FOR BHF USE

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2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2014)

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 South First St (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 01/01/2014 to 12/31/2014 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) Steve Kroll
(Title) Chief Financial Officer, Alden Management Services as agent

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: 01/01/2014 Ending: 12/31/2014

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	5,359	363		5,722	13
14	TOTALS	5,359	363		5,722	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.98%

D. How many bed-hold days during this year were paid by the Department?
66 (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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

	Operating Expenses	Costs Per General Ledger: Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	49,961	3,041	3,000	56,002	24	56,026	(1,236)	54,790			1
2	Food Purchase		45,222		45,222	(4,805)	40,417	(220)	40,197			2
3	Housekeeping	19,532	6,121		25,653	406	26,059	1,068	27,127			3
4	Laundry		2,877		2,877		2,877		2,877			4
5	Heat and Other Utilities			18,989	18,989		18,989	(71)	18,918			5
6	Maintenance			56,679	56,679	1,583	58,262	7,386	65,648			6
7	Other (specify):* related party							1,014	1,014			7
8	TOTAL General Services	69,493	57,261	78,668	205,422	(2,792)	202,630	7,941	210,571			8
	B. Health Care and Programs											
9	Medical Director			5,100	5,100		5,100		5,100			9
10	Nursing and Medical Records	418,478	21,473	1,169	441,120	382	441,502	5,732	447,234			10
10a	Therapy					6,578	6,578	837	7,415			10a
11	Activities	10,608	1,910	1,095	13,613		13,613		13,613			11
12	Social Services											12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							934	934			15
16	TOTAL Health Care and Programs	429,086	23,383	7,364	459,833	6,960	466,793	7,503	474,296			16
	C. General Administration											
17	Administrative	14,650			14,650		14,650	22,563	37,213			17
18	Directors Fees											18
19	Professional Services			90,621	90,621		90,621	(68,129)	22,492			19
20	Dues, Fees, Subscriptions & Promotions			7,562	7,562		7,562	(5,373)	2,189			20
21	Clerical & General Office Expenses	50,674	2,277	16,732	69,683		69,683	34,071	103,754			21
22	Employee Benefits & Payroll Taxes			96,292	96,292	3,993	100,285		100,285			22
23	Inservice Training & Education											23
24	Travel and Seminar							198	198			24
25	Other Admin. Staff Transportation			2,584	2,584		2,584	1,902	4,486			25
26	Insurance-Prop.Liab.Malpractice			20,047	20,047		20,047	1,785	21,832			26
27	Other (specify):* related party			1,947	1,947		1,947	5,549	7,496			27
28	TOTAL General Administration	65,324	2,277	235,785	303,386	3,993	307,379	(7,434)	299,945			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	563,903	82,921	321,817	968,641	8,161	976,802	8,010	984,812			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: 01/01/2014 Ending: 12/31/2014

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			6,123	6,123	(1,583)	4,540	37,997	42,537			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,072	24,072		24,072	18,467	42,539			32
33	Real Estate Taxes			17,856	17,856	(17,856)		17,313	17,313			33
34	Rent-Facility & Grounds			59,754	59,754	17,856	77,610	(77,610)				34
35	Rent-Equipment & Vehicles			6,364	6,364		6,364	6,272	12,636			35
36	Other (specify):* MIP							5,868	5,868			36
37	TOTAL Ownership			114,169	114,169	(1,583)	112,586	8,307	120,893			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		3,288	6,578	9,866	(6,578)	3,288	(1,790)	1,498			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			72,390	72,390		72,390		72,390			42
43	Other (specify):* DT & Transp spec	6,396		262,843	269,239		269,239		269,239			43
44	TOTAL Special Cost Centers	6,396	3,288	341,811	351,495	(6,578)	344,917	(1,790)	343,127			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	570,299	86,209	777,797	1,434,305		1,434,305	14,527	1,448,832			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		$	(4,805.00)	Employee Meals	
	22	$	4,805.00	Employee Meals	
22		$	(812.00)	Uniforms	
	1	$	24.00	Uniforms	
	3	$	406.00	Uniforms	
	4			Uniforms	
	6			Uniforms	
	10	$	382.00	Uniforms	
	11			Uniforms	
	21			Uniforms	
10		$	-	Oxygen - to appropriate cost center	
	39	$	-	Oxygen - to appropriate cost center	
33		$	(17,856.00)	Rent - Real Estate Tax on associated landowner (Pg 6)	
	34	$	17,856.00	Rent - Real Estate Tax on associated landowner (Pg 6)	
39			(6,578.28)	PT, OT, ST, CPT Therapy Costs	From page 4 Line 39 col. 3
10A			6,578.28	PT, OT, ST, CPT Therapy Costs	
30		$	(1,583.00)	Reclass Depr on Painting	
	6	$	1,583.00	Reclass Depr on Painting	
		$	-		

