

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	110	Skilled (SNF)	110	40,150	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	110	TOTALS	110	40,150	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,612	4,638	10,696	16,946	8
9	SNF/PED					9
10	ICF	10,867	2,555	18	13,440	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,479	7,193	10,714	30,386	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.68%

D. How many bed-hold days during this year were paid by the Department? _____ (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

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

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

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

I. On what date did you start providing long term care at this location?
Date started 10/31/2000

J. Was the facility purchased or leased after January 1, 1978?
YES Date 10/31/2000 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 110 and days of care provided 9,700

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: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	600,115	27,005	598	627,718	1,280	628,998	4,480	633,478		1
2	Food Purchase		343,271		343,271	(29,070)	314,201	841	315,042		2
3	Housekeeping	142,090	24,090		166,180	1,085	167,265	5,895	173,160		3
4	Laundry	60,829	20,680		81,509	68	81,577		81,577		4
5	Heat and Other Utilities			196,916	196,916		196,916	(2,039)	194,877		5
6	Maintenance	44,946		271,917	316,863	186	317,049	27,881	344,930		6
7	Other (specify):* security/related party			484	484		484	5,275	5,759		7
8	TOTAL General Services	847,980	415,046	469,915	1,732,941	(26,451)	1,706,490	42,333	1,748,823		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,374,773	174,996	3,885	2,553,654	(2,310)	2,551,344	34,557	2,585,901		10
10a	Therapy	47,913	7,922	17,548	73,383	147	73,530		73,530		10a
11	Activities	98,971	2,759	4,405	106,135		106,135		106,135		11
12	Social Services	52,259			52,259		52,259		52,259		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							5,298	5,298		15
16	TOTAL Health Care and Programs	2,573,916	185,677	43,838	2,803,431	(2,163)	2,801,268	39,855	2,841,123		16
	C. General Administration										
17	Administrative	120,346			120,346		120,346	94,437	214,783		17
18	Directors Fees										18
19	Professional Services			878,348	878,348		878,348	(776,112)	102,236		19
20	Dues, Fees, Subscriptions & Promotions			89,587	89,587		89,587	(64,974)	24,613		20
21	Clerical & General Office Expenses	128,383	18,924	124,962	272,269	480	272,749	136,288	409,037		21
22	Employee Benefits & Payroll Taxes			666,621	666,621	18,866	685,487	(11,364)	674,123		22
23	Inservice Training & Education										23
24	Travel and Seminar			285	285		285	782	1,067		24
25	Other Admin. Staff Transportation			80	80		80	9,113	9,193		25
26	Insurance-Prop.Liab.Malpractice			137,994	137,994		137,994	10,868	148,862		26
27	Other (specify):* related party			218,316	218,316		218,316	(177,670)	40,646		27
28	TOTAL General Administration	248,729	18,924	2,116,193	2,383,846	19,346	2,403,192	(778,632)	1,624,560		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,670,625	619,647	2,629,946	6,920,218	(9,268)	6,910,950	(696,444)	6,214,506		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Alden Des Plaines Rehab & HC

#0042010

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			40,270	40,270		40,270	274,491	314,761			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			119,019	119,019		119,019	134,924	253,943			32
33	Real Estate Taxes			531,470	531,470	(531,470)		534,985	534,985			33
34	Rent-Facility & Grounds			540,091	540,091	531,470	1,071,561	(1,071,561)				34
35	Rent-Equipment & Vehicles			17,531	17,531		17,531	30,365	47,896			35
36	Other (specify):* MIP							41,239	41,239			36
37	TOTAL Ownership			1,248,381	1,248,381		1,248,381	(55,557)	1,192,824			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		918,762	1,369,803	2,288,565	9,268	2,297,833	(28,159)	2,269,674			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			185,152	185,152		185,152		185,152			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		918,762	1,554,955	2,473,717	9,268	2,482,985	(28,159)	2,454,826			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,670,625	1,538,409	5,433,282	10,642,316		10,642,316	(780,160)	9,862,156			45

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

Alden Des Plaines Rehab & HC
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0042010

