	0	0	0	0	310,814	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(93,253)	247,694	5,125	0	2,237	0	0	0	0	0	0	161,803	32
33	Real Estate Taxes	294	491,389	3,179	0	883	0	0	0	0	0	0	495,745	33
34	Rent-Facility & Grounds	0	(1,083,719)	0	0	0	0	0	0	0	0	0	(1,083,719)	34
35	Rent-Equipment & Vehicles	0	0	29,203	0	0	0	0	0	0	0	0	29,203	35
36	Other (specify):*	(18,158)	64,850	0	0	0	0	0	0	0	0	0	46,692	36
37	TOTAL Ownership	(214,696)	125,531	46,583	0	3,120	0	0	0	0	0	0	(39,462)	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	(45,475)	(172,671)	(99,232)	0	0	0	0	0	(317,378)	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	(45,475)	(172,671)	(99,232)	0	0	0	0	0	(317,378)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(438,290)	151,766	(461,884)	(28,819)	(81,389)	(99,232)	372	0	0	0	0	(957,476)	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 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,083,719	Alden-Des Plaines Rehabilitation and Health Care Center, LLC	0.00%	\$	\$ (1,083,719)	1
2	V	32 Interest-RR & Facility loan	63,659	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(63,659)	2
3	V	6 Repair & Maintenance RR		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		3,120	3,120	3
4	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		30	30	4
5	V	19 Accounting fees/Legal Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		7,682	7,682	5
6	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		491,389	491,389	6
7	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		12,094	12,094	7
8	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		64,850	64,850	8
9	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		297,696	297,696	9
10	V	19 Professional Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		3,000	3,000	10
11	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		405,317	405,317	11
12	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		13,657	13,657	12
13	V	20 Corporate Annual Report Fee		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		309	309	13
14	Total		\$ 1,147,378			\$ 1,299,144	\$ * 151,766	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%	\$ 1,724	\$ 1,724 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		456	456 16
17	V	25 Other admin travel		Alden Management Services, Inc.		8,835	8,835 17
18	V	26 Insurance		Alden Management Services, Inc.		125	125 18
19	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		1,502	1,502 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076	9,076 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		3,179	3,179 21
22	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		29,203	29,203 22
23	V	32 Interest		Alden Management Services, Inc.		5,125	5,125 23
24	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		1,484	1,484 24
25	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		4,159	4,159 25
26	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		3,940	3,940 26
27	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		95,337	95,337 27
28	V	15 Employee Benefits-health care		Alden Management Services, Inc.		3,850	3,850 28
29	V	17 Salaries-Total Admin		Alden Management Services, Inc.		64,926	64,926 29
30	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		30,349	30,349 30
31	V	19 Professional fees	876,814	Alden Management Services, Inc.		26,615	(850,199) 31
32	V	21 Clerical and G & A		Alden Management Services, Inc.		152,580	152,580 32
33	V	6 Maintenance	23,631	Alden Management Services, Inc.		28,658	5,027 33
34	V	20 MKT Management Fees	32,562	Alden Management Services, Inc.			(32,562) 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 933,007			\$ 471,123	\$ * (461,884) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary consultant	\$ 16,832	Prism Health Care Sevices, Inc.	0.00%	\$ 52	\$ (16,780)
16	V	1 Dietary salaries		Prism Health Care Sevices, Inc.		9,524	9,524
17	V	2 Tube feeding	16,586	Prism Health Care Sevices, Inc.		15,963	(623)
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Sevices, Inc.		8,011	1,351
19	V	39 Ancillary supplies	83,106	Prism Health Care Sevices, Inc.		37,631	(45,475)
20	V	21 G & A salaries		Prism Health Care Sevices, Inc.		11,880	11,880
21	V	27 Emp. Benefits-G & A		Prism Health Care Sevices, Inc.		2,061	2,061
22	V	7 Emp. Benefits-Dietary		Prism Health Care Sevices, Inc.		958	958
23	V	21 G & A expenses		Prism Health Care Sevices, Inc.		8,285	8,285
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 123,184			\$ 94,365	\$ * (28,819)