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 Refer-ence	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	(2,608)	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	(220)	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	(1,928)	21		17
18	Fines and Penalties	(300)	32		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance	(3,904)	20		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,947)	27		24
25	Fund Raising, Advertising and Promotional	(1,939)	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)**	$ (12,846)		$	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)	35,336		34
35	Other- Attach Schedule	(7,963)		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 27,373		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 14,527		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: 01/01/2014

Ending: 12/31/2014

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under $2,500 -	$ (1,653)	30	1
2	Elim Deprec Exp on Pg 13 items under $2500 -	(4,565)	30	2
3	Expense Pg 12 items under $2,500 - curr yr purchs +	542	6	3
4	Expense Pg 13 items under $2,500 - curr yr purchs +	9,176	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(4)	30	6
7	Reconcile Depreciation expense	(853)	30	7
8	Late Fees on Utilities	(466)	5	8
9	Other nursing income - flu shots	(14)	21	9
10	Intercompany Interest	(10,126)	32	10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				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**	(7,963)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Old Town East # 0042069 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

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	319	(1,555)	0	0	0	0	0	0	0	(1,236)	1
2	Food Purchase	(220)	0	0	0	0	0	0	0	0	0	0	(220)	2
3	Housekeeping	0	0	1,068	0	0	0	0	0	0	0	0	1,068	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(466)	0	395	0	0	0	0	0	0	0	0	(71)	5
6	Maintenance	7,110	0	292	0	0	0	(16)	0	0	0	0	7,386	6
7	Other (specify):*	0	0	971	43	0	0	0	0	0	0	0	1,014	7
8	**TOTAL General Services**	6,424	0	3,045	(1,512)	0	0	(16)	0	0	0	0	7,941	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	6,040	(3)	(305)	0	0	0	0	0	0	5,732	10
10a	Therapy	0	0	0	0	0	837	0	0	0	0	0	837	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	934	0	0	0	0	0	0	0	0	934	15
16	**TOTAL Health Care and Programs**	0	0	6,974	(3)	(305)	837	0	0	0	0	0	7,503	16
	C. General Administration													
17	Administrative	0	0	22,563	0	0	0	0	0	0	0	0	22,563	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	2,583	(70,712)	0	0	0	0	0	0	0	0	(68,129)	19
20	Fees, Subscriptions & Promotions	(5,843)	0	470	0	0	0	0	0	0	0	0	(5,373)	20
21	Clerical & General Office Expenses	(1,942)	103	34,546	1,130	234	0	0	0	0	0	0	34,071	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	198	0	0	0	0	0	0	0	0	198	24
25	Other Admin. Staff Transportation	0	0	1,902	0	0	0	0	0	0	0	0	1,902	25
26	Insurance-Prop.Liab.Malpractice	0	1,758	27	0	0	0	0	0	0	0	0	1,785	26
27	Other (specify):*	(1,947)	0	7,420	111	(35)	0	0	0	0	0	0	5,549	27
28	**TOTAL General Administration**	(9,732)	4,444	(3,586)	1,241	199	0	0	0	0	0	0	(7,434)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(3,308)	4,444	6,433	(274)	(106)	837	(16)	0	0	0	0	8,010	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Old Town East # 0042069 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

