

Facility Name & ID Number Alden of Old Town East

0042069 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		Skilled (SNF)		0	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	16	ICF/DD 16 or Less	16	5,856	6
7	16	TOTALS	16	5,856	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					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS	5,348	391		5,739	13
14	TOTALS	5,348	391		5,739	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.00%

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

114 (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 07/06/98

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

YES Date _____ 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 N/A

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 of Old Town East # 0042069 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
	A. General Services										
1	Dietary	57,790	2,444	3,600	63,834	64	63,898	(1,213)	62,685		1
2	Food Purchase		40,943		40,943	(3,840)	37,103	501	37,604		2
3	Housekeeping	32,322	5,148		37,470	1,096	38,566	804	39,370		3
4	Laundry		2,989	20	3,009		3,009		3,009		4
5	Heat and Other Utilities			22,637	22,637		22,637	(154)	22,483		5
6	Maintenance			58,861	58,861	1,140	60,001	6,318	66,319		6
7	Other (specify):* related party - AMS							811	811		7
8	TOTAL General Services	90,112	51,524	85,118	226,754	(1,540)	225,214	7,067	232,281		8
	B. Health Care and Programs										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	407,181	19,225	895	427,301	1,031	428,332	7,026	435,358		10
10a	Therapy		60	4,762	4,822		4,822	617	5,439		10a
11	Activities	23,455	1,979	760	26,194		26,194		26,194		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party - AMS							805	805		15
16	TOTAL Health Care and Programs	430,636	21,264	10,017	461,917	1,031	462,948	8,448	471,396		16
	C. General Administration										
17	Administrative	19,419			19,419		19,419	18,384	37,803		17
18	Directors Fees										18
19	Professional Services			94,300	94,300		94,300	(68,069)	26,231		19
20	Dues, Fees, Subscriptions & Promotions			5,745	5,745		5,745	(2,957)	2,788		20
21	Clerical & General Office Expenses	39,454	2,071	24,110	65,635		65,635	14,008	79,643		21
22	Employee Benefits & Payroll Taxes			94,230	94,230	1,649	95,879	(2,100)	93,779		22
23	Inservice Training & Education										23
24	Travel and Seminar			68	68		68	158	226		24
25	Other Admin. Staff Transportation			401	401		401	1,548	1,949		25
26	Insurance-Prop.Liab.Malpractice			19,861	19,861		19,861	1,530	21,391		26
27	Other (specify):* related party - AMS			(500)	(500)		(500)	7,025	6,525		27
28	TOTAL General Administration	58,873	2,071	238,215	299,159	1,649	300,808	(30,473)	270,335		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	579,621	74,859	333,350	987,830	1,140	988,970	(14,958)	974,012		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 of Old Town East

#0042069

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	
	D. Ownership											
30	Depreciation			4,080	4,080	(1,140)	2,940	38,188	41,128			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			22,870	22,870		22,870	17,992	40,862			32
33	Real Estate Taxes			17,071	17,071	(17,071)		15,876	15,876			33
34	Rent-Facility & Grounds			58,444	58,444	17,071	75,515	(75,515)				34
35	Rent-Equipment & Vehicles			2,241	2,241		2,241	4,610	6,851			35
36	Other (specify):* MIP							5,638	5,638			36
37	TOTAL Ownership			104,706	104,706	(1,140)	103,566	6,789	110,355			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		4,664		4,664		4,664	(1,226)	3,438			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			74,790	74,790		74,790		74,790			42
43	Other (specify):* Day Training for DD's			280,745	280,745		280,745		280,745			43
44	TOTAL Special Cost Centers		4,664	355,535	360,199		360,199	(1,226)	358,973			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	579,621	79,523	793,591	1,452,735		1,452,735	(9,395)	1,443,340			45

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

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(3,840)	Employee Meals
	22	3,840	Employee Meals
22		(2,191)	Uniform Reclass
	1	64	Uniform Reclass
	3	1,096	Uniform Reclass
	4		Uniform Reclass
	6		Uniform Reclass
	10	1,032	Uniform Reclass
	11		Uniform Reclass
	21		Uniform Reclass
10		None	Oxygen Cost Reclass
	39	None	Oxygen Cost Reclass
33		(17,071)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	17,071	Rent - Real Estate Tax on associated landowner (Pg 6)
30		(1,140)	Reclass Depreciation on Painting
	6	1,140	Reclass Depreciation on Painting

