

Facility Name & ID Number Alden of Waterford

0042036 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	99	Skilled (SNF)	99	36,234	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	99	TOTALS	99	36,234	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	1,032	2,505	11,062	14,599	8
9	SNF/PED					9
10	ICF	10,902	2,789	160	13,851	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	11,934	5,294	11,222	28,450	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.52%

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 12/29/01

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 99 and days of care provided 10,723

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 of Waterford # 0042036 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	418,637	20,047	26,670	465,354	1,169	466,523	(7,127)	459,396		1
2	Food Purchase		267,638		267,638	(24,365)	243,273	(2,315)	240,958		2
3	Housekeeping	136,380	21,367		157,747	1,532	159,279	3,986	163,265		3
4	Laundry	30,297	13,035		43,332	185	43,517		43,517		4
5	Heat and Other Utilities			296,836	296,836		296,836	(3,987)	292,849		5
6	Maintenance	45,155		334,975	380,130	119	380,249	36,707	416,956		6
7	Other (specify):* Security/related party			1,505	1,505		1,505	4,020	5,525		7
8	TOTAL General Services	630,469	322,087	659,986	1,612,542	(21,360)	1,591,182	31,284	1,622,466		8
	B. Health Care and Programs										
9	Medical Director			86,500	86,500		86,500		86,500		9
10	Nursing and Medical Records	2,105,973	204,432	7,738	2,318,143	(6,282)	2,311,861	31,770	2,343,631		10
10a	Therapy	53,105	2,467	56,181	111,753	232	111,985		111,985		10a
11	Activities	87,437	5,093	25,812	118,342		118,342		118,342		11
12	Social Services	50,275			50,275		50,275		50,275		12
13	CNA Training							(3,522)	(3,522)		13
14	Program Transportation										14
15	Other (specify):* related party							3,992	3,992		15
16	TOTAL Health Care and Programs	2,296,790	211,992	176,231	2,685,013	(6,050)	2,678,963	32,240	2,711,203		16
	C. General Administration										
17	Administrative	119,269			119,269		119,269	91,134	210,403		17
18	Directors Fees										18
19	Professional Services			635,848	635,848		635,848	(569,845)	66,003		19
20	Dues, Fees, Subscriptions & Promotions			98,262	98,262		98,262	(78,274)	19,988		20
21	Clerical & General Office Expenses	188,648	20,046	171,815	380,509	52	380,561	73,966	454,527		21
22	Employee Benefits & Payroll Taxes			599,490	599,490	13,485	612,975	(13,380)	599,595		22
23	Inservice Training & Education										23
24	Travel and Seminar			780	780		780	785	1,565		24
25	Other Admin. Staff Transportation			2,455	2,455		2,455	7,675	10,130		25
26	Insurance-Prop.Liab.Malpractice			147,584	147,584		147,584	9,742	157,326		26
27	Other (specify):* related party			208,930	208,930		208,930	(176,584)	32,346		27
28	TOTAL General Administration	307,917	20,046	1,865,164	2,193,127	13,537	2,206,664	(654,781)	1,551,883		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,235,176	554,125	2,701,381	6,490,682	(13,873)	6,476,809	(591,257)	5,885,552		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			11,999	11,999		11,999	268,052	280,051		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			147,160	147,160		147,160	332,709	479,869		32
33	Real Estate Taxes			50,181	50,181	(50,181)		53,419	53,419		33
34	Rent-Facility & Grounds			710,102	710,102	50,181	760,283	(760,283)			34
35	Rent-Equipment & Vehicles			13,561	13,561		13,561	22,852	36,413		35
36	Other (specify):* MIP							53,293	53,293		36
37	TOTAL Ownership			933,003	933,003		933,003	(29,958)	903,045		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		979,738	1,462,232	2,441,970	13,873	2,455,843	85,164	2,541,007		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			157,360	157,360		157,360		157,360		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		979,738	1,619,592	2,599,330	13,873	2,613,203	85,164	2,698,367		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,235,176	1,533,863	5,253,976	10,023,015		10,023,015	(536,051)	9,486,964		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		(24,365)	Employee Meals
	22	24,365	Employee Meals
22		(10,880)	Uniform Reclass
	1	1,169	Uniform Reclass
	3	1,532	Uniform Reclass
	4	185	Uniform Reclass
	6	(17)	Uniform Reclass
	10	7,591	Uniform Reclass
	11	232	Uniform Reclass
	21	188	Uniform Reclass
10		(13,873)	Oxygen Cost Reclass
	39	13,873	Oxygen Cost Reclass
33		(50,181)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	50,181	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(136)	Vendor Settlements (Kone, Inc.)
	6	136	Vendor Settlements (Kone, Inc.)
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	(120)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,162)	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	(193,644)	30		9
10	Interest and Other Investment Income	(2,504)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,522)	13		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	(5,237)	21		17
18	Fines and Penalties				18
19	Entertainment	(10,032)	20		19
20	Contributions	(5,039)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,570)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(208,930)	27		24
25	Fund Raising, Advertising and Promotional	(21,994)	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)	\$ (469,754)		\$	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)	180,466	Various	34
35	Other- Attach Schedule	(246,763)	Pg5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (66,297)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (536,051)		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 Waterford