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	(7,075)	41,082	3,990	0	0	0	0	0	0	0	0	37,997	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(10,426)	17,776	11,112	0	5	0	0	0	0	0	0	18,467	32
33	Real Estate Taxes	0	16,644	670	0	(1)	0	0	0	0	0	0	17,313	33
34	Rent-Facility & Grounds	0	(77,610)	0	0	0	0	0	0	0	0	0	(77,610)	34
35	Rent-Equipment & Vehicles	0	0	6,272	0	0	0	0	0	0	0	0	6,272	35
36	Other (specify):*	0	5,868	0	0	0	0	0	0	0	0	0	5,868	36
37	**TOTAL Ownership**	(17,501)	3,760	22,044	0	4	0	0	0	0	0	0	8,307	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	(1,686)	(104)	0	0	0	0	0	0	(1,790)	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	(1,686)	(104)	0	0	0	0	0	0	(1,790)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(20,809)	8,204	28,477	(1,960)	(206)	837	(16)	0	0	0	0	14,527	45

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	$ 77,610	Alden of Bloomingdale Limited Partnership	0.00%	$	$ (77,610)	1
2	V	32	Interest Income - RR	22	Alden of Bloomingdale Limited Partnership			(22)	2
3	V	32	Interest Income	13,370	Alden of Bloomingdale Limited Partnership			(13,370)	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		2,583	2,583	5
6	V	6	Repairs & Maint./ R&M- RR		Alden of Bloomingdale Limited Partnership				6
7	V	33	Real Estate Tax Expense		Alden of Bloomingdale Limited Partnership		16,644	16,644	7
8	V	26	General Insurance Expense		Alden of Bloomingdale Limited Partnership		1,758	1,758	8
9	V	36	Mortgage Insurance Premium		Alden of Bloomingdale Limited Partnership		5,868	5,868	9
10	V	32	Interest - Mortgage/ IOD		Alden of Bloomingdale Limited Partnership		29,341	29,341	10
11	V	32	Interest - Other		Alden of Bloomingdale Limited Partnership				11
12	V	30	Depreciation Expense		Alden of Bloomingdale Limited Partnership		41,082	41,082	12
13	V	32	Amortization Expense		Alden of Bloomingdale Limited Partnership		1,827	1,827	13
14	Total			$ 91,002			$ 99,206	$ * 8,204	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: 01/01/2014 Ending: 12/31/2014

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%	$ 395	$ 395	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		198	198	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		1,902	1,902	17
18	V	26	Insurance		Alden Management Services, Inc.		27	27	18
19	V	20	Dues & Subscriptions		Alden Management Services, Inc.		470	470	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,990	3,990	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		670	670	21
22	V	35	Rent - Equipment & Vihicles		Alden Management Services, Inc.		6,272	6,272	22
23	V	32	Interest		Alden Management Services, Inc.		11,112	11,112	23
24	V	1	Dietary		Alden Management Services, Inc.		319	319	24
25	V	3	Housekeeping		Alden Management Services, Inc.		1,068	1,068	25
26	V	7	Employee Benefits - Gen'l Services		Alden Management Services, Inc.		971	971	26
27	V	10	Nursing & Medical Records Salaries		Alden Management Services, Inc.		6,040	6,040	27
28	V	15	Employee Benefits - Health Care		Alden Management Services, Inc.		934	934	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		22,563	22,563	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		7,420	7,420	30
31	V	19	Professional Fees	85,626	Alden Management Services, Inc.		14,914	(70,712)	31
32	V	21	General & Adminstrative		Alden Management Services, Inc.		34,546	34,546	32
33	V	6	Repairs & Maintenance	8,702	Alden Management Services, Inc.		8,994	292	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 94,328			$ 122,805	$ * 28,477	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: 01/01/2014 Ending: 12/31/2014