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

Net (Should be zero) \$ 1

Facility Name & ID Number Alden of Old Town East

0042069

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	(3,475)	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				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(167)	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	(2,012)	21		17
18	Fines and Penalties				18
19	Entertainment	(53)	20		19
20	Contributions	(2,830)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	500	27		24
25	Fund Raising, Advertising and Promotional	(393)	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)	\$ (8,430)		\$	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)	26,273		34
35	Other- Attach Schedule	(27,238)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (965)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (9,395)		37

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

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

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

BHF USE ONLY							
48		49		50		51	
							52

Alden of Old Town East

ID# 0042069

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 -	\$ (1,336)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(4,166)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	532	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	4,804	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(4)	30	6
7	Reconcile Depreciation expense	(2,091)	30	7
8	Late Fees on Utilities	(554)	5	8
9				9
10	Intercompany Interest	(9,753)	32	10
11				11
12	Marketing Manger & Aides	(12,785)	21	12
13	Elim portion of benefits for marketing 'ees	(1,885)	22	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				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	(27,238)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Old Town East

0042069

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	326	(1,539)	0	0	0	0	0	0	0	(1,213)	1
2	Food Purchase	(167)	0	0	668	0	0	0	0	0	0	0	501	2
3	Housekeeping	0	0	804	0	0	0	0	0	0	0	0	804	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(554)	0	400	0	0	0	0	0	0	0	0	(154)	5
6	Maintenance	1,861	111	4,173	0	0	0	(72)	245	0	0	0	6,318	6
7	Other (specify):*	0	0	811	0	0	0	0	0	0	0	0	811	7
8	TOTAL General Services	1,140	111	6,514	(871)	0	0	(72)	245	0	0	0	7,067	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	6,692	448	(114)	0	0	0	0	0	0	7,026	10
10a	Therapy	0	0	0	0	0	617	0	0	0	0	0	617	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	805	0	0	0	0	0	0	0	0	805	15
16	TOTAL Health Care and Programs	0	0	7,497	448	(114)	617	0	0	0	0	0	8,448	16
	C. General Administration													
17	Administrative	0	0	18,384	0	0	0	0	0	0	0	0	18,384	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	2,791	(70,860)	0	0	0	0	0	0	0	0	(68,069)	19
20	Fees, Subscriptions & Promotions	(3,276)	0	319	0	0	0	0	0	0	0	0	(2,957)	20
21	Clerical & General Office Expenses	(14,797)	103	28,702	0	0	0	0	0	0	0	0	14,008	21
22	Employee Benefits & Payroll Taxes	(1,885)	0	0	0	(215)	0	0	0	0	0	0	(2,100)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	158	0	0	0	0	0	0	0	0	158	24
25	Other Admin. Staff Transportation	0	0	1,548	0	0	0	0	0	0	0	0	1,548	25
26	Insurance-Prop.Liab.Malpractice	0	1,500	30	0	0	0	0	0	0	0	0	1,530	26
27	Other (specify):*	500	0	6,525	0	0	0	0	0	0	0	0	7,025	27
28	TOTAL General Administration	(19,458)	4,394	(15,194)	0	(215)	0	0	0	0	0	0	(30,473)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(18,318)	4,505	(1,183)	(423)	(329)	617	(72)	245	0	0	0	(14,958)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Old Town East

