



Facility Name & ID Number Alden Debes Rehab & HCC

# 0044891 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

**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	268	Skilled (SNF)	268	98,088	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	268	TOTALS	268	98,088	7

**B. Census-For the entire report period.**

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,876	2,022	5,426	9,324	8
9	SNF/PED					9
10	ICF	47,671	3,444	4,629	55,744	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	49,547	5,466	10,055	65,068	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 66.34%

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

0 (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 08/01/2000

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

YES  Date 08/01/2000 NO

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

YES  NO  If YES, enter number of beds certified 268 and days of care provided 5,274

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Alden Debes Rehab & HCC # 0044891 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	415,241	44,156	26,949	486,346	1,777	488,123	(3,255)	484,868		1
2	Food Purchase		409,963		409,963	(34,722)	375,241	(5,881)	369,360		2
3	Housekeeping	307,831	45,315		353,146	1,563	354,709	9,116	363,825		3
4	Laundry	70,968	27,376		98,344	571	98,915		98,915		4
5	Heat and Other Utilities			252,242	252,242		252,242	(317)	251,925		5
6	Maintenance	95,031		256,927	351,958		351,958	64,362	416,320		6
7	Other (specify):* related party							9,195	9,195		7
8	<b>TOTAL General Services</b>	<b>889,071</b>	<b>526,810</b>	<b>536,118</b>	<b>1,951,999</b>	<b>(30,811)</b>	<b>1,921,188</b>	<b>73,220</b>	<b>1,994,408</b>		<b>8</b>
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	3,885,821	227,544	12,737	4,126,102	(6,371)	4,119,731	83,892	4,203,623		10
10a	Therapy	100,865	4,111	33,384	138,360		138,360		138,360		10a
11	Activities	326,756	14,001	3,981	344,738	285	345,023		345,023		11
12	Social Services	82,071			82,071		82,071		82,071		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,130	9,130		15
16	<b>TOTAL Health Care and Programs</b>	<b>4,395,513</b>	<b>245,656</b>	<b>80,102</b>	<b>4,721,271</b>	<b>(6,086)</b>	<b>4,715,185</b>	<b>93,022</b>	<b>4,808,207</b>		<b>16</b>
	<b>C. General Administration</b>										
17	Administrative	128,402			128,402		128,402	285,005	413,407		17
18	Directors Fees										18
19	Professional Services			969,410	969,410		969,410	(894,996)	74,414		19
20	Dues, Fees, Subscriptions & Promotions			116,596	116,596	(75)	116,521	(75,141)	41,380		20
21	Clerical & General Office Expenses	307,423	22,442	241,238	571,103	646	571,749	302,287	874,036		21
22	Employee Benefits & Payroll Taxes			1,075,947	1,075,947	12,123	1,088,070	(13,332)	1,074,738		22
23	Inservice Training & Education										23
24	Travel and Seminar			307	307		307	1,796	2,103		24
25	Other Admin. Staff Transportation			2,836	2,836		2,836	17,553	20,389		25
26	Insurance-Prop.Liab.Malpractice			332,667	332,667		332,667	10,205	342,872		26
27	Other (specify):* related party			211,520	211,520		211,520	(137,542)	73,978		27
28	<b>TOTAL General Administration</b>	<b>435,825</b>	<b>22,442</b>	<b>2,950,521</b>	<b>3,408,788</b>	<b>12,694</b>	<b>3,421,482</b>	<b>(504,165)</b>	<b>2,917,317</b>		<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	<b>5,720,409</b>	<b>794,908</b>	<b>3,566,741</b>	<b>10,082,058</b>	<b>(24,203)</b>	<b>10,057,855</b>	<b>(337,923)</b>	<b>9,719,932</b>		<b>29</b>

\*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 Debes Rehab &amp; HCC

#0044891

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

## 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			35,812	35,812		35,812	365,320	401,132			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			175,473	175,473		175,473	335,544	511,017			32
33	Real Estate Taxes							234,506	234,506			33
34	Rent-Facility & Grounds			988,735	988,735		988,735	(988,735)				34
35	Rent-Equipment & Vehicles			12,740	12,740		12,740	52,266	65,006			35
36	Other (specify):* MIP							56,298	56,298			36
37	<b>TOTAL Ownership</b>			1,212,760	1,212,760		1,212,760	55,199	1,267,959			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		669,960	980,095	1,650,055	24,203	1,674,258	(45,199)	1,629,059			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			497,708	497,708		497,708		497,708			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		669,960	1,477,803	2,147,763	24,203	2,171,966	(45,199)	2,126,767			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,720,409	1,464,868	6,257,304	13,442,581		13,442,581	(327,923)	13,114,658			45

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

Alden Debes Rehab & HCC  
 Period Beginning: 01/01/2016  
 Period Ending: 12/31/2016

IDPH License No. 0044891

Page 4A

PG 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(34,722)	Employee Meals
	22	34,722	Employee Meals
22		(22,599)	Uniform Reclass
	1	1,777	Uniform Reclass
	3	1,563	Uniform Reclass
	4	571	Uniform Reclass
	6	-	Uniform Reclass
	10	17,832	Uniform Reclass
	11	285	Uniform Reclass
	21	571	Uniform Reclass
10		(24,203)	Oxygen Cost Reclass
	39	24,203	Oxygen Cost Reclass
20		(75)	Re-class State of Illinois - Licenses & Inspections
	21	75	Re-class State of Illinois - Licenses & Inspections

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

Net (Should be zero) \$ -

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	(14,918)	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	(1,041)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,118)	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	(242)	21		17
18	Fines and Penalties	(16,960)	32		18
19	Entertainment	(2,973)	20		19
20	Contributions	(8,021)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,641)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(211,520)	27		24
25	Fund Raising, Advertising and Promotional	(18,622)	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>	\$ (280,056)		\$	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)	42,278		34
35	Other- Attach Schedule	(90,145)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (47,867)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (327,923)		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 Debes Rehab & HCC