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (29,070.00)	Employee Meals
	22	\$ 29,070.00	Employee Meals
22		\$ (10,205.19)	Uniform Reclass
	1	\$ 1,280.24	Uniform Reclass
	3	\$ 1,085.07	Uniform Reclass
	4	\$ 68.33	Uniform Reclass
	6	\$ 186.40	Uniform Reclass
	10	\$ 6,958.38	Uniform Reclass
	11	\$ 146.63	Uniform Reclass
	21	\$ 480.14	Uniform Reclass
10		\$ (9,268.00)	Oxygen Cost Reclass
	39	\$ 9,268.00	Oxygen Cost Reclass
33		\$ (531,470.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 531,470.00	Rent - Real Estate Tax on associated landowner (Pg 6)

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	(17,490)	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	(113,715)	30		9
10	Interest and Other Investment Income	(20,794)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,912)	2		13
14	Non-Care Related Interest	(2,865)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(16,975)	21		17
18	Fines and Penalties				18
19	Entertainment	(1,427)	20		19
20	Contributions	(5,173)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,174)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(218,316)	27		24
25	Fund Raising, Advertising and Promotional	(33,726)	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)	\$ (437,567)		\$	30

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)	(274,980)		34
35	Other- Attach Schedule	(67,613)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (342,593)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (780,160)		37