0042069

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	(7,597)	42,248	3,537	0	0	0	0	0	0	0	0	38,188	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(9,753)	17,071	10,674	0	0	0	0	0	0	0	0	17,992	32
33	Real Estate Taxes	0	15,223	653	0	0	0	0	0	0	0	0	15,876	33
34	Rent-Facility & Grounds	0	(75,515)	0	0	0	0	0	0	0	0	0	(75,515)	34
35	Rent-Equipment & Vehicles	0	0	4,610	0	0	0	0	0	0	0	0	4,610	35
36	Other (specify):*	0	5,638	0	0	0	0	0	0	0	0	0	5,638	36
37	TOTAL Ownership	(17,350)	4,665	19,474	0	0	0	0	0	0	0	0	6,789	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	(1,406)	180	0	0	0	0	0	0	(1,226)	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	(1,406)	180	0	0	0	0	0	0	(1,226)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(35,668)	9,170	18,291	(1,829)	(149)	617	(72)	245	0	0	0	(9,395)	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 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 Rental Income	\$ 75,515	Alden of Bloomingdale Limited Partnership	0.00%	\$	\$ (75,515)	1
2	V	32 Interest Income - RR	10	Alden of Bloomingdale Limited Partnership			(10)	2
3	V	32 Interest Income	12,865	Alden of Bloomingdale Limited Partnership			(12,865)	3
4	V	21 Corporate Annual Report Fee		Alden of Bloomingdale Limited Partnership		103	103	4
5	V	19 Accounting Fees		Alden of Bloomingdale Limited Partnership		2,791	2,791	5
6	V	6 Repairs and Maintenance		Alden of Bloomingdale Limited Partnership		111	111	6
7	V	33 Real Estate Tax Expense		Alden of Bloomingdale Limited Partnership		15,223	15,223	7
8	V	26 General Insurance Expense		Alden of Bloomingdale Limited Partnership		1,500	1,500	8
9	V	36 Mortgage Insurance Premium		Alden of Bloomingdale Limited Partnership		5,638	5,638	9
10	V	32 Interest - Mortgage/ IOD		Alden of Bloomingdale Limited Partnership		28,190	28,190	10
11	V	32 Interest - Other		Alden of Bloomingdale Limited Partnership				11
12	V	30 Depreciation Expense		Alden of Bloomingdale Limited Partnership		42,248	42,248	12
13	V	32 Amortization Expense		Alden of Bloomingdale Limited Partnership		1,756	1,756	13
14	Total		\$ 88,390			\$ 97,560	\$ *	9,170 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%	\$ 400	\$	400	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		158		158	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		1,548		1,548	17
18	V	26 Insurance		Alden Management Services, Inc.		30		30	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		319		319	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537		3,537	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		653		653	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		4,610		4,610	22
23	V	32 Interest		Alden Management Services, Inc.		10,674		10,674	23
24	V	1 Dietary		Alden Management Services, Inc.		326		326	24
25	V	3 Housekeeping		Alden Management Services, Inc.		804		804	25
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		811		811	26
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		6,692		6,692	27
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		805		805	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		18,384		18,384	29
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		6,525		6,525	30
31	V	19 Professional Fees	87,823	Alden Management Services, Inc.		16,963		(70,860)	31
32	V	21 General & Administrative	6,528	Alden Management Services, Inc.		35,230		28,702	32
33	V	6 Repairs & Maintenance	8,172	Alden Management Services, Inc.		12,345		4,173	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 102,523			\$ 120,814	\$ *	18,291	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	\$ 3,600	Prism Health Care Services, Inc.	0.00%	\$ 2	\$ (3,598)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		1,868	1,868	16
17	V	2 Tube Feeding		Prism Health Care Services, Inc.				17
18	V	10 Equipment Rental	360	Prism Health Care Services, Inc.		615	255	18
19	V	39 Supplies	4,390	Prism Health Care Services, Inc.		1,679	(2,711)	19
20	V	1 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		191	191	20
21	V	2 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		668	668	21
22	V	10 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		193	193	22
23	V	39 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		1,305	1,305	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		\$ 8,350			\$ 6,521	\$ * (1,829)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 213	Forum Extended Care Services II, Inc.	0.00%	\$ 198	\$ (15)
16	V	39 I.V.					
17	V	39 Wound Care Products	61			56	(5)
18	V	10 House Stock	1,243			1,156	(87)
19	V	10 Pharm Consultant	384			357	(27)
20	V	22 Employee Vaccinations	215				(215)
21	V	39 Employee Vaccinations				200	200
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		\$ 2,116			\$ 1,967	\$ * (149)

* 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	\$ 4,762	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 5,379	\$ 617	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		\$ 4,762			\$ 5,379	\$ *	617	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	\$ 11,368	Alden Bennett Construction Company, Inc.	0.00%	\$ 11,296	\$ (72)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 11,368			\$ 11,296	\$ * (72)

* 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	\$ 859	Alden Design Group, Inc.	0.00%	\$ 1,104	\$ 245	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		\$ 859			\$ 1,104	\$ *	245	39