ID# 0044891

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,798)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,503)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,543	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	38,670	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	409	30	6
7	Other Nursing Income	(133)	21	7
8	Late Fees on utilities	(4,849)	5	8
9	Misc Income - Donation	(60)	21	9
10	Misc Income - Record Copies	(825)	21	10
11	Vendor Discount	(83)	10	11
12	Reduce Empllyee Benefit for Customer Services Liason	(6,841)	22	12
13	Customer Services Liason & Aides	(36,675)	21	13
14	Related Party Int on Alma LLC with Rock Inv	(18,800)	32	14
15	To correct YTD depreciation expense to detail	2,773	30	15
16	Eliminate Depreciation on Building Goodwill	(42,973)	30	16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(90,145)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

## 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	3,701	(6,956)	0	0	0	0	0	0	0	(3,255)	1
2	Food Purchase	(3,118)	0	0	(2,763)	0	0	0	0	0	0	0	(5,881)	2
3	Housekeeping	0	0	9,116	0	0	0	0	0	0	0	0	9,116	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,849)	0	4,532	0	0	0	0	0	0	0	0	(317)	5
6	Maintenance	25,295	6,912	30,766	0	0	(364)	1,753	0	0	0	0	64,362	6
7	Other (specify):*	0	0	9,195	0	0	0	0	0	0	0	0	9,195	7
8	<b>TOTAL General Services</b>	<b>17,328</b>	<b>6,912</b>	<b>57,310</b>	<b>(9,719)</b>	<b>0</b>	<b>0</b>	<b>(364)</b>	<b>1,753</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73,220</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	(83)	0	75,868	10,524	(2,417)	0	0	0	0	0	0	83,892	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	9,130	0	0	0	0	0	0	0	0	9,130	15
16	<b>TOTAL Health Care and Programs</b>	<b>(83)</b>	<b>0</b>	<b>84,998</b>	<b>10,524</b>	<b>(2,417)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>93,022</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	285,005	0	0	0	0	0	0	0	0	285,005	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,641)	6,975	(899,330)	0	0	0	0	0	0	0	0	(894,996)	19
20	Fees, Subscriptions & Promotions	(29,616)	309	(45,834)	0	0	0	0	0	0	0	0	(75,141)	20
21	Clerical & General Office Expenses	(37,935)	0	340,222	0	0	0	0	0	0	0	0	302,287	21
22	Employee Benefits & Payroll Taxes	(6,841)	0	0	0	(6,491)	0	0	0	0	0	0	(13,332)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,796	0	0	0	0	0	0	0	0	1,796	24
25	Other Admin. Staff Transportation	0	0	17,553	0	0	0	0	0	0	0	0	17,553	25
26	Insurance-Prop.Liab.Malpractice	0	9,860	345	0	0	0	0	0	0	0	0	10,205	26
27	Other (specify):*	(211,520)	0	73,978	0	0	0	0	0	0	0	0	(137,542)	27
28	<b>TOTAL General Administration</b>	<b>(288,553)</b>	<b>17,144</b>	<b>(226,265)</b>	<b>0</b>	<b>(6,491)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(504,165)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(271,308)</b>	<b>24,056</b>	<b>(83,957)</b>	<b>805</b>	<b>(8,908)</b>	<b>0</b>	<b>(364)</b>	<b>1,753</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(337,923)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(62,092)	423,875	3,537	0	0	0	0	0	0	0	0	365,320	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(36,801)	361,906	10,439	0	0	0	0	0	0	0	0	335,544	32
33	Real Estate Taxes	0	227,101	7,405	0	0	0	0	0	0	0	0	234,506	33
34	Rent-Facility & Grounds	0	(988,735)	0	0	0	0	0	0	0	0	0	(988,735)	34
35	Rent-Equipment & Vehicles	0	0	52,266	0	0	0	0	0	0	0	0	52,266	35
36	Other (specify):*	0	56,298	0	0	0	0	0	0	0	0	0	56,298	36
37	<b>TOTAL Ownership</b>	<b>(98,893)</b>	<b>80,445</b>	<b>73,647</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>55,199</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	(66,711)	(27,476)	48,988	0	0	0	0	0	(45,199)	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>(66,711)</b>	<b>(27,476)</b>	<b>48,988</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(45,199)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(370,201)</b>	<b>104,501</b>	<b>(10,310)</b>	<b>(65,906)</b>	<b>(36,384)</b>	<b>48,988</b>	<b>(364)</b>	<b>1,753</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(327,923)</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 Realty Services, Inc.	100	See PG6-Supp		See PG6-Supp		