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

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

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

BHF USE ONLY					
48		49		50	51
					52

Alden Des Plaines Rehab & HC

ID# 0042010

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (4,356)	5	1
2	Flu Shots	(818)	21	2
3				3
4	Misc Income (Jury Duty)	(211)	21	4
5	Misc Income (Record copies)	(2,279)	10	5
6				6
7	Back out LLC mtge int > CON asset limit	(80,192)	32	7
8	Back out LLC MIP exp > CON asset limit	(16,038)	36	8
9	Vendor Discounts	(346)	10	9
10	Elim Chamber of Commerce fees in Dues/subsc.	(242)	20	10
11	Elim Collaborative Healthcare fees in Dues/subsc.	(250)	20	11
12	Elim DP Comm Sen Cntr fees in Dues/subsc.	(1,500)	20	12
13	Eli Silverchair Learning fees in Dues/subsc.	(912)	20	13
14	Elim Deprec on Pg 13 < \$2,500 items	(11,683)	30	14
15	Expense Pg 13 items< \$2,500 Curr Yr	19,168	6	15
16	Elim Deprec on Pg 12 < \$2,500 items	(713)	30	16
17	Ams Deprec Adj	(241)	30	17
18	Expense Pg 12 items< \$2,500 Curr Yr	2,043	6	18
19	Personnel Director (6701-100-001) portion to DPII	(30,539)	21	19
20	Back out % of Empl Ben. For Personnel Director	(11,213)	22	20
21	Adjust depreciation to Pg 13's	(577)	30	21
22	Add back re tax ref for 2012	73,286	33	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		(67,613)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	1,772	2,708	0	0	0	0	0	0	0	4,480	1
2	Food Purchase	(4,912)	0	0	5,753	0	0	0	0	0	0	0	841	2
3	Housekeeping	0	0	5,895	0	0	0	0	0	0	0	0	5,895	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,356)	0	2,317	0	0	0	0	0	0	0	0	(2,039)	5
6	Maintenance	3,721	9,376	11,929	0	0	0	(46)	2,901	0	0	0	27,881	6
7	Other (specify):*	0	0	5,275	0	0	0	0	0	0	0	0	5,275	7
8	TOTAL General Services	(5,547)	9,376	27,188	8,461	0	0	(46)	2,901	0	0	0	42,333	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	(2,625)	0	33,393	4,410	(621)	0	0	0	0	0	0	34,557	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	5,298	0	0	0	0	0	0	0	0	5,298	15
16	TOTAL Health Care and Programs	(2,625)	0	38,691	4,410	(621)	0	0	0	0	0	0	39,855	16
	C. General Administration													
17	Administrative	0	0	94,437	0	0	0	0	0	0	0	0	94,437	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,174)	32,513	(806,451)	0	0	0	0	0	0	0	0	(776,112)	19
20	Fees, Subscriptions & Promotions	(43,230)	315	(22,059)	0	0	0	0	0	0	0	0	(64,974)	20
21	Clerical & General Office Expenses	(48,543)	24	184,807	0	0	0	0	0	0	0	0	136,288	21
22	Employee Benefits & Payroll Taxes	(11,213)	0	0	0	(151)	0	0	0	0	0	0	(11,364)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	782	0	0	0	0	0	0	0	0	782	24
25	Other Admin. Staff Transportation	0	0	9,113	0	0	0	0	0	0	0	0	9,113	25
26	Insurance-Prop.Liab.Malpractice	0	10,701	167	0	0	0	0	0	0	0	0	10,868	26
27	Other (specify):*	(218,316)	0	40,646	0	0	0	0	0	0	0	0	(177,670)	27
28	TOTAL General Administration	(323,476)	43,553	(498,558)	0	(151)	0	0	0	0	0	0	(778,632)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(331,648)	52,929	(432,679)	12,871	(772)	0	(46)	2,901	0	0	0	(696,444)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(126,929)	397,216	4,204	0	0	0	0	0	0	0	0	274,491	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(103,851)	233,866	4,909	0	0	0	0	0	0	0	0	134,924	32
33	Real Estate Taxes	73,286	457,969	3,730	0	0	0	0	0	0	0	0	534,985	33
34	Rent-Facility & Grounds	0	(1,071,561)	0	0	0	0	0	0	0	0	0	(1,071,561)	34
35	Rent-Equipment & Vehicles	0	0	30,365	0	0	0	0	0	0	0	0	30,365	35
36	Other (specify):*	(16,038)	57,277	0	0	0	0	0	0	0	0	0	41,239	36
37	TOTAL Ownership	(173,532)	74,767	43,208	0	0	0	0	0	0	0	0	(55,557)	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	(44,217)	(28,161)	44,219	0	0	0	0	0	(28,159)	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	(44,217)	(28,161)	44,219	0	0	0	0	0	(28,159)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(505,180)	127,696	(389,471)	(31,346)	(28,933)	44,219	(46)	2,901	0	0	0	(780,160)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG 6-Supp		See PG 6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent	\$ 1,071,561	Alden-Des Plaines Rehabilitation and Health Care Center, LLC		\$	\$ (1,071,561)	1
2	V	32 Interest-RR & Facility loan	61,012	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(61,012)	2
3	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		24	24	3
4	V	19 Accounting fees/Legal Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		32,513	32,513	4
5	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		457,969	457,969	5
6	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		10,701	10,701	6
7	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		57,277	57,277	7
8	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		286,399	286,399	8
9	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		397,216	397,216	9
10	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		8,479	8,479	10
11	V	20 Corporate Annual Report Fee		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		250	250	11
12	V	20 Surety Bonds		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		65	65	12
13	V	6 Repairs & Maintenance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		9,376	9,376	13
14	Total		\$ 1,132,573			\$ 1,260,269	\$ * 127,696	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%	\$ 2,317	\$ 2,317 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		782	782 16
17	V	25 Other admin travel		Alden Management Services, Inc.		9,113	9,113 17
18	V	26 Insurance		Alden Management Services, Inc.		167	167 18
19	V	20 Dues/subscriptions/fees etc		Alden Management Services, Inc.		2,757	2,757 19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204 20
21	V	33 Real estate taxes		Alden Management Services, Inc.		3,730	3,730 21
22	V	35 Rent-equipment/vehicles		Alden Management Services, Inc.		30,365	30,365 22
23	V	32 Interest		Alden Management Services, Inc.		4,909	4,909 23
24	V	1 Salaries-Dietary Aide		Alden Management Services, Inc.		1,772	1,772 24
25	V	3 Salaries-Housekeeping Coord.		Alden Management Services, Inc.		5,895	5,895 25
26	V	7 Employee Benefits-general Svcs		Alden Management Services, Inc.		5,275	5,275 26
27	V	10 Salaries-Nurse & Med. Records		Alden Management Services, Inc.		33,393	33,393 27
28	V	15 Employee Benefits-health care		Alden Management Services, Inc.		5,298	5,298 28
29	V	17 Salaries-Total Admin		Alden Management Services, Inc.		94,437	94,437 29
30	V	27 Employee Benefits-general admin		Alden Management Services, Inc.		40,646	40,646 30
31	V	19 Professional fees	847,398	Alden Management Services, Inc.		40,947	(806,451) 31
32	V	21 Clerical and G & A		Alden Management Services, Inc.		184,807	184,807 32
33	V	6 Maintenance	67,354	Alden Management Services, Inc.		79,283	11,929 33
34	V	20 MKT Management Fees	24,816	Alden Management Services, Inc.			(24,816) 34
35	V						35
36	V						36
37	V						37
38	V						38
39	Total		\$ 939,568			\$ 550,097	\$ * (389,471) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary consultant	\$	Prism Health Care Services, Inc.	0.00%	\$	\$	15
16	V	1 Dietary salaries		Prism Health Care Services, Inc.				16
17	V	2 Tube feeding	21,581	Prism Health Care Services, Inc.		18,742	(2,839)	17
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		8,809	2,149	18
19	V	39 Ancillary supplies	105,044	Prism Health Care Services, Inc.		43,051	(61,993)	19
20	V	1 G & A &Emp. Benefits		Prism Health Care Services, Inc.		2,708	2,708	20
21	V	2 G & A &Emp. Benefits		Prism Health Care Services, Inc.		8,592	8,592	21
22	V	10 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		2,261	2,261	22
23	V	39 G & A &Emp. Benefits		Prism Health Care Services, Inc.		17,776	17,776	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		\$ 133,285			\$ 101,939	\$ * (31,346)	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	\$ 416,757	Forum Extended Care Services II, Inc.	0.00%	\$ 402,233	\$ (14,524)
16	V	39 I.V.	385,578	Forum Extended Care Services II, Inc.		372,141	(13,437)
17	V	39 Wound Care	5,745	Forum Extended Care Services II, Inc.		5,545	(200)
18	V	10 House Stock	15,175	Forum Extended Care Services II, Inc.		14,646	(529)
19	V	10 Pharm Consult.	2,640	Forum Extended Care Services II, Inc.		2,548	(92)
20	V	22 Employ. Vaccin.	4,335	Forum Extended Care Services II, Inc.		4,184	(151)
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 830,230			\$ 801,297	\$ * (28,933)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Revenue - therapy	\$ 1,328,841	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,373,060	\$	44,219	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		\$ 1,328,841			\$ 1,373,060	\$ *	44,219	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 Repair & Maintenance	\$ 24,460	Alden Bennett Construction Company, Inc.	0.00%	\$ 24,414	\$ (46)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 24,460			\$ 24,414	\$ * (46)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 13,821	Alden Design Group, Inc.	0.00%	\$ 16,722	\$ 2,901	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		\$ 13,821			\$ 16,722	\$ *	2,901	39

