

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	110	Skilled (SNF)	110	40,150	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	110	TOTALS	110	40,150	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	786	4,875	9,268	14,929	8
9	SNF/PED					9
10	ICF	11,415	3,117	18	14,550	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	12,201	7,992	9,286	29,479	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.42%

D. How many bed reserve days during this year were paid by the Department?
 _____ (Do not include bed reserve 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 10/31/2000

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 110 and days of care provided 8,344

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden Des Plaines Rehab & HC # 0042010 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	688,967	20,625	449	710,041	1,412	711,453	6,351	717,804		1
2	Food Purchase		294,395		294,395	(26,123)	268,272	(3,197)	265,075		2
3	Housekeeping	214,888	25,940		240,828	1,197	242,025	4,872	246,897		3
4	Laundry	55,941	22,427	330	78,698	75	78,773		78,773		4
5	Heat and Other Utilities			220,090	220,090		220,090	(1,556)	218,534		5
6	Maintenance	48,743		294,388	343,131	206	343,337	27,785	371,122		6
7	Other (specify):* related party/security			1,535	1,535		1,535	5,460	6,995		7
8	TOTAL General Services	1,008,539	363,387	516,792	1,888,718	(23,233)	1,865,485	39,715	1,905,200		8
	B. Health Care and Programs										
9	Medical Director			26,250	26,250		26,250		26,250		9
10	Nursing and Medical Records	2,620,242	191,335	10,373	2,821,950	243	2,822,193	69,452	2,891,645		10
10a	Therapy	44,037	3,866	28,283	76,186		76,186		76,186		10a
11	Activities	111,484	3,747	4,944	120,175	162	120,337		120,337		11
12	Social Services	50,502			50,502		50,502		50,502		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							5,284	5,284		15
16	TOTAL Health Care and Programs	2,826,265	198,948	69,850	3,095,063	405	3,095,468	74,736	3,170,204		16
	C. General Administration										
17	Administrative	244,525			244,525		244,525	104,353	348,878		17
18	Directors Fees										18
19	Professional Services			914,838	914,838		914,838	(798,270)	116,568		19
20	Dues, Fees, Subscriptions & Promotions			127,790	127,790		127,790	(106,023)	21,767		20
21	Clerical & General Office Expenses	145,645	18,510	240,473	404,628	530	405,158	76,575	481,733		21
22	Employee Benefits & Payroll Taxes			714,142	714,142	14,864	729,006	(3,721)	725,285		22
23	Inservice Training & Education										23
24	Travel and Seminar			125	125		125	709	834		24
25	Other Admin. Staff Transportation			1,702	1,702		1,702	7,783	9,485		25
26	Insurance-Prop.Liab.Malpractice			167,056	167,056		167,056	8,371	175,427		26
27	Other (specify):* related party			231,024	231,024		231,024	(37,019)	194,005		27
28	TOTAL General Administration	390,170	18,510	2,397,150	2,805,830	15,394	2,821,224	(747,242)	2,073,982		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,224,974	580,845	2,983,792	7,789,611	(7,434)	7,782,177	(632,792)	7,149,385		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 Des Plaines Rehab & HC

#0042010

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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			41,701	41,701		41,701	264,294	305,995			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			61,705	61,705		61,705	187,274	248,979			32
33	Real Estate Taxes			265,557	265,557	(265,557)		334,609	334,609			33
34	Rent-Facility & Grounds			733,463	733,463	265,557	999,020	(999,020)				34
35	Rent-Equipment & Vehicles			20,112	20,112		20,112	21,249	41,361			35
36	Other (specify):* MIP							29,773	29,773			36
37	TOTAL Ownership			1,122,538	1,122,538		1,122,538	(161,821)	960,717			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,170,620	1,509,781	2,680,401	7,434	2,687,835	(64,497)	2,623,338			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			188,126	188,126		188,126		188,126			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,170,620	1,697,907	2,868,527	7,434	2,875,961	(64,497)	2,811,464			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,224,974	1,751,465	5,804,237	11,780,676		11,780,676	(859,110)	10,921,566			45

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

0042010
 Period Beginning: 01/01/2017
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(26,123)	Employee Meals
	22	26,123	Employee Meals
22		(11,259)	Uniform Reclass
	1	1,412	Uniform Reclass
	3	1,197	Uniform Reclass
	4	75	Uniform Reclass
	6	206	Uniform Reclass
	10	7,677	Uniform Reclass
	11	162	Uniform Reclass
	21	530	Uniform Reclass
10		(7,434)	Oxygen Cost Reclass
	39	7,434	Oxygen Cost Reclass
33		(265,557)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	265,557	Rent - Real Estate Tax on associated landowner (Pg 6)