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

Facility Name & ID Number

Alden of Old Town East

0042069

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 E	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 of Old Town East # 0042069 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	184,175	0.18	0.45	Salary	\$ 825	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,555	0.18	0.45	Salary	445	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,555	0.18	0.45	Salary	445	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	115,970	0.18	0.45	Salary	519	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	61,990	0.18	0.45	Salary	277	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	147,947	0.13	0.45	Salary	662	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 3,173		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 of Old Town East

0042069

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	\$ 5,739	\$ 400	1	
2	24	Travel & Seminar	Patient Days	1,288,358	34	35,559	5,739	158	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	5,739	1,548	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	5,739	30	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	5,739	319	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	5,739	653	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	5,739	4,610	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	5,739	10,674	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	5,739	326	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	5,739	804	11
12	7	Employee Benefits - Gen'l Servs	Patient Days	1,288,358	34	182,054	5,739	811	12	
13	10	Nurse & Medical Records Salary	Patient Days	1,288,358	34	1,519,466	1,519,466	5,739	6,692	13
14	15	Employee Benefits - Health Care	Patient Days	1,288,358	34	180,775	5,739	805	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	5,739	18,384	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	5,739	6,525	16	
17	19	Professional Fees	Patient Days	1,288,358	34	1,094,912	881,977	5,739	16,963	17
18	21	Gen'l & Admin	Patient Days	1,288,358	34	7,908,785	6,929,587	5,739	35,230	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	5,739	12,345	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 120,814	25	

Facility Name & ID Number

Alden of Old Town East

0042069

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		8	9	10					
		Related**					Monthly Payment Required	Date of Note				Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO									Original	Balance			
A. Directly Facility Related																
Long-Term																
1	Cambridge		X	Mortgage	\$4,317.00	9/1/12	\$ 1,212,967	\$ 1,116,754	12/31/47	2.5000	\$ 28,191					
2																
3																
4	Amort of Fin Fees (GL 7105)		X	Refinancing							1,755					
5	Insurance Interest (GL7053)		x	Malpractice Insurance							252					
Working Capital																
6	Related party-AMS		x	Working Capital							10,674					
7																
8																
9	TOTAL Facility Related				\$4,317.00		\$ 1,212,967	\$ 1,116,754			\$ 40,872					
B. Non-Facility Related*																
10	Interest Income (GL 4975)		x													
11	Interest Income R.R.		x								(10)					
12																
13																
14	TOTAL Non-Facility Related						\$	\$			\$ (10)					
15	TOTALS (line 9+line14)						\$ 1,212,967	\$ 1,116,754			\$ 40,862					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 5,638 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 2015 report.			\$	<u>16,393</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>15,579</u>	2	
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>(814)</u>	3	
4.	Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>16,037</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>15,223</u>	7	
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	<u>653</u>		
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>15,876</u>		
Real Estate Tax Bill for Calendar Year:	2011	<u>14,646</u>	8	FOR BHF USE ONLY			
	2012	<u>15,173</u>	9	13	FROM R. E. TAX STATEMENT FOR 2015	\$	13
	2013	<u>15,813</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$	14
	2014	<u>16,032</u>	11	15	LESS REFUND FROM LINE 6	\$	15
	2015	<u>15,579</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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden of Old Town East COUNTY Dupage

FACILITY IDPH LICENSE NUMBER 0042069

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>653.00</u>
2. <u>02-15-201-020</u>	<u>Nursing Home Facility</u>	\$ <u>15,579.00</u>	\$ <u>15,579.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>162,208.00</u></u>	\$ <u><u>16,232.00</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 of Old Town East

0042069

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 3,848 B. General Construction Type: Exterior Brick Veneer Frame Wood 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:

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column for row numbers. Row 1: nursing facility, 14,400, 1995, \$ 150,686, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 14,400, (blank), \$ 150,686, 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	16	1997	1997	\$ 934,861	\$ 23,372	40	\$ 23,372	\$	\$ 432,998	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	TV Modules		1999	1,775		5			1,775	9
10	Sprinkler system		2001	2,345		10			2,345	10
11										11
12	ABC Counter Tops		2003	8,091		10			8,091	12
13	ABC roof repair		2003	1,685		10			1,685	13
14										14
15	Central States Automati(Sprinkler Repair)		2005	1,614		10			1,614	15
16	Alden Bennett Const(Door Installation)		2005	1,882		10			1,882	16
17										17
18	ABC - Replace Resident's Room Ceiling		2009	4,749	475	10	475		3,685	18
19										19
20	Kitchen work(cabinetry,floor repair,wall repair & paint) - ABC		2011	11,117	556	20	556		3,197	20
21	Valve Inspections/water gauge on valve replaced - USFIRE		2011	3,703	616	5	616		3,703	21
22	Sprinkler System/Fire Safety Equipment-Valley Fire		2013	3,103	621	5	621		2,225	22
23										23
24	Sprinkler, Fire Work - ALDBEN		2015	10,015	401	25	401		735	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

