

Facility Name & ID Number Alden Village Hlth Facility

0038455 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		Skilled (SNF)		0	1
2	126	Skilled Pediatric (SNF/PED)	126	45,990	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	126	TOTALS	126	45,990	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					8
9	SNF/PED	43,863	134	396	44,393	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,863	134	396	44,393	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.53%

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

265 (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 11/01/92

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

YES Date 11/01/92 NO

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

YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary Not applicable

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 Village Hlth Facility

0038455

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	214,714	23,640	26,847	265,201	7,926	273,127	2,729	275,856		1
2	Food Purchase		768,440		768,440	(23,986)	744,454	(331,067)	413,387		2
3	Housekeeping	162,181	30,987		193,168		193,168	8,612	201,780		3
4	Laundry	58,310	20,957	27	79,294		79,294		79,294		4
5	Heat and Other Utilities			175,250	175,250		175,250	2,020	177,270		5
6	Maintenance	55,355		169,642	224,997		224,997	40,244	265,241		6
7	Other (specify):* related party							7,707	7,707		7
8	TOTAL General Services	490,560	844,024	371,766	1,706,350	(16,060)	1,690,290	(269,754)	1,420,536		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	3,006,279	314,514	12,969	3,333,762	(28,904)	3,304,858	60,974	3,365,832		10
10a	Therapy			194,854	194,854	51,893	246,747	12,609	259,356		10a
11	Activities	183,259	3,233	1,443	187,935		187,935		187,935		11
12	Social Services			75	75		75		75		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,740	7,740		15
16	TOTAL Health Care and Programs	3,189,538	317,747	212,941	3,720,226	22,989	3,743,215	81,323	3,824,538		16
	C. General Administration										
17	Administrative	190,519			190,519		190,519	137,969	328,488		17
18	Directors Fees										18
19	Professional Services			568,316	568,316		568,316	(456,650)	111,666		19
20	Dues, Fees, Subscriptions & Promotions			30,641	30,641		30,641	(7,483)	23,158		20
21	Clerical & General Office Expenses	202,688	13,590	70,991	287,269	1,315	288,584	178,027	466,611		21
22	Employee Benefits & Payroll Taxes			677,571	677,571	10,621	688,192	(13,581)	674,611		22
23	Inservice Training & Education										23
24	Travel and Seminar			930	930		930	1,143	2,073		24
25	Other Admin. Staff Transportation			12,951	12,951		12,951	13,314	26,265		25
26	Insurance-Prop.Liab.Malpractice			149,285	149,285		149,285	11,900	161,185		26
27	Other (specify):* related party			28,844	28,844		28,844	30,539	59,383		27
28	TOTAL General Administration	393,207	13,590	1,539,529	1,946,326	11,936	1,958,262	(104,824)	1,853,438		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,073,305	1,175,361	2,124,236	7,372,902	18,865	7,391,767	(293,255)	7,098,512		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 Village Hlth Facility

#0038455

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			28,066	28,066		28,066	446,106	474,172			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			86,608	86,608		86,608	181,114	267,722			32
33	Real Estate Taxes			131,711	131,711	(131,711)		137,161	137,161			33
34	Rent-Facility & Grounds			769,316	769,316	131,711	901,027	(887,277)	13,750			34
35	Rent-Equipment & Vehicles			12,297	12,297		12,297	44,363	56,660			35
36	Other (specify):* MIP							72,719	72,719			36
37	TOTAL Ownership			1,027,998	1,027,998		1,027,998	(5,813)	1,022,185			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	117,102	171,233	52,018	340,353	(18,865)	321,488	45,568	367,056			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			551,412	551,412		551,412		551,412			42
43	Other (specify):* DD Day Training			1,742,478	1,742,478		1,742,478		1,742,478			43
44	TOTAL Special Cost Centers	117,102	171,233	2,345,908	2,634,243	(18,865)	2,615,378	45,568	2,660,946			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,190,407	1,346,594	5,498,142	11,035,143		11,035,143	(253,501)	10,781,642			45

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

Alden Village Hlth Facility
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0038455