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

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	(15,636)	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	(67,497)	30		9
10	Interest and Other Investment Income	(5,635)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(7,984)	2		13
14	Non-Care Related Interest	(2,542)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(17,093)	21		17
18	Fines and Penalties	(1,529)	32		18
19	Entertainment	(1,241)	20		19
20	Contributions	(3,627)	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	(78,630)	27		24
25	Fund Raising, Advertising and Promotional	(16,728)	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)	\$ (218,142)		\$	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)	(571,618)	Pg 6s	34
35	Other- Attach Schedule	(69,350)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (640,968)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (859,110)		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	

Alden Des Plaines Rehab & HC

ID# 0042010

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2	Late fees on utilities	(3,573)	5	2
3	Flu Shots	(470)	21	3
4	Misc Income (Record copies)	(120)	10	4
5	Misc Income (Jury Duty)	(35)	21	5
6	Vendor Discounts	(1,287)	10	6
7	Vendor Discounts	(297)	10	7
8	Add back re tax ref for 2012			8
9	Expense Pg 13 items< \$2,500 Curr Yr	16,010	6	9
10	Elim Deprec on Pg 13 < \$2,500 items	(12,627)	30	10
11	Elim Deprec on Pg 12 < \$2,500 items	(1,735)	30	11
12	Expense Pg 12 items< \$2,500 Curr Yr	8,273	6	12
13	Adjust depreciation to Pg 13's			13
14	Adjust dor ABC profit			14
15	Back out LLC mtge int > CON asset limit	(85,082)	32	15
16	Back out LLC MIP exp > CON asset limit	(23,823)	36	16
17				17
18	Aj to correct interest expense	(33)	32	18
19				19
20				20
21	Elim Person. Director Salary for DPII	(31,318)	21	21
22				22
23				23
24	Add back real estate tax refund	66,699	33	24
25				25
26	Adjust deprec. to actual	(55)	30	26
27				27
28	Eliminate negative non-productive wages	124	22	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	(69,350)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	1,662	4,689	0	0	0	0	0	0	0	6,351	1
2	Food Purchase	(7,984)	0	0	4,787	0	0	0	0	0	0	0	(3,197)	2
3	Housekeeping	0	0	4,872	0	0	0	0	0	0	0	0	4,872	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,573)	0	2,017	0	0	0	0	0	0	0	0	(1,556)	5
6	Maintenance	8,647	0	16,936	0	0	0	(48)	2,250	0	0	0	27,785	6
7	Other (specify):*	0	0	5,460	0	0	0	0	0	0	0	0	5,460	7
8	TOTAL General Services	(2,910)	0	30,947	9,476	0	0	(48)	2,250	0	0	0	39,715	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	(1,704)	0	65,759	6,868	(1,471)	0	0	0	0	0	0	69,452	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	5,284	0	0	0	0	0	0	0	0	5,284	15
16	TOTAL Health Care and Programs	(1,704)	0	71,043	6,868	(1,471)	0	0	0	0	0	0	74,736	16
	C. General Administration													
17	Administrative	0	0	104,353	0	0	0	0	0	0	0	0	104,353	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	42,872	(841,142)	0	0	0	0	0	0	0	0	(798,270)	19
20	Fees, Subscriptions & Promotions	(21,596)	407	(84,834)	0	0	0	0	0	0	0	0	(106,023)	20
21	Clerical & General Office Expenses	(48,916)	0	125,491	0	0	0	0	0	0	0	0	76,575	21
22	Employee Benefits & Payroll Taxes	124	0	0	0	(3,845)	0	0	0	0	0	0	(3,721)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	709	0	0	0	0	0	0	0	0	709	24
25	Other Admin. Staff Transportation	0	0	7,783	0	0	0	0	0	0	0	0	7,783	25
26	Insurance-Prop.Liab.Malpractice	0	8,206	165	0	0	0	0	0	0	0	0	8,371	26
27	Other (specify):*	(78,630)	0	41,611	0	0	0	0	0	0	0	0	(37,019)	27