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

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	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 Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	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 & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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 A.	President	CEO	100.00	180,508	0.972	2.43	Salary	\$ 4,492	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,572	0.972	2.43	Salary	2,428	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,572	0.972	2.43	Salary	2,428	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	106,498	0.972	2.43	Salary	2,650	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,998	0.972	2.43	Salary	1,518	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	\$ 13,515		13

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

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

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

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	34	\$ 95,438	\$	30,386	\$ 2,317	1
2	24	Travel & Seminar	Patient days	34	32,213		30,386	782	2
3	25	Other Admin Travel	Patient days	34	375,370		30,386	9,113	3
4	26	Insurance	Patient days	34	6,897		30,386	167	4
5	20	Dues/Subscriptions	Patient days	34	113,573		30,386	2,757	5
6	30	Depreciation	No. of providers	34	156,306		1	4,204	6
7	33	Real Estate Tax	Patient days/usage	34	176,959		30,386	3,730	7
8	35	Rent-Equip/Vehicles	Patient days	34	1,250,701		30,386	30,365	8
9	32	Interest	Patient days/usage	34	2,158,573		30,386	4,909	9
10	1	Dietary Aide Coordinator Salary	Patient days	34	72,994	72,994	30,386	1,772	10
11	3	Housekeeping Coordinator Salary	Patient days	34	242,795	242,795	30,386	5,895	11
12	7	Employee Benef % -Gen'l Servs	Patient days	34	217,281		30,386	5,275	12
13	10	Nurs/Med Records Salary	Patient days/usage	34	1,562,220	1,562,220	30,386	33,393	13
14	15	Employee Benef % - Health Care	Patient days	34	218,198		30,386	5,298	14
15	17	Administrative Salary	Patient days/usage	34	4,332,153	4,332,153	30,386	94,437	15
16	27	Employee Benef %-Administrativ	Patient days	34	1,674,148		30,386	40,646	16
17	19	Professional Fees	Patient days	34	1,213,223	909,774	30,386	40,947	17
18	21	Gen'l & Admin	Patient days/usage	34	7,611,926	6,744,406	30,386	184,807	18
19	6	Repairs & Maintenance	Patient days	34	1,835,211	1,239,870	30,386	79,283	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 550,097	25