* 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	\$ 495,534	Forum Extended Care Services II, Inc.	0.00%	\$ 408,960	\$ (86,574)
16	V	39 I.V.	489,693	Forum Extended Care Services II, Inc.		404,140	(85,553)
17	V	39 Wound Vac	3,112	Forum Extended Care Services II, Inc.		2,568	(544)
18	V	10 House Stock	14,566	Forum Extended Care Services II, Inc.		12,021	(2,545)
19	V	10 Pharm Consult	2,640	Forum Extended Care Services II, Inc.		2,179	(461)
20	V	27 Employ Vaccin	2,259	Forum Extended Care Services II, Inc.		1,864	(395)
21	V	27 Employ Benefits-G & A		Forum Extended Care Services II, Inc.		7,901	7,901
22	V	21 G & A Salaries		Forum Extended Care Services II, Inc.		52,769	52,769
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		30,893	30,893
24	V	32 Interest		Forum Extended Care Services II, Inc.		2,237	2,237
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		883	883
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,007,804			\$ 926,415	\$ * (81,389)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Revenue - therapy	\$ 1,838,483	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,739,251	\$ (99,232)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,838,483			\$ 1,739,251	\$ * (99,232)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 27,659	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,031	\$	372	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		\$ 27,659			\$ 28,031	\$ *	372	39

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

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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 Care	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 Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	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 Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	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 Care	Cicero				14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	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			Alden Estates of Greenville, Inc.	Greenville, IL				30

Facility Name & ID Number Alden Des Plaines Rehab & HC # 0042010 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	181,107	0.84	2.10	Salary	\$ 3,893	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	68,214	0.84	2.10	Salary	1,466	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	39,707	0.84	2.10	Salary	853	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	103,004	0.84	2.10	Salary	2,214	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	56,146	0.84	2.10	Salary	1,207	21-7	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	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our quality assurance.										11
12											12
13								TOTAL	\$ 9,633		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 Des Plaines Rehab & HC

