FOR BHF USE

LL1

2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2013)

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: 0042069

Facility Name: Alden of Old Town East

Address: 108 S First Street (Number) Bloomingdale (City) 60108 (Zip Code)

County: DuPage

Telephone Number: (630) 671-1703 **Fax #** (630) 671-1706

HFS ID Number:

Date of Initial License for Current Owners: 05/09/98

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773)286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2013 to 12/31/2013 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden of Old Town East # 0042069 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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)		0	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	16	ICF/DD 16 or Less	16	5,840	6
7	16	TOTALS	16	5,840	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	5,190		363	5,553	13
14	TOTALS	5,190		363	5,553	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 95.09%

D. How many bed-hold days during this year were paid by the Department?
38 (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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 07/06/98

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] 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 of Old Town East # 0042069 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	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	53,094	4,068	1,200	58,362	142	58,504	(220)	58,284			1
2	Food Purchase		43,841		43,841	(4,560)	39,281	(32)	39,249			2
3	Housekeeping	18,630	5,387		24,017	1,410	25,427	832	26,259			3
4	Laundry		2,575		2,575		2,575		2,575			4
5	Heat and Other Utilities			17,745	17,745		17,745	287	18,032			5
6	Maintenance			50,818	50,818		50,818	8,792	59,610			6
7	Other (specify):* **related party**							817	817			7
8	**TOTAL General Services**	71,724	55,871	69,763	197,358	(3,008)	194,350	10,476	204,826			8
	B. Health Care and Programs											
9	Medical Director			3,975	3,975		3,975		3,975			9
10	Nursing and Medical Records	454,082	19,664	1,511	475,257	1,328	476,585	4,836	481,421			10
10a	Therapy					7,326	7,326	(416)	6,910			10a
11	Activities	10,297	1,573	22,568	34,438		34,438		34,438			11
12	Social Services											12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* **related party**							770	770			15
16	**TOTAL Health Care and Programs**	464,379	21,237	28,054	513,670	8,654	522,324	5,190	527,514			16
	C. General Administration											
17	Administrative	6,361			6,361		6,361	36,040	42,401			17
18	Directors Fees											18
19	Professional Services			82,877	82,877	(60)	82,817	(70,331)	12,486			19
20	Dues, Fees, Subscriptions & Promotions			8,052	8,052		8,052	(6,255)	1,797			20
21	Clerical & General Office Expenses	39,013	4,089	12,641	55,743		55,743	29,462	85,205			21
22	Employee Benefits & Payroll Taxes			90,709	90,709	1,740	92,449		92,449			22
23	Inservice Training & Education											23
24	Travel and Seminar							91	91			24
25	Other Admin. Staff Transportation			3,820	3,820		3,820	1,768	5,588			25
26	Insurance-Prop.Liab.Malpractice			18,418	18,418		18,418	1,883	20,301			26
27	Other (specify):* **related party**			(4,664)	(4,664)		(4,664)	10,756	6,092			27
28	**TOTAL General Administration**	45,374	4,089	211,853	261,316	1,680	262,996	3,414	266,410			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	581,477	81,197	309,670	972,344	7,326	979,670	19,080	998,750			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 of Old Town East #0042069 **Report Period Beginning:** 01/01/2013 **Ending:** 12/31/2013

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							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			5,697	5,697		5,697	43,161	48,858			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			26,003	26,003		26,003	18,756	44,759			32
33	Real Estate Taxes			17,427	17,427	(17,427)		16,322	16,322			33
34	Rent-Facility & Grounds			61,730	61,730	17,427	79,157	(79,157)				34
35	Rent-Equipment & Vehicles			6,367	6,367		6,367	5,842	12,209			35
36	Other (specify):* MIP							6,007	6,007			36
37	**TOTAL Ownership**			117,224	117,224		117,224	10,931	128,155			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		2,392	7,326	9,718	(7,326)	2,392	(1,259)	1,133			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			71,906	71,906		71,906		71,906			42
43	Other (specify):* DT & Transp spec	8,826		242,804	251,630		251,630		251,630			43
44	**TOTAL Special Cost Centers**	8,826	2,392	322,036	333,254	(7,326)	325,928	(1,259)	324,669			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	590,303	83,589	748,930	1,422,822		1,422,822	28,752	1,451,574			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