ID# 0042036

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (5,969)	5	1
2	Flu shot income	(64)	21	2
3	Miscellaneous income (medical records)	(2,901)	10	3
4	Miscellaneous (vendor discounts)	(445)	10	4
5				5
6	Marketing personnel (g/1 6701-100-014)	(43,940)	21	6
7	Marketing personnel employee benefit deduction	(8,393)	22	7
8				8
9	Aurora Chamber of Commerce fee	(108)	20	9
10	Oswego Chamber of Commerce fee	(275)	20	10
11	Rotary Club fee	(328)	20	11
12	Back out LLC mtge int in excess of CON asset limit	(161,211)	32	12
13	Back out LLC MIP int in excess of CON asset limit	(20,104)	36	13
14				14
15				15
16				16
17	Elim Deprec Exp on Pg12 items under \$2,500 -	(2,213)	30	17
18	Elim Deprec Exp on Pg13 items under \$2500 -	(10,563)	30	18
19	Expense Pg12 items under \$2,500 - curr yr purchs +		6	19
20	Expense Pg13 items under \$2,500 - curr yr purchs +	12,496	6	20
21			30	21
22	Adj for ABC related party profit - Pg 12B	262	30	22
23				23
24				24
25	Adjust YTD depreciation	(3,007)	30	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	(246,763)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Waterford

0042036

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	1,618	(8,745)	0	0	0	0	0	0	0	(7,127)	1
2	Food Purchase	(120)	0	0	(2,195)	0	0	0	0	0	0	0	(2,315)	2
3	Housekeeping	0	0	3,986	0	0	0	0	0	0	0	0	3,986	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(5,969)	0	1,982	0	0	0	0	0	0	0	0	(3,987)	5
6	Maintenance	334	6,762	20,286	0	0	(208)	354	9,179	0	0	0	36,707	6
7	Other (specify):*	0	0	4,020	0	0	0	0	0	0	0	0	4,020	7
8	TOTAL General Services	(5,755)	6,762	31,892	(10,940)	0	0	(208)	354	9,179	0	0	31,284	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	(3,346)	0	33,172	4,249	(2,305)	0	0	0	0	0	0	31,770	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	(3,522)	0	0	0	0	0	0	0	0	0	0	(3,522)	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	3,992	0	0	0	0	0	0	0	0	3,992	15
16	TOTAL Health Care and Programs	(6,868)	0	37,164	4,249	(2,305)	0	0	0	0	0	0	32,240	16
C. General Administration														
17	Administrative	0	0	91,134	0	0	0	0	0	0	0	0	91,134	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,570)	4,682	(567,957)	0	0	0	0	0	0	0	0	(569,845)	19
20	Fees, Subscriptions & Promotions	(37,776)	201	(40,699)	0	0	0	0	0	0	0	0	(78,274)	20
21	Clerical & General Office Expenses	(49,241)	0	123,207	0	0	0	0	0	0	0	0	73,966	21
22	Employee Benefits & Payroll Taxes	(8,393)	0	0	0	(4,987)	0	0	0	0	0	0	(13,380)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	785	0	0	0	0	0	0	0	0	785	24
25	Other Admin. Staff Transportation	0	0	7,675	0	0	0	0	0	0	0	0	7,675	25
26	Insurance-Prop.Liab.Malpractice	0	9,591	151	0	0	0	0	0	0	0	0	9,742	26
27	Other (specify):*	(208,930)	0	32,346	0	0	0	0	0	0	0	0	(176,584)	27
28	TOTAL General Administration	(310,910)	14,474	(353,358)	0	(4,987)	0	0	0	0	0	0	(654,781)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(323,533)	21,236	(284,302)	(6,691)	(7,292)	0	(208)	354	9,179	0	0	(591,257)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Waterford

0042036

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	(209,165)	473,680	3,537	0	0	0	0	0	0	0	0	268,052	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(163,715)	491,860	4,564	0	0	0	0	0	0	0	0	332,709	32
33	Real Estate Taxes	0	50,181	3,238	0	0	0	0	0	0	0	0	53,419	33
34	Rent-Facility & Grounds	0	(760,283)	0	0	0	0	0	0	0	0	0	(760,283)	34
35	Rent-Equipment & Vehicles	0	0	22,852	0	0	0	0	0	0	0	0	22,852	35
36	Other (specify):*	(20,104)	73,397	0	0	0	0	0	0	0	0	0	53,293	36
37	TOTAL Ownership	(392,984)	328,835	34,191	0	0	0	0	0	0	0	0	(29,958)	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	(40,413)	(54,579)	180,156	0	0	0	0	0	85,164	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	(40,413)	(54,579)	180,156	0	0	0	0	0	85,164	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(716,517)	350,071	(250,111)	(47,104)	(61,871)	180,156	(208)	354	9,179	0	0	(536,051)	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
<u>Alden of Waterford Investments, LLC</u>	<u>100</u>	<u>See PG6-Supp</u>		<u>See PG6-Supp</u>		

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	<u>34 Rental Income</u>	\$ <u>760,283</u>	<u>Waterford Rehab and Courts, LLC</u>	<u>0.00%</u>	\$	\$ <u>(760,283)</u>	1
2	V	<u>32 Interest Inc - R/R</u>	<u>256</u>	<u>Waterford Rehab and Courts, LLC</u>			<u>(256)</u>	2
3	V	<u>32 Interest Income</u>	<u>101,437</u>	<u>Waterford Rehab and Courts, LLC</u>			<u>(101,437)</u>	3
4	V	<u>19 Accounting Fees</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>4,559</u>	<u>4,559</u>	4
5	V	<u>33 Real Estate Taxes</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>50,181</u>	<u>50,181</u>	5
6	V	<u>26 Property & Liability Ins</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>9,591</u>	<u>9,591</u>	6
7	V	<u>36 Mortgage Insurance</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>73,397</u>	<u>73,397</u>	7
8	V	<u>32 Mortgage Interest</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>581,608</u>	<u>581,608</u>	8
9	V	<u>30 Depreciation</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>473,680</u>	<u>473,680</u>	9
10	V	<u>32 Amortization</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>11,945</u>	<u>11,945</u>	10
11	V	<u>6 Repairs & Maintenance</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>6,762</u>	<u>6,762</u>	11
12	V	<u>19 Professional Fees</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>123</u>	<u>123</u>	12
13	V	<u>20 Corporate Annual Report</u>		<u>Waterford Rehab and Courts, LLC</u>		<u>201</u>	<u>201</u>	13
14	Total		\$ <u>861,976</u>			\$ <u>1,212,047</u>	\$ * <u>350,071</u>	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%	\$ 1,982	\$ 1,982
16	V	24 Travel / Seminar		Alden Management Services, Inc.		785	785
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,675	7,675
18	V	26 Insurance		Alden Management Services, Inc.		151	151
19	V	20 Dues / Subscriptions	42,282	Alden Management Services, Inc.		1,583	(40,699)
20	V	30 Depreciation		Alden Management Services, Inc.		3,537	3,537
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,238	3,238
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		22,852	22,852
23	V	32 Interest		Alden Management Services, Inc.		4,564	4,564
24	V	1 Dietary Salary		Alden Management Services, Inc.		1,618	1,618
25	V	3 Housekeeping		Alden Management Services, Inc.		3,986	3,986
26	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		4,020	4,020
27	V	10 Nursing & Medical records salaries		Alden Management Services, Inc.		33,172	33,172
28	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		3,992	3,992
29	V	17 Administrative Salary		Alden Management Services, Inc.		91,134	91,134
30	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		32,346	32,346
31	V	19 Professional Fees	602,814	Alden Management Services, Inc.		34,857	(567,957)
32	V	21 Gen'l & Admin	51,438	Alden Management Services, Inc.		174,645	123,207
33	V	6 Repair & Maintenance	38,413	Alden Management Services, Inc.		58,699	20,286
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 734,947			\$ 484,836	\$ * (250,111)

* 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 Cons	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		13,696	13,696
17	V	2 Tube Feed	33,952	Prism Health Care Services, Inc.		17,917	(16,035)
18	V	10 Equip rent	360	Prism Health Care Services, Inc.		615	255
19	V	39 Supplies	112,256	Prism Health Care Services, Inc.		44,819	(67,437)
20	V	1 Gen'l& admin&'ee benefit costs		Prism Health Care Services, Inc.		3,946	3,946
21	V	2 Gen'l& admin&'ee benefit costs		Prism Health Care Services, Inc.		13,840	13,840
22	V	10 Gen'l& admin&'ee benefit costs		Prism Health Care Services, Inc.		3,994	3,994
23	V	39 Gen'l& admin&'ee benefit costs		Prism Health Care Services, Inc.		27,024	27,024
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		\$ 172,968			\$ 125,864	\$ * (47,104)

* 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	\$ 659,097	Forum Extended Care Services II, Inc.	0.00%	\$ 613,125	\$ (45,972)
16	V	39 I.V.	182,611	Forum Extended Care Services II, Inc.		169,874	(12,737)
17	V	39 Wound care products	7,291	Forum Extended Care Services II, Inc.		6,782	(509)
18	V	10 House stock	30,662	Forum Extended Care Services II, Inc.		28,523	(2,139)
19	V	10 Pharm consult.	2,376	Forum Extended Care Services II, Inc.		2,210	(166)
20	V	22 Employee vaccin.	4,987	Forum Extended Care Services II, Inc.			(4,987)
21	V	39 Employee vaccin.		Forum Extended Care Services II, Inc.		4,639	4,639
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		\$ 887,024			\$ 825,153	\$ * (61,871)

* 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	\$ 1,457,112	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,637,268	\$	180,156	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,457,112			\$ 1,637,268	\$ *	180,156	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs & maintenance	\$ 32,939	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,731	\$ (208)	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		\$ 32,939			\$ 32,731	\$ * (208)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & maintenance	\$ 1,241	Alden Design Group, Inc.	0.00%	\$ 1,595	\$ 354	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 1,241			\$ 1,595	\$ *	354	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 Grounds Maintenance	\$ 100,980	Waterford Management Services, Inc	0.00%	\$ 110,159	\$ 9,179	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		\$ 100,980			\$ 110,159	\$ * 9,179	39

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

Facility Name & ID Number

Alden of Waterford

0042036

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/Alzh	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				30

Facility Name & ID Number

Alden of Waterford

#

0042036

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	180,915	0.884	2.21	Salary	\$ 4,085	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,792	0.884	2.21	Salary	2,208	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,792	0.884	2.21	Salary	2,208	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	113,917	0.884	2.21	Salary	2,572	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,892	0.884	2.21	Salary	1,375	21-7	5
6	Randi Schlossberg-Schullo F.	President	President	0.00	148,609	0.641	2.21	Salary	3,282	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. She is the President of Alden Management Services, Inc.										12
13								TOTAL	\$ 15,730		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 Waterford

0042036

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	\$ 28,450	\$ 1,982	1	
2	24	Trav & Seminar	Patient Days	1,288,358	34	35,559	28,450	785	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	28,450	7,675	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	28,450	151	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	28,450	1,583	5	
6	30	Depreciation	No of Providers	34	34	140,451	1	3,537	6	
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398	28,450	3,238	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	28,450	22,852	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	28,450	4,564	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	28,450	1,618	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	28,450	3,986	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,288,358	34	182,054	28,450	4,020	12	
13	10	Nurs & Med Records Salary	Patient Days/usage	1,288,358	34	1,519,466	1,519,466	28,450	33,172	13
14	15	Employee Benefits -Health Care	Patient Days	1,288,358	34	180,775	28,450	3,992	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	28,450	91,134	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	28,450	32,346	16	
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	28,450	34,857	17
18	21	Gen'I & Admin	Patient Days/usage	1,288,358	34	7,908,785	6,929,587	28,450	174,645	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	28,450	58,699	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 484,836	25	

Facility Name & ID Number

Alden of Waterford

0042036

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				
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge Realty		X	Mortgage	\$54,288.00	4/29/11	\$ 12,667,104	\$ 11,937,704	5/1/2051	3.5200	\$ 481,051	1
2	Int related to f/a > CON limit		X	Mortgage							(161,211)	2
3	Cambridge Realty		X	Operating loss loan	\$12,727.00	5/31/12	2,870,233	2,657,325	1/1/2045	3.7500	100,557	3
4	Amortization		X	Operating loss loan/Mortgage							11,945	4
5	Insurance Interest (GL7053)		X	Malpractice Insurance							1,562	5
Working Capital												
6	Related party-AMS		X	Working Capital							4,564	6
7												7
8	Bank Leumi		X	Line of credit	varies	1/11/12	1,100,000	1,035,000	1/12/2017	varies	44,162	8
9	TOTAL Facility Related				\$67,015.00		\$ 16,637,337	\$ 15,630,029			\$ 482,630	9
B. Non-Facility Related*												
10	Interest income of LLC (GL 4975)	X		Patient interest income							(2,504)	10
11	Waterford Rehab&Courts LLC	X		Replacement Reserve interest							(257)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (2,761)	14
15	TOTALS (line 9+line14)						\$ 16,637,337	\$ 15,630,029			\$ 479,869	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,293 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.		\$	64,140	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.)		\$	56,301	2
3. Under or (over) accrual (line 2 minus line 1).		\$	(7,839)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	58,020	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.		\$	50,181	7
Real Estate Tax History:				
			Plus: Related Party Taxes - See Pg RE_Tax	\$ 3,238
			Total Real Estate Tax Expense, Sch V, Line 33	\$ 53,419
Real Estate Tax Bill for Calendar Year:				
	2011	105,245		8
	2012	113,976		9
	2013	98,604		10
	2014	103,780		11
	2015	93,834		12
The current year accrual is based on an estimated 3% increase of the prior year tax.				
Bill reflects total cost. In this case, the bill is split between two entities (shared bill).				
\$93,834.28 x 60% = \$56,300.57				
			FOR BHF USE ONLY	
	13	FROM R. E. TAX STATEMENT FOR 2015	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden of Waterford COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0042036

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>3,238.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>15-36-202-005</u>	<u>Nursing facility</u>	\$ <u>93,834.00</u>	\$ <u>56,301.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>240,463.00</u></u>	\$ <u><u>59,539.00</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 Waterford