0042010 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

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

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

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

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	1,319,137	35	\$ 81,942	\$ 27,757	\$ 1,724	1
2	24	Travel & Seminar	Patient Days	1,319,137	35	21,681	27,757	456	2
3	25	Other admin travel	Patient Days	1,319,137	35	419,878	27,757	8,835	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	27,757	125	4
5	20	Dues/subscriptions/fees etc	Patient Days	1,319,137	35	71,386	27,757	1,502	5
6	30	Depreciation	No. of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real estate taxes	Patient Days/usage	1,319,137	35	171,267	27,757	3,179	7
8	35	Rent-equipment/vehicles	Patient Days	1,319,137	35	1,387,861	27,757	29,203	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	27,757	5,125	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	1,484	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	4,159	11
12	7	Employee Benefits-general Svcs	Patient Days	1,319,137	35	187,265	27,757	3,940	12
13	10	Nurse & Med. Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	95,337	13
14	15	Employee Benefits-health care	Patient Days	1,319,137	35	182,984	27,757	3,850	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	64,926	15
16	27	Employee Benefits-Admin	Patient Days	1,319,137	35	1,442,333	27,757	30,349	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	26,615	17
18	21	Gen'l & Admin	Patient Days	1,319,137	35	7,251,269	6,199,389	152,580	18
19	6	Repair & Maintenance	Patient Days	1,319,137	35	1,361,952	1,077,972	28,658	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 471,123	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	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Cambridge Realty		X	Mortgage	\$66,929.00	10/1/2012	\$ 12,080,802	\$ 11,806,525	9/1/2047	2.5000	\$ 297,696	1					
2				Int exp in excess of CON cap							(83,355)	2					
3	Amortization		X								13,657	3					
4												4					
5												5					
Working Capital																	
6	Related party-AMS		X								5,125	6					
7	Related party-FECH		X								2,237	7					
8	Bank Leumi		X	Working Capital	varies	8/2012	1,071,730	957,050	3/2014	4.5000	49,001	8					
9	TOTAL Facility Related				\$66,929.00		\$ 13,152,532	\$ 12,763,575			\$ 284,361	9					
B. Non-Facility Related*																	
10	Interest Income on R.R.		x								(422)	10					
11	Int Income (GL#4975)		x								(5,552)	11					
12	Insurance Interest		x	Medical Malpractice							1,851	12					
13	Amortization-Fin/Refin Fee		x									13					
14	TOTAL Non-Facility Related						\$	\$			\$ (4,123)	14					
15	TOTALS (line 9+line14)						\$ 13,152,532	\$ 12,763,575			\$ 280,238	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,692 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 2012 report.		\$	<u>461,800</u>		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.)		\$	<u>469,683</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>7,883</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>483,800</u>		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.		\$	<u>491,683</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>4,062.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>495,745</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>339,285</u>			8
	2009	<u>403,099</u>			9
	2010	<u>442,517</u>			10
	2011	<u>448,368</u>			11
	2012	<u>469,683</u>			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 2012	\$		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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Des Plaines Rehab & HC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0042010
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(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>285,389.00</u>	\$ <u>3,179.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>883.00</u>
3. <u>09-17-200-128-0000</u>	<u>Nursing Home Facility</u>	\$ <u>273,062.04</u>	\$ <u>273,062.04</u>
4. <u>09-17-200-129-0000</u>	<u>Nursing Home Facility</u>	\$ <u>196,621.44</u>	\$ <u>196,621.44</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>790,753.48</u></u>	\$ <u><u>473,745.48</u></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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	1
2					2
3	TOTALS	51,490		\$ 1,016,045	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		2000	2000	\$ 9,685,956	\$ 242,149	40	\$ 174,652	\$ (67,497)	\$ 2,382,446	4
5	Adjustment to correct to CON costs (net=-6,986,060)			(2,699,896)						5
6										6
7										7
8										8
	Improvement Type**									
9	ISS/Chicago Sound & Communication(vent alarm interface		2000	3,400		10			3,400	9
10	Alden Bennett Construction(multiple wireless install)		2001	4,894		10			4,894	10
11	Owners extras (change orders)		2000	524,876	26,244	20	26,244		352,106	11
12	Owners extras (change orders)		2000	12,972	648	20	648		8,698	12
13	ABC-parking lot sealcoat/stripe		2002	3,852		7			3,852	13
14	ABC-screened patio enclosure		2002	10,069		7			10,069	14
15	EWS Welding-alarm		2002	1,076		10			1,076	15
16	New Horizons-residents phones		2002	1,646		10			1,646	16
17	New Horizons-residents phones		2002	3,161		10			3,161	17
18	ABC-owners extras		2003	2,571	171	15	171		1,882	18
19	ABC-owners extras		2003	5,511	367	15	367		4,038	19
20	ABC [GT Mechanical]-Replace B1 compressor		2007	3,383		5			3,383	20
21	Mohawk-Calhoun Carpet Admin area		2007	2,747		5			2,747	21
22	ABC-New carpeting Nile Room		2007	6,053		5			6,053	22
23	ABC-New patio door operator		2007	4,046	405	10	405		2,599	23
24	GTMECH-Exhaust motor & wheel blade		2007	4,791	479	10	479		2,994	24
25	ABC-Removal & repair of hot water piping		2007	4,170	167	25	167		1,030	25
26	Replace Gas Oxygen Units		2008	9,275	928	10	928		5,181	26
27	GTMECH-Repair Boiler Pumps		2008	3,242	324	10	324		1,755	27
28										28
29	ABC - Pavement Asphalt		2010	11,722	1,465	8	1,465		4,883	29
30	Nursing Station Repair		2010	2,600	520	5	520		1,647	30
31	ABC - Repair Laundry Chute & Grease Interceptor		2010	8,248	1,650	5	1,650		5,087	31
32	ABC - HVAC Pump		2010	4,738	316	15	316		1,027	32
33	Smoke Vent Relocation (non-hvac)		2011	3,345	669	5	669		1,561	33
34	Fish Tank Repair		2011	3,700	740	5	740		1,665	34
35	Sprinkler Heads & Gauges Replaced		2011	7,072	707	10	707		1,532	35
36	Dampers, labeling		2012	6,750	675	10	675		844	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Doorway-Build Kitchen Storage Doorway	2013	\$ 4,091	\$ 68	20	\$ 68	\$	\$ 68	37
38	Doorway-Sprinkler Room	2013	2,887	72	20	72		72	38
39	Wall- Wall Refinish	2013	5,950		15				39
40	Motor - Laundry Iron Motor	2013	3,025	202	5	202		202	40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,661,923	\$ 278,965		\$ 211,468	\$ (67,497)	\$ 2,821,598	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	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 12C, Carried Forward		\$ 7,661,923	\$ 278,965		\$ 211,468	\$ (67,497)	\$ 2,821,598	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		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26	Adj for ABC related party profit	2008	(53)	(6)		(6)		(33)	26
27	Adj for ABC related party profit	2010	(302)	(18)		(18)		(63)	27
28	Adj for ABC related party profit	2011	110	8		8		20	28
29	Adj for ABC related party profit	2012	417	20		20		30	29
30	Adj for ABC related party profit	2013	174	2		2		2	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,749,035	\$ 280,282		\$ 212,785	\$ (67,497)	\$ 2,901,504	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	\$ 1,075,421	\$ 149,803	\$ 126,365	\$ (23,438)	Various	\$ 894,512	71
72	Current Year Purchases	200,469	9,522	9,522		Various	9,522	72
73	Fully Depreciated Assets	218,893	6,630	6,630		Various	218,893	73
74								74
75	TOTALS	\$ 1,494,783	\$ 165,955	\$ 142,517	\$ (23,438)		\$ 1,122,927	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77										77
78	Related Party - AMS	Various	98-'02	3,911					3,911	78
79										79
80	TOTALS			\$ 53,737	\$	\$	\$		\$ 53,737	80