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		A. Directly Facility Related																	
		Long-Term																	
1		Cambridge Realty		X	Mortgage	\$43,503.85	10/1/2012	\$ 12,080,802	\$ 11,349,477	9/1/2047	2.5000	\$ 286,399	1						
2					Int exp in excess of CON cap							(80,192)	2						
3													3						
4		Insurance Interest (GL07053)		X	Medical Malpractice							1,877	4						
5		Amort of Fin Fees (GL 1918)		X	Refinancing							8,479	5						
		Working Capital																	
6		Related party-AMS		X	Working Capital							4,909	6						
7													7						
8		Bank Leumi		X	Working Capital	varies	8/2012	1,011,970			4.5000	53,342	8						
9		TOTAL Facility Related				\$43,503.85		\$ 13,092,772	\$ 11,349,477			\$ 274,814	9						
		B. Non-Facility Related*																	
10		Interest Income on R.R.		X								(86)	10						
11		Int Income (GL#4975 & 4646)		X								(20,785)	11						
12													12						
13													13						
14		TOTAL Non-Facility Related						\$	\$			\$ (20,871)	14						
15		TOTALS (line 9+line14)						\$ 13,092,772	\$ 11,349,477			\$ 253,943	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 41,239 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2014 report.	\$	<u>520,000</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>517,640</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(2,360)</u>	3	
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>533,615</u>	4	
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$		5	
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$		6	
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>531,255</u>	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>3,730</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>534,985</u>
Real Estate Tax Bill for Calendar Year:		2010	<u>442,517</u>	8	
		2011	<u>448,368</u>	9	
		2012	<u>469,683</u>	10	
		2013	<u>504,900</u>	11	
		2014	<u>533,615</u>	12	
The current year accrual is based on an estimated 3% increase of the prior year tax					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2014	\$	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.

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

(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>153,627.00</u>	\$ <u>3,730.00</u>
2. <u>09-17-200-128-0000</u>	<u>Nursing facility</u>	\$ <u>300,350.17</u>	\$ <u>300,350.17</u>
3. <u>09-17-200-129-0000</u>	<u>Nursing facility</u>	\$ <u>217,504.45</u>	\$ <u>217,504.45</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>671,481.62</u></u>	\$ <u><u>521,584.62</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

X. BUILDING AND GENERAL INFORMATION:

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
none

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	1
2					2
3	TOTALS	51,490		\$ 1,016,045	3

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4		2000	2000	\$ 9,685,956	\$ 242,149	40	\$ 174,652	\$ (67,497)	\$ 2,731,750	4
5	Adjustment to correct to CON costs (net=-6,986,060)			(2,699,896)						5
6										6
7										7
8										8
	Improvement Type**									
9	ISS/Chicago Sound & Communication(vent alarm interface		2000	3,400		10			3,400	9
10	Alden Bennett Construction(multiple wireless install)		2001	4,894		10			4,894	10
11	Owners extras (change orders)		2000	524,876	26,244	20	26,244		404,594	11
12	Owners extras (change orders)		2000	12,972	648	20	648		9,994	12
13	ABC-parking lot sealcoat/stripe		2002	3,852		7			3,852	13
14	ABC-screened patio enclosure		2002	10,069		7			10,069	14
15	EWS Welding-alarm		2002	1,076		10			1,076	15
16	New Horizons-residents phones		2002	1,646		10			1,646	16
17	New Horizons-residents phones		2002	3,161		10			3,161	17
18	ABC-owners extras		2003	2,571	171	15	171		2,224	18
19	ABC-owners extras		2003	5,511	367	15	367		4,772	19
20	ABC [GT Mechanical]-Replace B1 compressor		2007	3,383		5			3,383	20
21	Mohawk-Calhoun Carpet Admin area		2007	2,747		5			2,747	21
22	ABC-New carpeting Nile Room		2007	6,053		5			6,053	22
23	ABC-New patio door operator		2007	4,046	405	10	405		3,409	23
24	GTMECH-Exhaust motor & wheel blade		2007	4,791	479	10	479		3,952	24
25	ABC-Removal & repair of hot water piping		2007	4,170	167	25	167		1,364	25
26	Replace Gas Oxygen Units		2008	9,275	928	10	928		7,037	26
27	GTMECH-Repair Boiler Pumps		2008	3,242	324	10	324		2,403	27
28										28
29	ABC - Pavement Asphalt		2010	11,722	1,465	8	1,465		7,814	29
30	Nursing Station Repair		2010	2,600	433	5	433		2,600	30
31	ABC - Repair Laundry Chute & Grease Interceptor		2010	8,248	1,511	5	1,511		8,248	31
32	ABC - HVAC Pump		2010	4,738	316	15	316		1,659	32
33	Smoke Vent Relocation (non-hvac)		2011	3,345	669	5	669		2,899	33
34	Fish Tank Repair		2011	3,700	740	5	740		3,145	34
35	Sprinkler Heads & Gauges Replaced		2011	7,072	707	10	707		2,946	35
36	Dampers, labeling		2012	6,750	675	10	675		2,194	36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Doorway-Build Kitchen Storage Doorway	2013	\$ 4,091	\$ 205	20	\$ 205	\$	\$ 478	37
38	Doorway-Sprinkler Room	2013	2,887	144	20	144		360	38
39	Wall- Wall Refinish	2013	5,950	446	15	446		892	39
40	Motor - Laundry Iron Motor	2013	3,025	605	5	605		1,412	40
41	OT/PT Remodel Building Permit	2014	2,920	195	15	195		325	41
42	Fire Dampers - ABC	2014	17,384	1,738	10	1,738		2,028	42
43	Fire Alarm lights - ABC	2014	2,609	522	5	522		609	43
44	Sewer, Replaced	2015	2,500	104	20	104		104	44
45	Fire Dampers - ABC	2015	4,074	340	10	340		340	45
46	Repaired Sliding Door - ABC	2015	2,786	464	5	464		464	46
47	Repaired Sliding Door - ABC	2015	4,165	347	5	347		347	47
48	Motor for pump for boiler, ignitors and sensor - GT Mech	2015	3,009	50	5	50		50	48
49	PT/OT Remodel - ABC	2015	70,402	2,933	20	2,933		2,933	49
50	PT/OT Remodel - ABC	2015	318,422	13,268	20	13,268		13,268	50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 8,090,194	\$ 299,759		\$ 232,262	\$ (67,497)	\$ 3,266,895	70

