



Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000 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	237	Skilled (SNF)	237	86,505	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	237	TOTALS	237	86,505	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	10,537	1,710	6,417	18,664	8
9	SNF/PED					9
10	ICF	45,767	2,066	1,609	49,442	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,304	3,776	8,026	68,106	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.73%

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 06/15/93

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

YES  Date 06/01/92 NO

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

YES  NO  If YES, enter number of beds certified 237 and days of care provided 3,722

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name &amp; ID Number

Alden Town Manor Rehab &amp; HCC

# 0038000

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
	<b>A. General Services</b>										
1	Dietary	504,892	39,838	27,330	572,060	1,376	573,436	(2,395)	571,041		1
2	Food Purchase		545,323		545,323	(45,140)	500,183	(54,210)	445,973		2
3	Housekeeping	312,067	61,096		373,163	1,589	374,752	13,212	387,964		3
4	Laundry	127,058	21,315		148,373	155	148,528		148,528		4
5	Heat and Other Utilities			365,933	365,933		365,933	(4,470)	361,463		5
6	Maintenance	51,948		328,711	380,659	39	380,698	84,857	465,555		6
7	Other (specify):* related party			300	300		300	11,824	12,124		7
8	<b>TOTAL General Services</b>	995,965	667,572	722,274	2,385,811	(41,981)	2,343,830	48,818	2,392,648		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			26,700	26,700		26,700		26,700		9
10	Nursing and Medical Records	3,548,125	309,649	14,031	3,871,805	(377)	3,871,428	79,055	3,950,483		10
10a	Therapy	205,153	5,165	47,142	257,460		257,460		257,460		10a
11	Activities	101,667	8,674	4,971	115,312	95	115,407		115,407		11
12	Social Services	48,632			48,632		48,632		48,632		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							11,874	11,874		15
16	<b>TOTAL Health Care and Programs</b>	3,903,577	323,488	92,844	4,319,909	(282)	4,319,627	90,929	4,410,556		16
	<b>C. General Administration</b>										
17	Administrative	210,255			210,255		210,255	211,666	421,921		17
18	Directors Fees										18
19	Professional Services			1,103,762	1,103,762		1,103,762	(1,008,149)	95,613		19
20	Dues, Fees, Subscriptions & Promotions			87,575	87,575		87,575	(51,962)	35,613		20
21	Clerical & General Office Expenses	169,850	25,259	150,320	345,429	537	345,966	385,604	731,570		21
22	Employee Benefits & Payroll Taxes			1,024,226	1,024,226	29,508	1,053,734	(8,855)	1,044,879		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,863	1,863		1,863	1,753	3,616		24
25	Other Admin. Staff Transportation			6,636	6,636		6,636	20,427	27,063		25
26	Insurance-Prop.Liab.Malpractice			312,369	312,369		312,369	13,972	326,341		26
27	Other (specify):* related party			254,726	254,726		254,726	(163,623)	91,103		27
28	<b>TOTAL General Administration</b>	380,105	25,259	2,941,477	3,346,841	30,045	3,376,886	(599,167)	2,777,719		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,279,647	1,016,319	3,756,595	10,052,561	(12,218)	10,040,343	(459,420)	9,580,923		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 &amp; ID Number

Alden Town Manor Rehab &amp; HCC

#0038000

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	
	<b>D. Ownership</b>											
30	Depreciation			63,835	63,835		63,835	425,798	489,633			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			207,972	207,972		207,972	470,966	678,938			32
33	Real Estate Taxes			949,391	949,391	(949,391)		981,083	981,083			33
34	Rent-Facility & Grounds			898,374	898,374	949,391	1,847,765	(1,847,765)				34
35	Rent-Equipment & Vehicles			19,778	19,778		19,778	68,060	87,838			35
36	Other (specify):* MIP							59,827	59,827			36
37	<b>TOTAL Ownership</b>			2,139,350	2,139,350		2,139,350	157,969	2,297,319			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		558,787	691,146	1,249,933	12,218	1,262,151	(70,334)	1,191,817			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			514,717	514,717		514,717		514,717			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		558,787	1,205,863	1,764,650	12,218	1,776,868	(70,334)	1,706,534			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,279,647	1,575,106	7,101,808	13,956,561		13,956,561	(371,785)	13,584,776			45

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

Alden Town Manor Rehab & HCC  
 Period Beginning: 01/01/2015  
 Period Ending: 12/31/2015