E. Summary of Care-Related Assets

	1 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)	\$ 10,313,600	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 446,237	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 355,302	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (90,935)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,078,168	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 7/1/2001

Ending 6/30/2021

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

Fiscal Year Ending Annual Rent

12. 12/31/2014 \$ Varies

13. 12/31/2015 \$ Varies

14. 12/31/2016 \$ 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?

YES NO

16. Rental Amount for movable equipment: \$ 26,045 Description: Copy machine lease & Various Office Equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>944.42</u>	\$ <u>11,333</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>613.42</u>	<u>7,361</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>18,694</u>	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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		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.)

	Service	1 Schedule V Line & Column Reference	2 Staff		3		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost						
							5	5				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	625,740	\$		\$	625,740	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				74,530				74,530	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				1,138,213				1,138,213	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 prescripts					408,960			408,960	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any										12
13	Other (specify): <u>See Pg 16A</u>						(99,232)	516,059			416,827	13
14	TOTAL			\$		\$	1,739,251	\$	925,019	\$	2,664,270	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.

XIV. Special Services (Direct Cost)

Page 16

Col 5: PT,OT, & ST

Col 6: Supplies

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.	
1.	OT		39-3	To Col 5		\$625,740.09
2.	ST		39-3	To Col 5		74,529.89
3.						
4.	PT		39-3	To Col 5		1,138,213.02
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL					495,533.98
	Manual Input from Related Party- Forum Drugs					(86,574.00)
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		408,959.98
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		0.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		0.00
	Total Exceptional Care (Line 12, Col 8)					0.00
13.	Other:		See Pg 16A			

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(99,232.00)
Other			644,697.01
Manual Input: Related Party - Prism			(45,475.00)
Manual Input: Related Party FECII - I.V.			(85,553.00)
Manual Input: Related Party FECII - Wound Care			(544.00)
Oxygen, from reclass worksheet (Pg 4A)			2,934.00

13. Col 6: Supplies Total	To Col 6	0.00	516,059.01

13. Total Line 13, Column 8		0.00	416,827.01

14. Total		0.00	2,664,269.99
			=====

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

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	\$	\$ 87,949	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 111,500)	1,683,806	1,683,806	3
4	Supply Inventory (priced at)	3,548	3,548	4
5	Short-Term Investments		22,516	5
6	Prepaid Insurance		78,960	6
7	Other Prepaid Expenses	22,205	22,205	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	30,133	477,556	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,739,692	\$ 2,376,540	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,685,956	14
15	Leasehold Improvements, at Historical Cost	605,114	691,000	15
16	Equipment, at Historical Cost	317,982	2,143,306	16
17	Accumulated Depreciation (book methods)	(666,957)	(5,152,209)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		385,830	21
22	Other Long-Term Assets (spec Refinancing Fee		260,384	22
23	Other(specify): Due from Affiliate,	5,231,743	7,608,160	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,558,298	\$ 16,696,829	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,297,990	\$ 19,073,369	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 523,882	\$ 523,882	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	133,510	133,510	28
29	Short-Term Notes Payable	89,797	315,467	29
30	Accrued Salaries Payable	414,870	414,870	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,965	17,965	31
32	Accrued Real Estate Taxes(Sch.IX-B)		483,800	32
33	Accrued Interest Payable	21,254	45,851	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	71,854	83,557	36
37	Due to Affiliates	2,035,908	2,035,908	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,309,040	\$ 4,054,810	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	957,050	957,050	39
40	Mortgage Payable		11,580,854	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates			43
44	Sharehold.loan, other			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 957,050	\$ 12,537,904	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,266,090	\$ 16,592,715	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,031,900	\$ 2,480,654	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,297,990	\$ 19,073,369	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,465,098	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	3,277	4
5	Allocate Personnel Director Salary	(39,535)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,428,840	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	603,060	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)	\$ 603,060	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)	\$ 3,031,900	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,459,471	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,459,471	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	128,810	6
7	Oxygen	2,695	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 131,505	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	263	12
13	Barber and Beauty Care	1,720	13
14	Non-Patient Meals	743	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(194)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	2,807	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,339	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,552	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,552	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	5,551	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,551	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,607,418	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,624,871	31
32	Health Care	2,650,494	32
33	General Administration	2,351,376	33
B. Capital Expense			
34	Ownership	1,269,680	34
C. Ancillary Expense			
35	Special Cost Centers	2,978,714	35
36	Provider Participation Fee	129,223	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,004,358	40
41	Income before Income Taxes (line 30 minus line 40)**	603,060	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 603,060	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 754,590	44
45	Private Pay - Net Inpatient Revenue	1,057,178	45
46	Medicare - Net Inpatient Revenue	8,093,703	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,554,000	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,459,471	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 avail. 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.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 327
Gain on Sale of Assets	\$ 5,224