*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 of Old Town East

0042069

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	Totals from Page 12C, Carried Forward		\$ 984,940	\$ 26,041		\$ 26,041		\$ 463,935	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 Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,075,852	\$ 26,906		\$ 26,906		\$ 550,273	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 12D, Carried Forward		\$ 1,075,852	\$ 26,906		\$ 26,906	\$	\$ 550,273	1
2	Adj for ABC related party profit	2009	(63)	(8)		(8)		(71)	2
3	Adj for ABC related party profit	2011	86	6		6		33	3
4	Adj for ABC related party profit	2015	(19)	(2)		(2)		(3)	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									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)		\$ 1,075,856	\$ 26,902		\$ 26,902	\$	\$ 550,232	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	\$ 99,768	\$ 12,531	\$ 12,531	\$	varies	\$ 58,351	71
72	Current Year Purchases	4,992	281	281		varies	280	72
73	Fully Depreciated Assets	200,483	1,414	1,414		varies	200,483	73
74								74
75	TOTALS	\$ 305,243	\$ 14,226	\$ 14,226	\$		\$ 259,114	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	\$	\$	\$	3	\$ 4,026	76
77	AMS-Bus/Travel Van	Chev/Lumina/00/Various	1998-2004	4,634				3	4,634	77
78	Bills Auto & Truck	Major Capital Repair	2002	817				5	817	78
79										79
80	TOTALS			\$ 9,477	\$	\$	\$		\$ 9,477	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)	\$ 1,541,262	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 41,128	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 41,128	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)	\$ 818,823	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 of Old Town East

0042069

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:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 12/02/1996

Ending 11/30/2036

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2017</u>	\$ <u>varies</u>
13.	<u>12/31/2018</u>	\$ <u>varies</u>
14.	<u>12/31/2019</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: \$ 2,692 Description: copy machine GL 6861 - \$2,241 and equipment lease GL 6859 - \$451

(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>150.92</u>	\$ <u>1,811</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>150.92</u>	\$ <u>1,811</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	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							398					398	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								3,040					3,040	13
14	TOTAL			\$		\$	\$			3,438			\$	3,438		14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.			
1.	OT	39-3	To Col 5	-	\$0.00	
2.	ST	39-3	To Col 5	-	0.00	
3.						
4.	PT	39-3	To Col 5	-	0.00	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	212.67	
	Manual Input from Related Party- Forum Drugs				185.40	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	398.07	
10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00	
	Total Exceptional Care (Line 12, Col 8)			-	0.00	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5			From Page 6D
	Other			-	4,450.90	
	Manual Input: Related Party - Prism				(1,406.59)	From Page 6B
	Manual Input: Related Party FECII - I.V.				0.00	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products				(4.22)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				-	
13.	Col 6: Supplies Total		To Col 6	-	3,040.09	
13.	Total Line 13, Column 8			-	3040.09	
14.	Total			-	3438.16	

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	209,245	209,245	3
4	Supply Inventory (priced at)	588	588	4
5	Short-Term Investments			5
6	Prepaid Insurance		5,458	6
7	Other Prepaid Expenses	1,566	1,566	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 211,399	\$ 216,857	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		140,913	13
14	Buildings, at Historical Cost		934,861	14
15	Leasehold Improvements, at Historical Cost	36,964	72,432	15
16	Equipment, at Historical Cost	81,274	296,628	16
17	Accumulated Depreciation (book methods)	(96,439)	(703,000)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		16,442	21
22	Other Long-Term Assets (spe Refinancing Fees)		30,409	22
23	Other(specify): Due from Affiliates	1,776,326	1,777,254	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,798,125	\$ 2,565,939	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,009,524	\$ 2,782,796	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 116,507	\$ 113,565	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,015	3,015	28
29	Short-Term Notes Payable		24,161	29
30	Accrued Salaries Payable	75,813	75,813	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,642	2,642	31
32	Accrued Real Estate Taxes(Sch.IX-B)		16,051	32
33	Accrued Interest Payable		2,326	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accrued Insurance, IDPA, Sales Tax	26,104	26,104	36
37	Due to Affiliates (Short Term)	17,235	17,235	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 241,316	\$ 280,912	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,092,592	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 1,092,592	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 241,316	\$ 1,373,504	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,768,208	\$ 1,409,292	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,009,524	\$ 2,782,796	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,442,579	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded after		3
4	prior year report submitted	53,390	4
5	W/offs Oprr loss loan 12.31.16	187,585	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,683,554	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	84,654	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)	\$ 84,654	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)	\$ 1,768,208	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Old Town East