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

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

1	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	\$ 988,735	Alden Alma Nelson Manor, LLC	0.00%	\$	\$ (988,735)	1
2	V	32 Investment Income - RR	97	Alden Alma Nelson Manor, LLC			(97)	2
3	V	32 Interest on Alma Note	67,291	Alden Alma Nelson Manor, LLC			(67,291)	3
4	V	30 Gain On Sales of Assets	31,201	Alden Alma Nelson Manor, LLC			(31,201)	4
5	V	19 Accounting Fee		Alden Alma Nelson Manor, LLC		6,975	6,975	5
6	V	33 Real Estate Tax		Alden Alma Nelson Manor, LLC		227,101	227,101	6
7	V	26 General Insurance Expenses		Alden Alma Nelson Manor, LLC		9,860	9,860	7
8	V	36 Mortgage Insurance Premium		Alden Alma Nelson Manor, LLC		56,298	56,298	8
9	V	32 Interest On Mortg. Note/ Other Interest		Alden Alma Nelson Manor, LLC		427,672	427,672	9
10	V	6 Repairs & Maintenance		Alden Alma Nelson Manor, LLC		6,912	6,912	10
11	V	30 Depreciation		Alden Alma Nelson Manor, LLC		455,076	455,076	11
12	V	32 Amortization		Alden Alma Nelson Manor, LLC		1,622	1,622	12
13	V	20 Annual Rpt Fee		Alden Alma Nelson Manor, LLC		309	309	13
14	Total		\$ 1,087,324			\$ 1,191,825	\$ * 104,501	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,532	\$ 4,532 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,796	1,796 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		17,553	17,553 17
18	V	26 Insurance		Alden Management Services, Inc.		345	345 18
19	V	20 Dues & Subscriptions	49,455	Alden Management Services, Inc.		3,621	(45,834) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537	3,537 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,405	7,405 21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		52,266	52,266 22
23	V	32 Interest		Alden Management Services, Inc.		10,439	10,439 23
24	V	1 Dietary		Alden Management Services, Inc.		3,701	3,701 24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,116	9,116 25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		9,195	9,195 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		75,868	75,868 27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		9,130	9,130 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		285,005	285,005 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		73,978	73,978 30
31	V	19 Professional Fees	940,239	Alden Management Services, Inc.		40,909	(899,330) 31
32	V	21 Gen'I & Admin	59,208	Alden Management Services, Inc.		399,430	340,222 32
33	V	6 Repair & Maint.	5,688	Alden Management Services, Inc.		36,454	30,766 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,054,590			\$ 1,044,280	\$ * (10,310) 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%	\$ 13	\$ (26,387)	15
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2 Tube Feeding	39,617	Prism Health Care Services, Inc.		16,740	(22,877)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39 Ancillary Supplies	178,700	Prism Health Care Services, Inc.		72,715	(105,985)	19
20	V	1 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		5,735	5,735	20
21	V	2 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		20,114	20,114	21
22	V	10 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		5,804	5,804	22
23	V	39 Gen'l & Admin & Employee Benefit Costs		Prism Health Care Services, Inc.		39,274	39,274	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		\$ 251,377			\$ 185,471	\$ * (65,906)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 <u>Drugs</u>	\$ 442,385	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 411,529	\$ (30,856)
16	V	39 <u>IV</u>	26,363	<u>Forum Extended Care Services II, Inc.</u>		24,524	(1,839)
17	V	39 <u>Wound Care</u>	11,741	<u>Forum Extended Care Services II, Inc.</u>		10,922	(819)
18	V	10 <u>House Stock</u>	28,217	<u>Forum Extended Care Services II, Inc.</u>		26,249	(1,968)
19	V	10 <u>Pharmacy Consultant</u>	6,432	<u>Forum Extended Care Services II, Inc.</u>		5,983	(449)
20	V	22 <u>Employee Vaccin.</u>	6,491	<u>Forum Extended Care Services II, Inc.</u>			(6,491)
21	V	39 <u>Employee Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		6,038	6,038
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>		\$ 521,629			\$ 485,245	\$ * (36,384)

\* 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 Revenue	\$ 696,042	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 745,030	\$ 48,988	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	<b>Total</b>		\$ 696,042			\$ 745,030	\$ *	48,988	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	\$ 57,729	Alden Bennett Construction Company, Inc.	0.00%	\$ 57,365	\$	(364)	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	<b>Total</b>		\$ 57,729			\$ 57,365	\$ *	(364)	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	\$ 6,151	Alden Design Group, Inc.	0.00%	\$ 7,904	\$ 1,753	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 6,151			\$ 7,904	\$ *	1,753	39

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

Facility Name &amp; ID Number

Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

## 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	Rental property	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	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	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			Princeton Rehabilitation and Health Care Cent	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	(Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	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			Alden-Long Grove Rehabilitation and Health C	Long Grove, IL				30

Facility Name & ID Number Alden Debes Rehab & HCC # 0044891 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

## 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.	Chairman-Board of D	Chairman	100.00	175,657	2.02	5.05	Salary	\$ 9,343	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,950	2.02	5.05	Salary	5,050	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,950	2.02	5.05	Salary	5,050	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,605	2.02	5.05	Salary	5,884	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,122	2.02	5.05	Salary	3,145	21-7	5
6	Randi Schlossberg -Schullo F.	President	General Operation	0.00	141,104	1.4645	5.05	Salary	7,505	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
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.										
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.										
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.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg -Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 35,977		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 Debes Rehab & HCC

# 0044891

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,288,358	34	\$ 89,742	\$ 65,068	\$ 4,532	1	
2	24	Trav & Seminar	Patient Days	1,288,358	34	35,559	65,068	1,796	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	65,068	17,553	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	65,068	345	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	65,068	3,621	5	
6	30	Depreciation	No of Providers/usage	34	34	140,451	1	3,537	6	
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398	65,068	7,405	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	65,068	52,266	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	65,068	10,439	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	65,068	3,701	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	65,068	9,116	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,288,358	34	182,054	65,068	9,195	12	
13	10	Nurs & Med Records Salary	Patient Days	1,288,358	34	1,519,466	1,519,466	65,068	75,868	13
14	15	Employee Benefits -Health Care	Patient Days	1,288,358	34	180,775	65,068	9,130	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	65,068	285,005	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	65,068	73,978	16	
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	65,068	40,909	17
18	21	Gen'I & Admin	Patient Days	1,288,358	34	7,908,785	6,929,587	65,068	399,430	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	65,068	36,454	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 1,044,280	25	

Facility Name & ID Number

Alden Debes Rehab & HCC

# 0044891

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge		x	Mortgage		03/12	\$ 12,036,800	\$ 11,168,865	04/47	3.6300	\$ 408,872	1						
2	Insurance Interest (GL 7053)		x	Medical Malpractice							4,228	2						
3	Related Party-Alden Design Grp		x	Working Capital		03/06	109,000		12/17	Variable		3						
4	Amortization-Fin/Refin Fee		x	Refinancing							1,622	4						
5	Bank Leumi		x	Line of Credit		12/12	3,000,000	1,697,151	12/17	4.7500	87,112	5						
<b>Working Capital</b>																		
6	Related party-AMS		x	Working Capital							10,439	6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>						\$ 15,145,800	\$ 12,866,016			\$ 512,273	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income (GL 4975)		x								(97)	10						
11	Interest Income on R.R.		x								(1,159)	11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (1,256)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 15,145,800	\$ 12,866,016			\$ 511,017	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 56,298 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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>				
1.	Real Estate Tax accrual used on 2015 report.			\$	<b>224,600</b>	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.)			\$	<b>222,501</b>	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<b>(2,099)</b>	3
4.	Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<b>229,200</b>	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.			\$	<b>227,101</b>	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	<b>7,405</b>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<b>234,506</b>	
Real Estate Tax Bill for Calendar Year:	2011	<b>234,853</b>	8	<b>FOR BHF USE ONLY</b>		
	2012	<b>211,557</b>	9	13	FROM R. E. TAX STATEMENT FOR 2015	\$
	2013	<b>216,517</b>	10	14	PLUS APPEAL COST FROM LINE 5	\$
	2014	<b>218,093</b>	11	15	LESS REFUND FROM LINE 6	\$
	2015	<b>222,501</b>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>						

**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.**

**2015 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Alden Debes Rehab & HCC COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0044891

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 2015 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 2015.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>146,629.00</u>	\$ <u>7,405.00</u>
2. <u>12-27-152-001</u>	<u>Nursing Home Facility</u>	\$ <u>109,439.98</u>	\$ <u>109,439.98</u>
3. <u>12-27-152-002</u>	<u>Nursing Home Facility</u>	\$ <u>112,283.42</u>	\$ <u>112,283.42</u>
4. <u>12-27-152-003</u>	<u>Nursing Home Facility</u>	\$ <u>777.66</u>	\$ <u>777.66</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>369,130.06</u></u>	\$ <u><u>229,906.06</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

**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 Debes Rehab & HCC

# 0044891

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,952 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

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: nursing facility, 60,952, 2000, \$ 835,364, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 60,952, (blank), \$ 835,364, 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	268	2000		\$ 7000000	\$ 222,222	31.5	\$ 222,222	\$	\$ 3,648,145	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	GT Mechanical - replace 75 ton compressor		2000	23,550		10			23,550	9
10	Building Improvements		2000	5,142	257	20	257		4,177	10
11	Alden Design - HVAC		2000	3,089	154	20	154		2,505	11
12	Alden Bennett Const.		2001	16,737		10			16,737	12
13	Pro com systems		2001	4,055		10			4,055	13
14	Alden Bennett Const.		2001	2,098		10			2,098	14
15	New Horz. Comm		2001	1,701		10			1,701	15
16	Alden Bennett Const.		2001	1,816		10			1,816	16
17	Alden Bennett Const.		2001	2,263		10			2,263	17
18	Alden Bennett Const.		2001	2,828		10			2,828	18
19	Seams -rebuild engine		2001	4,938		10			4,938	19
20	Alden Bennett Const.		2001	1,632		10			1,632	20
21	CSI Coker - belt/heating element		2001	5,256		10			5,256	21
22	Alden Bennett Const.		2001	3,198		10			3,198	22
23	GT Mechanical - heater		2001	2,406		10			2,406	23
24	Alden Design - elect. /plumbing		2001	22,472	1,124	20	1,124		17,980	24
25	Alden Design - misc		2001	22,412	1,121	20	1,121		17,932	25
26	Alden Design - misc		2001	94,243	4,712	20	4,712		75,000	26
27	ABC - laundry room repairs		2001	11,608	580	20	580		9,042	27
28										28
29										29
30										30
31										31
32										32
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

## 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	GT Mechanical, Inc. - Repair Air Conditioner	2002	11,519		10			11,519	37
38	Pro Com Systems - Repair Nurse Call System	2002	1,862		10			1,862	38
39	GT Mechanical, Inc. - Repair Heater	2002	1,996		10			1,996	39
40	FE Moran - Repair - Fire Alarm System	2002	1,825		10			1,825	40
41	Nelson Carlson - Repair Water Main	2002	2,407		10			2,407	41
42	ABC - Carpet	2002	1,231	82	15	82		1,179	42
43	ABC - Chimney	2002	3,032	152	20	152		2,163	43
44	Medline - Window Blinds	2003	1,706		7			1,706	44
45	Tyco - installation of smoke detectors	2003	6,753	450	15	450		6,301	45
46	Code Alert - Update system	2003	5,007	334	15	334		4,508	46
47	ABC - 4 doors	2003	2,449		10			2,449	47
48	ABC - Light Fixtures	2003	2,283		5			2,283	48
49	GT Mech - Replace Pump	2003	1,532		10			1,532	49
50	Simplex - Repair Smoke Detector system	2003	4,238		10			4,238	50
51	ABC - Roof Repair	2003	3,953	264	15	264		3,605	51
52	CSI Coker - Repair Dishwasher	2003	3,291		7			3,291	52
53	ABC - Repair C wing main A/C power	2003	2,177		10			2,177	53
54	ABC - Repair Boiler	2003	23,646	1,576	15	1,576		20,621	54
55	ABC-Roof repairs	2004	3,102		10			3,102	55
56	ABC-Roof repairs	2004	3,486		10			3,486	56
57	ABC-Roof repairs	2004	4,565		10			4,565	57
58	Equipment Int'l LTD-repair laundry	2004	1,714		10			1,714	58
59	CSI Coker - Repair Dishwasher	2004	2,387		10			2,387	59
60	CSI Coker - Repair Dishwasher	2004	2,915		10			2,915	60
61	GT Mechanical-furnace repair	2004	1,765		10			1,765	61
62	GT Mechanical-a/c repair	2004	2,128		10			2,128	62
63	ABC-boiler repairs	2004	1,877		10			1,877	63
64	GT Mechanical-Expansion tank replacement	2004	5,925		10			5,925	64
65	GT Mechanical-heater repair	2004	5,536		10			5,536	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,347,751	\$ 233,028		\$ 233,028	\$	\$ 3,958,321	70