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
	2	\$ (31,034.00)	Employee Meals
	22	\$ 31,034.00	Employee Meals
	22	\$ (20,413.00)	Uniform Reclass
	1	\$ 7,926.00	Uniform Reclass
	3	\$ 7,048.00	Uniform Reclass
	4		Uniform Reclass
	6	\$ 4,124.00	Uniform Reclass
	10		Uniform Reclass
	11		Uniform Reclass
	21	\$ 1,315.00	Uniform Reclass
	10	\$ (33,028.00)	Oxygen Cost Reclass
	39	\$ 33,028.00	Oxygen Cost Reclass
	33	\$ (131,711.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 131,711.00	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>DD Providers Only:</u>			
	39	\$ (51,893.00)	RT CPT Therapy Costs
	10A	\$ 51,893.00	RT CPT Therapy Costs

Facility Name & ID Number Alden Village Hlth Facility

0038455

Report Period Beginning: 01/01/2015

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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	(1,839)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(192,529)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(103)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(15,210)	21		17
18	Fines and Penalties				18
19	Entertainment	(1,583)	20		19
20	Contributions	(3,406)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(324)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(28,844)	27		24
25	Fund Raising, Advertising and Promotional	(4,419)	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)	\$ (248,257)		\$	30

BHF USE ONLY					
48		49		50	51
					52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	165,939		34
35	Other- Attach Schedule	(171,183)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (5,244)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (253,501)		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