28	TOTAL General Administration	(149,018)	51,485	(645,864)	0	(3,845)	0	0	0	0	0	0	(747,242)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(153,633)	51,485	(543,874)	16,344	(5,316)	0	(48)	2,250	0	0	0	(632,792)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(81,914)	343,426	2,782	0	0	0	0	0	0	0	0	264,294	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(94,821)	276,120	5,975	0	0	0	0	0	0	0	0	187,274	32
33	Real Estate Taxes	66,699	265,557	2,353	0	0	0	0	0	0	0	0	334,609	33
34	Rent-Facility & Grounds	0	(999,020)	0	0	0	0	0	0	0	0	0	(999,020)	34
35	Rent-Equipment & Vehicles	0	0	21,249	0	0	0	0	0	0	0	0	21,249	35
36	Other (specify):*	(23,823)	53,596	0	0	0	0	0	0	0	0	0	29,773	36
37	TOTAL Ownership	(133,859)	(60,321)	32,359	0	0	0	0	0	0	0	0	(161,821)	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	(58,539)	(72,092)	66,134	0	0	0	0	0	(64,497)	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	(58,539)	(72,092)	66,134	0	0	0	0	0	(64,497)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(287,492)	(8,836)	(511,515)	(42,195)	(77,408)	66,134	(48)	2,250	0	0	0	(859,110)	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 Rent	\$ 999,020	Alden-Des Plaines Rehabilitation and Health Care Center, LLC	0.00%	\$	(999,020)	1
2	V	32 Interest-RR & Facility loan	42	Alden-Des Plaines Rehabilitation and Health Care Center, LLC		36	(6)	2
3	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC				3
4	V	19 Accounting fees/Legal Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		42,872	42,872	4
5	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		265,557	265,557	5
6	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		8,206	8,206	6
7	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		53,596	53,596	7
8	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		267,997	267,997	8
9	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		343,426	343,426	9
10	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		8,129	8,129	10
11	V	20 Corporate Annual Report Fee		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		307	307	11
12	V	20 Surety bonds		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		100	100	12
13	V			Alden-Des Plaines Rehabilitation and Health Care Center, LLC				13
14	Total		\$ 999,062			\$ 990,226	\$ * (8,836)	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%	\$ 2,017	\$ 2,017
16	V	24 Trav & Seminar		Alden Management Services, Inc.		709	709
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,783	7,783
18	V	26 Insurance		Alden Management Services, Inc.		165	165
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		750	(84,834)
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,353	2,353
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		21,249	21,249
23	V	32 Interest		Alden Management Services, Inc.		5,975	5,975
24	V	1 Dietary		Alden Management Services, Inc.		1,662	1,662
25	V	3 Housekeeping		Alden Management Services, Inc.		4,872	4,872
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		5,460	5,460
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		65,759	65,759
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		5,284	5,284
29	V	17 Administrative Salary		Alden Management Services, Inc.		104,353	104,353
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		41,611	41,611
31	V	19 Professional Fees	877,064	Alden Management Services, Inc.		35,922	(841,142)
32	V	21 Gen'l & Admin	57,360	Alden Management Services, Inc.		182,851	125,491
33	V	6 Repair & Maint	41,439	Alden Management Services, Inc.		58,375	16,936
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,061,447			\$ 549,932	\$ * (511,515)