Line 28 Total: 5,551

Ending: 12/31/2013

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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	752	789	\$ 38,247	\$ 48.48	1
2	Assistant Director of Nursing	1,720	1,720	62,225	36.18	2
3	Registered Nurses	26,380	27,316	835,014	30.57	3
4	Licensed Practical Nurses	10,844	11,557	304,854	26.38	4
5	CNAs & Orderlies	57,386	61,880	783,974	12.67	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,138	2,361	38,207	16.18	8
9	Activity Director	1,920	1,943	43,194	22.23	9
10	Activity Assistants	5,367	5,960	68,118	11.43	10
11	Social Service Workers	3,016	3,115	61,247	19.66	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,043	52,949	25.92	13
14	Head Cook	2,780	2,821	63,069	22.36	14
15	Cook Helpers/Assistants	38,812	42,221	459,828	10.89	15
16	Dishwashers					16
17	Maintenance Workers	1,536	1,536	40,935	26.65	17
18	Housekeepers	13,365	15,050	152,995	10.17	18
19	Laundry	4,396	4,726	45,357	9.60	19
20	Administrator	2,072	2,080	107,519	51.69	20
21	Assistant Administrator					21
22	Other Administrative	7,280	7,280	161,171	22.14	22
23	Office Manager					23
24	Clerical	4,757	4,996	48,162	9.64	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,080	4,120	135,865	32.98	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	1,840	1,926	28,468	14.78	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	192,441	205,440	\$ 3,531,398 *	\$ 17.19	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	Monthly	\$ 16,832	1-3	35
36	Medical Director	Monthly	39,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Varies	1,400	11-3	44
45	Social Service Consultant	Varies	1,124	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 61,496		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	25	\$ 1,548	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	25	\$ 1,548		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Kay, Valerie	Administrator	0	\$ 107,519	Workers' Compensation Insurance	\$ 152,479	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance	43,168	Advertising: Employee Recruitment	349	
		0		FICA Taxes	267,856	Health Care Worker Background Check		
		0		Employee Health Insurance	67,858	(Indicate # of checks performed 46)	1,370	
		0		Employee Meals	29,005	Patient Background Checks	5,310	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees	300	
		0		Union health & welfare	87,046	IL Health Care Assoc	1,928	
				Union pension	10,314	Collaborative Hlth/Corp Annual fee	509	
				Dental/Life/401k match/Empl rel/Misc pr	20,178	Health Care Council of IL	2,530	
				EE drug tests/Vaccinations	4,211	Related party-AMS	1,502	
				Gardens/Crts Personnel Dir. e/b deduction	(10,751)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 107,519				\$ 671,364			\$ 13,798	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 1,323	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Servs.	Consulting	\$ 832,822						
First Advantage	Tax Consulting	1,526						
AMS (Eliminated)	Allocated Legal Fees	43,992						
Clerk of The Circuit Court	Legal fees:collections	1,261						
Sheriff of Cook County	Legal fees:collections	402						
Ava P. Daley/KPMG	Accounting Fees	224						
Baker Tilly	Accounting Fees	14,342					Related party-AMS	
Plante & Moran/Linda Roberts	Consultation	3,250					Seminar Expense	
							IL Council & Others	
							APIC Seminar	
							Entertainment Expense	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL			(agree to Sch. V, line 24, col. 8)	
\$ 897,819				\$			\$	

* Attach copy of IMRF notifications

**See instructions.

Alden Des Plaines Rehab & HC		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	45,655.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,663.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(43,992.00)
Allowable Legal Fees	\$	-

Total Allow. Legal Fees should be the sum of the invoices you are providing.

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	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	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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 = \$1,928 & Healthcare Council = \$2,530
- (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. \$ 19,095 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. n/a
- (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. \$ 129,223
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. \$ 29,005 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?
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 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.