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

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 8,090,194	\$ 299,759		\$ 232,262	\$ (67,497)	\$ 3,266,895	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	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	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,181,104	\$ 301,031		\$ 233,534	\$ (67,497)	\$ 3,352,366	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	10
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward								
2			\$ 8,181,104	\$ 301,031		\$ 233,534	\$ (67,497)	\$ 3,352,366	1
3	Adj for ABC related party profit	2008	(53)	(6)		(6)		(45)	2
4	Adj for ABC related party profit	2010	(302)	(18)		(18)		(99)	3
5	Adj for ABC related party profit	2011	110	8		8		36	4
6	Adj for ABC related party profit	2012	417	20		20		70	5
7	Adj for ABC related party profit	2013	174	4		4		10	6
8	Adj for ABC related party profit	2014	(38)	(1)		(1)		(2)	7
9	Adj for ABC related party profit	2015	(154)	(7)		(7)		(7)	8
10									9
11									10
12									11
13									12
14									13
15									14
16									15
17									16
18									17
19									18
20									19
21									20
22									21
23									22
24									23
25									24
26									25
27									26
28									27
29									28
30									29
31									30
32									31
33									32
34	TOTAL (lines 1 thru 33)		\$ 8,181,258	\$ 301,031		\$ 233,534	\$ (67,497)	\$ 3,352,329	33

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 674,879	\$ 69,280	\$ 69,280	\$	varies	\$ 303,532	71
72	Current Year Purchases	44,984	4,436	4,436		varies	4,105	72
73	Fully Depreciated Assets	839,001	53,729	7,511	(46,218)	varies	839,000	73
74								74
75	TOTALS	\$ 1,558,864	\$ 127,445	\$ 81,227	\$ (46,218)		\$ 1,146,637	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	2001	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77	related party-AMS	various	1998-2004	4,026					4,026	77
78										78
79										79
80	TOTALS			\$ 53,852	\$	\$	\$		\$ 53,852	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,810,019	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 428,476	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 314,761	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (113,715)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,552,818	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 7/1/2001

Ending 6/30/2021

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ varies

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

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

9. Option to Buy: YES NO Terms: _____ *

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

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

16. Rental Amount for movable equipment: \$ 29,762 Description: <---copy machine gl 6861 & equip lease gl 6959

(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>781.08</u>	\$ <u>9,373</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>781.08</u>	\$ <u>9,373</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		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	440,529	\$		\$	440,529	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				66,633				66,633	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				815,539				815,539	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					402,233			402,233	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					44,219	500,521			544,740	13
14	TOTAL			\$		\$	1,366,920	\$	902,754	\$	2,269,674	14