* 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	\$	Prism Health Care Sevices, Inc.	0.00%	\$	\$
16	V	1 Dietary salaries		Prism Health Care Sevices, Inc.			
17	V	2 Tube feeding	29,625	Prism Health Care Sevices, Inc.		18,376	(11,249)
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
19	V	39 Ancillary supplies	153,509	Prism Health Care Sevices, Inc.		51,833	(101,676)
20	V	1 G & A &Emp. Benefits		Prism Health Care Sevices, Inc.		4,689	4,689
21	V	2 G & A &Emp. Benefits		Prism Health Care Sevices, Inc.		16,036	16,036
22	V	10 Emp. Benefits-Dietary		Prism Health Care Sevices, Inc.		3,834	3,834
23	V	39 G & A &Emp. Benefits		Prism Health Care Sevices, Inc.		28,860	28,860
24	V	39 Vent rentals		Prism Health Care Sevices, Inc.		14,277	14,277
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		\$ 189,794			\$ 147,599	\$ * (42,195)

* 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	\$ 769,115	Forum Extended Care Services II, Inc.	0.00%	\$ 709,941	\$ (59,174)
16	V	39 I.V.	203,659	Forum Extended Care Services II, Inc.		187,990	(15,669)
17	V	39 Wound Care	10,366	Forum Extended Care Services II, Inc.		9,568	(798)
18	V	10 House Stock	16,486	Forum Extended Care Services II, Inc.		15,218	(1,268)
19	V	10 Pharm Consult.	2,640	Forum Extended Care Services II, Inc.		2,437	(203)
20	V	22 Employ. Vaccin.	3,845	Forum Extended Care Services II, Inc.			(3,845)
21	V	39 Employ. Vaccin.		Forum Extended Care Services II, Inc.		3,549	3,549
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,006,111			\$ 928,703	\$ * (77,408)

* 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 Revenue - therapy	\$ 1,283,040	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,349,174	\$ 66,134	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		\$ 1,283,040			\$ 1,349,174	\$ * 66,134	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 Repair & Maintenance	\$ 35,997	Alden Bennett Construction Company, Inc.	0.00%	\$ 35,949	\$ (48)	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		\$ 35,997			\$ 35,949	\$ * (48)	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 Repair & Maintenance	\$ 10,266	Alden Design Group, Inc.	0.00%	\$ 12,516	\$ 2,250	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		\$ 10,266			\$ 12,516	\$ *	2,250	39

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

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2017

Ending: 12/31/2017

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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden Des Plaines Rehab & HC # 0042010 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	180,869	0.892	2.23	Salary	\$ 4,131	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,767	0.892	2.23	Salary	2,233	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,767	0.892	2.23	Salary	2,233	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,332	0.892	2.23	Salary	2,565	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	61,552	0.892	2.23	Salary	1,406	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	180,869	0.702	2.23	Salary	4,131	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	\$ 16,699		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 Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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	35	\$ 90,340	\$	29,479	\$ 2,017	1
2	24	Trav & Seminar	Patient Days	35	31,744		29,479	709	2
3	25	Other Admin Travel	Patient Days	35	348,589		29,479	7,783	3
4	26	Insurance	Patient Days	35	7,373		29,479	165	4
5	20	Dues & Subscriptions	Patient Days	35	33,588		29,479	750	5
6	30	Depreciation	No of Providers/usage	35	119,326		1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	35	129,699		29,479	2,353	7
8	35	Rent-Equip & Vehicle	Patient Days	35	951,681		29,479	21,249	8
9	32	Interest	Patient Days/usage	35	2,187,612		29,479	5,975	9
10	1	Dietary Salary	Patient Days	35	74,426	74,426	29,479	1,662	10
11	3	Housekeeping Salary	Patient Days	35	218,203	218,203	29,479	4,872	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	35	244,557		29,479	5,460	12
13	10	Nurs & Med Records Salary	Patient Days	35	1,647,662	1,647,662	29,479	65,759	13
14	15	Employee Benefits -Health Care	Patient Days	35	236,654		29,479	5,284	14
15	17	Administrative Salary	Patient Days/usage	35	4,903,376	4,750,005	29,479	104,353	15
16	27	Employee Benefits - Admin	Patient Days	35	1,863,643		29,479	41,611	16
17	19	Professional fees	Patient Days	35	1,119,817	920,527	29,479	35,922	17
18	21	Gen'I & Admin	Patient Days	35	8,189,318	7,151,399	29,479	182,851	18
19	6	Repair & Maint.	Patient Days	35	1,823,498	1,358,004	29,479	58,375	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 24,221,106	\$ 16,120,226		\$ 549,932	25

Facility Name & ID Number

Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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 (GL 2505/7055)		X	Mortgage	\$	10/1/2012	\$ 12,080,802	\$ 10,869,021	9/1/2047	2.5000	\$ 267,997	1
2				Int exp in excess of CON cap							(85,082)	2
3												3
4	Amort of Fin Fees (GL 1918)		X	Refinancing							8,129	4
5	Insurance Interest (GL7053)		X	Malpractice Insurance							1,913	5
	Working Capital											
6	Related party-AMS		X	Working Capital							5,975	6
7	Interest on cap. Lease.		x	Working Capital							628	7
8	Bank Leumi		X	Working Capital	varies	8/2012				4.5000	55,094	8
9	TOTAL Facility Related						\$ 12,080,802	\$ 10,869,021			\$ 254,654	9
	B. Non-Facility Related*											
10	Interest Income (GL 4975)		X								(5,635)	10
11	Interest Income on R.R.		X								(40)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (5,675)	14
15	TOTALS (line 9+line14)						\$ 12,080,802	\$ 10,869,021			\$ 248,979	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,596 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.)

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Des Plaines Rehab & HC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042010

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 2016 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 2016.

(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>105,372.00</u>	\$ <u>2,353.00</u>
2. <u>09-17-200-128-0000</u>	<u>Nursing facility</u>	\$ <u>234,314.97</u>	\$ <u>234,314.97</u>
3. <u>09-17-200-129-0000</u>	<u>Nursing facility</u>	\$ <u>174,426.96</u>	\$ <u>174,426.96</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>514,113.93</u></u>	\$ <u><u>411,094.93</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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 Des Plaines Rehab & HC

0042010 Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 51,490 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>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	51,490		\$ 1,016,045	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		2000	2000	\$ 9,685,956	\$ 242,149	40	\$ 174,652	\$ (67,497)	\$ 3,081,054	4
5	Adjustment to correct to CON costs (net=-6,986,060)									5
6										6
7										7
8										8
	Improvement Type**									
9	ISS/Chicago Sound & Communication(vent alarm interface		2000	3,400		10			3,400	9
10	Alden Bennett Construction(multiple wireless install)		2001	4,894		10			4,894	10
11	Owners extras (change orders)		2000	524,876	26,244	20	26,244		457,082	11
12	Owners extras (change orders)		2000	12,972	648	20	648		11,290	12
13	ABC-parking lot sealcoat/stripe		2002	3,852		7			3,852	13
14	ABC-screened patio enclosure		2002	10,069		7			10,069	14
15	EWS Welding-alarm		2002	1,076		10			1,076	15
16	New Horizons-residents phones		2002	1,646		10			1,646	16
17	New Horizons-residents phones		2002	3,161		10			3,161	17
18	ABC-owners extras		2003	2,571	171	15	171		2,566	18
19	ABC-owners extras		2003	5,511	367	15	367		5,506	19
20	ABC [GT Mechanical]-Replace B1 compressor		2007	3,383		5			3,383	20
21	Mohawk-Calhoun Carpet Admin area		2007	2,747		5			2,747	21
22	ABC-New carpeting Nile Room		2007	6,053		5			6,053	22
23	ABC-New patio door operator		2007	4,046	173	10	173		4,046	23
24	GTMECH-Exhaust motor & wheel blade		2007	4,791	360	10	360		4,791	24
25	ABC-Removal & repair of hot water piping		2007	4,170	167	25	167		1,698	25
26	Replace Gas Oxygen Units		2008	9,275	928	10	928		8,893	26
27	GTMECH-Repair Boiler Pumps		2008	3,242	324	10	324		3,051	27
28										28
29	ABC - Pavement Asphalt		2010	11,722	1,465	8	1,465		10,744	29
30	Nursing Station Repair		2010	2,600		5			2,600	30
31	ABC - Repair Laundry Chute & Grease Interceptor		2010	8,248		5			8,248	31
32	ABC - HVAC Pump		2010	4,738	316	15	316		2,291	32
33	Smoke Vent Relocation (non-hvac)		2011	3,345		5			3,345	33
34	Fish Tank Repair		2011	3,700		5			3,700	34
35	Sprinkler Heads & Gauges Replaced		2011	7,072	707	10	707		4,360	35
36	Dampers, labeling		2012	6,750	675	10	675		3,544	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 Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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	Doorway-Build Kitchen Storage Doorway	2013	\$ 4,091	\$ 205	20	\$ 205	\$	\$ 888	37
38	Doorway-Sprinkler Room	2013	2,887	144	20	144		648	38
39	Wall- Wall Refinish	2013	5,950	446	15	446		1,784	39
40	Motor - Laundry Iron Motor	2013	3,025	605	5	605		2,622	40
41	OT/PT Remodel Building Permit	2014	2,920	195	15	195		715	41
42	Fire Dampers - ABC	2014	17,384	1,738	10	1,738		5,504	42
43	Fire Alarm lights - ABC	2014	2,609	522	5	522		1,653	43
44	Sewer, Replaced	2015	2,500	125	20	125		354	44
45	Fire Dampers - ABC	2015	4,074	407	10	407		1,154	45
46	Repaired Sliding Door - ABC	2015	2,786	557	5	557		1,578	46
47	Repaired Sliding Door - ABC	2015	4,165	833	5	833		2,013	47
48	Motor for pump for boiler, ignitors and sensor - GT Mech	2015	3,009	602	5	602		1,254	48
49	Concrete / Paving Insallation PT/OT Room - ABC	2015	30,635	1,532	20	1,532		4,340	49
50	New Flooring Installation PT/OT Room - ABC	2015	39,702	1,985	20	1,985		5,624	50
51	Drywall/Painting Installation in PT/OT Room - ABC	2015	21,874	1,094	20	1,094		3,099	51
52	Install New Cabinets in PT/OT Room -ABC	2015	27,520	1,376	20	1,376		3,899	52
53	Install new Plumbing and Lighting Fixtures in PT/OT Room - AB	2015	95,531	4,777	20	4,777		13,535	53
54	New Plumbing Piping Installation in PT/OT Room - ABC	2015	33,318	1,666	20	1,666		4,720	54
55	New HVAC System Installation in PT/OT Room - ABC	2015	30,493	1,525	20	1,525		4,321	55
56	New Electrical Wiring and Circuits Installed in PT/OT Room - AB	2015	109,751	5,488	20	5,488		15,549	56
57	Door Repairs, Corral Garbage Area - ABC	2016	4,351	870	5	870		1,450	57
58	Motor, Washing Machine -TOPNOT	2016	2,579	516	5	516		688	58
59	Rewire Electrical Panel - ABC	2016	2,840	568	5	568		1,041	59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 10,799,860	\$ 302,470		\$ 234,973	\$ (67,497)	\$ 3,737,523	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,799,860	\$ 302,470		\$ 234,973	\$ (67,497)	\$ 3,737,523	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17	5	17		60	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,878,814	\$ 303,510		\$ 236,013	\$ (67,497)	\$ 3,826,484	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward	\$ 10,878,814	\$ 303,510		\$ 236,013	\$ (67,497)	\$ 3,826,484		1
2									2
3	Adj for ABC related party profit	2008 (53)	(6)		(6)		(57)		3
4	Adj for ABC related party profit	2010 (302)	(18)		(18)		(135)		4
5	Adj for ABC related party profit	2011 110	8		8		52		5
6	Adj for ABC related party profit	2012 417	20		20		110		6
7	Adj for ABC related party profit	2013 174	4		4		18		7
8	Adj for ABC related party profit	2014 (38)	(1)		(1)		(4)		8
9	Adj for ABC related party profit	2015 (154)	(14)		(14)		(35)		9
10	Adj for ABC related party profit	2016 (27)	(1)		(1)		(6)		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)	\$ 10,878,940	\$ 303,502		\$ 236,005	\$ (67,497)	\$ 3,826,428		34