IDPH License No. 0038000

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (45,140.00)	Employee Meals
	22	\$ 45,140.00	Employee Meals
22		\$ (15,632.00)	Uniform Reclass
	1	\$ 1,376.00	Uniform Reclass
	3	\$ 1,589.00	Uniform Reclass
	4	\$ 155.00	Uniform Reclass
	6	\$ 39.00	Uniform Reclass
	10	\$ 11,841.00	Uniform Reclass
	11	\$ 95.00	Uniform Reclass
	21	\$ 537.00	Uniform Reclass
10		\$ (12,218.00)	Oxygen Cost Reclass
	39	\$ 12,218.00	Oxygen Cost Reclass
33		(949,391.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	949,391.00	Rent - Real Estate Tax on associated landowner (Pg 6)



Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

**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	(12,432)	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	14,451	30		9
10	Interest and Other Investment Income	(363)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,073)	2		13
14	Non-Care Related Interest	(36,538)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(28,688)	21		17
18	Fines and Penalties	(8,100)	32		18
19	Entertainment	(861)	20		19
20	Contributions	(4,882)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,206)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(254,726)	27		24
25	Fund Raising, Advertising and Promotional	(27,583)	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>	\$ (371,001)		\$	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)	154,855		34
35	Other- Attach Schedule	(155,639)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (784)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (371,785)		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