Alden Village Hlth Facility

ID# 0038455

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,225)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500 -	(13,201)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,966	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	17,849	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	49	30	6
7	Late Fees on Utilities	(1,365)	5	7
8	Other Nursing Income	(193)	21	8
9	Intercompany Interest	(84,578)	32	9
10	Misc Income- Record Copies	(172)	21	10
11				11
12	Misc Income- Donations	(1,470)	21	12
13	Marketing Manager & Aides	(75,081)	21	13
14	Eliminate portion of market benefits	(11,976)	22	14
15	Back Out Bloomingdale Chamber Comm.			15
16	Deprecation adjustment to detail	147	30	16
17	Record Depreciation for Deferred Maint.	308	6	17
18	AMS Depreciation Adj.	(241)	30	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(171,183)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	2,589	140	0	0	0	0	0	0	0	2,729	1
2	Food Purchase	(103)	0	0	(330,964)	0	0	0	0	0	0	0	(331,067)	2
3	Housekeeping	0	0	8,612	0	0	0	0	0	0	0	0	8,612	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,365)	0	3,385	0	0	0	0	0	0	0	0	2,020	5
6	Maintenance	19,284	0	20,226	0	0	0	(18)	752	0	0	0	40,244	6
7	Other (specify):*	0	0	7,707	0	0	0	0	0	0	0	0	7,707	7
8	TOTAL General Services	17,816	0	42,519	(330,824)	0	0	(18)	752	0	0	0	(269,754)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	48,787	13,141	(954)	0	0	0	0	0	0	60,974	10
10a	Therapy	0	0	0	0	0	12,609	0	0	0	0	0	12,609	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	7,740	0	0	0	0	0	0	0	0	7,740	15
16	TOTAL Health Care and Programs	0	0	56,526	13,141	(954)	12,609	0	0	0	0	0	81,323	16
	C. General Administration													
17	Administrative	0	0	137,969	0	0	0	0	0	0	0	0	137,969	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(324)	6,775	(463,101)	0	0	0	0	0	0	0	0	(456,650)	19
20	Fees, Subscriptions & Promotions	(9,408)	0	1,925	0	0	0	0	0	0	0	0	(7,483)	20
21	Clerical & General Office Expenses	(92,126)	155	269,998	0	0	0	0	0	0	0	0	178,027	21
22	Employee Benefits & Payroll Taxes	(11,976)	0	0	0	(1,605)	0	0	0	0	0	0	(13,581)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,143	0	0	0	0	0	0	0	0	1,143	24
25	Other Admin. Staff Transportation	0	0	13,314	0	0	0	0	0	0	0	0	13,314	25
26	Insurance-Prop.Liab.Malpractice	0	11,655	245	0	0	0	0	0	0	0	0	11,900	26
27	Other (specify):*	(28,844)	0	59,383	0	0	0	0	0	0	0	0	30,539	27
28	TOTAL General Administration	(142,678)	18,585	20,875	0	(1,605)	0	0	0	0	0	0	(104,824)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(124,862)	18,585	119,920	(317,683)	(2,559)	12,609	(18)	752	0	0	0	(293,255)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	(17,471)	459,374	4,204	0	0	0	0	0	0	0	0	446,106	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(277,107)	366,472	91,749	0	0	0	0	0	0	0	0	181,114	32
33	Real Estate Taxes	0	131,712	5,449	0	0	0	0	0	0	0	0	137,161	33
34	Rent-Facility & Grounds	0	(887,277)	0	0	0	0	0	0	0	0	0	(887,277)	34
35	Rent-Equipment & Vehicles	0	0	44,363	0	0	0	0	0	0	0	0	44,363	35
36	Other (specify):*	0	72,719	0	0	0	0	0	0	0	0	0	72,719	36
37	TOTAL Ownership	(294,578)	143,000	145,765	0	0	0	0	0	0	0	0	(5,813)	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	46,901	(1,333)	0	0	0	0	0	0	45,568	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	46,901	(1,333)	0	0	0	0	0	0	45,568	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(419,440)	161,585	265,685	(270,782)	(3,892)	12,609	(18)	752	0	0	0	(253,501)	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 Income	\$ 887,277	Village II, Inc.	0.00%	\$	\$ (887,277)	1
2	V	32 Interest Income Repl Reserve	69	Village II, Inc.			(69)	2
3	V	19 Accounting Fees		Village II, Inc.		6,775	6,775	3
4	V	21 Misc Administrative Expenses		Village II, Inc.		155	155	4
5	V	33 Real Estate Tax Expense		Village II, Inc.		131,712	131,712	5
6	V	26 General Insurance Expense		Village II, Inc.		11,655	11,655	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.		72,719	72,719	7
8	V	32 Interest- Mortgage		Village II, Inc.		363,609	363,609	8
9	V	30 Depreciation Expense		Village II, Inc.		459,374	459,374	9
10	V	32 Amortization Expense		Village II, Inc.		2,932	2,932	10
11	V			Village II, Inc.				11
12	V			Village II, Inc.				12
13	V			Village II, Inc.				13
14	Total		\$ 887,346			\$ 1,048,931	\$ * 161,585	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%	\$ 3,385	\$	3,385	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,143		1,143	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		13,314		13,314	17
18	V	26 Insurance		Alden Management Services, Inc.		245		245	18
19	V	20 Dues & Subscriptions	2,103	Alden Management Services, Inc.		4,028		1,925	19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204		4,204	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,449		5,449	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		44,363		44,363	22
23	V	32 Interest		Alden Management Services, Inc.		91,749		91,749	23
24	V	1 Dietary		Alden Management Services, Inc.		2,589		2,589	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,612		8,612	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		7,707		7,707	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		48,787		48,787	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		7,740		7,740	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		137,969		137,969	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		59,383		59,383	30
31	V	19 Professional Fees	507,444	Alden Management Services, Inc.		44,343		(463,101)	31
32	V	21 Gen'I & Admin		Alden Management Services, Inc.		269,998		269,998	32
33	V	6 Repair & Maint.	23,778	Alden Management Services, Inc.		44,004		20,226	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 533,326			\$ 799,011	\$ *	265,685	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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietary Salary				13,230	13,230
17	V	2 Tube Feeding	526,358			153,624	(372,734)
18	V	10 Equipment Rental	6,660			8,809	2,149
19	V	39 Ancillary Supplies	88,524			49,009	(39,515)
20	V	39 Ventilator Rental					
21	V	1 Gen'l & Admin & benefits				13,166	13,166
22	V	2 Gen'l & Admin & benefits				41,770	41,770
23	V	10 Gen'l & Admin & benefits				10,992	10,992
24	V	39 Gen'l & Admin & benefits				86,416	86,416
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		\$ 647,942			\$ 377,160	\$ * (270,782)

* 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	\$ 38,742	Forum Extended Care Services II, Inc.	0.00%	\$ 37,392	\$ (1,350)
16	V	39 I.V.	0			0	
17	V	39 Wound Care	43,968			42,436	(1,532)
18	V	10 House Stock	24,750			23,888	(863)
19	V	10 Pharm Consult.	2,616			2,525	(91)
20	V	22 Employ. Vaccin.	1,605				(1,605)
21	V	39 Employ. Vaccin.				1,549	1,549
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		\$ 111,681			\$ 107,789	\$ * (3,892)