0042069

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 1,256,070	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 1,256,070	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	281,319	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 281,319	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 1,537,389	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	226,754	31
32	Health Care	461,917	32
33	General Administration	299,159	33
B. Capital Expense			
34	Ownership	104,706	34
C. Ancillary Expense			
35	Special Cost Centers	285,409	35
36	Provider Participation Fee	74,790	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 1,452,735	40
41	Income before Income Taxes (line 30 minus line 40)**	84,654	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 84,654	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,076,877	44
45	Private Pay - Net Inpatient Revenue	179,193	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 1,256,070	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 of Old Town East# 0042069

Report Period Beginning 01/01/2016

Ending:

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

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Day Training Income	\$ 280,745
Gain on Sale of Assets	\$ 574

Line 28 Total: 281,319

Facility Name & ID Number Alden of Old Town East

0042069

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		\$	\$	1
2	Assistant Director of Nursing				2
3	Registered Nurses	759	25,811	32.96	3
4	Licensed Practical Nurses	2,379	88,052	33.83	4
5	CNAs & Orderlies				5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	520	11,151	21.44	9
10	Activity Assistants				10
11	Social Service Workers				11
12	Dietician				12
13	Food Service Supervisor				13
14	Head Cook	4,320	57,790	13.00	14
15	Cook Helpers/Assistants				15
16	Dishwashers				16
17	Maintenance Workers				17
18	Housekeepers	2,410	32,322	12.25	18
19	Laundry				19
20	Administrator	520	19,419	37.34	20
21	Assistant Administrator				21
22	Other Administrative	333	12,785	38.39	22
23	Office Manager				23
24	Clerical				24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator				29
30	Habilitation Aides (DD Homes)	21,620	293,318	12.38	30
31	Medical Records				31
32	Other Health C: Behavioral Health	347	12,304	35.46	32
33	Other(specify) Facility Manager	1,040	26,669	25.64	33
34	TOTAL (lines 1 - 33)	34,248	\$ 579,621 *	\$ 15.70	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	300/Month	\$ 3,600	1-3 35
36	Medical Director	300/Month	3,600	9-3 36
37	Medical Records Consultant			37
38	Nurse Consultant			10-3 38
39	Pharmacist Consultant	32/Month	384	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	4	220	11-3 44
45	Social Service Consultant	2	140	11-3 45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	6	\$ 7,944	49

C. CONTRACT NURSES

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

Alden of Old Town East, Inc
 Legal Fee Support
 2016

Legal Fees Reported on Pg 21, Section C:	\$ 24,668.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	-
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(24,000.00)
+ Add Back voided invoice of prior year, if any	<u> </u>
Allowable Legal Fees	<u><u>\$ 668.00</u></u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group (Midcap Charges)	1/16-12/16	136
Simandl Law Group S.C.	11/16-12/16	408
Gozdecki, Del Guidice, Americus,	1/16	144.00
	TOTAL ALLOWABLE LEGAL FEES	<u><u>688.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
	TOTAL Collection-NOT ALLOWABLE LEGAL FEES	<u><u>-</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocated Legal Fees	1/1/15-12/31/15	24,000.00
	TOTAL Allocated Legal Fees	<u><u>24,000.00</u></u>

Total Legal Cost	<u><u>24,688.00</u></u>
------------------	-------------------------

Facility Name & ID Number Alden of Old Town East

0042069

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? REH:Yes; RN/LPN:NO (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of Illinois - \$1,536
- (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. \$ 9,004 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. \$ 74,790
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.
- (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 benefit on Schedule V. \$ 3,840 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees