



Facility Name & ID Number Alden Terrace of McHenry Rehab

# 0040691 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	316	Skilled (SNF)	316	115,656	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	316	TOTALS	316	115,656	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	4,908	969	8,642	14,519	8
9	SNF/PED					9
10	ICF	56,136	3,060	484	59,680	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	61,044	4,029	9,126	74,199	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.15%

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

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

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

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

none

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

YES  NO

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

Date started 03/01/95

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

YES  Date 03/01/95 NO

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

YES  NO  If YES, enter number of beds certified 316 and days of care provided 5,073

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name &amp; ID Number

Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	290,598	29,903	22,800	343,301	639	343,940	(1,999)	341,941		1
2	Food Purchase		469,568		469,568	(42,941)	426,627	(19,096)	407,531		2
3	Housekeeping	276,934	66,152		343,086	2,360	345,446	8,362	353,808		3
4	Laundry	89,128	48,121	16	137,265	457	137,722		137,722		4
5	Heat and Other Utilities			245,360	245,360		245,360	2,672	248,032		5
6	Maintenance	42,255		269,512	311,767	2,916	314,683	44,141	358,824		6
7	Other (specify):* related party							9,287	9,287		7
8	<b>TOTAL General Services</b>	698,915	613,744	537,688	1,850,347	(36,569)	1,813,778	43,367	1,857,145		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	4,262,548	374,053	7,584	4,644,185	(62,602)	4,581,583	65,399	4,646,982		10
10a	Therapy	145,459	2,597	11,400	159,456		159,456		159,456		10a
11	Activities	312,007	9,902	4,035	325,944	126	326,070		326,070		11
12	Social Services	74,262			74,262		74,262		74,262		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,703	8,703		15
16	<b>TOTAL Health Care and Programs</b>	4,794,276	386,552	53,019	5,233,847	(62,476)	5,171,371	74,102	5,245,473		16
	<b>C. General Administration</b>										
17	Administrative	160,867			160,867		160,867	162,507	323,374		17
18	Directors Fees										18
19	Professional Services			941,911	941,911	(25,799)	916,112	(844,337)	71,775		19
20	Dues, Fees, Subscriptions & Promotions			99,535	99,535		99,535	(80,388)	19,147		20
21	Clerical & General Office Expenses	186,435	21,999	72,407	280,841	(2,361)	278,480	347,683	626,163		21
22	Employee Benefits & Payroll Taxes			809,521	809,521	32,295	841,816	(6,968)	834,848		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,718	2,718		2,718	1,309	4,027		24
25	Other Admin. Staff Transportation			41	41		41	24,170	24,211		25
26	Insurance-Prop.Liab.Malpractice			343,420	343,420		343,420	365	343,785		26
27	Other (specify):* related party			155,020	155,020		155,020	(74,751)	80,269		27
28	<b>TOTAL General Administration</b>	347,302	21,999	2,424,573	2,793,874	4,135	2,798,009	(470,410)	2,327,599		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,840,493	1,022,295	3,015,280	9,878,068	(94,910)	9,783,158	(352,941)	9,430,217		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 Terrace of McHenry Rehab

#0040691

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			147,533	147,533		147,533	(9,115)	138,418			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			299,182	299,182		299,182	(75,540)	223,642			32
33	Real Estate Taxes			233,387	233,387		233,387	9,288	242,675			33
34	Rent-Facility & Grounds			1,649,687	1,649,687		1,649,687		1,649,687			34
35	Rent-Equipment & Vehicles			17,081	17,081		17,081	73,058	90,139			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			2,346,870	2,346,870		2,346,870	(2,309)	2,344,561			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		462,965	567,259	1,030,224	94,910	1,125,134	(36,400)	1,088,734			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			583,682	583,682		583,682		583,682			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		462,965	1,150,941	1,613,906	94,910	1,708,816	(36,400)	1,672,416			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,840,493	1,485,260	6,513,091	13,838,844		13,838,844	(391,650)	13,447,194			45

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

Alden Terrace of McHenry Rehab  
 Report Period Beginning: 01/01/2012  
 Report Period Ending: 12/31/2012

IDPH Facility No. 0040691

**Reclassifications - Pages 3 & 4, Column 5**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(42,941.00)	Employee Meals
	22	42,941.00	Employee Meals
22		(10,646.00)	Uniforms
	1	639.00	Uniforms
	3	2,360.00	Uniforms
	4	457.00	Uniforms
	6	196.00	Uniforms
	10	6,509.00	Uniforms
	11	126.00	Uniforms
	21	359.00	Uniforms
10		(94,910.00)	Oxygen - to appropriate cost center
	39	94,910.00	Oxygen - to appropriate cost center
19		(25,799.00)	Clinical Coordinator (Pathway Billing)
	10	25,799.00	Clinical Coordinator (Pathway Billing)
21		(2,720.00)	Vendor Settlement
	6	2,720.00	Vendor Settlement



Facility Name & ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(8,071)	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	(16,827)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,765)	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	(37,812)	21		17
18	Fines and Penalties		32		18
19	Entertainment	(783)	20		19
20	Contributions	(19,284)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,987)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(155,021)	27		24
25	Fund Raising, Advertising and Promotional	(20,516)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (275,066)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	262,278	Various	34
35	Other- Attach Schedule	(378,862)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (116,584)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (391,650)		37

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

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

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

## Alden Terrace of McHenry Rehab

Report Period Beginning:	ID#	0040691
Ending:	01/01/2012	
	12/31/2012	

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500	\$ (5,387)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500	(12,672)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs	99	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs	11,528	6	4
5	Expense Pg 13 items under \$2,500 - curr yr purchs	158	6	5
6	adj ABC Related Party profit Pg12 (2008-2012)	(112)	30	6
7	adj ABC Related Party profit Pg12 (2012 only)	67	30	7
8	adjustment on depreciation expense	(621)	30	8
9				9
10				10
11	Late Fees on Utilities	(2,081)	5	11
12	Intercompany interests	(293,971)	32	12
13	Marketing Manager (GL 6701 - 100-009)	(50,275)	21	13
14	employee benefits - Marketing Manager	(6,968)	22	14
15	back out PAC Fees (30%)	(3,643)	20	15
16				16
17	Back out Chamber of Commerce exp (GL 6825)	(600)	20	17
18	Misc Income (medical records)	(448)	21	18
19	Misc Income (jury duty)	(717)	21	19
20	Misc Income (food vendor rebate)	(6,273)	2	20
21	Misc Income (others)	(154)	21	21
22	back out Legal Fees - Group Midcap charges	(2,629)	19	22
23	back out Accounting Fees - Group Midcap charges	(4,115)	19	23
24	Other Nursing Income - flu shots	(48)	21	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	<b>Total</b>		(378,862)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	7,479	(9,478)	0	0	0	0	0	0	0	(1,999)	1
2	Food Purchase	(8,038)	0	0	(11,058)	0	0	0	0	0	0	0	(19,096)	2
3	Housekeeping	0	0	8,362	0	0	0	0	0	0	0	0	8,362	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,081)	0	4,753	0	0	0	0	0	0	0	0	2,672	5
6	Maintenance	3,714	0	37,667	0	0	0	2,760	0	0	0	0	44,141	6
7	Other (specify):*	0	0	9,287	0	0	0	0	0	0	0	0	9,287	7
8	<b>TOTAL General Services</b>	<b>(6,405)</b>	<b>0</b>	<b>67,548</b>	<b>(20,536)</b>	<b>0</b>	<b>0</b>	<b>2,760</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43,367</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	59,649	84	5,666	0	0	0	0	0	0	65,399	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,703	0	0	0	0	0	0	0	0	8,703	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>68,352</b>	<b>84</b>	<b>5,666</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>74,102</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	162,507	0	0	0	0	0	0	0	0	162,507	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,731)	0	(822,606)	0	0	0	0	0	0	0	0	(844,337)	19
20	Fees, Subscriptions & Promotions	(44,826)	0	(35,562)	0	0	0	0	0	0	0	0	(80,388)	20
21	Clerical & General Office Expenses	(89,454)	0	378,606	17,879	40,652	0	0	0	0	0	0	347,683	21
22	Employee Benefits & Payroll Taxes	(6,968)	0	0	0	0	0	0	0	0	0	0	(6,968)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,309	0	0	0	0	0	0	0	0	1,309	24
25	Other Admin. Staff Transportation	0	0	24,170	0	0	0	0	0	0	0	0	24,170	25
26	Insurance-Prop.Liab.Malpractice	0	0	365	0	0	0	0	0	0	0	0	365	26
27	Other (specify):*	(155,021)	0	74,517	3,029	2,724	0	0	0	0	0	0	(74,751)	27
28	<b>TOTAL General Administration</b>	<b>(318,000)</b>	<b>0</b>	<b>(216,694)</b>	<b>20,908</b>	<b>43,376</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(470,410)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(324,405)</b>	<b>0</b>	<b>(80,794)</b>	<b>456</b>	<b>49,042</b>	<b>0</b>	<b>2,760</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(352,941)</b>	<b>29</b>

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012 Ending:

Summary B

12/31/2012

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(18,725)	0	9,610	0	0	0	0	0	0	0	0	(9,115)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(310,798)	0	234,984	0	274	0	0	0	0	0	0	(75,540)	32
33	Real Estate Taxes	0	0	8,887	0	401	0	0	0	0	0	0	9,288	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	73,058	0	0	0	0	0	0	0	0	73,058	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(329,523)</b>	<b>0</b>	<b>326,539</b>	<b>0</b>	<b>675</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(2,309)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(22,934)	(79,667)	66,201	0	0	0	0	0	(36,400)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(22,934)</b>	<b>(79,667)</b>	<b>66,201</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(36,400)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(653,928)</b>	<b>0</b>	<b>245,745</b>	<b>(22,478)</b>	<b>(29,950)</b>	<b>66,201</b>	<b>2,760</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(391,650)</b>	<b>45</b>