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

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

**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>		\$ 7,347,751	\$ 233,028		\$ 233,028	\$	\$ 3,958,321	1
2	ABC-hotwater tank reparis	2006	3,000		10			3,000	2
3	GT Mechanical-heater repairs	2005	5,310		10			5,310	3
4	GT Mech-water pump repair	2005	2,032		10			2,032	4
5	Long Elevator-elevator repairs	2005	2,138		10			2,138	5
6	GT Mech-compressor replacement	2005	1,957		10			1,957	6
7	ABC-boiler tube replacement	2005	4,240		10			4,240	7
8	GT Mech-heater motor replacement	2005	1,591		10			1,591	8
9	GT Mech-laundry room repairs	2005	741		10			741	9
10	Top Notch-kitchen boiler repairs	2005	3,853		10			3,853	10
11	ABC-fire alarm panel replacements	2005	11,532		10			11,532	11
12	ABC-door locks	2005	2,203		10			2,203	12
13	ABC-door locks	2005	2,203		10			2,203	13
14	ABC-door locks	2005	1,825		10			1,825	14
15	ABC-replace boiler tubes	2007	3,834	383	10	383		3,512	15
16	November AMS Maint Alloc	2007	32,048	3,205	10	3,205		29,113	16
17	Patten Ind-generator repairs metal.	2007	2,735		5			2,735	17
18	Top Notch Services- replace boiler assembly	2007	3,853	385	10	385		3,851	18
19	ABC -new automatic door	2007	5,644	564	10	564		5,641	19
20	ABC -new water heater	2007	13,771	918	15	918		9,180	20
21	ABC - repaire roof	2007	4,926	489	10	489		4,926	21
22	ABC -Paving	2007	27,958		8			27,958	22
23	ABC -replace boiler tubes	2007	2,798	280	10	280		2,566	23
24	ABC -replace boiler tubes	2007	3,834	383	10	383		3,511	24
25	Top Notch -kichen appliance repairs	2007	3,452		5			3,452	25
26	ABC-Boiler repair	2008	7,668	767	10	767		6,732	26
27	TopNotch Commerc. Kitchen-Freezer Door	2008	4,553		5			4,553	27
28	ABC-new paving	2008	55,917	2,796	20	2,796		23,300	28
29	ABC Repl Plumbing Electrical Hardware & Fix	2008	4,065	407	10	407		3,764	29
30	ABC-New Gasketing Fire Doors	2008	2,981	298	10	298		2,459	30
31	ABC-New Flooring CarpentryCabintrySecurityDoor	2008	21,812	1,454	15	1,454		11,753	31
32	ABC-New SecurityHardware/Doors/FramesCameras	2008	22,312	1,487	15	1,487		11,896	32
33	ABC - Parking Lot Construction	2008	17,808	890	20	890		7,862	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,632,345	\$ 247,736		\$ 247,736	\$	\$ 4,169,710	34

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

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

## 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>		\$ 7,632,345	\$ 247,736		\$ 247,736	\$	\$ 4,169,710	1
2	ABC-roof leak	2008	10,686	1,069	10	1,069		8,819	2
3	Gt Mechanical Inc.-HVAC repairs	2008	3,625	363	10	363		3,175	3
4	Equipment international, Ltd.- washer major repair	2008	3,230		5			3,230	4
5	ABC -Install worn, cilling tile, floor tile, roofing & Plumbing	2008	5,603	560	10	560		4,620	5
6	Gt Mechanical, Inc.- Refri Cooling Start Up	2008	2,838	284	10	284		2,414	6
7	ABC- new egress hardware Fire safety code	2008	8,344	834	10	834		6,811	7
8	OctAMS Maint Allocation	2008	5,006		5			5,006	8
9	GT Mechanical- Instld flame safe guard	2008	2,829	283	10	283		2,264	9
10	ABC- fire proof/repl boiler-Job #7031	2008	5,888	589	10	589		4,412	10
11	ABC- Install alarm monitor to control Oxygen level	2008	10,240	1,024	10	1,024		8,448	11
12	GTMECH- main AH Electronic Starter	2009	2,787		5			2,787	12
13	GTMECH- repairs for Kitchen area HVAC	2009	5,682		5			5,682	13
14	ABC-Repl/leaky tubes boiler heating tubes	2009	4,312		5			4,312	14
15	ABC- New MI unit-Job # 2839	2009	53,402	3,560	15	3,560		27,887	15
16	ABC-Job#2846-Carpentary-Rough & Finish	2009	14,068	938	15	938		6,957	16
17	ABCnew MIunit-Job#2839 Iv#9909	2009	7,144	476	15	476		3,689	17
18	AugAMSI/C-AMEEXP Harold-Patten -filter, valve,cap dust	2009	3,407		5			3,407	18
19	JulAMSI/C-WRIEXP Harold-Rock Valley Water-Install Parts for	2009	3,213		5			3,213	19
20	EQUINT inverter for washer	2009	3,183	318	10	318		2,279	20
21	DIASIG -Install monument sign DBL face Sandblasted Redwood S	2010	4,550	303	15	303		1,818	21
22	ABC-MI Unit A-Job#2930-1-HVAC,SecuritySvs,Concrete	2010	62,693	4,180	15	4,180		28,563	22
23	EQUINT-Washer Reparis #3	2010	3,082		5			3,082	23
24	CENSAU- Instll 2 Dry Sidewall sprinkler	2010	3,117		5			3,117	24
25	ALDBEN-Rprs Exterior Door,LavatoryStation	2010	3,161		5			3,161	25
26	EQUINT - Washer Inverter/Clamps (1)	2010	3,517	352	10	352		2,288	26
27	ALDBEN - boiler repair	2010	5,139		5			5,139	27
28	ABC - Install Concrete -Job# 1033-1	2011	19,842	1,323	15	1,323		7,938	28
29	ABC - Instll Sprinklers System -Job# 1033-2	2011	134,719	8,981	15	8,981		53,887	29
30	BOUDEV- Demolition, Masonry, Steel, Carpentry	2011	55,000	2,750	20	2,750		16,500	30
31	ABC -MetalFrames, windows, Glass&Glazing- Job# 1033 -3	2011	42,601	2,840	15	2,840		17,040	31
32	BOUDEV- Framing, Drywall, Insultion, Painting, Flooring, acoust	2011	30,925	1,546	20	1,546		9,277	32
33	ABC - install smoke Dampers & electrical- Job# 1033-4	2011	127,757	8,517	15	8,517		51,103	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,283,936	\$ 288,825		\$ 288,825	\$	\$ 4,482,035	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,283,936	\$ 288,825		\$ 288,825	\$	\$ 4,482,035	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	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		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	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		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	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		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controllor PC Board	2014	86	17		17		44	27
28	ABC- Adjustment for realted party profit	2008	(424)	(8)		(8)		(55)	28
29	ABC- Adjustment for realted party profit	2009	(1,859)	(49)		(49)		(392)	29
30	ABC- Adjustment for realted party profit	2010	(869)	(103)		(103)		(669)	30
31	ABC- Adjustment for realted party profit	2011	3,744	464		464		1,855	31
32	ABC- Adjustment for realted party profit	2012							32
33	ABC- Adjustment for realted party profit	2013	760	109		109		244	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,376,201	\$ 290,104		\$ 290,104	\$	\$ 4,569,356	34

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

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 8,376,201	\$ 290,104		\$ 290,104	\$	\$ 4,569,356	1
2	ABC - Fire Protection & Smoke Dampers -Job# 1033-5	2011	69,599	4,640	15	4,640		27,453	2
3	ABC - Monument/Sign Replacing Sign	2011	6,715	672	10	672		3,976	3
4	ABC -Dumb waiter reconfigure	2011	51,123	3,408	15	3,408		19,596	4
5	PAIUSA-Carpentry & Painting	2011	20,700	1,380	15	1,380		7,360	5
6	ABC -Tower Railings (1)	2011	16,003	1,067	15	1,067		5,513	6
7	GTMECH - install heat exchanger	2011	5,828	583	10	583		3,449	7
8	FebAMSI/C-AMEEXP Floyd-Patten CAT-Install remote alarm pa	2011	8,591	859	10	859		5,154	8
9	FebAMSI/C-AMEEXP Floyd-Patten CAT -Install remote annunci	2011	7,886	789	10	789		4,733	9
10	GTMECH -Install new mod motor and Boiler maint.	2011	5,866	1	5	1		5,866	10
11	EQUINT - Washer Inverter/Clamps (1)	2011	3,617	182	5	182		3,617	11
12	JDROOF- Roof Repairs	2011	4,970	331	5	331		4,970	12
13	ALDBEN -Replace boiler tubes	2011	3,253	269	5	269		3,253	13
14	GTMECH -chiller & cracked line Reprs, pilot valve replcs	2011		(13,798)	5	(13,798)			14
15	GTMECH- Chiller reprs	2011	5,034	586	5	586		5,034	15
16	GARPAV -Seal Coat & Crack repairs in Parking lot	2011	15,618	1,952	8	1,952		10,411	16
17	ABC- Repair leak Boiler1/HeatingVent	2011	9,610	1,762	5	1,762		9,610	17
18	JDROOF- Roof Repairs	2012	6,000	1,200	5	1,200		5,700	18
19	BELELC -Generator Stop Switches	2012	2,699	270	10	270		1,170	19
20	Dry Wall & Anti-Freeze Loop Install-VALFIR	2013	4,836	322	15	322		1,154	20
21	Roof install- ABC	2013	29,767	2,977	10	2,977		10,171	21
22	Boiler tube Install (1)-ABC	2013	10,732	715	15	715		2,205	22
23	Washer #1 inverter install-EQUINT	2013	3,221	644	5	644		2,093	23
24	Boiler#1 leaking tubes repairs-ABC	2013	6,185	618	10	618		2,215	24
25	Boiler burner replace-ABC	2013	6,169	617	10	617		2,211	25
26	Cooler Walking,Install Evap Coil- TOPNOT	2013	5,693	1,139	5	1,139		3,702	26
27	Generator Repairs -JuneAMSI/C-AMX-Floyd-Patten	2013	6,586	1,317	5	1,317		4,719	27
28	Chiller leaks repair - GTMECH	2013	9,072	1,814	5	1,814		5,896	28
29	Condensing unit reconnectChiller Reprs - GTMECH	2013	4,952	990	5	990		3,300	29
30	Parking lot Repairs-ABC	2013	3,614	452	8	452		1,356	30
31	ATS and Control Board-JanAMSI/C-Floyd Patten	2013	10,696	1,070	10	1,070		4,012	31
32	Boiler# 1upper tubes install and # 2 head assembly-ALDBEN	2014	10,732	715	15	715		2,026	32
33	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576	515	5	515		1,331	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,734,143	\$ 310,162		\$ 310,162	\$	\$ 4,742,611	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 8,734,143	\$ 310,162		\$ 310,162	\$	\$ 4,742,611	1
2	Boiler# Iupper tubes install and # 2 head assembly-ALDBEN	2014	3,790	253	15	253		590	2
3	Boiler # 1&2 retube,smoke box door(1), heat gasket plate(1)-ALDI	2014	11,615	774	15	774		1,677	3
4	Boiler tubes repls.-ALDBEN	2014	5,426	362	15	362		724	4
5	Actuator (1) -NORMEC	2014	2,782	556	5	556		1,297	5
6	Air unit burner, solenoid & gas valve assembly- NORMEC	2014	2,576	515	5	515		1,202	6
7	Boiler tubes replace -ALDBEN	2015	4,370	291	15	291		485	7
8	Motor replace for Elevator (1)-SUBELE	2015	5,506	1,101	5	1,101		1,560	8
9	Boiler tube replaced-ALDBEN	2015	11,416	761	15	761		1,078	9
10	Roofing Repairs-JDROOF	2015	5,560	1,112	5	1,112		1,297	10
11	Chiller repairs -GTMECH	2015	4,124	825	5	825		1,169	11
12	Sidewalk-SUPCOM	2016	8,000	178	15	178		178	12
13	Roof Repairs -JDROOF	2016	4,300	143	5	143		143	13
14	Fire Dampers (220 epairs -GTMECH	2016	6,723	112	10	112		112	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,810,331	\$ 317,145		\$ 317,145	\$	\$ 4,754,124	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,810,331	\$ 317,145		\$ 317,145	\$	\$ 4,754,124	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									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	ABC- Adjustment for realted party profit	2014	(60)	(3)		(3)		(9)	24
25	ABC- Adjustment for realted party profit	2015	(30)	(1)		(1)		(2)	25
26	ABC- Adjustment for realted party profit	2016							26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,810,241	\$ 317,141		\$ 317,141	\$	\$ 4,754,113	34