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	$ 3,000	Prism Health Care Services, Inc.	0.00%	$ 7	$ (2,993)	15
16	V	1	Dietary Salary		Prism Health Care Sevices, Inc.		1,438	1,438	16
17	V	2	Tube Feeding		Prism Health Care Sevices, Inc.				17
18	V	10	Equipment Rental	360	Prism Health Care Sevices, Inc.		357	(3)	18
19	V	39	Ancillary Supplies	2,604	Prism Health Care Sevices, Inc.		918	(1,686)	19
20	V	21	Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		668	668	20
21	V	27	Employee Benefits		Prism Health Care Sevices, Inc.		111	111	21
22	V	7	Employee Benefits		Prism Health Care Sevices, Inc.		43	43	22
23	V	21	General & Administrative		Prism Health Care Sevices, Inc.		462	462	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			$ 5,964			$ 4,004	$ * (1,960)	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: 01/01/2014 Ending: 12/31/2014

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	$ 684	Forum Extended Care Services II, Inc.	0.00%	$ 580	$ (104)	15
16	V	39	IV		Forum Extended Care Services II, Inc.				16
17	V	39	Wound Care		Forum Extended Care Services II, Inc.				17
18	V	10	House Stock	1,627	Forum Extended Care Services II, Inc.		1,378	(249)	18
19	V	10	Pharmacy Consultant	365	Forum Extended Care Services II, Inc.		309	(56)	19
20	V	27	Employee Vaccination	353	Forum Extended Care Services II, Inc.		299	(54)	20
21	V	27	Employee Benefit: G & A		Forum Extended Care Services II, Inc.		19	19	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		129	129	22
23	V	21	General and Administrative		Forum Extended Care Services II, Inc.		105	105	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		5	5	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		(1)	(1)	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			$ 3,029			$ 2,823	$ * (206)	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: 01/01/2014 Ending: 12/31/2014

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	$ 6,578	Community Physical Therapy & Associates, Ltd.	0.00%	$ 7,415	$ 837	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			$ 6,578			$ 7,415	$ * 837	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: 01/01/2014 Ending: 12/31/2014

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	$ 8,267	Alden Bennett Construction Company, Inc.	0.00%	$ 8,251	$ (16)	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			$ 8,267			$ 8,251	$ * (16)	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: 01/01/2014 Ending: 12/31/2014

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 C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingdale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingdale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingdale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingdale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constru	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingdale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineerir	14
15			Alden Trails, Inc.	Bloomingdale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	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								30

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 A.	President	CEO	100.00	184,172	0.18	0.45	Salary	$ 828	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,575	0.18	0.45	Salary	425	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,575	0.18	0.45	Salary	425	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	99,792	0.18	0.45	Salary	449	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,655	0.18	0.45	Salary	273	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 Program.										11
12											12
13								TOTAL	$ 2,400		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: 01/01/2014 Ending: 2/31/2014

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	1,278,025	35	$ 88,281	$	5,722	$ 395	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237		5,722	198	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738		5,722	1,902	3
4	26	Insurance	Patient Days	1,278,025	35	6,060		5,722	27	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997		5,722	470	5
6	30	Depreciation	No of Providers/usage	35	35	150,051		1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564		5,722	670	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909		5,722	6,272	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440		5,722	11,112	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	71,149	5,722	319	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	5,722	1,068	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885		5,722	971	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	1,414,605	5,722	6,040	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622		5,722	934	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	5,722	22,563	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386		5,722	7,420	16
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	850,594	5,722	14,914	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	6,669,245	5,722	34,546	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	1,161,005	5,722	8,994	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 22,624,236	$ 14,123,494		$ 122,805	25