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

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 579,182	\$ 56,335	\$ 56,335	\$		\$ 302,599	71
72	Current Year Purchases	232,520	7,744	7,744			3,556	72
73	Fully Depreciated Assets	1,554,712	5,114	5,114			1,554,712	73
74								74
75	TOTALS	\$ 2,366,414	\$ 69,193	\$ 69,193	\$		\$ 1,860,867	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	Bus	2001	2001	\$ 7,975	\$ 798	\$ 798	\$	5	\$ 798	76
77	related party-AMS	various	1998-2004	3,911				5	3,911	77
78										78
79										79
80	TOTALS			\$ 11,886	\$ 798	\$ 798	\$		\$ 4,709	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,273,285	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 373,492	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 305,995	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (67,497)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,692,003	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 Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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 7/1/2001

Ending 6/30/2021

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

Fiscal Year Ending Annual Rent

12. 12/31/2018 \$ varies

13. 12/31/2019 \$ varies

14. 12/31/2020 \$ varies

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 16,395 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>790.67</u>	\$ <u>9,488</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>804.75</u>	<u>9,657</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>19,145</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>
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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	\$		\$ 437,784	\$		\$ 437,784	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			60,735			60,735	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			769,673			769,673	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				713,490		713,490	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care Supplies</u>						17,580		17,580	12
13	Other (specify): <u>See Pg 16A</u>					66,134	557,942		624,076	13
14	TOTAL			\$		\$ 1,334,326	\$ 1,289,012		\$ 2,623,338	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	\$437,784.00	
2.	ST	39-3	To Col 5	60,735.00	
3.					
4.	PT	39-3	To Col 5	769,673.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			769,115.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(55,625.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	713,490.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	17,580.00	
	Total Exceptional Care (Line 12, Col 8)			17,580.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	66,134.00	From Page 6D
	Other			625,514.00	
	Manual Input: Related Party - Prism			(58,539.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(15,669.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(798.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			7,434.00	
13.	Col 6: Supplies Total		To Col 6	557,942.00	
13.	Total Line 13, Column 8			624,076.00	
14.	Total			2,623,338.00	