0042036 Report Period Beginning:

01/01/2016 Ending:

12/31/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,206 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

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

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

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>152,896</u>		<u>\$ 662,733</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	152,896		\$ 662,733	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	99		2001	\$ 11,880,012	\$ 297,000	40	\$ 171,168	\$ (125,832)	\$ 2,789,611	4
5	Adjustment to correct to CON costs (net=-6,846,713)			(5,033,299)						5
6										6
7										7
8										8
	Improvement Type**									
9	storm/sewer-ltd p/s		2001	218,336	8,733	25	8,733		133,907	9
10	concrete/curbs/gutters-ltd p/s		2001	21,491	952	15	952		21,491	10
11	concrete walks-ltd p/s		2001	46,391	2,058	15	2,058		46,391	11
12	asphalt paving-ltd p/s		2001	40,929		10			40,929	12
13	street lighting-ltd p/s		2001	129,677	5,765	15	5,765		129,677	13
14	wrought iron fencing-ltd p/s		2001	60,821	2,433	25	2,433		37,306	14
15	piers-ltd p/s		2001	64,296	2,893	15	2,893		64,296	15
16	exterior signs-ltd p/s		2001	20,853		12			20,853	16
17	brick pavers-ltd p/s		2001	5,213		10			5,213	17
18	waterfalls-ltd p/s		2001	53,870	2,693	20	2,693		41,293	18
19	gate house-ltd p/s		2001	26,066	1,155	15	1,155		26,066	19
20	retaining walls-ltd p/s		2001	19,115	956	20	956		14,658	20
21	external roads-ltd p/s		2001	261,213		10			261,213	21
22										22
23	storm/sewer-ltd p/s		2003	16,853	674	25	674		9,436	23
24	concrete/curbs/gutters-ltd p/s		2003	1,659	111	15	111		1,554	24
25	concrete walks-ltd p/s		2003	3,581	239	15	239		3,346	25
26	asphalt paving-ltd p/s		2003	3,159		10			3,159	26
27	street lighting-ltd p/s		2003	10,009	667	15	667		9,338	27
28	wrought iron fencing-ltd p/s		2003	4,695	188	25	188		2,630	28
29	piers-ltd p/s		2003	4,963	331	15	331		4,634	29
30	exterior signs-ltd p/s		2003	1,610		12			1,610	30
31	brick pavers-ltd p/s		2003	402		10			402	31
32	waterfalls-ltd p/s		2003	4,158	208	20	208		2,912	32
33	gate house-ltd p/s		2003	2,012	134	15	134		1,876	33
34	retaining walls-ltd p/s		2003	1,475	74	20	74		1,036	34
35	external roads-ltd p/s		2003	20,163		10			20,163	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 Waterford

0042036

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	Mech. Projects- install exhaust,gas line, electric to steamer-corp	2002	4,254	213	20	213		3,193	37
38	Long elevator- correct elevator problem-corp	2001	882		10			882	38
39	Affcus- repair fire alarm-corp	2002	1,552		5			1,552	39
40	GT Mech- chiller repair-corp	2002	1,924		5			1,924	40
41	ISS replace nurses station	2003	1,956		5			1,956	41
42	CSI Coker-filter system (boiler)	2004	1,723	86	20	86		1,111	42
43	ABC-medical gas repair	2004	2,291		10			2,291	43
44	CSI Coker-filter system (boiler)	2004	2,050	103	20	103		1,320	44
45	ABC-sod yards/parkway/etc	2004	9,189		10			9,189	45
46	ISS/Chicago Sound-power supply call light	2004	2,084	139	15	139		1,714	46
47	Central States-Adapters/valve caps	2005	1,243	83	15	83		989	47
48	ABC [Stripe-It-Right] - Sealcoat, crackfill & stripe asphalt	2005	3,079		10			3,079	48
49	Cybor Fire Protection - Sprinkler head replacement	2005	2,900	193	15	193		2,204	49
50	ABC [ISS/Chicago Sound]-8 Jeron provider 680 vent alarms	2005	3,381	225	15	225		2,551	50
51	GT Mechanical - Compressor & chiller circuit	2005	8,600	573	15	573		6,399	51
52	ABC - Replace ceiling tiles	2005	952	79	12	79		869	52
53	ABC - Emergency outlets vent	2007	4,268	213	20	213		2,130	53
54	Wtrfd Inv - Montgomery Road expansion	2006	16,186	405	40	405		4,084	54
55	ABC-[Cobra Concrete&Stripe It]-Replace walk/curb concrete wit	2007	1,694	113	15	113		1,073	55
56	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		4,221	56
57	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325	433	10	433		4,221	57
58	GT Mechanical-HVAC parts(bearing assembliescouplemotor)	2008	5,171	517	10	517		4,233	58
59	GT Mechanical - Replace bearing assembly/seal/motor	2009	0		5				59
60	GT Mechanical - HVAC bearing assembly seal & coupler	2009	0		5				60
61	GT Mechanical - Pump elect. (bearing assembly)	2009	0		5				61
62	Top Notch - Compressor for freezer	2010	2,464	122	5	122		2,586	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,976,215	\$ 331,194		\$ 205,362	\$ (125,832)	\$ 3,758,771	70

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

Facility Name & ID Number Alden of Waterford

0042036

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 12A, Carried Forward		\$ 7,976,215	\$ 331,194		\$ 205,362	\$ (125,832)	\$ 3,758,771	1
2	Fish tank modification and repair	2012	1,955	391	5	391		1,890	2
3	GT Mechanical - HVAC program repairs	2012	3,118	312	10	312		1,456	3
4	Elevator panels in service elevator	2012	1,998	200	10	200		900	4
5	Patio slab caulking - ABC	2012	6,596	660	10	660		2,805	5
6									6
7	Sprinkler system pipe leak repair	2012	2,988	598	5	598		2,691	7
8	GT Mechanical - fire damper replacement	2012	8,541	712	10	712		3,066	8
9									9
10	Accessories / Artwork / Window treatments PT/OT room remodel	2013	9,493	475	20	475		1,781	10
11	Acoustical ceiling PT/OT room remodel-ABC	2013	5,355	268	20	268		1,005	11
12	Cabinetry and solid surface / Countertops PT/OT room remodel-ABC	2013	36,110	1,805	20	1,805		6,769	12
13	Drywall, PT / Soffits, wall, column PT/OT room remodel-ABC	2013	3,597	180	20	180		675	13
14	Electrical PT/OT room remodel-ABC	2013	28,189	1,409	20	1,409		5,284	14
15	Finish Carpentry PT/OT room remodel-ABC	2013	26,901	1,345	20	1,345		5,044	15
16	Flooring demo and installation / Carpet Base PT/OT room remodel-ABC	2013	43,080	2,154	20	2,154		8,077	16
17	Furniture & fixtures PT/OT room remodel-ABC	2013	14,401	720	20	720		2,700	17
18	HVAC / Plumbing PT/OT room remodel-ABC	2013	23,296	1,165	20	1,165		4,369	18
19	Light fixtures / Can lighting/outlet PT/OT room remodel-ABC	2013	3,989	199	20	199		747	19
20	Painting/wallpaper PT/OT room remodel-ABC	2013	17,966	898	20	898		3,368	20
21	PT/OT island renovation PT/OT room remodel-ABC	2013	6,102	305	20	305		1,144	21
22	Therapy Equipment PT/OT room remodel-ABC	2013	26,064	1,303	20	1,303		4,886	22
23	Wall, chair rail PT/OT room remodel-ABC	2013	1,477	74	20	74		277	23
24									24
25	Railings at entrance-Rockford Ornamental	2013	7,132	475	15	475		1,663	25
26	Permit-therapy room remodel-City of Aurora	2013	4,132	207	20	207		707	26
27	Washer inverter-Equipment International	2013	3,601	720	5	720		2,621	27
28	Brackets for HVAC duct support-ABC	2013	4,050	202	20	202		951	28
29	Resurface activity patio-Superior Installations	2013	20,452	2,557	8	2,557		8,703	29
30									30
31	Adj for ABC related party profit	2012	407	10		10		50	31
32	Adj for ABC related party profit	2013	3,366	258		258		903	32
33	Adj for ABC related party profit	2014	(159)	(6)		(6)		(18)	33
34	TOTAL (lines 1 thru 33)		\$ 8,290,413	\$ 350,790		\$ 224,958	\$ (125,832)	\$ 3,833,285	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,290,413	\$ 350,790		\$ 224,958	\$ (125,832)	\$ 3,833,285	1
2	Landscaping, replace infested ash trees - ABC	2014	39,389	2,626	15	2,626		6,346	2
3	Landscaping, replace infested ash trees - ABC	2014	2,984	199	15	199		448	3
4	Light pole repair - ABC	2014	3,965	397	10	397		1,025	4
5	Paving, parking lot, sealcoat/restripe - ABC	2014	25,034	3,129	8	3,129		7,562	5
6	Paving, parking lot, sealcoat/restripe - ABC	2014	10,723	1,340	8	1,340		3,015	6
7	Fireproofing, elevator beam - ABC	2014	1,972	197	10	197		443	7
8									8
9	HVAC, carpet, wallpaper, sprinkler, etc - ABC	2015	6,295	630	10	630		1,207	9
10	Muffler MEI for elevator-Schindler Elevator	2015	1,832	366	5	366		661	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)		\$ 8,382,607	\$ 359,674		\$ 233,842	\$ (125,832)	\$ 3,853,992	34

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

Facility Name & ID Number Alden of Waterford

0042036

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		\$ 8,382,607	\$ 359,674		\$ 233,842	\$ (125,832)	\$ 3,853,992	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	10	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		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		13			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,473,520	\$ 360,539		\$ 234,707	\$ (125,832)	\$ 3,940,330	34

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

Facility Name & ID Number Alden of Waterford

0042036

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	\$ 485,651	\$ 43,744	\$ 43,744	\$	varies	\$ 219,746	71
72	Current Year Purchases	118,494	6,032	6,032		varies	4,392	72
73	Fully Depreciated Assets	610,052	63,380	(4,432)	(67,812)	varies	647,217	73
74								74
75	TOTALS	\$ 1,214,197	\$ 113,156	\$ 45,344	\$ (67,812)		\$ 871,355	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	Passenger Bus	2001 Ford Eldorado	2001	\$ 50,888	\$	\$	\$		\$ 50,888	76
77	Related party-AMS	Various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 54,914	\$	\$	\$		\$ 54,914	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,405,364	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 473,695	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 280,051	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (193,644)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,866,599	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 Waterford

0042036

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 05/01/2001

Ending 12/31/2021

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: \$ 11,962 Description: Copy machine 10,856 (g/l 6861) and postage meter 1,106 (g/l 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>748.00</u>	\$ <u>8,976</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>533.00</u>	<u>1,599</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>10,575</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	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	\$		\$ 503,650	\$		\$ 503,650	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			109,780			109,780	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			805,257			805,257	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				617,764		617,764	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					180,156	324,400		504,556	13
14	TOTAL			\$		\$ 1,598,843	\$ 942,164		\$ 2,541,007	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		-	\$503,649.83	
2.	ST		39-3	To Col 5		-	109,780.57	
3.								
4.	PT		39-3	To Col 5		-	805,256.88	
5.								
6.								
7.								
8.	Pharmacy Supplies per GL					-	659,096.83	
	Manual Input from Related Party- Forum Drugs						(41,333.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		-	617,763.83	
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			180,156.00	From Page 6D
	Other					-	364,185.66	
	Manual Input: Related Party - Prism						(40,413.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.						(12,737.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products						(509.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)						13,873.00	
13.	Col 6: Supplies Total			To Col 6		-	324,399.66	
13.	Total Line 13, Column 8					-	504,555.66	
14.	Total					-	2,541,006.77	

Facility Name & ID Number Alden of Waterford

0042036

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*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 168,085	\$ 208,340	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>171,000</u>)	2,088,102	2,088,102	3
4	Supply Inventory (priced at)	3,409	3,409	4
5	Short-Term Investments		113,969	5
6	Prepaid Insurance		39,478	6
7	Other Prepaid Expenses	5,730	5,730	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	48,895	48,895	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,314,221	\$ 2,507,923	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		662,733	13
14	Buildings, at Historical Cost		11,880,012	14
15	Leasehold Improvements, at Historical Cost	76,877	1,622,869	15
16	Equipment, at Historical Cost	217,451	2,463,925	16
17	Accumulated Depreciation (book methods)	(211,657)	(7,570,444)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		55,941	21
22	Other Long-Term Assets (spe <u>Refinancing fees</u>		140,571	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 82,671	\$ 9,255,607	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,396,892	\$ 11,763,530	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 784,062	\$ 784,062	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	144,516	144,516	28
29	Short-Term Notes Payable		235,985	29
30	Accrued Salaries Payable	506,555	506,555	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,643	20,643	31
32	Accrued Real Estate Taxes(Sch.IX-B)		58,020	32
33	Accrued Interest Payable		43,321	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr exp/Ins/Due PA/Sales tax/etc</u>	91,716	91,716	36
37	<u>Due to affiliates</u>	1,971,023	3,681,771	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,518,515	\$ 5,566,589	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,035,000	3,637,875	39
40	Mortgage Payable		11,756,169	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>	378,727	378,727	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,413,727	\$ 15,772,771	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,932,242	\$ 21,339,360	46
47	TOTAL EQUITY(page 18, line 24)	\$ (2,535,350)	\$ (9,575,830)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,396,892	\$ 11,763,530	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,348,330)	1
2	Restatements (describe):		2
3	Write off operating loss loan liability to R/E at 12/31/2016	1,748,338	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,599,992)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	64,642	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)	\$ 64,642	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)	\$ (2,535,350)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Waterford

0042036

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,843,011	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,843,011	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	206,995	6
7	Oxygen	12,744	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 219,739	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	194	12
13	Barber and Beauty Care	1,322	13
14	Non-Patient Meals	120	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	(814)	19
20	Radiology and X-Ray		20
21	Other Medical Services	16,790	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 17,612	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,504	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,504	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	4,791	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,791	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,087,657	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,612,542	31
32	Health Care	2,685,013	32
33	General Administration	2,193,127	33
B. Capital Expense			
34	Ownership	933,003	34
C. Ancillary Expense			
35	Special Cost Centers	2,441,970	35
36	Provider Participation Fee	157,360	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,023,015	40
41	Income before Income Taxes (line 30 minus line 40)**	64,642	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 64,642	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 2,158,289	44
45	Private Pay - Net Inpatient Revenue	752,525	45
46	Medicare - Net Inpatient Revenue	5,826,143	46
47	Other-(specify) <u>Hospice</u>	31,202	47
48	Other-(specify) <u>Insurance/Sales Allowance</u>	1,074,852	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,843,011	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 Waterford

0042036

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#497700-100-001 medical records	2,901
Misc. Income GL#497700-100-000 UHC incentive	267
Adjustments to prior years AP GL#498300-100-000	(1,218)
Vendor Discounts GL#498400-100-000	445
Gain on Sale of Assets GL#498500-100-000	2,396

Line 28 Total: 4,791

Facility Name & ID Number Alden of Waterford

0042036

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	2,064	\$ 99,781	\$ 48.34	1
2	Assistant Director of Nursing	2,107	76,214	36.17	2
3	Registered Nurses	34,542	1,147,398	30.87	3
4	Licensed Practical Nurses	1,036	23,706	20.81	4
5	CNAs & Orderlies	48,726	635,933	12.16	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	2,072	43,511	20.92	9
10	Activity Assistants	4,491	43,926	9.32	10
11	Social Service Workers	2,080	50,275	24.17	11
12	Dietician				12
13	Food Service Supervisor	1,397	24,227	17.34	13
14	Head Cook	4,153	91,172	21.95	14
15	Cook Helpers/Assistants	28,127	303,238	10.06	15
16	Dishwashers				16
17	Maintenance Workers	1,395	45,155	32.37	17
18	Housekeepers	13,103	136,379	9.53	18
19	Laundry	3,133	30,297	9.08	19
20	Administrator	2,080	105,423	50.68	20
21	Assistant Administrator	320	13,846	43.27	21
22	Other Administrative	7,768	189,524	24.40	22
23	Office Manager	768	16,922	17.91	23
24	Clerical	3,750	35,307	9.15	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	2,090	82,112	39.29	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records	1,104	22,554	20.14	31
32	Other Health C: Unit Mgr	960	18,276	19.04	32
33	Other(specify) when done, make sure you're being consistent with last yr for all rows				33
34	TOTAL (lines 1 - 33)	167,266	\$ 3,235,176 *	\$ 18.22	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	\$2,200/mo	\$ 26,670	1-3	35
36	Medical Director	\$6,500/mo	86,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$198/mo	2,376	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	\$2,240/mo	24,884	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 140,430		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	70	\$ 4,282	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	70	\$ 4,282		53

Alden of Waterford LLC
 Legal Fee Support
 2016

Legal Fees Reported on Pg 21, Section C: \$ 52,438.51

Less: Collection, estates, & other non-allowable legal fees (6,569.73)
 listed on Pg 5, Line 22

Non-allowable legal fees, if any, deducted on
 - Pg 6A (AMS Allocated Legal Fees) (45,192.00)
 + Add Back voided invoice of prior year, if any

Allowable Legal Fees \$ 676.78

In Detail: 680600-100-000

Vendor Name	Invoice Date	Amount
Gozdecki, Del Giudice, et al LP [GOZDEL]	12/24/2015	159.96
Gozdecki, Del Giudice, et al LP [GOZDEL]	12/24/2015	144.08
Gozdecki, Del Giudice, et al LP [GOZDEL]	2/10/2016	372.74

TOTAL ALLOWABLE LEGAL FEES 676.78

696600-100-000

Vendor Name	Invoice Date	Amount
Stone, Poggrund & Korey LLC	1/1/2016	500.00
Stone, Poggrund & Korey LLC	1/29/2016	500.00
Stone, Poggrund & Korey LLC	2/29/2016	564.91
Stone, Poggrund & Korey LLC	3/31/2016	574.82
Stone, Poggrund & Korey LLC	4/29/2016	570.00
Stone, Poggrund & Korey LLC	6/1/2016	562.80
Stone, Poggrund & Korey LLC	6/30/2016	525.20
Stone, Poggrund & Korey LLC	7/29/2016	500.00
Stone, Poggrund & Korey LLC	8/31/2016	547.00
Stone, Poggrund & Korey LLC	10/31/2016	500.00
Stone, Poggrund & Korey LLC	11/30/2016	500.00
Stone, Poggrund & Korey LLC	12/29/2016	500.00
Edgerton & Edgerton, Attorneys-at-Law	5/11/2016	225.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 6,569.73

680600-100-003

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Allocation 2016	1/31/2015	3,766.00
AMS Corp Legal Cost Allocation 2016	2/28/2015	3,766.00
AMS Corp Legal Cost Allocation 2016	3/31/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	4/30/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	5/31/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	6/30/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	7/28/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	8/26/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	9/26/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	10/28/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	11/29/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	12/28/2016	3,766.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost 52,438.51

Facility Name & ID Number Alden of Waterford

0042036

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; others-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 of IL \$9,504
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 20,268 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 157,360
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. \$ 24,365 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