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

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	-	\$440,529.00
2.	ST	39-3	To Col 5	-	66,633.00
3.					
4.	PT	39-3	To Col 5	-	815,539.00
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			-	416,757.00
	Manual Input from Related Party- Forum Drugs				(14,524.00)

9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	402,233.00

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		44,219.00

From Page 6C

From Page 6D

Other		-	549,108.00	
Manual Input: Related Party - Prism			(44,218.00)	From Page 6B
Manual Input: Related Party FECII - I.V.			(13,437.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care			(200.00)	From Page 6C
Oxygen, from reclass worksheet (Pg 4A)			9,268.00	

13. Col 6: Supplies Total	To Col 6	-	500,521.00	

13. Total Line 13, Column 8		-	544,740.00	

14. Total		-	2,269,674.00	
			=====	

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 486,710	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 200,000)	2,003,611	2,003,611	3
4	Supply Inventory (priced at)	3,548	3,548	4
5	Short-Term Investments		24,929	5
6	Prepaid Insurance		74,048	6
7	Other Prepaid Expenses	23,428	23,428	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	44,548	401,842	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,075,135	\$ 3,018,116	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,685,956	14
15	Leasehold Improvements, at Historical Cost	609,109	1,121,314	15
16	Equipment, at Historical Cost	309,429	2,230,739	16
17	Accumulated Depreciation (book methods)	(743,146)	(6,031,082)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		101,989	21
22	Other Long-Term Assets (specify):		150,894	22
23	Other(specify): Due from Affiliate	5,538,252	6,879,383	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,784,060	\$ 15,213,594	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,859,195	\$ 18,231,710	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 489,275	\$ 489,341	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	183,690	183,690	28
29	Short-Term Notes Payable	57,307	294,535	29
30	Accrued Salaries Payable	536,740	536,740	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,411	19,411	31
32	Accrued Real Estate Taxes(Sch.IX-B)		533,400	32
33	Accrued Interest Payable	11,322	34,967	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.	111,850	111,850	36
37	Due to Affiliates	1,628,623	1,628,623	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,038,218	\$ 3,832,557	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,153,778	1,153,778	39
40	Mortgage Payable		11,112,249	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)	\$ 1,153,778	\$ 12,266,027	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,191,996	\$ 16,098,584	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,667,199	\$ 2,133,126	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 7,859,195	\$ 18,231,710	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,562,910	1
2	Restatements (describe):		2
3	Allocate Personnel Director Salary	(40,817)	3
4	Non-allowable cost or revenue adjustments recorded	2	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,522,095	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	145,104	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)	\$ 145,104	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,667,199	24 *

* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,630,324	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,630,324	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	95,464	6
7	Oxygen	11,240	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 106,704	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	598	12
13	Barber and Beauty Care	536	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	10,595	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 11,729	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	20,794	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 20,794	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	17,869	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,869	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,787,420	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,732,941	31
32	Health Care	2,803,431	32
33	General Administration	2,383,846	33
B. Capital Expense			
34	Ownership	1,248,381	34
C. Ancillary Expense			
35	Special Cost Centers	2,288,565	35
36	Provider Participation Fee	185,152	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,642,316	40
41	Income before Income Taxes (line 30 minus line 40)**	145,104	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 145,104	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,253,053	44
45	Private Pay - Net Inpatient Revenue	1,044,683	45
46	Medicare - Net Inpatient Revenue	5,389,932	46
47	Other-(specify) <u>Veterans/Sales Allow.</u>	126,448	47
48	Other-(specify) <u>Hospice/Insurance</u>	1,816,208	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,630,324	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 2,278
Misc Income (Unclaimed Prop)	\$ 1,060
Misc Income (Jury Duty)	\$ 211
Adj prior year expense via A/P	\$ 12,000
Vendor Discounts	\$ 346
Gain on Sale of Assets	\$ 1,974
Line 28 Total:	<u>17,869</u>