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 50,049	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 210,000)	1,980,518	1,980,518	3
4	Supply Inventory (priced at)	3,548	3,548	4
5	Short-Term Investments			5
6	Prepaid Insurance		69,666	6
7	Other Prepaid Expenses	24,214	24,214	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	21,222	92,580	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,029,502	\$ 2,220,575	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	12,914	12,914	12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,671,992	14
15	Leasehold Improvements, at Historical Cost	615,377	1,019,629	15
16	Equipment, at Historical Cost	377,452	2,368,992	16
17	Accumulated Depreciation (book methods)	(768,201)	(6,741,523)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		95,166	21
22	Other Long-Term Assets (spe <u>Refi fees, net</u>		135,442	22
23	Other(specify): <u>Due from Affiliates</u>	5,935,782	5,935,782	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,243,740	\$ 13,572,795	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,273,242	\$ 15,793,370	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 198,799	\$ 198,799	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	289,904	289,904	28
29	Short-Term Notes Payable	59,685	309,064	29
30	Accrued Salaries Payable	687,322	687,322	30
31	Accrued Taxes Payable (excluding real estate taxes)	23,770	23,770	31
32	Accrued Real Estate Taxes(Sch.IX-B)		445,000	32
33	Accrued Interest Payable	12,052	12,052	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	69,580	69,580	36
37	<u>Due to Affiliates</u>	1,559,632	1,559,632	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,900,744	\$ 3,595,123	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,103,753	1,103,753	39
40	Mortgage Payable		10,619,642	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)	\$ 1,103,753	\$ 11,723,395	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,004,497	\$ 15,318,518	46
47	TOTAL EQUITY (page 18, line 24)	\$ 4,268,745	\$ 474,852	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,273,242	\$ 15,793,370	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,519,501	1
2	Restatements (describe):		2
3	allocation of person. Director salary	681,760	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,201,261	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(932,516)	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)	\$ (932,516)	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)	\$ 4,268,745	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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	\$ 10,667,803	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,667,803	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	159,549	6
7	Oxygen	4,556	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 164,106	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	318	12
13	Barber and Beauty Care	(185)	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	4,749	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 4,883	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,635	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,635	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	5,734	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,734	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,848,160	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,888,718	31
32	Health Care	3,095,063	32
33	General Administration	2,805,830	33
B. Capital Expense			
34	Ownership	1,122,538	34
C. Ancillary Expense			
35	Special Cost Centers	2,680,401	35
36	Provider Participation Fee	188,126	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,780,676	40
41	Income before Income Taxes (line 30 minus line 40)**	(932,516)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (932,516)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,367,634	44
45	Private Pay - Net Inpatient Revenue	1,127,812	45
46	Medicare - Net Inpatient Revenue	4,957,022	46
47	Other-(specify)	125,050	47
48	Other-(specify)	2,090,284	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,667,803	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 Des Plaines Rehab & HC

0042010

Report Period Beginning 01/01/2017 Ending:

12/31/2017

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	\$ 1,442
Record Copies-Backed out with Ln ref 21-Pg 5A Jury Duty-Backed out with Ln ref 22-Pg 5A	
Write Off Old Accounts Payables Vendor Discount	\$ 297
United Healthcare-(Rebate/Incentive) U'SAgain LLc Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 3,995
Line 28 Total:	<u>5,734</u>