From Line	To Line	Amount	Description	
2		(4,560.12)	Employee Meals	
	22	4,560.12	Employee Meals	
22		(2,820.00)	Uniforms	
	1	82.00	Uniforms	
	3	1,410.00	Uniforms	
	4		Uniforms	
	6		Uniforms	
	10	1,328.00	Uniforms	
	11		Uniforms	
	21		Uniforms	
10		0.00	Oxygen - to appropriate cost center	
	39	0.00	Oxygen - to appropriate cost center	
39		(7,326.00)	PT, OT, ST, CPT Therapy Costs	From page 4 Line 39 col. 3
	10A	7,326.00	PT, OT, ST, CPT Therapy Costs	
19		(60.00)	Reclass Linda Robert charges	
	1	60.00	Reclass Linda Robert charges	

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 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	(2,473)	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				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(207)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(1,839)	21		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(256)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(356)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	4,664	27		24
25	Fund Raising, Advertising and Promotional	(1,225)	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)**	$ (1,692)		$	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)	37,696	Various	34
35	Other- Attach Schedule	(7,252)	Pg 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 30,444		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 28,752		37

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

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

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

Alden of Old Town East

ID# 0042069

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under $2,500 -	$ (1,667)	30	1
2	Elim Deprec Exp on Pg 13 items under $2500 -	(4,196)	30	2
3	Expense Pg 12 items under $2,500 - curr yr purchs +	1,746	6	3
4	Expense Pg 13 items under $2,500 - curr yr purchs +	7,986	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -			6
7	Reconcile Depreciation expense	715	30	7
8	Late Fees on Utilities	(58)	5	8
9	Late Fees on Telephone	(101)	21	9
10	Intercompany Interest	(12,135)	32	10
11	Back out 30% of PAC Fees IHCA	(155)	20	11
12	Prior Year Accrual Adj RE Tax Back out			12
13	Adj. costs Assoc. w/prior year	613	19	13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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**	(7,252)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Old Town East **#** 0042069 **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	297	(517)	0	0	0	0	0	0	0	(220)	1
2	Food Purchase	(207)	0	0	175	0	0	0	0	0	0	0	(32)	2
3	Housekeeping	0	0	832	0	0	0	0	0	0	0	0	832	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(58)	0	345	0	0	0	0	0	0	0	0	287	5
6	Maintenance	7,259	3,544	(2,065)	0	0	0	54	0	0	0	0	8,792	6
7	Other (specify):*	0	0	788	29	0	0	0	0	0	0	0	817	7
8	**TOTAL General Services**	6,994	3,544	197	(313)	0	0	54	0	0	0	0	10,476	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	4,999	73	(236)	0	0	0	0	0	0	4,836	10
10a	Therapy	0	0	0	0	0	(416)	0	0	0	0	0	(416)	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	770	0	0	0	0	0	0	0	0	770	15
16	**TOTAL Health Care and Programs**	0	0	5,769	73	(236)	(416)	0	0	0	0	0	5,190	16
	C. General Administration													
17	Administrative	0	0	36,040	0	0	0	0	0	0	0	0	36,040	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	257	2,450	(73,038)	0	0	0	0	0	0	0	0	(70,331)	19
20	Fees, Subscriptions & Promotions	(1,636)	0	(4,619)	0	0	0	0	0	0	0	0	(6,255)	20
21	Clerical & General Office Expenses	(1,940)	103	30,525	616	158	0	0	0	0	0	0	29,462	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	91	0	0	0	0	0	0	0	0	91	24
25	Other Admin. Staff Transportation	0	0	1,768	0	0	0	0	0	0	0	0	1,768	25
26	Insurance-Prop.Liab.Malpractice	0	1,858	25	0	0	0	0	0	0	0	0	1,883	26
27	Other (specify):*	4,664	0	6,072	63	(43)	0	0	0	0	0	0	10,756	27
28	**TOTAL General Administration**	1,345	4,411	(3,136)	679	115	0	0	0	0	0	0	3,414	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	8,339	7,955	2,830	439	(121)	(416)	54	0	0	0	0	19,080	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Old Town East # 0042069 **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 D. Ownership	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)	
30	Depreciation	(5,148)	39,233	9,076	0	0	0	0	0	0	0	0	43,161	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(12,135)	18,136	12,751	0	4	0	0	0	0	0	0	18,756	32
33	Real Estate Taxes	0	15,684	636	0	2	0	0	0	0	0	0	16,322	33
34	Rent-Facility & Grounds	0	(79,157)	0	0	0	0	0	0	0	0	0	(79,157)	34
35	Rent-Equipment & Vehicles	0	0	5,842	0	0	0	0	0	0	0	0	5,842	35
36	Other (specify):*	0	6,007	0	0	0	0	0	0	0	0	0	6,007	36
37	**TOTAL Ownership**	(17,283)	(97)	28,305	0	6	0	0	0	0	0	0	10,931	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	(1,222)	(37)	0	0	0	0	0	0	(1,259)	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	(1,222)	(37)	0	0	0	0	0	0	(1,259)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(8,944)	7,858	31,135	(783)	(152)	(416)	54	0	0	0	0	28,752	45

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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. [x] YES [ ] NO

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

1	Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 79,157	Alden of Bloomingdale Limited Partnership	0.00%	$	$ (79,157)	1
2	V	32	Interest Income - RR	21	Alden of Bloomingdale Limited Partnership			(21)	2
3	V	32	Interest Income	13,599	Alden of Bloomingdale Limited Partnership			(13,599)	3
4	V	21	Corporate Annual Report Fee		Alden of Bloomingdale Limited Partnership		103	103	4
5	V	19	Accounting Fees		Alden of Bloomingdale Limited Partnership		2,450	2,450	5
6	V	6	Repairs & Maint./ R&M- RR		Alden of Bloomingdale Limited Partnership		3,544	3,544	6
7	V	33	Real Estate Tax Expense		Alden of Bloomingdale Limited Partnership		15,684	15,684	7
8	V	26	General Insurance Expense		Alden of Bloomingdale Limited Partnership		1,858	1,858	8
9	V	36	Mortgage Insurance Premium		Alden of Bloomingdale Limited Partnership		6,007	6,007	9
10	V	32	Interest - Mortgage/ IOD		Alden of Bloomingdale Limited Partnership		29,941	29,941	10
11	V	32	Interest - Other		Alden of Bloomingdale Limited Partnership		(46)	(46)	11
12	V	30	Depreciation Expense		Alden of Bloomingdale Limited Partnership		39,233	39,233	12
13	V	32	Amortization Expense		Alden of Bloomingdale Limited Partnership		1,861	1,861	13
14	Total			$ 92,777			$ 100,635	$ * 7,858	14

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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. [x] 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)	
15	V	5	Utilities	$	Alden Management Services, Inc.	0.00%	$ 345	$ 345	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		91	91	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		1,768	1,768	17
18	V	26	Insurance		Alden Management Services, Inc.		25	25	18
19	V	20	Dues & Subscriptions	4,920	Alden Management Services, Inc.		301	(4,619)	19
20	V	30	Depreciation		Alden Management Services, Inc.		9,076	9,076	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		636	636	21
22	V	35	Rent - Equipment & Vihicles		Alden Management Services, Inc.		5,842	5,842	22
23	V	32	Interest		Alden Management Services, Inc.		12,751	12,751	23
24	V	1	Dietary		Alden Management Services, Inc.		297	297	24
25	V	3	Housekeeping		Alden Management Services, Inc.		832	832	25
26	V	7	Employee Benefits - Gen'l Services		Alden Management Services, Inc.		788	788	26
27	V	10	Nursing & Medical Records Salaries		Alden Management Services, Inc.		4,999	4,999	27
28	V	15	Employee Benefits - Health Care		Alden Management Services, Inc.		770	770	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		36,040	36,040	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		6,072	6,072	30
31	V	19	Professional Fees	78,363	Alden Management Services, Inc.		5,325	(73,038)	31
32	V	21	General & Adminstrative		Alden Management Services, Inc.		30,525	30,525	32
33	V	6	Repairs & Maintenance	7,798	Alden Management Services, Inc.		5,733	(2,065)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 91,081			$ 122,216	$ * 31,135	39