* 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	10a Therapy	\$ 239,187	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 251,796	\$	12,609	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		\$ 239,187			\$ 251,796	\$ *	12,609	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 & Maintenance	\$ 9,286	Alden Bennett Construction Company, Inc.	0.00%	\$ 9,268	\$	(18)	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		\$ 9,286			\$ 9,268	\$ *	(18)	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 & Maintenance	\$ 3,584	Alden Design Group, Inc.	0.00%	\$ 4,336	\$ 752	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		\$ 3,584			\$ 4,336	\$ *	752 39

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

Facility Name & ID Number

Alden Village Hlth Facility

0038455

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/Alzi	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 Village Hlth Facility # 0038455 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	178,438	1.42	3.55	Salary	\$ 6,562	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,453	1.42	3.55	Salary	3,547	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,453	1.42	3.55	Salary	3,547	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	105,276	1.42	3.55	Salary	3,872	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,299	1.42	3.55	Salary	2,217	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	\$ 19,745		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 Village Hlth Facility

0038455

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	\$	44,393	\$ 3,385	1
2	24	Travel & Seminar	Patient days	34	32,213		44,393	1,143	2
3	25	Other Admin Travel	Patient days	34	375,370		44,393	13,314	3
4	26	Insurance	Patient days	34	6,897		44,393	245	4
5	20	Dues/Subscriptions	Patient days	34	113,573		44,393	4,028	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		44,393	5,449	7
8	35	Rent-Equip/Vehicles	Patient days	34	1,250,701		44,393	44,363	8
9	32	Interest	Patient days/usage	34	2,158,573		44,393	91,749	9
10	1	Dietary Aide Coordinator Salary	Patient days	34	72,994	72,994	44,393	2,589	10
11	3	Housekeeping Coordinator Salary	Patient days	34	242,795	242,795	44,393	8,612	11
12	7	Employee Benef % -Gen'l Servs	Patient days	34	217,281		44,393	7,707	12
13	10	Nurs/Med Records Salary	Patient days/usage	34	1,562,220	1,562,220	44,393	48,787	13
14	15	Employee Benef % - Health Care	Patient days	34	218,198		44,393	7,740	14
15	17	Administrative Salary	Patient days/usage	34	4,332,153	4,332,153	44,393	137,969	15
16	27	Employee Benef %-Administrativ	Patient days	34	1,674,148		44,393	59,383	16
17	19	Professional Fees	Patient days	34	1,213,223	909,774	44,393	44,343	17
18	21	Gen'l & Admin	Patient days/usage	34	7,611,926	6,744,406	44,393	269,998	18
19	6	Repairs & Maintenance	Patient days	34	1,835,211	1,239,870	44,393	44,004	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 799,011	25

Facility Name & ID Number

Alden Village Hlth Facility

0038455

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			
A. Directly Facility Related																	
Long-Term																	
1	Cambridge		X	Mortgage		9/1/2012	\$ 15,183,700	\$ 14,435,335	9/1/2052	2.5000	\$ 363,609						
2																	
3																	
4	Insurance Interest (GL07053)		X	Medical Malpractice							2,030						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							2,932						
Working Capital																	
6	Related party-AMS		X	Working Capital							91,749						
7																	
8																	
9	TOTAL Facility Related						\$ 15,183,700	\$ 14,435,335			\$ 460,320						
B. Non-Facility Related*																	
10	Interest Income on R.R.		X								(69)						
11	Int Income (GL#4975)		X								(192,529)						
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (192,598)						
15	TOTALS (line 9+line14)						\$ 15,183,700	\$ 14,435,335			\$ 267,722						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 72,719 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>132,000</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>129,912</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(2,088)</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>133,800</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>131,712</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>5,449</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>137,161</u>
Real Estate Tax Bill for Calendar Year:	2010	<u>115,590</u>	8	FOR BHF USE ONLY	
	2011	<u>118,677</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>122,946</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>128,125</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>129,912</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax					