BHF USE ONLY					
48		49		50	51
					52

## Alden Town Manor Rehab &amp; HCC

ID# 0038000

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1		\$		1
2	Late Fees on Utilities	(9,663)	5	2
3	Intercompany interests GL 7031 (Midcap)	(159,087)	32	3
4	Intercompany interests GL 7053 (ANI)	(4,248)	32	4
5				5
6	back out Bank Charges - TM LLC	(120)	21	6
7	AMS Depreciation adj	(241)	30	7
8	Elim Deprec Exp on Pg12 - <\$2,500 TM/Cicero	(27,614)	30	8
9	Elim Deprec Exp on Pg13 - <\$2,500 TM/Cicero	(3,283)	30	9
10	Exp Capital items, Pg13 curr year purch <\$2,500 TM/Ci	49,959	6	10
11	Exp Capital items, Pg13 Related Party AMS	4,259	6	11
12	adj for ABC related party profits -Pg 12	75	30	12
13	adj for ABC related party profits -Pg 12	0	30	13
14	adjustment on Depreciation exp	(996)	30	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23	Miscellaneous Income - Medical Records	(2,484)	10	23
24	Miscellaneous Income - Food Rebate	(1,999)	2	24
25	Miscellaneous Income - Jury Duty	(139)	21	25
26	Collection Fees	(39)	21	26
27	Vendor discount GL 4984	(19)	2	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>		(155,639)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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 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>A. General Services</b>													
1	Dietary	0	0	3,972	(6,367)	0	0	0	0	0	0	0	(2,395)	1
2	Food Purchase	(4,091)	0	0	(50,119)	0	0	0	0	0	0	0	(54,210)	2
3	Housekeeping	0	0	13,212	0	0	0	0	0	0	0	0	13,212	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(9,663)	0	5,193	0	0	0	0	0	0	0	0	(4,470)	5
6	Maintenance	41,786	13,093	29,298	0	0	0	(92)	772	0	0	0	84,857	6
7	Other (specify):*	0	0	11,824	0	0	0	0	0	0	0	0	11,824	7
8	<b>TOTAL General Services</b>	<b>28,032</b>	<b>13,093</b>	<b>63,499</b>	<b>(56,486)</b>	<b>0</b>	<b>0</b>	<b>(92)</b>	<b>772</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48,818</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	(2,484)	0	74,847	7,708	(1,016)	0	0	0	0	0	0	79,055	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	11,874	0	0	0	0	0	0	0	0	11,874	15
16	<b>TOTAL Health Care and Programs</b>	<b>(2,484)</b>	<b>0</b>	<b>86,721</b>	<b>7,708</b>	<b>(1,016)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90,929</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	211,666	0	0	0	0	0	0	0	0	211,666	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(9,206)	14,741	(1,013,684)	0	0	0	0	0	0	0	0	(1,008,149)	19
20	Fees, Subscriptions & Promotions	(33,326)	0	(18,636)	0	0	0	0	0	0	0	0	(51,962)	20
21	Clerical & General Office Expenses	(28,986)	370	414,220	0	0	0	0	0	0	0	0	385,604	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(8,855)	0	0	0	0	0	0	(8,855)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,753	0	0	0	0	0	0	0	0	1,753	24
25	Other Admin. Staff Transportation	0	0	20,427	0	0	0	0	0	0	0	0	20,427	25
26	Insurance-Prop.Liab.Malpractice	0	13,597	375	0	0	0	0	0	0	0	0	13,972	26
27	Other (specify):*	(254,726)	0	91,103	0	0	0	0	0	0	0	0	(163,623)	27
28	<b>TOTAL General Administration</b>	<b>(326,244)</b>	<b>28,708</b>	<b>(292,776)</b>	<b>0</b>	<b>(8,855)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(599,167)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(300,696)</b>	<b>41,801</b>	<b>(142,556)</b>	<b>(48,778)</b>	<b>(9,871)</b>	<b>0</b>	<b>(92)</b>	<b>772</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(459,420)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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)	
	<b>D. Ownership</b>													
30	Depreciation	(17,608)	425,817	17,589	0	0	0	0	0	0	0	0	425,798	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(208,336)	509,213	170,089	0	0	0	0	0	0	0	0	470,966	32
33	Real Estate Taxes	0	949,391	31,692	0	0	0	0	0	0	0	0	981,083	33
34	Rent-Facility & Grounds	0	(1,847,765)	0	0	0	0	0	0	0	0	0	(1,847,765)	34
35	Rent-Equipment & Vehicles	0	0	68,060	0	0	0	0	0	0	0	0	68,060	35
36	Other (specify):*	0	59,827	0	0	0	0	0	0	0	0	0	59,827	36
37	<b>TOTAL Ownership</b>	<b>(225,944)</b>	<b>96,483</b>	<b>287,430</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>157,969</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	(58,479)	(3,895)	(7,960)	0	0	0	0	0	(70,334)	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>(58,479)</b>	<b>(3,895)</b>	<b>(7,960)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(70,334)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(526,640)</b>	<b>138,284</b>	<b>144,874</b>	<b>(107,257)</b>	<b>(13,766)</b>	<b>(7,960)</b>	<b>(92)</b>	<b>772</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(371,785)</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 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 Income	\$ 1,847,765	Town Manor Associates, LLC		\$	\$ (1,847,765)	1
2	V	32 Investment Income - RR	194	Town Manor Associates, LLC			(194)	2
3	V	19 Accounting/Professional Fees		Town Manor Associates, LLC		8,075	8,075	3
4	V	33 Real Estate Tax		Town Manor Associates, LLC		949,391	949,391	4
5	V	26 Property and Liability Insurance		Town Manor Associates, LLC		13,597	13,597	5
6	V	32 Interest on Mortgage		Town Manor Associates, LLC		498,992	498,992	6
7	V	19 Legal Fees - Non Collections		Town Manor Associates, LLC		6,666	6,666	7
8	V	30 Depreciation		Town Manor Associates, LLC		425,817	425,817	8
9	V	32 Amortization		Town Manor Associates, LLC		10,415	10,415	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, LLC		59,827	59,827	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, LLC		370	370	11
12	V	6 R & M - Replacement Reserve		Town Manor Associates, LLC		13,093	13,093	12
13	V							13
14	Total		\$ 1,847,959			\$ 1,986,243	\$ * 138,284	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%	\$ 5,193	\$	5,193	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,753		1,753	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		20,427		20,427	17
18	V	26 Insurance		Alden Management Services, Inc.		375		375	18
19	V	20 Dues and Subscription	24,816	Alden Management Services, Inc.		6,180		(18,636)	19
20	V	30 Depreciation		Alden Management Services, Inc.		17,589		17,589	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		31,692		31,692	21
22	V	35 Rent - Equipment and Vehicle		Alden Management Services, Inc.		68,060		68,060	22
23	V	32 Interest		Alden Management Services, Inc.		170,089		170,089	23
24	V	1 Dietary		Alden Management Services, Inc.		3,972		3,972	24
25	V	3 Housekeeping		Alden Management Services, Inc.		13,212		13,212	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		11,824		11,824	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		74,847		74,847	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		11,874		11,874	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		211,666		211,666	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		91,103		91,103	30
31	V	19 Professional Fees	1,063,776	Alden Management Services, Inc.		50,092		(1,013,684)	31
32	V	21 General and Administrative		Alden Management Services, Inc.		414,220		414,220	32
33	V	6 Repairs and Maintenance	82,681	Alden Management Services, Inc.		111,979		29,298	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,171,273			\$ 1,316,147	\$ *	144,874	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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		13,230	13,230
17	V	2 Tube Feeding	114,269	Prism Health Care Services, Inc.		43,023	(71,246)
18	V	10 Equip Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Ancillary Supplies	180,391	Prism Health Care Services, Inc.		78,204	(102,187)
20	V	1 Gen & Admin & Benefits		Prism Health Care Services, Inc.		6,659	6,659
21	V	2 Gen & Admin & Benefits		Prism Health Care Services, Inc.		21,127	21,127
22	V	10 Gen & Admin & Benefits		Prism Health Care Services, Inc.		5,559	5,559
23	V	39 Gen & Admin & Benefits		Prism Health Care Services, Inc.		43,708	43,708
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		\$ 327,720			\$ 220,463	\$ * (107,257)