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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. [x] 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)	
15	V	1	Dietary Consultant	$ 1,200	Prism Health Care Services, Inc.	0.00%	$ 4	$ (1,196)	15
16	V	1	Dietary Salary		Prism Health Care Sevices, Inc.		679	679	16
17	V	2	Tube Feeding	29	Prism Health Care Sevices, Inc.		204	175	17
18	V	10	Equipment Rental	360	Prism Health Care Sevices, Inc.		433	73	18
19	V	39	Ancillary Supplies	2,176	Prism Health Care Sevices, Inc.		954	(1,222)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		363	363	20
21	V	27	Employee Benefits		Prism Health Care Sevices, Inc.		63	63	21
22	V	7	Employee Benefits		Prism Health Care Sevices, Inc.		29	29	22
23	V	21	General & Administrative		Prism Health Care Sevices, Inc.		253	253	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			$ 3,765			$ 2,982	$ * (783)	39

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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. [x] 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)	
15	V	39	Drugs	$ 143	Forum Extended Care Services II, Inc.	0.00%	$ 118	$ (25)	15
16	V	39	IV		Forum Extended Care Services II, Inc.				16
17	V	39	Wound Care	73	Forum Extended Care Services II, Inc.		61	(12)	17
18	V	10	House Stock	969	Forum Extended Care Services II, Inc.		800	(169)	18
19	V	10	Pharmacy Consultant	384	Forum Extended Care Services II, Inc.		317	(67)	19
20	V	27	Employee Vaccination	331	Forum Extended Care Services II, Inc.		273	(58)	20
21	V	27	Employee Benefit: G & A		Forum Extended Care Services II, Inc.		15	15	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		100	100	22
23	V	21	General and Administrative		Forum Extended Care Services II, Inc.		58	58	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		4	4	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		2	2	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,900			$ 1,748	$ * (152)	39

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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. [x] 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)	
15	V	10A	Therapy	$ 7,326	Community Physical Therapy & Associates, Ltd.	0.00%	$ 6,910	$ (416)	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			$ 7,326			$ 6,910	$ * (416)	39

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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. [x] 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)	
15	V	6	Repairs and Maintenance	$ 4,061	Alden Bennett Construction Company, Inc.	0.00%	$ 4,115	$ 54	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			$ 4,061			$ 4,115	$ * 54	39

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

Facility Name & ID Number Alden of Old Town East # 0042069 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 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.	Bloomingdale				5
6			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Gardens of Bloom	Bloomingdale	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	Bloomingdale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Yo	Bloomingdale	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.	Bloomingdale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health C	Cicero				14
15			Alden Trails, Inc.	Bloomingdale				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 Ca	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.	Bloomingdale				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 of Old Town East # 0042069 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	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	184,221	0.168	0.42	Salary	$ 779	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	69,387	0.168	0.42	Salary	293	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	40,389	0.168	0.42	Salary	171	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	104,775	0.168	0.42	Salary	443	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	57,112	0.168	0.42	Salary	241	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 control assurance.										11
12											12
13								TOTAL	$ 1,927		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden of Old Town East # 0042069 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 [x] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,319,137	35	$ 81,942	$	5,553	$ 345	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681		5,553	91	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878		5,553	1,768	3
4	26	Insurance	Patient Days	1,319,137	35	5,945		5,553	25	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386		5,553	301	5
6	30	Depreciation	No of Providers/usage	35	35	331,030		1	9,076	6
7	33	Real Estate Tax	Patient Days/ysage	1,319,137	35	171,267		5,553	636	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861		5,553	5,842	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205		5,553	12,751	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	5,553	297	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	5,553	832	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	187,265		5,553	788	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	5,553	4,999	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	182,984		5,553	770	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	5,553	36,040	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,442,333		5,553	6,072	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	5,553	5,325	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,251,269	6,199,389	5,553	30,525	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,361,952	1,077,972	5,553	5,733	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 21,475,999	$ 13,029,458		$ 122,216	25