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

Facility Name & ID Number Alden Debes Rehab & HCC

# 0044891

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	\$ 877,249	\$ 81,876	\$ 81,876	\$	varies	\$ 500,768	71
72	Current Year Purchases	307,087	14,410	14,410		varies	14,409	72
73	Fully Depreciated Assets	878,820	(12,295)	(12,295)		varies	878,820	73
74								74
75	TOTALS	\$ 2,063,156	\$ 83,992	\$ 83,992	\$		\$ 1,393,997	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	Related party-AMS	various	1998-2004	\$ 4,026	\$	\$	\$		\$ 4,026	76
77										77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	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)	\$ 11,712,787	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 401,132	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 401,132	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)	\$ 6,152,136	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 Debes Rehab & HCC

# 0044891

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

**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:				\$ <u>Related Party - Cost is Backed Out</u>			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning 08/01/2010

Ending 07/31/2020

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

Fiscal Year Ending                      Annual Rent

12.	<u>12/31/17</u>	\$ <u>varies</u>
13.	<u>12/31/18</u>	\$ <u>varies</u>
14.	<u>12/31/19</u>	\$ <u>varies</u>

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: \$ 21,968 Description: copy machine GL 6861 and equipment 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>20,529</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>	<u>0</u>	19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>20,529</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.

**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 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. <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			
		1	2	3	4
		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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 310,852	\$		\$ 310,852	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			216,320			216,320	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			429,939			429,939	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				417,567		417,567	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify):	See Pg 16A					254,381		254,381	13
14	TOTAL			\$		\$ 957,111	\$ 671,948		\$ 1,629,059	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.

Alden Alma Nelson Manor, Inc.  
PA pg 16A Ref. Line 39 Details  
For the Twelve Months Ending December 31, 2016

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5		<b>310,851.52</b>
2.	ST	39-3	To Col 5		<b>216,319.90</b>
3.					
4.	PT	39-3	To Col 5		<b>429,939.32</b>
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			442,384.94	
	Manual Input from Related Party- Forum Drugs			(24,818.00)	
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	<b>417,566.94</b>
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)			-	<b>0.00</b>
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	48,988.00	48,988.00
	Other			250,558.44	
	Manual Input: Related Party - Prism			(66,710.00)	
	Manual Input: Related Party FECII - I.V.			(1,839.00)	
	Manual Input: Related Party FECII - Wound Care			(819.00)	
	Oxygen, from reclass worksheet (Pg 4A)			24,203.00	
13.	Col 6: Supplies Total		To Col 6	-	<b>205,393.44</b>
13.	Total Line 13, Column 8			-	<b>254,381.44</b>
14.	Total			-	<b>1,629,059.12</b>

Facility Name & ID Number Alden Debes Rehab & HCC

# 0044891

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 32,458	\$ 68,342	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (215,000) )	3,046,393	3,046,393	3
4	Supply Inventory (priced at )	4,643	4,643	4
5	Short-Term Investments			5
6	Prepaid Insurance		8,356	6
7	Other Prepaid Expenses	6,613	25,269	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	121,112	280,056	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,211,219	\$ 3,433,059	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		700,000	13
14	Buildings, at Historical Cost		7,000,000	14
15	Leasehold Improvements, at Historical Cost	490,540	2,527,725	15
16	Equipment, at Historical Cost	398,799	1,417,586	16
17	Accumulated Depreciation (book methods)	(669,315)	(6,843,088)	17
18	Deferred Charges		6,916	18
19	Organization & Pre-Operating Costs		1,489,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		108,746	21
22	Other Long-Term Assets (spe <u>Fin, Fee, net</u> )		28,814	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 220,024	\$ 6,435,699	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,431,243	\$ 9,868,757	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 437,208	\$ 437,208	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	431,187	431,187	28
29	Short-Term Notes Payable	1,697,151	1,903,018	29
30	Accrued Salaries Payable	702,424	702,424	30
31	Accrued Taxes Payable (excluding real estate taxes)	39,235	39,235	31
32	Accrued Real Estate Taxes(Sch.IX-B)		229,200	32
33	Accrued Interest Payable		73,034	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,SaleTx,etc.</u>	218,804	218,804	36
37	<u>Due to Affiliates</u>	1,658,768	2,145,089	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,184,777	\$ 6,179,199	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,962,999	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>	3,505,619	3,505,619	43
44	<u>Sharehold.loan, other</u>			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,505,619	\$ 14,468,618	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 8,690,396	\$ 20,647,817	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (5,259,153)	\$ (10,779,060)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,431,243	\$ 9,868,757	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (5,825,259)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>	W/off's Oprt loss loan 12.31.16	1,193,415	<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (4,631,844)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(627,309)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (627,309)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (5,259,153)	<b>24</b> *

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

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

**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	\$ 12,462,420	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 12,462,420	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	285,639	6
7	Oxygen	37,403	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 323,042	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	260	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	4,583	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	256	19
20	Radiology and X-Ray		20
21	Other Medical Services	21,549	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 26,648	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,041	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,041	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG19A	2,121	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 2,121	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,815,272	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,951,999	31
32	Health Care	4,721,271	32
33	General Administration	3,408,788	33
<b>B. Capital Expense</b>			
34	Ownership	1,212,760	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,650,055	35
36	Provider Participation Fee	497,708	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,442,581	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(627,309)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (627,309)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,369,303	44
45	Private Pay - Net Inpatient Revenue	731,792	45
46	Medicare - Net Inpatient Revenue	2,624,097	46
47	Other-(specify) <u>Hospice/Insurance</u>	739,375	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	997,853	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 12,462,420	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.

Facility Name & ID Number Alden Debes Rehab & HCC# 0044891

Report Period Beginning 01/01/2016

Ending:

12/31/2016**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	\$ 885
Wage Service Fee- Backed out with line reference 22 on page 5A	
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Vending Machine Receipt- Backed out with line reference 2 on page 5A	
Recovery of Bad Debts (private only, is not offset on Schld V)	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
Vendor Discounts	\$ 83
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	\$ 1,153
Line 28 Total:	<u><u>2,121</u></u>

Facility Name & ID Number Alden Debes Rehab & HCC

# 0044891

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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	2,086	2,086	\$ 93,867	\$ 45.00	1
2	Assistant Director of Nursing	4,087	4,087	159,148	38.94	2
3	Registered Nurses	24,011	25,097	789,105	31.44	3
4	Licensed Practical Nurses	44,098	46,835	1,397,802	29.85	4
5	CNAs & Orderlies	88,139	95,056	1,227,776	12.92	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,710	1,993	34,127	17.12	8
9	Activity Director	2,080	2,080	38,461	18.49	9
10	Activity Assistants	8,135	9,002	108,145	12.01	10
11	Social Service Workers	4,087	4,087	82,071	20.08	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	57,998	27.88	13
14	Head Cook	497	497	8,346	16.79	14
15	Cook Helpers/Assistants	29,197	32,039	348,898	10.89	15
16	Dishwashers					16
17	Maintenance Workers	3,464	3,673	95,031	25.87	17
18	Housekeepers	23,325	26,229	307,832	11.74	18
19	Laundry	5,447	5,954	70,968	11.92	19
20	Administrator	1,208	1,224	65,778	53.74	20
21	Assistant Administrator	2,248	2,248	62,624	27.86	21
22	Other Administrative	8,589	8,588	221,817	25.83	22
23	Office Manager					23
24	Clerical	8,512	9,168	98,121	10.70	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,256	4,256	143,180	33.64	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Behavioral Counse	11,902	12,474	240,940	19.32	32
33	Other(specify) Transitional Care	2,080	2,080	68,374	32.87	33
34	TOTAL (lines 1 - 33)	281,238	300,833	\$ 5,720,409 *	\$ 19.02	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	2245/Monthly	\$ 26,949	1-3	35
36	Medical Director	2500/Monthly	30,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	536/Monthly	6,432	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/Hourly	980	11-3	44
45	Social Service Consultant	53/Hourly	1,400	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 65,761		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	30	\$ 5,469		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	30	\$ 5,469		53



**Alden Alma Nelson Manor, Inc.  
Legal Fee Support  
2016**

Legal Fees Reported on Pg 21, Section C:	\$	48,736.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,640.94)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	<u>\$</u>	<u>903.06</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Gozdecki, Del Giudice, Americus, Farkas & Brocate LLP	02/10/16	372.74
Gozdecki, Del Giudice, Americus, Farkas & Brocate LLP	01/01/16	144.08
Gozdecki, Del Giudice, Americus, Farkas & Brocate LLP	01/01/16	159.96
Clark of the Circuit Court	01/22/16	169.00
Sheriff of Winnebago County	01/22/16	28.50
Sheriff of Winnebago County	01/22/16	28.50

**TOTAL ALLOWABLE LEGAL FEES** 902.78

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Silvestri Law Office	05/01/16	903.00
Pogrund & Korey LLC-d/b/a Stone Pogrund	12/01/16	237.94
Pogrund & Korey LLC-d/b/a Stone Pogrund	01/01/16	512.50
Pogrund & Korey LLC-d/b/a Stone Pogrund	07/01/16	550.00
Pogrund & Korey LLC-d/b/a Stone Pogrund	10/01/16	437.50

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 2,640.94

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Corp Legal Cost Alloc-'16	01/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	02/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	03/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	04/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	05/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	06/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	07/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	08/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	09/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	10/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	11/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	12/01/16	3,766.00

**TOTAL Allocated Legal Fees** 45,192.00

Total Legal Cost 48,735.72

Facility Name &amp; ID Number Alden Debes Rehab &amp; HCC

# 0044891

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes,RN/LPN:NO
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council -\$25,728
- (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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,929 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. \$ 497,708  
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. \$ 34,722 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.** \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: N/A
- (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