\* 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	\$ 193,478	Forum Extended Care Services II, Inc.	0.00%	\$ 186,735	\$ (6,743)
16	V	39 IV	127,499	Forum Extended Care Services II, Inc.		123,056	(4,443)
17	V	39 Wound Care	36,042	Forum Extended Care Services II, Inc.		34,786	(1,256)
18	V	10 House Stock	23,173	Forum Extended Care Services II, Inc.		22,365	(808)
19	V	10 Pharmacy Consultant	5,976	Forum Extended Care Services II, Inc.		5,768	(208)
20	V	22 Employee Vaccin.	8,855	Forum Extended Care Services II, Inc.			(8,855)
21	V	39 Employee Vaccin.		Forum Extended Care Services II, Inc.		8,547	8,547
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		\$ 395,023			\$ 381,257	\$ * (13,766)

\* 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	\$ 720,012	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 712,052	\$ (7,960)
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	<b>Total</b>		\$ 720,012			\$ 712,052	\$ * (7,960)

\* 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	\$ 48,950	Alden Bennett Construction Company, Inc.	0.00%	\$ 48,858	\$	(92)	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		\$ 48,950			\$ 48,858	\$ *	(92)	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	\$ 3,680	Alden Design Group, Inc.	0.00%	\$ 4,452	\$ 772	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		\$ 3,680			\$ 4,452	\$ *	772	39

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

Facility Name &amp; ID Number

Alden Town Manor Rehab &amp; HCC

# 0038000

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 Town Manor Rehab & HCC # 0038000 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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	President	CEO	100.00	174,933	2.176	5.44	Salary	\$ 10,067	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,558	2.176	5.44	Salary	5,442	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,558	2.176	5.44	Salary	5,442	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	103,208	2.176	5.44	Salary	5,940	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,114	2.176	5.44	Salary	3,402	21-7	5
6						2.176	5.44				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	\$ 30,293		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 Town Manor Rehab & HCC

# 0038000 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	\$	68,106	\$ 5,193	1
2	24	Travel & Seminar	Patient Days	34	32,213		68,106	1,753	2
3	25	Other Admin Travel	Patient Days	34	375,370		68,106	20,427	3
4	26	Insurance	Patient Days	34	6,897		68,106	375	4
5	20	Dues & Subscriptions	Patient Days	34	113,573		68,106	6,180	5
6	30	Depreciation	No of Providers	34	156,306		1	17,589	6
7	33	Real Estate Tax	Patient Days/usage	34	176,959		68,106	31,692	7
8	35	Rent-Equip/Vehicle	Patient Days	34	1,250,701		68,106	68,060	8
9	32	Interest	Patient Days/usage	34	2,158,573		68,106	170,089	9
10	1	DietaryAide Coordinator Salary	Patient Days	34	72,994	72,994	68,106	3,972	10
11	3	Housekeeping Coordinator Salary	Patient Days	34	242,795	242,795	68,106	13,212	11
12	7	Employee Benef % -Gen'I Servs	Patient Days	34	217,281		68,106	11,824	12
13	10	Nurs/Med Records Salary	Patient Days/usage	34	1,562,220	1,562,220	68,106	74,847	13
14	15	Employee Benef % -Health Care	Patient Days	34	218,198		68,106	11,874	14
15	17	Administrative Salary	Patient Days/usage	34	4,332,153	4,332,153	68,106	211,666	15
16	27	Employee Benef % - Administrati	Patient Days	34	1,674,148		68,106	91,103	16
17	19	Professional fees	Patient Days	34	1,213,223	909,774	68,106	50,092	17
18	21	Gen'I & Admin	Patient Days/usage	34	7,611,926	6,744,406	68,106	414,220	18
19	6	Repair & Maint.	Patient Days/usage	34	1,835,211	1,239,870	68,106	111,979	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 1,316,147	25

Facility Name & ID Number

Alden Town Manor Rehab & HCC

# 0038000

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		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			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Cambridge (GL 7055/2505/2021)		X	Mortgage	\$57,636.00	02/2011	\$ 12,722,300	\$ 11,877,599	03/2046	4.1700	\$ 498,992	1					
2												2					
3												3					
4												4					
5												5					
<b>Working Capital</b>																	
6	Related party-AMS		X	Working Capital							170,089	6					
7												7					
8	Capital Lease Obligation (GL 7105)		X	Capital Lease							10,415	8					
9	<b>TOTAL Facility Related</b>				\$57,636.00		\$ 12,722,300	\$ 11,877,599			\$ 679,496	9					
<b>B. Non-Facility Related*</b>																	
10	Int Income - R.R. (GL 4972)		X								(195)	10					
11	Int Income (GL#4975 Oper/LLC)		X								(363)	11					
12												12					
13												13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (558)	14					
15	<b>TOTALS (line 9+line14)</b>						\$ 12,722,300	\$ 11,877,599			\$ 678,938	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 59,827 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**