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	Cambridge		x	Mortgage	$4,317.00	9/01/12	$ 1,212,967	$ 1,185,721	12/31/2047	2.5000	$ 29,894	1
2			x									2
3			x									3
4			x									4
5	Amortization-Fin/Refin Fee		x	Financing							1,861	5
	Working Capital											
6	Related party-AMS		x	Working Capital							12,751	6
7	Related party-FECII		x	Working Capital							4	7
8	Insurance Interest (GL 7053)		x	Medical Malpractice							270	8
9	TOTAL Facility Related				$4,317.00		$ 1,212,967	$ 1,185,721			$ 44,780	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		x								(21)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (21)	14
15	TOTALS (line 9+line14)						$ 1,212,967	$ 1,185,721			$ 44,759	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$ 6,007** **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.)**

Facility Name & ID Number Alden of Old Town East # 0042069 **Report Period Beginning:** 01/01/2013 **Ending:** 12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2012 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 15,119	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.)		$ 15,173	2
3. Under or (over) accrual (line 2 minus line 1).		$ 54	3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 15,630	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.		$ 15,684	7
	Plus: Related Party Taxes (2) - See Pg RE_Tax	$ 638.00	
	Total Real Estate Tax Expense, Sch V, Line 33	$ 16,322	

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2008	13,037	8
	2009	13,168	9
	2010	13,616	10
	2011	14,646	11
	2012	15,173	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 of Old Town East COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0042069

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) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See attached (Supplement)	Related party-Alden Management	$ 308,970.00	$ 636.00
2.	See attached (Supplement)	Related Party-Forum Extended Care	$ 35,681.00	$ 2.00
3.	02-15-201-020	Nursing Home Facility	$ 15,173.14	$ 15,173.14
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 359,824.14	$ 15,811.14

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.

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 3,848 B. General Construction Type: Exterior Brick Veneer Frame Wood Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (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? [x] (a) Own the Equipment [x] (b) Rent equipment from a Related Organization. [x] (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 [x] 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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing facility	14,400	1995	$ 150,686	1
2					2
3	TOTALS	14,400		$ 150,686	3

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	16		1997	1997	$ 934,861	$ 23,372	40	$ 23,372	$	$ 362,882	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	TV Modules			1999	1,775		5			1,775	9
10	Sprinkler system			2001	2,345		10			2,345	10
11											11
12	ABC Counter Tops			2003	8,091	203	10	203		8,091	12
13	ABC roof repair			2003	1,685	157	10	157		1,685	13
14											14
15	Central States Automati(Sprinkler Repair)			2005	1,614	161	10	161		1,423	15
16	Alden Bennett Const(Door Installation)			2005	1,882	188	10	188		1,614	16
17											17
18	ABC - Replace Resident's Room Ceiling			2009	4,749	475	10	475		2,260	18
19											19
20	Kitchen work(cabinetry,floor repair,wall repair & paint) - ABC			2011	11,117	556	20	556		1,529	20
21	Valve Inspections/water gauge on valve replaced - USFIRE			2011	3,703	741	5	741		1,605	21
22	Sprinkler System/Fire Safety Equipment-Valley Fire			2013	3,103	362	5	362		362	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

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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		$ 974,925	$ 26,215		$ 26,215	$	$ 385,571	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	18	10	18		1,848	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		707	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		2,477	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		565	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	47	7	47		489	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		386	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		428	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		1,266	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		2,099	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		113	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		50	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		7			6,115	24
25									25
26									26
27									27
28									28
29	Adj for ABC related party profit	2009	(63)	(10)		(10)		(45)	29
30	Adj for ABC related party profit	2011	86	6		6		15	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,061,715	$ 27,509		$ 27,509	$	$ 466,789	34

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	$ 91,697	$ 12,362	$ 12,362	$	Various	$ 41,345	71
72	Current Year Purchases	15,752	1,701	1,701		Various	2,434	72
73	Fully Depreciated Assets	169,793	7,286	7,286		Various	169,793	73
74								74
75	TOTALS	$ 277,242	$ 21,349	$ 21,349	$		$ 213,572	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	Related party-AMS	Various	98-'02	$ 3,911	$	$	$	3	$ 3,911	76
77	AMS-Bus/Travel Van	Chev/Lumina/00/Various	98-04	4,634				3	4,634	77
78	Bills Auto & Truck	Major Capital Repair	2002	817				5	817	78
79										79
80	TOTALS			$ 9,362	$	$	$		$ 9,362	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)	$ 1,499,005	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 48,858	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 48,858	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 689,723	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 of Old Town East # 0042069 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 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 [x] NO