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 Village Hlth Facility COUNTY Du Page
 FACILITY IDPH LICENSE NUMBER 0038455
 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>5,449.19</u>
2. <u>02-14-107-038</u>	<u>Nursing Home Facility</u>	\$ <u>129,911.50</u>	\$ <u>129,911.50</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>283,538.50</u></u>	\$ <u><u>135,360.69</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.**

Facility Name & ID Number Alden Village Hlth Facility

0038455 Report Period Beginning:

01/01/2015 Ending:

12/31/2015

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,462 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>		<u>1992</u>	<u>\$ 580,000</u>	1
2					2
3	TOTALS			\$ 580,000	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4				\$	\$		\$	\$	\$	4
5		1998		2,216,218	56,839	varies	56,839		981,790	5
6	119	2009	2009	11,600,002	297,436	varies	297,436		2,057,266	6
7										7
8										8
Improvement Type**										
9	Repair Heater pump, replace temp controller		1992	2,131		10			2,131	9
10	Water heater moyor;valve repair		1993	9,288		5-15			9,288	10
11	Carpentry work, water heater repair		1994	63,064		3-15			63,064	11
12	Fire alarm repairs; brickwork; install circuits		1995	185,123	5,475	3-25	5,475		164,239	12
13	Village construction		1996	14,046	562	25	562		11,660	13
14	Install fire door		1996	2,977		15			2,977	14
15	Replace compressor		1997	1,825		5			1,825	15
16	Roof patching		1998	1,700		10			1,700	16
17	Replace condensing unit		1998	4,810		15			4,810	17
18	install damper motor &detector		1998	2,104		15			2,104	18
19	Replace furnace equipment		1999	1,827		15			1,827	19
20	install automatic door		1999	8,107		10			8,107	20
21	Install display and digital phones		2000	1,726		10			1,726	21
22	Replace HVAC burners		2000	1,607		3			1,607	22
23	Replace 5 ton condensing unit		2000	1,950		5			1,950	23
24	Install 100 amp disconnect and cable		2000	1,920		5			1,920	24
25	Roof repair		2000	1,583		5			1,583	25
26	Door Alarms		2001	19,015		10			19,015	26
27	Display phone and digital phone		2001	1,609		10			1,609	27
28	ABC (misc. repairs)		2002	2,362		5			2,362	28
29	Capps Plumbing (gas regulators for main gas to building)		2002	4,375		10			4,375	29
30	GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350		10			5,350	30
31	ABC (wall mounted eye wash)		2002	2,507		10			2,507	31
32	ABC (misc. repairs)		2002	1,800		5			1,800	32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	ABC=-Parking lot repairs	2003	\$ 20,730	\$	10	\$	\$	\$ 20,730	37
38	ABC- misc construction	2003	7,580		10			7,580	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200		10			3,200	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		741	42
43	ABC- roof repair	2003	10,121		10			10,121	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		7,531	44
45	Patton Ind-gernerator repair	2004	2,050		10			2,050	45
46	ABC - roof repairs	2004	1,918		10			1,918	46
47	GT Mechanical-heater repair	2004	1,506		10			1,506	47
48	GT Mechanical-heater repair	2004	1,878		10			1,878	48
49	ABC-roof repairs	2004	3,356		10			3,356	49
50	ABC-new tile	2004	9,043		10			9,043	50
51	ABC-doors	2004	3,293	220	15	220		2,602	51
52	ABC-roof canopy	2004	3,581		10			3,581	52
53	INS, Inc-rewire for DSL	2004	1,512		10			1,512	53
54	ABC-various remodeling	2004	4,661		5			4,661	54
55	ABC-new water heater for kitchen	2004	14,644	976	15	976		11,225	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227		10			1,227	57
58	Capps Plumbing-install 2 discharge lines	2005	865		5			865	58
59	Patton Ind-gernerator repair	2005	1,747		5			1,747	59
60	Oak Fire-change out 30 detectors	2005	1,885		5			1,885	60
61	Equipment International-washer repairs	2005	1,905		5			1,905	61
62	ABC-firestop installation	2005	3,213	269	10	269		3,213	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160	359	10	359		6,160	63
64	GT Mechanical-replace storage tank	2005	8,935	144	10	144		8,935	64
65	ABC-diswasher repairs	2006	6,824	682	10	682		6,764	65
66	ABC - elevator pump	2006	10,042	502	20	502		4,603	66
67	ABC - elevator power supply	2006	4,974	249	20	249		2,262	67
68	Oak Fire - replace smoke detectors	2006	2,655	266	10	266		2,415	68
69	ABC-Repave parking lot	2006	3,600		8			3,600	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 364,672		\$ 364,672	\$	\$ 3,503,792	70