Ending: 12/31/2015

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 103,745	\$ 49.88	1
2	Assistant Director of Nursing	2,080	2,080	77,463	37.24	2
3	Registered Nurses	24,982	26,697	836,587	31.34	3
4	Licensed Practical Nurses	10,086	10,404	307,733	29.58	4
5	CNAs & Orderlies	64,959	69,677	871,194	12.50	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,645	2,848	47,915	16.82	8
9	Activity Director	2,080	2,080	38,103	18.32	9
10	Activity Assistants	2,878	3,173	60,868	19.18	10
11	Social Service Workers	2,732	2,925	69,932	23.91	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	52,962	25.46	13
14	Head Cook	3,028	3,028	74,089	24.47	14
15	Cook Helpers/Assistants	36,197	39,245	473,063	12.05	15
16	Dishwashers					16
17	Maintenance Workers	1,525	1,525	44,946	29.47	17
18	Housekeepers	11,143	12,418	142,090	11.44	18
19	Laundry	5,526	6,123	60,829	9.93	19
20	Administrator	2,080	2,080	120,346	57.86	20
21	Assistant Administrator					21
22	Other Administrative	4,152	4,160	44,496	10.70	22
23	Office Manager	2,080	2,080	61,077	29.36	23
24	Clerical	3,994	4,188	37,216	8.89	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,184	3,184	113,626	35.69	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)	2,080	2,080	32,345	15.55	33
34	TOTAL (lines 1 - 33)	191,591	204,155	\$ 3,670,625 *	\$ 17.98	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 598	1-3	35
36	Medical Director	Monthly	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,640	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	42	2,420	11-3	44
45	Social Service Consultant	4	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	46	\$ 23,938		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	7	\$ 2,697	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	7	\$ 2,697		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership %	Amount	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions			
Name	Function				Description	Amount	Description	Amount			
Liga, Tiffany Marie	Administrator		\$ 120,346	Workers' Compensation Insurance	\$ 138,486	IDPH License Fee	\$				
				Unemployment Compensation Insurance	37,806	Advertising: Employee Recruitment		133			
				FICA Taxes	279,177	Health Care Worker Background Check					
				Employee Health Insurance	59,650	(Indicate # of checks performed 46)		1,407			
				Employee Meals	29,070	Patient Background Checks	364	3,760			
				Illinois Municipal Retirement Fund (IMRF)*		Surety bond fees		190			
				Union health & welfare	105,300	Health Care Council of IL		10,560			
				Union pension	29,280	Chicago Tribune		5,556			
				Dental/Life/401k match/Empl rel/Misc pr	11,662	Corp Annual Report Fee		250			
				EE drug tests/Vaccinations	6,118	Related party- AMS		2,757			
				Gardens /Crts Personnel Dir. e/b deduction	(22,426)	Less: Public Relations Expense	(
						Non-allowable advertising	(
						Yellow page advertising	(
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				\$ 120,346	TOTAL (agree to Schedule V, line 22, col.8)			\$ 674,123	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 24,613
B. Administrative - Other			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**				
Description				Description	Line #	Amount	Description	Amount			
			\$			\$	Out-of-State Travel	\$			
							In-State Travel				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				\$			Related Party- AMS	782			
							Seminar Expense	285			
							Entertainment Expense	(
							(agree to Sch. V, line 24, col. 8)				
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				\$ 878,348	TOTAL			\$	TOTAL		\$ 1,067

* Attach copy of IMRF notifications

**See instructions.

Alden Des Plaines Rehab & HC
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	58,184.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,174.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	<u>\$</u>	<u>9,102.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Stone Pogrund & Korey LLC		8,469.00
Bank Leumi		633.00
TOTAL ALLOWABLE LEGAL FEES		<u>9,102.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ABC Accounts Corporation	6/1/2015	96.00
ABC Accounts Corporation	8/6/2015	96.00
Clerk Of The Circuit Court	2/27/2015	12.00
Clerk Of The Circuit Court	4/9/2015	337.00
Clerk Of The Circuit Court	6/1/2015	6.00
Markley Investigations	4/9/2015	50.00
Markley Investigations	6/1/2015	50.00
Markley Investigations	8/6/2015	117.00
Markley Investigations	8/6/2015	78.00
Sheriff of Cook County	8/6/2015	60.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 902.00

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'15	01/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	02/28/15	3,909.00
AMS Corp Legal Cost Alloc-'15	03/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	04/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	05/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	06/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	07/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	08/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	09/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	10/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	11/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	12/31/15	3,909.00

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 56,912.00

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

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes RN/LPN: No (13)
- (2) Are there any dues to nursing home associations included on the cost report? Healthcare Council = \$10,560
If YES, give association name and amount.
- (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. \$ 25,130 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. \$ 185,152
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 29,070 Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? 0
 - d. Have vehicle usage logs been maintained? No
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
 - g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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. _____
Attach invoices and a summary of services for all architect and appraisal fees.