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

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

9. Option to Buy: [ ] YES [x] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 12/02/1996
Ending 11/30/2036

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

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

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO

16. Rental Amount for movable equipment: $ 6,602 Description: copy mach gl 6861-$6367.27, postage meter gl 6850, & office equip gl 6859-$234.29
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Related party-Pg 6A	various	$ 188.92	$ 2,267	17
18					18
19	Auto Lease gl 6890	various	0.00		19
20					20
21	TOTAL		$ 188.92	$ 2,267	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.

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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
   - [x] 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.

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	$		$	$		$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							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				118		118	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Except. Care	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A						1,015		1,015	13
14	TOTAL			$		$	$ 1,133		$ 1,133	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)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	Page 16 Col 5: PT,OT, & ST	Page 16 Col 6: Supplies
1.	OT	39-3	To Col 5	$0.00	$1,873.52
2.	ST	39-3	To Col 5	0.00	2,648.96
3.					
4.	PT	39-3	To Col 5	0.00	2,803.66
5.					
6.					
7.					
8.	Less PT, OT, ST costs reclassed to Line 10A for "DD type facilities				(7,326.00)
					0.14
	Phamacy Supplies per GL			0.00	143.21
	Manual Input from Related Party- Forum Drugs				(25.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	118.21
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00	0.00

13. Other: See Pg 16A			
13. Col 5: Manual Input: Related Party - CPT	To Col 5	0.00	0.00
Other			2,249.27
Manual Input: Related Party - Prism			(1,222.00)
Manual Input: Related Party FECII - I.V.			
Manual Input: Related Party FECII - Wound Care			(12.00)
Oxygen, from reclass worksheet (Pg 4A)			
			---
13. Col 6: Supplies Total	To Col 6	0.00	1,015.27
			---
13. Total Line 13, Column 8		0.00	1,015.27
			---
14. Total		0.00	1,133.62
			==========

STATE OF ILLINOIS

Facility Name & ID Number Alden of Old Town East # 0042069 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 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	209,985	209,985	3
4	Supply Inventory (priced at)	588	588	4
5	Short-Term Investments			5
6	Prepaid Insurance		6,038	6
7	Other Prepaid Expenses	797	797	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 211,370	$ 217,408	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		143,489	13
14	Buildings, at Historical Cost		934,861	14
15	Leasehold Improvements, at Historical Cost	35,970	53,085	15
16	Equipment, at Historical Cost	69,815	260,384	16
17	Accumulated Depreciation (book methods)	(83,063)	(563,770)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		20,728	21
22	Other Long-Term Assets (spe Refinancing Fee		35,783	22
23	Other(specify): Due from Affiliate,	1,150,161	1,361,885	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,172,883	$ 2,246,444	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,384,253	$ 2,463,853	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 133,695	$ 125,834	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,463	13,463	28
29	Short-Term Notes Payable		22,417	29
30	Accrued Salaries Payable	58,173	58,173	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,212	2,212	31
32	Accrued Real Estate Taxes(Sch.IX-B)		17,334	32
33	Accrued Interest Payable	1,125	2,471	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.	25,987	27,750	36
37	Due to Affiliates	11,598	11,598	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 246,253	$ 281,252	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,163,303	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)**	$	$ 1,163,303	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 246,253	$ 1,444,555	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,138,000	$ 1,019,298	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,384,253	$ 2,463,853	48

*(See instructions.)