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

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 12A, Carried Forward		\$ 14,319,203	\$ 364,672		\$ 364,672	\$	\$ 3,503,792	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		24,891	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		10,084	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		3,961	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refri	2008	2,703	270	10	270		2,025	5
6	JuLAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		1,483	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	626	8	626		4,591	7
8	ABC- Installed new railings	2009	4,540	303	15	303		1,994	8
9	ABC -Roof Installation	2009	14,288	1,429	10	1,429		8,652	9
10	ABC- RoofTop Screening fire protect	2009	8,436	844	10	844		5,064	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106		5			4,106	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		1,688	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		1,225	13
14	GARPAV-Re-stripe existing lav out with new seal coat in parking	2011	3,000	600	5	600		2,556	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	519	8	519		2,214	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	910	10	910		2,957	16
17	ABC-Emergency hot water heater replace	2012	23,395	2,340	10	2,340		7,799	17
18	AprAMS IC-AMEEXP Floyd-Patten: Generator repairs	2013	4,885	977	5	977		2,361	18
19	ABC-dampers, fire radiation	2013	2,674	535	5	535		1,516	19
20	ABC-Wall protection: dining, activity 5 & 7, room C114, C116, C1	2013	5,481	548	10	548		1,233	20
21	ABC-dampers, fire radiation	2013	12,440	2,488	5	2,488		5,598	21
22	Tile Replacement-ALDBEN	2014	3,320	166	20	166		194	22
23	Dampers,fire radiation replace-ABC	2014	5,481	548	10	548		959	23
24									24
25	Flooring (new base), shower area -ALDBEN	2015	21,940	274	20	274		274	25
26	Belts, for dryer & washer-EQUINT	2015	3,117	52	5	52		52	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,521,981	\$ 383,492		\$ 383,492	\$	\$ 3,601,269	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 14,521,981	\$ 383,492		\$ 383,492	\$	\$ 3,601,269	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)		\$ 14,612,891	\$ 384,764		\$ 384,764	\$	\$ 3,686,740	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward	\$ 14,612,891	\$ 384,764		\$ 384,764	\$	\$ 3,686,740	1	
2	ABC- Adjustment for realted party profit	2008 (29)	(2)		(2)		(14)	2	
3	ABC- Adjustment for realted party profit	2009 (209)	(6)		(6)		(33)	3	
4	ABC- Adjustment for realted party profit	2010 (237)	(9)		(9)		(48)	4	
5	ABC- Adjustment for realted party profit	2011 46	1		1		4	5	
6	ABC- Adjustment for realted party profit	2012 1,444	48		48		192	6	
7	ABC- Adjustment for realted party profit	2013 241	10		10		51	7	
8	ABC- Adjustment for realted party profit	2014 (17)	(1)		(1)		(2)	8	
9	ABC- Adjustment for realted party profit	2015 (42)	(2)		(2)		(2)	9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)	\$ 14,614,089	\$ 384,804		\$ 384,804	\$	\$ 3,686,887	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	\$ 949,426	\$ 83,670	\$ 83,670	\$	varies	\$ 500,658	71
72	Current Year Purchases	35,043	1,613	1,613		varies	1,613	72
73	Fully Depreciated Assets	780,980	612	612		varies	780,980	73
74								74
75	TOTALS	\$ 1,765,450	\$ 85,895	\$ 85,895	\$		\$ 1,283,252	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	Bus repairs, including 2 in MRs on Vlg II		2006	8,315				5	8,315	77
78	MIDTRA-Bus Repairs & Bus Engine/BILAUT-Restraint		2011/2015	21,473	3,473	3,473		3/5/4	18,059	78
79	Related party-AMS	various	1998-2004	4,026				3	4,026	79
80	TOTALS			\$ 33,814	\$ 3,473	\$ 3,473	\$		\$ 30,400	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)	\$ 16,993,353	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 474,172	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 474,172	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,000,540	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 Village Hlth Facility

0038455

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 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	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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: \$ 17,326 Description: Copy machine lease: \$9,213.08; computer equipment lease: \$8,112.95

(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>13,693</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>256.96</u>	<u>3,084</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>16,777</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.