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	$5,317.00	9/1/12	$ 1,212,967	$ 1,163,303	12/31/47	2.5000	$ 29,341	1
2												2
3												3
4												4
5	Amort of Fin Fees (GL 7105)		X	Refinancing							1,828	5
	Working Capital											
6	Related party-AMS		X	Working Capital							11,112	6
7	Related party-FECII		X	Working Capital							5	7
8	Insurance Interest (GL 7053)		X	Medical Malpractice							275	8
9	TOTAL Facility Related				$5,317.00		$ 1,212,967	$ 1,163,303			$ 42,561	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		X								(22)	10
11	Int Income (GL#4975)		X									11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (22)	14
15	TOTALS (line 9+line14)						$ 1,212,967	$ 1,163,303			$ 42,539	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$ 5,868** **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:** 01/01/2014 **Ending:** 12/31/2014

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.**	$ 15,442	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.)		$ 15,813	2
3. Under or (over) accrual (line 2 minus line 1).		$ 371	3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 16,273	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.		$ 16,644	7
	Plus: Related Party Taxes (2) - See Pg RE_Tax	$ 669.00	
	Total Real Estate Tax Expense, Sch V, Line 33	$ 17,313	

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2009	13,168	8
	2010	13,616	9
	2011	14,646	10
	2012	15,173	11
	2013	15,813	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 2013	$	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.

2013 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 2013 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 2013.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	See attached (Supplement)	Related party-Alden Management	$ 317,349.00	$ 670.00
2.	See attached (Supplement)	Related Party-Forum Extended Care	$ (9,166.00)	$ (1.00)
3.	02-15-201-020	Nursing Home Facility	$ 15,812.54	$ 15,812.54
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 323,995.54	$ 16,481.54

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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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: 01/01/2014 Ending: 12/31/2014

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).

none

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: 01/01/2014 Ending: 12/31/2014

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	$	$ 386,254	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		10			8,091	12
13	ABC roof repair			2003	1,685		10			1,685	13
14											14
15	Central States Automati(Sprinkler Repair)			2005	1,614	161	10	161		1,584	15
16	Alden Bennett Const(Door Installation)			2005	1,882	188	10	188		1,802	16
17											17
18	ABC - Replace Resident's Room Ceiling			2009	4,749	475	10	475		2,735	18
19											19
20	Kitchen work(cabinetry,floor repair,wall repair & paint) - ABC			2011	11,117	556	20	556		2,085	20
21	Valve Inspections/water gauge on valve replaced - USFIRE			2011	3,703	741	5	741		2,346	21
22	Sprinkler System/Fire Safety Equipment-Valley Fire			2013	3,103	621	5	621		983	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: 01/01/2014 Ending: 12/31/2014

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	$ 26,114		$ 26,114	$	$ 411,685	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27									27
28									28
29	Adj for ABC related party profit	2009	(63)	(10)		(10)		(55)	29
30	Adj for ABC related party profit	2011	86	6		6		21	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,065,404	$ 27,414		$ 27,414	$	$ 493,685	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: 01/01/2014 Ending: 12/31/2014

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	$ 99,021	$ 13,397	$ 13,397	$	varies	$ 48,607	71
72	Current Year Purchases	14,300	888	888		varies	853	72
73	Fully Depreciated Assets	180,687	838	838		varies	180,687	73
74								74
75	TOTALS	$ 294,008	$ 15,123	$ 15,123	$		$ 230,147	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				$	$	$	$		$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78	AMS-Bus/Travel Van	Chev/Lumina/00/Various	98-04	4,634				3	4,634	78
79	Bills Auto & Truck	Major Capital Repair	2002	817				5	817	79
80	TOTALS			$ 9,477	$	$	$		$ 9,477	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)	$ 1,519,575	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 42,537	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 42,537	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)	$ 733,309	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	Fire Protection System	$ 8,633	92
93			93
94			94
95		$ 8,633	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: 01/01/2014 Ending: 12/31/2014