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,129,381	1
2	Restatements (describe):		2
3	**Non-allowable cost or revenue adjustments recorded**	(88)	3
4	**after prior year report submitted:**		4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,129,293	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	8,707	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)**	$ 8,707	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)**	$ 1,138,000	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 1,186,268	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,186,268	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	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		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		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**See Page 19A**	245,261	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 245,261	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 1,431,529	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	197,358	31
32	Health Care	513,670	32
33	General Administration	261,316	33
	B. Capital Expense		
34	Ownership	117,224	34
	C. Ancillary Expense		
35	Special Cost Centers	261,348	35
36	Provider Participation Fee	71,906	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 1,422,822	40
41	**Income before Income Taxes (line 30 minus line 40)****	8,707	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 8,707	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,030,840	44
45	Private Pay - Net Inpatient Revenue	155,428	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) **Hospice/Insurance**		47
48	Other-(specify) **Veterans/Sales Allow.**		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 1,186,268	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

Description	Amount
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc. Income-State of IL refund- for late license fees payment	$ 1,104
Day Training Income	$242,805
Gain on Sale of Assets	$ 1,353
Line 28 Total:	245,261

Ending: **12/31/2013**

Facility Name & ID Number Alden of Old Town East # 0042069 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 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing			$	$	1
2	Assistant Director of Nursing					2
3	Registered Nurses	4,230	4,413	151,895	34.42	3
4	Licensed Practical Nurses	1,153	1,280	38,500	30.08	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	460	520	10,297	19.80	9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	4,158	4,326	53,093	12.27	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	1,399	1,591	18,630	11.71	18
19	Laundry					19
20	Administrator	158	182	6,361	34.95	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical					24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	21,121	22,516	263,688	11.71	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Transport Speciali	2,135	2,380	47,839	20.10	33
34	TOTAL (lines 1 - 33)	34,814	37,208	$ 590,303 *	$ 15.86	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	100/month	$ 1,200	1-3	35
36	Medical Director	331/month	3,975	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	32/month	384	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	1869/month	22,434	11-3	44
45	Social Service Consultant	11/month	134	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 28,127		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
ALUISE, DOMINICK L	Administrator	0	$ 513
DINUZZO, JOSEPHINE G	Administrator	0	5,848
		0	
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 6,361

B. Administrative - Other

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

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Servs.	Consulting	$ 59,313
BDO Seidman	Accounting fees	721
Midcap	Accounting fees	135
Baker Tilly, LLP	Accounting fees	2,517
AMS (Eliminated)	Allocated Legal Fees	19,050
Midcap	Legal Fees	141
Barry H, Greenburg	Legal Fees-Non collection	(613)
MPRO Admin.	Consulting	1,195
Linda Robert	Clinical Consulting	60
Silvestri Law Office	Legal Fees-collections	356
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 82,877

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 24,134
Unemployment Compensation Insurance	2,487
FICA Taxes	39,297
Employee Health Insurance	19,786
Employee Meals	4,560
Illinois Municipal Retirement Fund (IMRF)*	
Dental Insurance	144
Life Insurance	244
Employee Relations	99
Misc. Payroll Costs & Uniforms	258
Employee Drug Test	352
401K Match	757
Employee Vaccinations	331
TOTAL (agree to Schedule V, line 22, col.8)	$ 92,449

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

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 0
Advertising: Employee Recruitment	156
Health Care Worker Background Check	
(Indicate # of checks performed 2)	60
Patient Background Checks 2	20
IHCA/HEACOU dues less PAC fees	654
Surety Bond/Collaborative Healthcare	169
Allscripts/Sec of State/Annual Report	437
Related party-AMS	301
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 1,797

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related Party-AMS	91
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 91

* Attach copy of IMRF notifications

**See instructions.

Alden of Old Town East
Legal Fee Support
2013

Legal Fees Reported on Pg 21, Section C:	$	18,932.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(356.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(19,050.00)
Allowable Legal Fees	$	(474.00)

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Painting	02/06	$ 2,675	3	$ 892	$ 892	$ 149	$	$	$	$	$	$
2	Painting	05/09	3,300	3			733	1,100	1,100	367			
3	Painting	03/12	1,910	3						530			
4	Painting	09/12	1,441	3						120			
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 9,326		$ 892	$ 892	$ 882	$ 1,100	$ 1,100	$ 1,017	$	$	$

Facility Name & ID Number Alden of Old Town East # 0042069 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/HEACOU dues $654**

(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. $ **5,573** 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. $ **71,906**
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. $ **4,560** 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 of Schedule V? **Yes**

(19) If total legal fees are in excess of $5,000, have legal invoices and a summary of services performed been attached to this cost report? **No**
Attach invoices and a summary of services for all architect and appraisal fees.