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	1,722	1,722	\$ 78,382	\$ 45.52	1
2	Assistant Director of Nursing	613	613	23,291	38.00	2
3	Registered Nurses	24,947	26,494	917,516	34.63	3
4	Licensed Practical Nurses	16,267	16,964	484,685	28.57	4
5	CNAs & Orderlies	61,283	66,036	976,435	14.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,777	2,231	44,037	19.74	8
9	Activity Director	1,733	1,741	39,023	22.41	9
10	Activity Assistants	5,233	5,925	72,462	12.23	10
11	Social Service Workers	3,881	3,962	81,256	20.51	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	70,197	33.75	13
14	Head Cook	2,080	2,080	37,767	18.16	14
15	Cook Helpers/Assistants	45,745	49,635	581,004	11.71	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	48,743	23.43	17
18	Housekeepers	16,215	17,943	214,888	11.98	18
19	Laundry	6,067	6,543	55,941	8.55	19
20	Administrator	2,064	2,080	136,990	65.86	20
21	Assistant Administrator	3,160	3,160	107,535	34.03	21
22	Other Administrative	2,080	2,080	50,813	24.43	22
23	Office Manager	1,040	1,040	31,318	30.11	23
24	Clerical	2,741	2,792	32,761	11.73	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,104	4,104	139,930	34.10	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	206,912	221,305	\$ 4,224,974 *	\$ 19.09	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	Monthly \$ 449	1-3	35
36	Medical Director	Monthly 26,250	10-3	36
37	Medical Records Consultant	0	10-3	37
38	Nurse Consultant	0	10-3	38
39	Pharmacist Consultant	Monthly 2,640	10-3	39
40	Physical Therapy Consultant	0	11-3	40
41	Occupational Therapy Consultant	0	11-3	41
42	Respiratory Therapy Consultant	0	11-3	42
43	Speech Therapy Consultant	0	11-3	43
44	Activity Consultant	42 2,420	11-3	44
45	Social Service Consultant	8 560	11-3	45
46	Other(specify)	0	11-3	46
47		0	11-3	47
48				48
49	TOTAL (lines 35 - 48)	50 \$ 32,319		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	15 \$ 5,805	10-3	50
51	Licensed Practical Nurses	0	10-3	51
52	Certified Nurse Assistants/Aides	9 1,458	10-3	52
53	TOTAL (lines 50 - 52)	24 \$ 7,263		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Brozek, Caitlin	Administrator	0	\$ 33,669	Workers' Compensation Insurance	\$ 105,376	IDPH License Fee	\$	
Rickman, Emily	Administrator	0	136,372	Unemployment Compensation Insurance	24,421	Advertising: Employee Recruitment	3,681	
Losaco, Adrianna	Assistant Administrator	0	1,962	FICA Taxes	313,351	Health Care Worker Background Check		
Porto, Jennifer	Assistant Administrator	0	72,522	Employee Health Insurance	113,846	(Indicate # of checks performed 38)	1,168	
				Employee Meals	26,123	Patient Background Checks	486	
				Illinois Municipal Retirement Fund (IMRF)*		Related Party - AMS	750	
				Union health & welfare	108,292	Health Care Council of IL	10,560	
				Union pension	30,274	Corp Annual Report Fee	307	
				Dental/Life/401k match/Empl rel/Misc pr	14,178	Paddock Publications	441	
				EE drug tests/Vaccinations	5,114			
				Gardens /Crts Personnel Dir. e/b deduction	(11,845)	Less: Public Relations Expense	()	
				Related Party: Forum	(3,845)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V,		TOTAL (agree to Sch. V,		
(List each licensed administrator separately.)			\$ 244,525	line 22, col.8)		line 20, col. 8)		
				\$ 725,285		\$ 21,767		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL			Related Party - AMS	709
(Attach a copy of any management service agreement)							Seminar Expense	
C. Professional Services							II. Council LTC	
Vendor/Payee	Type		Amount				125	
Alden Management Services, Inc.	consulting fee		\$ 831,872				Entertainment Expense	
AMS (Eliminated)	Allocated Legal Fees		45,385				()	
KPMG/C. Novotny	Cost reporting fee		334				(agree to Sch. V,	
Baker Tilly	Accounting Fees		16,915				line 24, col. 8)	
Accurate Biometrics	Professional Services		1,100				\$ 834	
Achieve Accreditation	Professional Services		3,647					
Pogrund & Korey LLC	Professional Services		3,691					
Gozdecki Legal Services	Legal fees: Non-Collections		2,964					
Mix Solutions	Professional Fees		8,930					
TOTAL (agree to Schedule V, line 19, column 3)			\$ 914,838					
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Alden Des Plaines Rehab & HC
 Legal Fee Support
 2017

Legal Fees Reported on Pg 21, Section C:	\$	48,349.00
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)		(45,192.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>3,157.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Von Briesen & Roper	1/1/17-12/31/17	3,157.00
TOTAL ALLOWABLE LEGAL FEES		<u>3,157.00</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 Allocation	1/1/17-12/31/17	3,766.00
TOTAL Allocated Legal Fees		<u><u>45,192.00</u></u>
Total Legal Cost		<u><u>48,349.00</u></u>

Facility Name & ID Number Alden Des Plaines Rehab & HC

0042010

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes RN/LPN: No (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. HCC of Illinois \$10,560
- (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. \$ 26,991 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. \$ 188,126
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 benefits on Schedule V. \$ 26,123 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