Facility Name & ID Number Alden Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input 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>Info avail. upon request.</u></p>	<p>2. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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	\$		\$	\$		\$	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs							2	
3	Licensed Recreational Therapist		hrs							3	
4	Licensed Physical Therapist	39-3	hrs							4	
5	Physician Care		visits							5	
6	Dental Care		visits							6	
7	Work Related Program		hrs							7	
8	Habilitation		hrs							8	
9	Pharmacy	See Pg 16A	# of prescrpts				38,941		38,941	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10	
11	Academic Education		hrs							11	
12	Other (specify): <u>Exceptional Care</u>	39-1, 39-3, if any			112,989				112,989	12	
13	Other (specify): <u>See Pg 16A</u>						215,125		215,125	13	
14	TOTAL			\$	112,989	\$	\$	254,066	\$	367,056	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	-		
2.	ST	39-3	To Col 5	-		
3.						
4.	PT	39-3	To Col 5	-		
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL			-	38,741.88	
	Manual Input from Related Party- Forum Drugs & Vaccinations				199.09	From Page 6C

9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	38,940.97	

10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	112,989.28	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00	

	Total Exceptional Care (Line 12, Col 8)			-	112,989.28	

13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		0.00	From Page 6D

Other		-	184,509.69	
Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A			(51,893.28)	
Manual Input: Related Party - Prism			46,901.00	From Page 6B
Manual Input: Related Party FECII - I.V.			0.00	From Page 6C
Manual Input: Related Party FECII - Wound Care			(1,532.25)	From Page 6C
Oxygen, from reclass worksheet (Pg 4A)			33,028.00	
13. Col 3: Transport. Specialist -Input to Colomn 3			4,112.22	

13. Col 6: Supplies Total	To Col 6	-	215,125.38	

13. Total Line 13, Column 8		-	215,125.38	

14. Total		-	367,055.63	
			=====	

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	\$	\$ 85,167	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 45,000)	1,148,669	1,148,669	3
4	Supply Inventory (priced at)	4,088	4,088	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,348	6
7	Other Prepaid Expenses	6,842	60,710	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	192,505	291,406	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,352,104	\$ 1,599,389	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	693,231	1,937,646	15
16	Equipment, at Historical Cost	416,762	740,932	16
17	Accumulated Depreciation (book methods)	(999,063)	(5,051,101)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		77,348	21
22	Other Long-Term Assets (specify):		61,585	22
23	Other(specify): <u>Due from Affiliate</u>	1,196,692	1,196,692	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,307,622	\$ 13,359,824	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,659,726	\$ 14,959,212	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,112,741	\$ 1,112,741	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	31,869	31,869	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	518,189	518,189	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,414	18,414	31
32	Accrued Real Estate Taxes(Sch.IX-B)		133,800	32
33	Accrued Interest Payable		30,074	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Ins, Exps, IDPA, Sales Tax, etc.</u>	233,486	233,486	36
37	<u>Due to Affiliates</u>	1,748,499	1,991,255	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,663,198	\$ 4,069,828	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,192,579	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 14,192,579	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,663,198	\$ 18,262,407	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,003,472)	\$ (3,303,194)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,659,726	\$ 14,959,212	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,124,626)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(1)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,124,627)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	121,155	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)	\$ 121,155	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (1,003,472)	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	\$ 9,217,010	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,217,010	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	17,488	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 17,488	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	84	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	193	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 277	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	192,529	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 192,529	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	1,728,995	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,728,995	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,156,298	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,706,350	31
32	Health Care	3,720,226	32
33	General Administration	1,946,326	33
B. Capital Expense			
34	Ownership	1,027,998	34
C. Ancillary Expense			
35	Special Cost Centers	2,082,831	35
36	Provider Participation Fee	551,412	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,035,143	40
41	Income before Income Taxes (line 30 minus line 40)**	121,155	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 121,155	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,112,447	44
45	Private Pay - Net Inpatient Revenue	28,253	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) Hospice	79,430	47
48	Other-(specify) Charity/Sales Allow.	(3,120)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,217,010	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 (describe) (is offset against Sch.# V)	
Record Copies- Backed out with line reference 22 on page 5A	\$ 172
Donations- Backed out with line reference 22 on page 5A	\$ 1,470
Day Training Income	\$1,718,433
Write off old A/P	\$ -
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	\$ -
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	8,920.24
Line 28 Total:	<u><u>1,728,995</u></u>