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.	12/31/2015	$ varies
13.	12/31/2016	$ varies
14.	12/31/2017	$ 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: $ 6,650 Description: copy machine GL 6861-$6364.08 and equipment lease GL 6859-$285.83
    (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	$ 192.17	$ 2,306	17
18					18
19					19
20					20
21	TOTAL		$ 192.17	$ 2,306	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: 01/01/2014 Ending: 12/31/2014

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: 01/01/2014 Ending: 12/31/2014

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

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
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				580		580	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A						918		918	13
14	TOTAL			$		$	$ 1,498		$ 1,498	14

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

Page 16

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		Col 5: PT,OT, & ST	Col 6: Supplies
1.	OT	39-3	To Col 5		$0.00	
2.	ST	39-3	To Col 5		0.00	
3.						
4.	PT	39-3	To Col 5		0.00	
5.						
6.						
7.						
8.	Phamacy Supplies per GL			684.38		
	Manual Input from Related Party- Forum Drugs			(104.00)		
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	580.38		580.38
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		0.00
13.	Other:	See Pg 16A				

13. Col 5: Manual Input: Related Party - CPT	To Col 5		0.00
Other		2,604.00	
Manual Input: Related Party - Prism		(1,686.00)	
Manual Input: Related Party FECII - I.V.			
Manual Input: Related Party FECII - Wound Care			
Oxygen, from reclass worksheet (Pg 4A)		0.00	
13. Col 6: Supplies Total	To Col 6	918.00	918.00
13. Total Line 13, Column 8		0.00	918.00
14. Total		0.00	$1,498.38

STATE OF ILLINOIS

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2014 (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	$	$ 1,345	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 1,650)	210,725	210,725	3
4	Supply Inventory (priced at)	588	588	4
5	Short-Term Investments			5
6	Prepaid Insurance		5,893	6
7	Other Prepaid Expenses	2,004	2,004	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 213,317	$ 220,555	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		140,913	13
14	Buildings, at Historical Cost		934,861	14
15	Leasehold Improvements, at Historical Cost	40,164	57,279	15
16	Equipment, at Historical Cost	80,248	277,994	16
17	Accumulated Depreciation (book methods)	(88,871)	(610,660)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		19,122	21
22	Other Long-Term Assets (spe **Refinancing Fee**	1,383	35,339	22
23	Other(specify): **Due from Affiliates, Escrw,CIP**	1,300,335	1,519,235	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,333,259	$ 2,374,083	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,546,576	$ 2,594,638	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 150,752	$ 139,612	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,434	16,434	28
29	Short-Term Notes Payable		22,984	29
30	Accrued Salaries Payable	64,455	64,455	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,154	2,154	31
32	Accrued Real Estate Taxes(Sch.IX-B)		16,273	32
33	Accrued Interest Payable	1,105	2,424	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.	20,712	27,962	36
37	Due to Affiliates	26,445	26,445	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 282,057	$ 318,743	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,140,319	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 1,140,319	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 282,057	$ 1,459,062	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,264,518	$ 1,135,575	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,546,576	$ 2,594,638	48

*(See instructions.)

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,138,000	1
2	Restatements (describe):		2
3	**Non-allowable cost or revenue adjustments recorded**		3
4	**after prior year report submitted:**	62,367	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,200,367	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	64,151	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)**	$ 64,151	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)**	$ 1,264,518	24 *

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

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	$ 1,235,241	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,235,241	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	14	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 14	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, if any**	263,201	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 263,201	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 1,498,456	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	205,422	31
32	Health Care	459,833	32
33	General Administration	303,386	33
	B. Capital Expense		
34	Ownership	114,169	34
	C. Ancillary Expense		
35	Special Cost Centers	279,105	35
36	Provider Participation Fee	72,390	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 1,434,305	40
41	**Income before Income Taxes (line 30 minus line 40)****	64,151	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 64,151	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 1,072,373	44
45	Private Pay - Net Inpatient Revenue	162,868	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)	$ 1,235,241	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 (describe) (is offset against Sch.# V)		
Day Training Income	$	262,843
Adjustment to prior year expense	$	44
Gain on Sale of Assets	$	314

Line 28 Total: 263,201

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	3,212	3,434	112,751	32.83	3
4	Licensed Practical Nurses	919	1,059	35,795	33.80	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	520	520	10,608	20.40	9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,905	3,977	49,961	12.56	14
15	Cook Helpers/Assistants					15
16	Dishwashers					16
17	Maintenance Workers					17
18	Housekeepers	1,452	1,541	19,532	12.67	18
19	Laundry					19
20	Administrator	440	440	14,650	33.30	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)	21,571	23,157	269,932	11.66	30
31	Medical Records					31
32	Other Health C: TransportSpec.	384	401	6,396	15.95	32
33	Other(specify) Facility Manager	2,080	2,080	50,674	24.36	33
34	TOTAL (lines 1 - 33)	34,483	36,609	$ 570,299 *	$ 15.58	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	250/month	$ 3,000	1-3	35
36	Medical Director	425/month	5,100	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	30/month	365	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	7	360	11-3	44
45	Social Service Consultant	11	735	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	17	$ 9,560		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides	11	168	10-3	52
53	TOTAL (lines 50 - 52)	11	$ 168		53

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
ALUISE, DOMINICK L.	Administrator	0	$ 5,195
Rodriguez, Nancy E	Administrator	0	9,455
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 14,650

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 Services	Consulting fees	$ 61,763
BDO Seidman	Accounting fees	887
Midcap	Accounting fees	262
Baker Tilly, LLP	Accounting fees	2,696
Mercer, Inc	Accounting fees	229
MPRO Admin.	Consulting fees	920
AMS (Eliminated)	Allocated Legal Fees	19,200
Behavioral Specialist	Consulting fees	4,664
TOTAL (agree to Schedule V, line 19, column 3)		
(For legal fee disclosure, see page 39 of instructions)		$ 90,621

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 23,934
Unemployment Compensation Insurance	3,942
FICA Taxes	39,639
Employee Health Insurance	24,612
Employee Meals	4,805
Illinois Municipal Retirement Fund (IMRF)*	
Dental Insurance	31
Life Insurance	315
Employee Relations	1,895
Misc. Payroll Costs & Uniforms	266
Employee Drug Test	80
401K Match	413
Employee Vaccinations	353
TOTAL (agree to Schedule V, line 22, col.8)	$ 100,285

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	212
Health Care Worker Background Check	
(Indicate # of checks performed 0)	0
Patient Background Checks 1	10
Health Care Coun. Of ILL	883
Surety Bond	169
Collaborative Health/Annual Rept/Sec State	445
Related party- AMS	470
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 2,189

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Related party- AMS	198
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 198

* Attach copy of IMRF notifications

**See instructions.

Alden of Old Town East
Legal Fee Support
2014

Legal Fees Reported on Pg 21, Section C:	$	19,200.00
Less: Collection, estates, & other non-allowable legal f listed on Pg 5, Line 22		-
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(19,200.00)
Allowable Legal Fees	$	-

AMS Legal Allocation	Legal Work	19,200
		19,200.00

Facility Name & ID Number Alden of Old Town East # 0042069 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			$		$	$	$	$	$	$	$	$	$
2													
3	Painting	03/12	1,910	3						530	636	637	
4	Painting	09/12	1,441	3						120	481	480	
5	Painting	09/14	4,194	3								466	
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 7,545		$	$	$	$	$	$ 650	$ 1,117	$ 1,583	$

Facility Name & ID Number Alden of Old Town East # 0042069 **Report Period Beginning:** 01/01/2014 **Ending:** 12/31/2014

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? REH:Yes; RN/LPN:NO

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Coun. Of ILL dues $883

(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. $ 5,861 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. $ 72,390
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. $ 4,805 Has any meal income been offset against related costs? No Indicate the amount. $

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

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

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

(19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.