1. Real Estate Tax accrual used on 2014 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$	<u>700,139</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>891,291</u>			2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>191,152</u>			3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>758,239</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>949,391</u>			7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>31,692</u>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>981,083</u>	
Real Estate Tax Bill for Calendar Year:		2010	<u>777,983</u>	8	<b>FOR BHF USE ONLY</b>	
		2011	<u>785,126</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
		2012	<u>795,724</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
		2013	<u>834,842</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
		2014	<u>891,289</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>						
			<u>981,083</u>			

**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 Town Manor Rehab & HCC COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0038000  
 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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>31,692.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,396.90</u>	\$ <u>3,396.90</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,396.90</u>	\$ <u>3,396.90</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>74,562.35</u>	\$ <u>74,562.35</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>103,708.22</u>	\$ <u>103,708.22</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>380,377.60</u>	\$ <u>380,377.60</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>169,463.66</u>	\$ <u>169,463.66</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>71,192.79</u>	\$ <u>71,192.79</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>71,192.79</u>	\$ <u>71,192.79</u>
<b>TOTALS</b>		\$ <u><u>1,030,918.21</u></u>	\$ <u><u>908,983.21</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: 94,195 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>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	1
2					2
3	<b>TOTALS</b>	<u>66,775</u>		<u>\$ 1,137,260</u>	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	249		1992	192	\$ 9,104,204	\$ 289,022	30	\$ 303,473	\$ 14,451	\$ 6,962,426	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Window glass repair	1992		1,600		10			1,600	9
10		CSI - boiler repair	1994		3,268		3			3,268	10
11		Tower cleaners - drapery	1995		1,557		5			1,557	11
12		Bartlett heating -pipe insulation	1995		3,700		15			3,700	12
13		CSI - a/c repair	1995		4,093		10			4,093	13
14		CSI - a/c repair	1995		4,027		10			4,027	14
15		CSI - pipe insulation	1995		1,981		15			1,981	15
16		CSI - chiller HVAC	1996		6,042		10			6,042	16
17		The floor source - carpet installation	1996		5,345		10			5,345	17
18		Ward door specialist, Inc. - metal door	1996		1,385		15			1,385	18
19		Shalom landscaping - planting	1996		8,000		10			8,000	19
20		The floor source - carpet installation	1996		6,049		10			6,049	20
21		Bartlett heating -pipe insulation	1996		18,526		15			18,526	21
22		Over charged by Bartlett	1996		(10,500)		15			(10,500)	22
23		Alden Bennett const. - heating, vent , a/c	1996		69,300	3,465	20	3,465		67,279	23
24		Alden Bennett construction - sanitary sewer lift station	1996		23,921	1,196	20	1,196		23,223	24
25		Arrigo enterprises, Inc. - heating and cooling sys. Corridor	1996		10,931	547	20	547		10,660	25
26		Misco shawnee, Inc. - tile	1996		9,232	462	20	462		8,965	26
27		Misco shawnee, Inc. - tile	1996		9,020	451	20	451		8,757	27
28		General parts - repair dishwasher	1997		2,139		5			2,139	28
29		System Electric - 120 volt circuit installed and replaced	1997		2,085		5			2,085	29
30		Climate - freeon into a/c	1997		6,221		5			6,221	30
31		Long elevator - install new eyes on elevator door	1997		3,180		5			3,180	31
32		A&B cable - outlets installation	1997		11,520		5			11,520	32
33		Arrigo enterprises, Inc. - corridor renovation	1997		24,366	1,218	20	1,218		23,347	33
34		ABC - hvac repairs	1998		39,300	1,965	20	1,965		34,879	34
35		ABC - sanitary sewer lift station	1998		1,259	63	20	63		1,118	35
36		Coit drapery	1998		12,976		5			12,976	36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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	
37	CSI - replaced fuse and cleaned ice machine	1998	\$ 3,267	\$	10	\$	\$	\$ 3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071		15			2,071	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		2,085	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726		15			1,726	46
47	Climater service - repair rooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		5,629	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343	92	15	92		3,343	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806	102	15	102		1,806	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		1,156	60
61	Patten (water pump)	2001	2,325	116	20	116		1,731	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		2,046	63
64	Simplex time (fire alarm)	2001	3,675	245	15	245		3,593	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,320	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784		10			3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 299,727		\$ 314,178	\$ 14,451	\$ 7,364,442	70

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,518,731	\$ 299,727		\$ 314,178	\$ 14,451	\$ 7,364,442	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		2,010	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various are	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844		10			2,844	11
12	GT Mechincal (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803		10			1,803	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		1,233	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964		10			4,964	17
18	Thybony Wallcoverings (Design works)	2003	2,098		10			2,098	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220		10			25,220	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709		10			2,709	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		5,892	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		3,552	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		2,122	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,631,392	\$ 300,996		\$ 315,447	\$ 14,451	\$ 7,472,362	34