Ending: 12/31/2015

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	1,904	\$ 114,221	\$ 59.99	1
2	Assistant Director of Nursing	2,080	73,715	35.44	2
3	Registered Nurses	25,731	864,031	30.82	3
4	Licensed Practical Nurses	19,044	515,316	25.29	4
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	536	11,156	20.30	9
10	Activity Assistants	14,992	146,864	9.59	10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor	1,702	42,928	25.05	13
14	Head Cook				14
15	Cook Helpers/Assistants	16,830	171,786	9.81	15
16	Dishwashers				16
17	Maintenance Workers	2,080	55,355	26.61	17
18	Housekeepers	13,730	162,181	10.83	18
19	Laundry	5,143	58,310	10.32	19
20	Administrator	2,080	116,374	55.95	20
21	Assistant Administrator	2,080	74,145	35.65	21
22	Other Administrative	4,168	140,905	33.81	22
23	Office Manager	2,080	37,660	18.11	23
24	Clerical	2,421	24,123	9.37	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)	10,864	199,873	18.02	28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)	99,209	1,352,113	12.83	30
31	Medical Records				31
32	Other Health C: Bahavioral Health	728	25,239	34.67	32
33	Other(specify) <u>Transportation sp</u>	180	4,112	15.70	33
34	TOTAL (lines 1 - 33)	227,582	\$ 4,190,407 *	\$ 17.42	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	2237/month	\$ 26,847	1-3 35
36	Medical Director	300/month	3,600	9-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	218/month	2,616	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	24	1,060	11-3 44
45	Social Service Consultant			45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	24	\$ 34,123	49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	22	\$ 3,246	10-3 50
51	Licensed Practical Nurses			10-3 51
52	Certified Nurse Assistants/Aides			10-3 52
53	TOTAL (lines 50 - 52)	22	\$ 3,246	53

Alden Village Hlth Facility
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$ 94,872.57
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(749.00)
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>\$ 47,215.57</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
IIT Chicago-Kent College of Law	06/17/15	425.00
IIT Chicago-Kent College of Law	08/06/15	54.45
Nixon Peabody	08/06/15	5,503.75
IIT Chicago-Kent College of Law	11/06/15	8,433.45
Nixon Peabody	12/10/15	31,522.94
MidCap Legal	1/1/15- 12/31/15	1,275.98
TOTAL ALLOWABLE LEGAL FEES		<u><u>47,215.57</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Valer Enterprises Inc.	6/26/2015	293.60
Simandl Law Group	8/26/2015	310.90
Record Copy Services	9/9/2015	114.50
Recorder of Deeds DuPage	9/14/2015	30.00

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	Compressor A/C	11/94	\$ 2,191	15	\$ 146	\$ 146	\$ 146	\$ 0				
2	Relocating water pipe	7/95	3,545	15	127	127	127	64				
3	Painting	5/09	839	3			163	280	279	117	0	0
4	Paint, Tinted Paint	06/12	838	3						140	279	279
5	Paint, Tinted	11/12	503	3						14	168	168
6	Painting	5/13	1,827	3							355	609
7	Painting	12/13	3,369	3							0	1,123
8	Painting -ABC	2014	885	3								271
9	Painting -ABC	2014	655	3								182
10	Painting -ABC	2015	1,815	3								
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 16,468		\$ 273	\$ 273	\$ 436	\$ 344	\$ 279	\$ 271	\$ 802	\$ 2,632
												\$ 3,043

Facility Name & ID Number Alden Village Hlth Facility

0038455

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

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Hab Aides: Yes, RN/LPN (13)
- (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 -\$12,096
- (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. \$ 58,496 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. \$ 551,412
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. \$ 31,034 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- 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. \$ 0
- (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.