**VII. RELATED PARTIES**

**A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100%	See PG6-Supp		See PG6-Supp		

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

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

1 Schedule V	2 Line	3 Cost Per General Ledger		4 Amount	5 Cost to Related Organization		6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item			Name of Related Organization					
1	V			\$				\$	\$	1
2	V									2
3	V									3
4	V									4
5	V									5
6	V									6
7	V									7
8	V									8
9	V									9
10	V									10
11	V									11
12	V									12
13	V									13
14	<b>Total</b>			\$				\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,753	\$	4,753	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,309		1,309	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		24,170		24,170	17
18	V	26 Insurance		Alden Management Services, Inc.		365		365	18
19	V	20 Dues & Subscriptions	39,348	Alden Management Services, Inc.		3,786		(35,562)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,610		9,610	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,887		8,887	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		73,058		73,058	22
23	V	32 Interest		Alden Management Services, Inc.		234,984		234,984	23
24	V	1 Dietary		Alden Management Services, Inc.		7,479		7,479	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,362		8,362	25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,287		9,287	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		59,649		59,649	27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,703		8,703	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		162,507		162,507	29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		74,517		74,517	30
31	V	19 Professional Fees	879,010	Alden Management Services, Inc.		56,404		(822,606)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		378,606		378,606	32
33	V	6 Repair & Maint	43,102	Alden Management Services, Inc.		80,769		37,667	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 961,460			\$ 1,207,205	\$ *	245,745	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Diet. Consultant	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2 Tube Feeding	35,716	Prism Health Care Sevices, Inc.		24,658	(11,058)	17
18	V	10 Equip Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39 Ancillary Supplies	54,882	Prism Health Care Sevices, Inc.		31,948	(22,934)	19
20	V	21 Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		12,430	12,430	20
21	V	27 Employee Benefits		Prism Health Care Sevices, Inc.		2,037	2,037	21
22	V	27 Employee Benefits		Prism Health Care Sevices, Inc.		992	992	22
23	V	21 Gen'l & Admin		Prism Health Care Sevices, Inc.		5,449	5,449	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		\$ 120,058			\$ 97,580	\$ * (22,478)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 222,644	Forum Extended Care Services II, Inc.	0.00%	\$ 284,433	\$ 61,789
16	V	39 IV	159,324	Forum Extended Care Services II, Inc.		19,787	(139,537)
17	V	39 Wound Care	9,323	Forum Extended Care Services II, Inc.		7,404	(1,919)
18	V	10 House Stock	25,756	Forum Extended Care Services II, Inc.		23,824	(1,932)
19	V	10 Pharmacy Consultant	7,584	Forum Extended Care Services II, Inc.		15,182	7,598
20	V	27 Employee Vaccin.	2,144	Forum Extended Care Services II, Inc.		1,702	(442)
21	V	27 Employee Benefits: G&A		Forum Extended Care Services II, Inc.		3,166	3,166
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		23,126	23,126
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		17,526	17,526
24	V	32 Interest		Forum Extended Care Services II, Inc.		274	274
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		401	401
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 426,775			\$ 396,825	\$ * (29,950)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 546,938	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 613,139	\$ 66,201	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		\$ 546,938			\$ 613,139	\$ * 66,201	39

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



VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 44,701	Alden Bennett Construction Company, Inc.	0.00%	\$ 47,461	\$ 2,760	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		\$ 44,701			\$ 47,461	\$ *	2,760	39

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

Facility Name &amp; ID Number

Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Terrace of McHenry Rehab # 0040691 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	174,757	2.216	5.54	Salary	\$ 10,243	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,840	2.216	5.54	Salary	3,800	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,332	2.216	5.54	Salary	2,188	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 16,231		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 Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending: 2/31/2012

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,340,098	35	\$ 85,836	\$ 74,199	\$ 4,753	1
2	24	Travel and Seminar	Patient Days	1,340,098	35	23,644	74,199	1,309	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530	74,199	24,170	3
4	26	Insurance	Patient Days	1,340,098	35	6,589	74,199	365	4
5	20	Dues and Subscription	Patient Days	1,340,098	35	68,371	74,199	3,786	5
6	30	Depreciation	No of providers/usage	35	35	340,112	1	9,610	6
7	33	Real Estate taxes	Patient Days	1,340,098	35	184,769	74,199	8,887	7
8	35	Rent - Equipment & Vehic	Patient Days	1,340,098	35	1,319,497	74,199	73,058	8
9	32	Interest	Patient Days	1,340,098	35	2,398,912	74,199	234,984	9
10	1	Dietary	Patient Days	1,340,098	35	135,080	135,080	7,479	10
11	3	Housekeeping	Patient Days	1,340,098	35	151,028	151,028	8,362	11
12	7	Employee Benefit - Gen Services	Patient Days	1,340,098	35	167,731	74,199	9,287	12
13	10	Nurse & Medical Records Salary	Patient Days	1,340,098	35	1,186,643	1,186,643	59,649	13
14	15	Employee Benefit - Health Care	Patient Days	1,340,098	35	157,190	74,199	8,703	14
15	17	Administrative Salary	Patient Days	1,340,098	35	3,283,025	3,283,025	162,507	15
16	27	Employee Benefit - Admin	Patient Days	1,340,098	35	1,345,837	74,199	74,517	16
17	19	Professional Fee	Patient Days	1,340,098	35	1,018,709	751,716	56,404	17
18	21	General and Administrative	Patient Days	1,340,098	35	6,837,958	6,125,097	378,606	18
19	6	Repairs and Maintenance	Patient Days	1,340,098	35	1,458,765	980,107	80,769	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 20,606,226	\$ 12,612,696	\$ 1,207,205	25

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
	<b>A. Directly Facility Related</b>															
	<b>Long-Term</b>															
1							\$	\$			\$					
2																
3																
4																
5	Medical Malpractice Insurance										5,211					
	<b>Working Capital</b>															
6	Related party-AMS		x								234,984					
7	Related party-FECH		x								274					
8																
9	<b>TOTAL Facility Related</b>						\$	\$			\$ 240,469					
	<b>B. Non-Facility Related*</b>															
10	Interest Income (GL 4975)										(16,827)					
11																
12																
13																
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (16,827)					
15	<b>TOTALS (line 9+line14)</b>						\$	\$			\$ 223,642					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ Line # \_\_\_\_\_

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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

B. Real Estate Taxes

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2011 report.		\$	<u>290,300</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>257,987</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(32,313)</u>		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>265,700</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>233,387</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	9288
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>242,675</u>
Real Estate Tax Bill for Calendar Year:	2007	<u>241,901</u>			8
	2008	<u>257,013</u>			9
	2009	<u>266,175</u>			10
	2010	<u>281,858</u>			11
	2011	<u>257,987</u>			12
<b>the current year accrual is based on an estimated 3% increase of the prior year tax</b>					
		<u>242,675</u>			
			<b>FOR BHF USE ONLY</b>		
	13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

## 2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Terrace of McHenry Rehab COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0040691

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>303,210.00</u>	\$ <u>8,887.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-FEC II</u>	\$ <u>37,853.00</u>	\$ <u>401.00</u>
3. <u>09-34-177-009</u>	<u>Nursing Home Facility</u>	\$ <u>252,664.20</u>	\$ <u>252,664.20</u>
4. <u>09-34-177-006</u>	<u>Nursing Home Facility</u>	\$ <u>4,958.96</u>	\$ <u>4,958.96</u>
5. <u>09-34-177-010</u>	<u>Nursing Home Facility</u>	\$ <u>363.96</u>	\$ <u>363.96</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>599,050.12</u></u>	\$ <u><u>267,275.12</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

**PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**



X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 9,000 B. General Construction Type: Exterior Masonry Frame \_\_\_\_\_ Number of Stories 3

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

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

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

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Climate Service (Ventilation)	1995		1,828		15			1,828	9
10		Climate Service (Ventilation)	1995		1,915		15			1,915	10
11		Climate Service_Controls	1995		2,885		15			2,885	11
12		Climate Service-Controls	1995		1,251		15			1,251	12
13		Climate Service (A?C Motors,Transfomer)	1995		1,840		15			1,840	13
14		climate Services_Controls	1995		1,200		15			1,200	14
15		JD & Sons-Roofing	1995		7,500		10			7,500	15
16		Grat Lakes Plumbing_Discahrge Pump	1995		3,563		15			3,563	16
17		Midwest Wlectrical	1995		3,332		5			3,332	17
18		Climate Services, Inc.-Ventilation	1995		2,295		15			2,295	18
19		CSI-New Pump	1995		1,483		10			1,483	19
20		Eagle Flag & Banner	1995		680		12			680	20
21		Equipment International_Repair Dishwasher	1996		1,793		5			1,793	21
22		JD & Sons-Roofing	1996		7,700		10			7,700	22
23		ABC_Roof top Condensor	1996		8,668		10			8,668	23
24		Install Walk in refrigeratror	1997		2,177		5			2,177	24
25		Install Ceramic Tile	1997		1,535		5			1,535	25
26		Engine/generator repaired	1997		3,099		5			3,099	26
27		New Cylinder	1997		12,800		5			12,800	27
28		Instill new condenser	1997		8,166		5			8,166	28
29		Install new cylinder	1997		15,300		5			15,300	29
30		Install Floor file	1997		4,102		5			4,102	30
31		HVAC Boiler	1997		5,888		5			5,888	31
32		Custom wall plates	1997		386		10			386	32
33		A&B Custom Cable Wall plates	1997		1,918		10			1,918	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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl Electric (install new fixtures, relocate outlets)	1998	\$ 1,759	\$	5	\$	\$	\$ 1,759	37
38	Wigdahl Electric (repair lighting, timeclock)	1998	1,853		5			1,853	38
39	Climate Service (repaired boiler)	1998	16,029		10			16,029	39
40	Atash (repair spinkler system)	1998	1,558		10			1,558	40
41	J.D. & Son (roof repair)	1998	10,000		10			10,000	41
42	CSI (dietary refrigerator)	1998	1,670		10			1,670	42
43	CSI (sump cover)	1998	4,900		10			4,900	43
44	Patten (generator repairs)	1998	3,856	193	20	193		2,781	44
45	CSI (insulate duct on air handler)	1998	2,750	183	15	183		2,625	45
46	CSI (repair air conditioner)	1998	1,698		10			1,698	46
47	CSI (replace gaskets on hot water coil)	1998	3,934	197	20	197		2,789	47
48	North Town Food Service (repair dish machine)	1999	1,861		10			1,861	48
49	Alden Bennet Construction (tank replacement)	1999	8,649	346	25	346		4,786	49
50	Patten (Fuel Tank Repairs, need invoice)	1999	1,724		10			1,724	50
51	Chicago Cooling Corp. (repair of unit 5, and inspection)6/99	1999	2,367		10			2,367	51
52	Climate Service, Inc. (replace 15 ton condenser)	1999	9,374	625	15	625		8,437	52
53	Climate Service, Inc.(replace 10 ton condenser)	1999	7,100	473	15	473		6,387	53
54	Climate Service, Inc. (compressor)	1999	7,466	498	15	498		6,680	54
55	Climate Service, Inc.(vac pump)	1999	1,644	110	15	110		1,470	55
56	Climate Service, Inc.(compressor maintenance)	1999	1,728	115	15	115		1,525	56
57	Capps Plumbing & Sewer(install trap & rodded pipes)	1999	1,835		10			1,835	57
58	Climate Service, Inc.(tank repair and maintenance)	1999	2,380	95	25	95		1,244	58
59	Shine Rite Maintenance(refinish tile floors)	1999	4,805		10			4,805	59
60	Alden Bennet Construction (tile/roofing)	2000	8,214		10			8,214	60
61	Alden Bennet Construction (tile/roofing)	2000	11,459		10			11,459	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 223,917	\$ 2,835		\$ 2,835	\$	\$ 213,760	70

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 223,917	\$ 2,835		\$ 2,835	\$	\$ 213,760	1
2	Fox Valley Fire & Safety (replace smoke detectors)	2000	3,731		10			3,731	2
3	CSI Coker Service (repair dishwasher)	2000	3,299		10			3,299	3
4	Welding Supply Inc (repair alarm system)	2000	2,750		10			2,750	4
5	Welding Supply Inc (repair alarm system)	2000	6,649		10			6,649	5
6	System Electric Inc (new controls for oxygen system)	2000	1,785		8			1,785	6
7	GT Mechanical (repair laundry compressor)	2000	2,700		10			2,700	7
8	CSI Coker Service (repair dishwasher)	2000	1,536		10			1,536	8
9	Equipment International (repair laundry equipment)	2000	1,670		10			1,670	9
10	GT Mechanical (repair pneumatic system compressor)	2000	2,431		10			2,431	10
11	Advanced Parts & Service (repair food processor)	2000	2,026		10			2,026	11
12	CSI Coker Service (repair boiler)	2000	5,985		10			5,985	12
13									13
14									14
15	Capps -Plumbing & 2670 (install new bolt flange checkvalve)	2001	1,865	124	15	124		1,489	15
16	Sentry Protection Systems (annual maintenance on the fire alarm a	2001	2,151	143	15	143		1,694	16
17	CSI- Coker Service, 039721	2001	1,523		10			1,523	17
18	Patten (replace with updated phase monitor)	2001	1,898		10			1,898	18
19	Rockford Steam(hvac work)	2001	6,562		10			6,562	19
20									20
21	GT Mechanical(replace compressor)	2001	4,947	330	15	330		3,794	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017		10			2,017	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516	168	15	168		1,917	23
24	CSI Coker (bldng. Improvement)	2001	1,708	114	15	114		1,320	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742		10			20,742	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 304,409	\$ 3,714		\$ 3,714	\$	\$ 291,278	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 304,409	\$ 3,714		\$ 3,714	\$	\$ 291,278	1
2	EQUINT Equipment International (gas dryer)	2002	3,240	243	10	243		3,240	2
3	AQUSER .REBUILD 2 WATER SOFTNE	2002	2,500	187	10	187		2,500	3
4	ALDBEN Alden Bennett Construct (need invoice)	2002	18,173	1,212	15	1,212		13,331	4
5	ENGSEC Engineered Security Sys	2002	3,091	206	15	206		2,146	5
6	ALDBEN Alden Bennett Construct	2002	25,143	1,676	15	1,676		17,599	6
7	ALDBEN Alden Bennett Construct (building improvement)	2002	3,391	226	15	226		2,411	7
8	TTIRRI T & T Irrigation Inc.(lawn sprinkler system)	2002	15,000	600	25	600		6,350	8
9	PATTEN (replace batteries of radiator & install crank case)	2002	1,517	101	15	101		1,086	9
10	FEMORA (REPLACED 50 SMOKE DETEC)	2002	8,364	142	10	142		8,364	10
11	FEMORA (REPAIR FIRE ALARM)	2002	3,374	337	10	337		3,280	11
12	GTMECH Gt Mechanical Inc (install new shaft & bearing).	2002	2,216	148	15	148		1,615	12
13	ALDBEN Alden Bennett Construct(install radar,painting & fire dr	2002	12,850	857	15	857		8,712	13
14									14
15	Aqua Service-overhaul-water softener units	2002	2,490		5			2,490	15
16	ABC various repairs	2002	54,669	2,733	20	2,733		28,014	16
17	ABC-various reopairs	2002	23,660	1,577	15	1,577		16,033	17
18	Aurora Tri State Fire-smoke detectors	2002	4,322	362	10	362		4,322	18
19	Aurora Tri State Fire-smoke detectors	2002	6,200	465	10	465		6,200	19
20	Aurora Tri State Fire-install alarms	2002	6,559	491	10	491		6,559	20
21	Simplex Grinnell-remove old andsul dry clean unit	2002	2,987	272	10	272		2,987	21
22	A&B Custom Cable-install cable/outlets	2003	4,908	286	10	286		2,860	22
23	GT Mechanical-boiler repair	2003	4,892	489	11	489		4,890	23
24	ABC-receiving door/sensor	2003	6,623	662	10	662		6,620	24
25	ABC-ceiling heaters installed	2003	4,570	457	10	457		4,532	25
26	ABC-aluminum outdoor fencing	2003	5,137	342	15	342		3,366	26
27	Real Green sprinkler maintenance	2003	3,730		5			3,730	27
28	GT Mechanical- HVAC air handler repairs	2003	1,533		5			1,533	28
29	Action Fence Contractor-rail pipe railings	2003	1,875	188	10	188		1,739	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 537,422	\$ 17,973		\$ 17,973	\$	\$ 457,787	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 537,422	\$ 17,973		\$ 17,973	\$	\$ 457,787	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26									26
27	Adjust for ABC Related Party Profit	2008	(168)	(28)		(28)		(91)	27
28	Adjust for ABC Related Party Profit	2009	(230)	(30)		(30)		(90)	28
29	Adjust for ABC Related Party Profit	2010	(1,118)	(52)		(52)		(130)	29
30	Adjust for ABC Related Party Profit	2011	206	(2)		(2)		(3)	30
31	Adjust for ABC Related Party Profit	2012	2,176	67		67		67	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 624,579	\$ 19,429		\$ 19,429	\$	\$ 536,204	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 624,579	\$ 19,429		\$ 19,429	\$	\$ 536,204	1
2	Alden Bennett Const.-Roof repair	2004	16,439	1,644	10	1,644		14,268	2
3	Alden Bennett Const.-Floor repair	2004	2,429	243	10	243		2,106	3
4	Alden Bennett Const.-Roof repair	2004	1,854	185	10	185		1,574	4
5	CSI Coker-install thermostats	2004	1,853		5			1,853	5
6	GT Mechanical-replace motor pump	2004	1,362		5			1,362	6
7	Alden Bennett Const. Repair control valves	2004	2,643		5			2,643	7
8	GT Mechanical-receiver,controller/gauge	2004	2,165	217	10	217		1,790	8
9	Capps Plumbing-repair toilets,dishwasher	2004	1,635	164	10	164		1,353	9
10	Capps Plumbing-repair/rod main kitchen	2004	4,375	438	10	438		3,613	10
11	Alden Bennett Cons.lock sets	2004	5,110		5			5,110	11
12	CSI Coker-replace A/C system	2004	5,103	510	10	510		4,293	12
13	Insinc Tellnet-DSL cable	2004	1,334	133	10	133		1,186	13
14	Alden Bennett Cons. Bathroom upgrades	2004	10,405	1,041	10	1,041		9,108	14
15	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		2,850	15
16	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		4,777	16
17	Alden Bennett Cons. Bathroom upgrades	2004	7,281	728	10	728		6,309	17
18	ABC - New window casement	2005	2,820	282	10	282		1,974	18
19	ABC - Time & Material Job# 8020	2005	1,756	176	10	176		1,408	19
20	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 hp	2005	2,242	224	10	224		1,774	20
21	ABC - Time & Material Job# 8020	2005	5,676	567	10	567		4,442	21
22	EWS Welding - Equip Repair ( Repair Oxygen back up system)	2005	3,429	429	8	429		3,360	22
23	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314	331	10	331		2,566	23
24	ABC - Time & Material Job# 8020	2005	19,770	1,977	10	1,977		15,322	24
25	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 room	2005	2,317	290	8	290		2,247	25
26	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	66	20	66		506	26
27	GT Mechanical - Replace Compressor	2005	6,460	431	15	431		3,304	27
28	ABC - Time & Material Job# 8020	2005	14,550	1,455	10	1,455		11,034	28
29	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan H	2005	2,054	137	15	137		1,039	29
30	A&B Custom Cable - 103 rms Cable TV Svc and Install master ant	2005	10,094	1,009	10	1,009		7,484	30
31	AMS Generator Repairs	2006	5,006		5			5,006	31
32	TOPNOT Replace Freezer Door 1 of 2	2006	4,100	410	10	410		2,699	32
33	TOPNOT Replace Freezer Door 2 of 2	2006	4,100	410	10	410		2,699	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 795,440	\$ 33,818		\$ 33,818	\$	\$ 667,263	34

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

Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 795,440	\$ 33,818		\$ 33,818	\$	\$ 667,263	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328	333	10	333		2,470	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650	265	10	265		1,943	3
4	A&B Custom Cable - paid by LG	2005	6,250	625	10	625		4,583	4
5	Oak Fire - Repaired System	2005	2,715	272	10	272		1,972	5
6	GTMECH Replace Shaft and Bearings	2006	2,646	265	10	265		1,722	6
7	MG Mechical - Heat Pump Mini-split system	2006	4,850	485	10	485		3,031	7
8	ABC - raise floor	2006	2,750	275	10	275		1,673	8
9	ABC - flooring and paint	2006	2,652	265	10	265		1,590	9
10	Water Filter Steamer	2007	16,815	1,682	10	1,682		8,830	10
11	New Blacktop Paving and seal coat	2007	66,518	6,652	10	6,652		34,369	11
12	ABC Concrete and steel work-fire protection	2006	20,329	2,033	10	2,033		12,367	12
13	ABC Fire Protection	2006	25,647	1,282	20	1,282		7,692	13
14	ABC New roof	2008	29,424	2,942	10	2,942		12,994	14
15	GTMECH Repaired boiler2	2008	6,034	603	10	603		2,462	15
16	ABC - New MI Unit - Medical Gas/Doors & Frames/Security Came	2009	23,516	1,568	15	1,568		6,272	16
17	ABC - New MI Unit - Carpentry/Hardware/Painting/Plumbing	2009	39,557	2,637	15	2,637		10,548	17
18	ABC - New MI Unit - Carpentry/HVAC/Resilient Flooring/Door &	2009	55,975	3,732	15	3,732		12,751	18
19	ABC - install sprinkler extention	2009	10,728	429	25	429		1,645	19
20	ABC - install sprinkler extension due to Life safety code	2009	37,230	1,489	25	1,489		5,460	20
21	ABC - replace damaged sidewalk	2009	7,505	500	15	500		1,792	21
22	Pattern - Repair generator	2009	2,695	539	5	539		2,111	22
23	Top Notch - 1 cooler compressor	2009	4,735	316	15	316		1,211	23
24	Equipment Int'l - Repair washer	2009	3,587	717	5	717		2,749	24
25	Equipment Int'l - Repair washer	2009	2,519	503	5	503		1,845	25
26	Top Notch - 1 new booster	2009	5,596	560	10	560		2,053	26
27	EWS - oxygen wall outlet	2010	3,199	320	10	320		773	27
28	ABC - fire panel	2010	31,162	3,116	10	3,116		6,752	28
29	ABC - asphalt	2010	35,721	4,465	8	4,465		10,418	29
30	ABC - Residents Bathroom Rebuild (supply lines, plumbing, access	2010	24,470	1,631	15	1,631		3,398	30
31	TopNotch - freezer repair	2010	3,533	707	5	707		2,003	31
32	Belec - electric breakers	2010	3,389	678	5	678		1,695	32
33	Focus Fire Protection - sprinkler	2010	6,305	1,261	5	1,261		2,627	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,289,469	\$ 76,965		\$ 76,965	\$	\$ 841,064	34

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



**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 1,289,469	\$ 76,965		\$ 76,965	\$	\$ 841,064	1
2	Boiler parts replaced - TopNotch	2011	4,567	457	10	457		914	2
3	cove base in 200 Wing - ABC	2011	5,617	562	10	562		1,030	3
4	Fire alarm repair - NAC panel - AFFCUS	2011	5,155	1,031	5	1,031		1,289	4
5									5
6	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								6
7	cabinet, carpentry, accoustical, painting, electrical, direct supervisor	2012	17,821	792	15	792		792	7
8	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								8
9	cabinet, carpentry, accoustical, painting, electrical, direct supervisor	2012	17,431	291	15	291		291	9
10	Roof repairs - JD & Sons	2012	14,000	1,867	5	1,867		1,867	10
11	Dampers, fire protection - GT Mechanical	2012	7,009	175	10	175		175	11
12	Dampers, fire protection - GT Mechanical	2012	16,931	282	10	282		282	12
13	Fire alarm - AFFCUS	2012	3,017	101	5	101		101	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 1,381,017	\$ 82,523		\$ 82,523	\$	\$ 847,805	34

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

Facility Name & ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	\$ 425,116	\$ 47,979	\$ 47,979	\$	various	\$ 195,315	71
72	Current Year Purchases	64,220	4,130	4,130		various	4,130	72
73	Fully Depreciated Assets	306,341	3,786	3,786		various	306,341	73
74								74
75	TOTALS	\$ 795,677	\$ 55,895	\$ 55,895	\$		\$ 505,786	75

D. Vehicle Costs. (See instructions.)\*

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

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,180,605	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 138,418	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 138,418	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)	\$ 1,357,502	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 Terrace of McHenry Rehab

# 0040691

Report Period Beginning:

01/01/2012

Ending: 12/31/2012

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: T.L. Enterprises

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

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$ <u>1,649,687</u>	<u>4</u>	<u>6</u>	3
4	Additions							4
5								5
6								6
7	TOTAL				\$ <u>1,649,687</u>			7

10. Effective dates of current rental agreement:

Beginning 10/26/2012

Ending 02/28/2017

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

Fiscal Year Ending                      Annual Rent

12. 12/31/13                      \$ #####

13. 12/31/14                      \$ #####

14. 12/31/15                      \$ #####

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO      Terms: \$80,000/bed until 2013 \*

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

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 30,853      Description: copy machine GL 6861; office equipment GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>36,641</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>36,641</u>	21

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

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

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

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

**B. EXPENSES**

ALLOCATION OF COSTS (d)

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2 Staff		3 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 202,021	\$		\$ 202,021	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			41,727			41,727	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			303,189			303,189	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				284,432		284,432	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3								12
13	Other (specify): <u>See Pg 16A</u>					66,201	191,164		257,365	13
14	TOTAL			\$		\$ 613,138	\$ 475,596		\$ 1,088,734	14

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

Page 16  
 Col 5: PT,OT, & ST  
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$202,021.00
2.	ST	39-3	To Col 5	41,727.00
3.				
4.	PT	39-3	To Col 5	303,189.00
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			222,643.00
	Manual Input from Related Party- Forum Drugs			61,789.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	284,432.00
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	66,201.00

Other		260,642.00
Manual Input: Related Party - Prism		(22,935.00)
Manual Input: Related Party FECII - I.V.		(139,536.00)
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(1,917.00)
		94,910.00
13. Col 6: Supplies Total	To Col 6	----- 191,164.00 -----
13. Total Line 13, Column 8		----- 257,365.00 -----
14. Total		----- 1,088,734.00 =====

Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>178,000</u> )	2,865,376		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,154		6
7	Other Prepaid Expenses	5,001		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	58,227		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,938,758	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,516,186		15
16	Equipment, at Historical Cost	815,339		16
17	Accumulated Depreciation (book methods)	(1,404,796)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	86,585		21
22	Other Long-Term Assets (spec <u>Purchase Option</u> )	948,000		22
23	Other(specify): <u>Due from affiliates</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,961,314	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 4,900,072	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 1,227,539	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	209,762		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	553,154		30
31	Accrued Taxes Payable (excluding real estate taxes)	84,204		31
32	Accrued Real Estate Taxes(Sch.IX-B)	265,700		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	351,278		36
37	<u>Due to affiliates</u>	1,051,514		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,743,151	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to affiliates</u>	16,808,770		43
44	<u>S/holder loans, others</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 16,808,770	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 20,551,921	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (15,651,849)	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 4,900,072	\$	48

\*(See instructions.)



XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (14,102,185)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	182,880	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (13,919,305)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(1,732,544)	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)	\$ (1,732,544)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (15,651,849)	24 *

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

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required**

**classifications of revenue and expense must be provided on this form, even if financial statements are attached.**

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,895,452	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,895,452	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	81,882	6
7	Oxygen	98,531	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 180,413	8
<b>C. Other Operating Revenue</b>			
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	2,594	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	3,422	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 6,016	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	16,827	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 16,827	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG19A</u>	7,592	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 7,592	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,106,300	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,850,347	31
32	Health Care	5,233,847	32
33	General Administration	2,793,874	33
<b>B. Capital Expense</b>			
34	Ownership	2,346,870	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,030,224	35
36	Provider Participation Fee	583,682	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,838,844	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,732,544)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,732,544)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Medicaid</u>	7,828,823	47
48	Other-(specify) <u>Medicare/Private/Veternas/Hospice/Insurance</u>	4,066,629	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 11,895,452	49

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

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLINOIS

Facility Name & ID Number Alden Terrace of McHenry Rehab # 0040691 Report Period Beginning 01/01/2012 Ending: \_\_\_\_\_

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income (medical records)	448
Misc Income (jury duty)	717
Misc Income (food vendor rebate)	6,273
Misc Income (others)	154
Line 28 Total:	<u><u>7,592</u></u>



Facility Name & ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,896	2,033	\$ 82,204	\$ 40.43	1
2	Assistant Director of Nursing	4,144	4,160	170,559	41.00	2
3	Registered Nurses	41,674	44,933	1,422,785	31.66	3
4	Licensed Practical Nurses	29,577	31,747	826,409	26.03	4
5	CNAs & Orderlies	102,134	109,258	1,490,151	13.64	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,411	4,102	68,383	16.67	8
9	Activity Director	1,728	1,728	38,761	22.43	9
10	Activity Assistants	5,469	5,783	73,021	12.63	10
11	Social Service Workers	3,616	3,641	74,262	20.40	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,072	28,045	13.54	13
14	Head Cook					14
15	Cook Helpers/Assistants	25,590	27,084	262,551	9.69	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	42,255	20.31	17
18	Housekeepers	23,772	25,461	276,934	10.88	18
19	Laundry	7,757	8,714	89,128	10.23	19
20	Administrator	2,080	2,080	130,714	62.84	20
21	Assistant Administrator	1,200	1,200	30,153	25.13	21
22	Other Administrative	9,112	9,112	225,413	24.74	22
23	Office Manager	1,344	1,360	16,945	12.46	23
24	Clerical	2,135	2,287	21,153	9.25	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,904	4,056	152,413	37.58	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	11,242	11,881	200,225	16.85	32
33	Other(specify)	8,903	9,096	118,029	12.98	33
34	TOTAL (lines 1 - 33)	294,840	313,868	\$ 5,840,493 *	\$ 18.61	34

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

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	1900/month	\$ 22,800	1-3	35
36	Medical Director	2500/month	30,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	632/month	7,584	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				44
45	Social Service Consultant	4 months	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 61,504		49

C. CONTRACT NURSES

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

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Pamela Lamb	Administrator	0	\$ 130,714	Workers' Compensation Insurance	\$ 175,889	IDPH License Fee	\$	
Rosauro Vasquez	Assistant Administrator	0	30,153	Unemployment Compensation Insurance	71,765	Advertising: Employee Recruitment		
		0		FICA Taxes	434,413	Health Care Worker Background Check		
		0		Employee Health Insurance	103,784	(Indicate # of checks performed 126)	1,260	
		0		Employee Meals	42,941	Patient Background Checks	2,760	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee	1,225	
		0		Dental & Life Insurances	4,380	IL Health Care Association	8,501	
				Employee Relations	360	Collaborative Healthcare	1,615	
TOTAL (agree to Schedule V, line 17, col. 1)				401K Match	2,566			
(List each licensed administrator separately.)			\$ 160,867	Drug Test	2,128	Related party-AMS	3,786	
B. Administrative - Other				Employee Vaccinations	2,144	Less: Public Relations Expense	( )	
Description			Amount	Miscellaneous Payroll Costs	1,446	Non-allowable advertising	( )	
			\$	Marketing Manager benefit backed out	(6,968)	Yellow page advertising	( )	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 834,848	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 19,147	
TOTAL (agree to Schedule V, line 17, col. 3)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services						\$	Out-of-State Travel	\$
Vendor/Payee	Type		Amount					
Alden Management Servs.	Consulting		\$ 841,198					
AMS (eliminated)	Allocated Legal Fees		37,812					
BDO Seidman	Tax Preparation Fees		1,892					
Baker Tilly/AvaDaly/KPMG	Accounting Fees		4,331					
Ken Fisch	Legal Fees		14,986					
Pathway (reclassified)	Clinical Consultant		25,799					
Linda Roberts & Associates	Food Service Audit		840					
Schmidt Salzman/Clerk of Circuit C	Legal Fees		8,310					
Alden Group (eliminated)	Legal Fees		2,629					
Alden Group (eliminated)	Accounting Fees		4,114					
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	In-State Travel	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 941,911				Related party-AMS	1,309
							Seminar Expense	
							IHCA	1,357
							IL Council of Administrators/sanitation/Alzheimers/Health Education/Senior Svce	1,361
							Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 4,027

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Terrace of McHenry Rehabilitation and Health Care Center, Pg 21A  
2012

Legal Fee Support	
Legal Fees Reported on Pg 21, Section C:	25,925.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(14,987.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>(2,629.00)</u>
Allowable Legal Fees	<u>8,309.00</u>

NOTE:

Legal invoices are required to be submitted this year because the amount is over \$5,000.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
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11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$



Facility Name &amp; ID Number Alden Terrace of McHenry Rehab

# 0040691

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IL Health Care Association \$8,501
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 55,511 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 583,682  
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. \$ 42,941 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.