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

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,631,392	\$ 300,996		\$ 315,447	\$ 14,451	\$ 7,472,362	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler, Steamer, Dishwasher, Plateware)	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		3,225	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086	609	10	609		5,988	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	1,718	10	1,718		16,607	17
18	ABC - exhaust fan	2006	5,662	566	10	566		5,236	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880	588	10	588		5,341	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072		5			5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613	361	10	361		3,219	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592		5			9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	457	10	457		3,923	25
26	ABC - New HVAC motor	2007	3,188		5			3,188	26
27	ABC - new ceiling tiles	2007	4,289		5			4,289	27
28	ABC - new plumbing faucet	2007	6,344		5			6,344	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,778,511	\$ 305,595		\$ 320,046	\$ 14,451	\$ 7,615,523	34

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

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,778,511	\$ 305,595		\$ 320,046	\$ 14,451	\$ 7,615,523	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,869,422	\$ 306,867		\$ 321,318	\$ 14,451	\$ 7,700,994	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		\$ 9,869,422	\$ 306,867		\$ 321,318	\$ 14,451	\$ 7,700,994	1
2									2
3	Adjust for ABC Related Party Profit	2008	(111)	(16)		(16)		(100)	3
4	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(36)	4
5	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(35)	5
6	Adjust for ABC Related Party Profit	2011	294	2		2		9	6
7	Adjust for ABC Related Party Profit	2012	1,362	24		24		84	7
8	Adjust for ABC Related Party Profit	2013	582	64		64		160	8
9	Adjust for ABC Related Party Profit	2014	174	12		12		18	9
10	Adjust for ABC Related Party Profit	2015	20						10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,871,447	\$ 306,942		\$ 321,393	\$ 14,451	\$ 7,701,094	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 9,871,447	\$ 306,942		\$ 321,393	\$ 14,451	\$ 7,701,094	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		1,089	2
3	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		9,714	3
4	ABC - new tiles	2008	4,802	480	10	480		3,640	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		4,599	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		3,506	6
7	ABC - replaced patio door	2009	2,852	285	10	285		1,900	7
8	ABC - receiving door	2009	6,451	645	10	645		4,300	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)	(107)		(107)		(642)	10
11	ABC - Asphalt	2010	12,834	1,604	8	1,604		6,817	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)	(77)		(77)		(462)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)	(589)		(589)		(2,706)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)	(117)		(117)		(353)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)	(161)		(161)		(483)	15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		1,520	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		4,152	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		2,270	18
19	ABC - damaged hardware repair	2011	2,989	598	5	598		2,940	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		1,900	20
21	ABC - thermal units/lights repairs	2011	6,624	1,325	5	1,325		6,404	21
22	GT Mechanical - laundry room repair	2011	8,341	1,668	5	1,668		7,923	22
23	ABC - plumbing repairs	2011	5,800	1,160	5	1,160		5,317	23
24	TopNotch - motor assembly	2011	2,600	520	5	520		2,253	24
25	ABC - handrail for the patio	2011	7,740	1,548	5	1,548		6,579	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		11,015	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100	620	5	620		2,687	27
28	Oak Fire - fire security master switchboard	2012	2,950	295	10	295		1,082	28
29	ABC - sprinkler system fire protection	2012	5,585	223	25	223		799	29
30	ABC - boiler repair	2012	16,491	825	20	825		2,544	30
31	GT Mechanical - laundry room damper repair	2012	7,273	727	10	727		2,302	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	355	10	355		1,361	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,053,095	\$ 326,259		\$ 340,710	\$ 14,451	\$ 7,795,061	34

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

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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 12F, Carried Forward		\$ 10,053,095	\$ 326,259		\$ 340,710	\$ 14,451	\$ 7,795,061	1
2	ABC - railing stairwell	2013	43,240	2,883	15	2,883		8,168	2
3	Topnotch - freezer compressor	2013	5,525	1,105	5	1,105		2,763	3
4	Topnotch - motor dishwasher	2013	4,727	945	5	945		2,284	4
5									5
6									6
7	TM - Parking Lot	1994	334,637	13,385	25	13,385		294,480	7
8	ABC - motor pump	2014	3,640	728	5	728		1,153	8
9	ABC - heating and vent	2014	7,503	1,501	5	1,501		2,376	9
10	ABC - asphalt	2014	63,275	7,909	8	7,909		9,227	10
11	ABC - asphalt	2014	5,934	742	8	742		927	11
12	ABC - radiation dampers	2014	11,537	1,154	10	1,154		1,346	12
13	OakFire - damper	2014	10,160	2,032	5	2,032		3,048	13
14	ADG - window	2014	13,742	1,374	10	1,374		1,832	14
15									15
16	Belec Electric - Repair kitchen for Osha	2015	3,659	305	5	305		305	16
17	JD & Sons - Roof repair	2015	2,850	190	5	190		190	17
18	ABC - paving, asphalt	2015	5,276	165	8	165		165	18
19	ABC - pump repair	2015	5,233	87	5	87		87	19
20	GT Mech - reinsulate piping & repair	2015	3,500	58	5	58		58	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	TOTAL (lines 1 thru 33)		\$ 10,577,533	\$ 360,822		\$ 375,273	\$ 14,451	\$ 8,123,470	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,343,504	\$ 101,069	\$ 101,069	\$	varies	\$ 566,670	71
72	Current Year Purchases	53,977	2,584	2,584		varies	1,775	72
73	Fully Depreciated Assets	1,549,462	10,566	10,566		varies	1,549,462	73
74								74
75	TOTALS	\$ 2,946,943	\$ 114,219	\$ 114,219	\$		\$ 2,117,907	75

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

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78	Midwest Transit	bus/passenger	2001	49,967					49,967	78
79	Van	2000 Ford Super Duty	2013	2,829	141	141			423	79
80	TOTALS			\$ 56,822	\$ 141	\$ 141	\$		\$ 54,416	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)	\$ 14,718,558	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 475,182	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 489,633	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,295,793	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 Town Manor Rehab & HCC

# 0038000

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 was backed out

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

If NO, see instructions.  YES  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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning 02/23/11

Ending 12/31/21

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

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

12. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 35,410 Description: <---copy machine gl 6861 & equip lease 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>21,007</u>	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>21,007</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**

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

- (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	\$		\$	269,987	\$		\$	269,987	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				30,578				30,578	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				382,273				382,273	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					195,282			195,282	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					(7,959)	321,656			313,697	12
13	Other (specify):	See Pg 16A										13
14	<b>TOTAL</b>			\$		\$	674,879	\$	516,938	\$	1,191,817	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	269,987.00	
2.	ST	39-3	To Col 5	30,578.00	
3.					
4.	PT	39-3	To Col 5	382,273.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			193,478.00	
	Manual Input from Related Party- Forum Drugs			1,804.00	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	195,282.00	878,120.00
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	(7,959.00)	From Page 6D

Other		373,617.00	
Manual Input: Related Party - Prism		(58,480.00)	From Page 6B
Manual Input: Related Party FECII - I.V.		(4,443.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(1,256.00)	From Page 6C
		12,218.00	
13. Col 6: Supplies Total	To Col 6	321,656.00	321,656.00
13. Total Line 13, Column 8		-	313,697.00
14. Total		-	1,191,817.00

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

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 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,404,461	\$ 1,950,823	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (270,000) )	2,779,135	2,779,135	3
4	Supply Inventory (priced at )	5,695	5,695	4
5	Short-Term Investments			5
6	Prepaid Insurance		25,776	6
7	Other Prepaid Expenses	10,824	10,824	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Parties/Escrows</u>	4,181	432,040	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 4,204,296	\$ 5,204,293	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	205,553	205,553	12
13	Land		1,155,166	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	821,934	878,967	15
16	Equipment, at Historical Cost	710,344	3,096,133	16
17	Accumulated Depreciation (book methods)	(1,337,182)	(9,777,643)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		207,407	21
22	Other Long-Term Assets (spec <u>Refinancing Fee</u> )		188,517	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 400,649	\$ 5,058,304	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 4,604,945	\$ 10,262,597	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 447,419	\$ 447,419	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	373,824	373,824	28
29	Short-Term Notes Payable		200,129	29
30	Accrued Salaries Payable	594,961	594,961	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,572	30,572	31
32	Accrued Real Estate Taxes(Sch.IX-B)		918,000	32
33	Accrued Interest Payable		41,275	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,d/t PA, Sales Tac, etc</u>	376,668	376,668	36
37	<u>Due to Affiliates</u>	1,475,269	1,475,269	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 3,298,713	\$ 4,458,117	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,677,470	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	7,253,696	7,108,582	43
44	<u>Shareholders Loan, others</u>	1,188,205	1,188,205	44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 8,441,901	\$ 19,974,257	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 11,740,614	\$ 24,432,374	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (7,135,669)	\$ (14,169,777)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 4,604,945	\$ 10,262,597	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (6,913,407)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (6,913,407)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(222,262)	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (222,262)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (7,135,669)	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	\$ 13,513,749	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 13,513,749	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	197,976	6
7	Oxygen	11,750	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 209,726	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	313	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 313	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	362	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 362	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<b>Gain on Sale of Assets/Miscellaneous Income</b>	10,149	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 10,149	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,734,299	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,385,811	31
32	Health Care	4,319,909	32
33	General Administration	3,346,841	33
<b>B. Capital Expense</b>			
34	Ownership	2,139,350	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,249,933	35
36	Provider Participation Fee	514,717	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,956,561	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(222,262)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (222,262)	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 9,399,838	44
45	Private Pay - Net Inpatient Revenue	723,569	45
46	Medicare - Net Inpatient Revenue	2,325,834	46
47	Other-(specify) <u>Hospice</u>	554,109	47
48	Other-(specify) <u>Insurance</u>	510,399	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 13,513,749	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>
Medical records	\$ 2,484
Food Rebate	\$ 1,999
Jury Duty	\$ 139
Gain on Sale of Fixed Assets	\$ 5,508
Vendors Discount	\$ 19

Line 28 Total: 10,149

01/01/2015 Ending: 12/31/2015

Facility Name & ID Number Alden Town Manor Rehab & HCC

# 0038000

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	\$ 100,276	\$ 48.21	1
2	Assistant Director of Nursing	1,728	1,736	72,832	41.95	2
3	Registered Nurses	26,009	27,247	851,148	31.24	3
4	Licensed Practical Nurses	42,670	44,756	1,153,516	25.77	4
5	CNAs & Orderlies	86,941	92,548	1,106,077	11.95	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,106	8,058	132,385	16.43	8
9	Activity Director	1,760	1,760	37,379	21.24	9
10	Activity Assistants	5,188	5,752	61,318	10.66	10
11	Social Service Workers	2,152	2,152	48,631	22.60	11
12	Dietician					12
13	Food Service Supervisor	1,520	1,563	43,309	27.71	13
14	Head Cook	2,080	2,080	39,244	18.87	14
15	Cook Helpers/Assistants	32,728	35,217	422,339	11.99	15
16	Dishwashers					16
17	Maintenance Workers	1,936	1,936	51,948	26.83	17
18	Housekeepers	24,115	26,478	312,067	11.79	18
19	Laundry	7,734	8,317	127,058	15.28	19
20	Administrator	2,080	2,080	114,288	54.95	20
21	Assistant Administrator	2,864	2,878	95,966	33.34	21
22	Other Administrative	6,392	6,677	177,058	26.52	22
23	Office Manager	672	672	10,630	15.82	23
24	Clerical	4,774	5,000	57,901	11.58	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,989	4,009	140,774	35.11	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Memory Care Coo</u>	7,218	7,940	123,503	15.55	33
34	TOTAL (lines 1 - 33)	273,736	290,936	\$ 5,279,647 *	\$ 18.15	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	2278/mo	\$ 27,330	1-3	35
36	Medical Director	2225/mo	26,700	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/mo	5,976	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	20 hours	1,100	11-3	44
45	Social Service Consultant	12 hours	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 61,946		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	43 hours	\$ 5,633	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		\$ 5,633		53



Alden Town Manor Rehab & HCC  
 Legal Fee Support  
 2015

Legal Fees Reported on Pg 21, Section C:	\$	64,431.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		-
		(9,206.00)
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>8,317.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ITT Chicago - Kent College of Law	11/15	1,913.00
Byron L. Mason, Attorney at Law	05/15	1,150.00
Joseph Piper	06/15	825.00
Lynne R. Ostfeld, PC	05/15	1,275.00
PA - Medicaid Receivable	12/15	300.00
Clerk of the Circuit County	03/15 and 10/15	274.00
Sheriff of Cook County	03/15 and 10/15	180.00
AMS - MidCap Allocation	01/15-12/15	2,400.00
	<b>TOTAL ALLOWABLE LEGAL FEES</b>	<u><u>8,317.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Clerk of Circuit County	03/15-05/15	228.00
Sheriff of Cook County	03/15	60.00
ABC Account Corp Leonard Smith)	05/15 and 07/15	86.00
Recorder of Deeds	02/15-06/15	130.00

Pogrud & Kelly (Stone Pogrun)	01/15-12/15	8,413.00
Ariana Fisch	04/15	137.00
Markley Investigators	09/15	78.00
Sheriff of Cook County	03/15	74.00

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 9,206.00

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS - Allocated Legal Fees	01/15-12/15	46,908.00
	<b>TOTAL Allocated Legal Fees</b>	<u><u>46,908.00</u></u>
	<b>Total Legal Cost</b>	<u><u>64,431.00</u></u>

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												
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20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Alden Town Manor Rehab &amp; HCC

# 0038000

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes;RN/LPN: No (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
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council of IL \$15,927
- (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. \$ 80,233 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 514,717  
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. \$ 45,140 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.