

Facility Name & ID Number Alden Estates of Orland Park

0042192 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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	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	583	7,037	19,120	26,740	8
9	SNF/PED					9
10	ICF	15,164	7,891	945	24,000	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	15,747	14,928	20,065	50,740	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.51%

D. How many bed reserve days during this year were paid by the Department?
0 (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 01/19/1998

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 200 and days of care provided 18,918

Medicare Intermediary National Government Services, Inc

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2017 Fiscal Year: 12/31/2017

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

Facility Name & ID Number Alden Estates of Orland Park # 0042192 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	779,165	44,146	5,550	828,861	2,120	830,981	13,092	844,073		1
2	Food Purchase		473,800		473,800	(24,466)	449,334	(31,850)	417,484		2
3	Housekeeping	372,479	81,440		453,919	1,194	455,113	8,386	463,499		3
4	Laundry	18,854	34,049		52,903	855	53,758		53,758		4
5	Heat and Other Utilities			232,357	232,357		232,357	3,472	235,829		5
6	Maintenance	73,859		347,194	421,053	116	421,169	29,372	450,541		6
7	Other (specify):* security/related party			1,282	1,282		1,282	9,399	10,681		7
8	TOTAL General Services	1,244,357	633,435	586,383	2,464,175	(20,181)	2,443,994	31,871	2,475,865		8
	B. Health Care and Programs										
9	Medical Director			43,500	43,500		43,500		43,500		9
10	Nursing and Medical Records	4,907,247	343,036	23,436	5,273,719	14,584	5,288,303	79,390	5,367,693		10
10a	Therapy	101,237	4,551	27,984	133,772		133,772		133,772		10a
11	Activities	163,817	10,434	10,225	184,476	129	184,605		184,605		11
12	Social Services	42,010			42,010		42,010		42,010		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,095	9,095		15
16	TOTAL Health Care and Programs	5,214,311	358,021	105,145	5,677,477	14,713	5,692,190	88,485	5,780,675		16
	C. General Administration										
17	Administrative	192,061			192,061		192,061	179,616	371,677		17
18	Directors Fees										18
19	Professional Services			1,755,430	1,755,430		1,755,430	(1,624,365)	131,065		19
20	Dues, Fees, Subscriptions & Promotions			157,219	157,219		157,219	(124,031)	33,188		20
21	Clerical & General Office Expenses	339,894	37,991	227,087	604,972	601	605,573	166,044	771,617		21
22	Employee Benefits & Payroll Taxes			1,187,576	1,187,576	4,867	1,192,443	(16,383)	1,176,060		22
23	Inservice Training & Education										23
24	Travel and Seminar			150	150		150	1,220	1,370		24
25	Other Admin. Staff Transportation			8,304	8,304		8,304	13,397	21,701		25
26	Insurance-Prop.Liab.Malpractice			294,765	294,765		294,765	12,917	307,682		26
27	Other (specify):* related party			493,865	493,865		493,865	(422,242)	71,623		27
28	TOTAL General Administration	531,955	37,991	4,124,396	4,694,342	5,468	4,699,810	(1,813,827)	2,885,983		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,990,623	1,029,447	4,815,924	12,835,994		12,835,994	(1,693,471)	11,142,523		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			31,921	31,921		31,921	433,544	465,465		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			111,019	111,019		111,019	577,066	688,085		32
33	Real Estate Taxes			791,847	791,847	(791,847)		913,548	913,548		33
34	Rent-Facility & Grounds			994,627	994,627	791,847	1,786,474	(1,786,474)			34
35	Rent-Equipment & Vehicles			22,337	22,337		22,337	36,575	58,912		35
36	Other (specify):* MIP							68,289	68,289		36
37	TOTAL Ownership			1,951,751	1,951,751		1,951,751	242,548	2,194,299		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		2,025,016	2,843,771	4,868,787		4,868,787	(103,517)	4,765,270		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			295,570	295,570		295,570		295,570		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		2,025,016	3,139,341	5,164,357		5,164,357	(103,517)	5,060,840		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,990,623	3,054,463	9,907,016	19,952,102		19,952,102	(1,554,440)	18,397,662		45

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

0042192
 Period Beginning: 01/01/2017
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(24,466)	Employee Meals
	22	24,466	Employee Meals
22		(19,599)	Uniform Reclass
	1	2,120	Uniform Reclass
	3	1,194	Uniform Reclass
	4	855	Uniform Reclass
	6	116	Uniform Reclass
	10	14,584	Uniform Reclass
	11	129	Uniform Reclass
	21	601	Uniform Reclass
10		-	Oxygen Cost Reclass
	39	-	Oxygen Cost Reclass
33		(791,847)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	791,847	Rent - Real Estate Tax on associated landowner (Pg 6)

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	(110)	2		4
5	Telephone, TV & Radio in Resident Rooms	(18,745)	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	2,145	30		9
10	Interest and Other Investment Income	(5,078)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(13,842)	2		13
14	Non-Care Related Interest	(4,119)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(5,177)	21		17
18	Fines and Penalties	(798)	32		18
19	Entertainment	(2,829)	20		19
20	Contributions	(7,081)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,193)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(493,865)	27		24
25	Fund Raising, Advertising and Promotional	(29,680)	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)	\$ (590,372)		\$	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)	(995,515)	Pg 6s	34
35	Other- Attach Schedule	31,447	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (964,068)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,554,440)		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 Estates of Orland Park

ID# 0042192

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (3,053)	21	1
2				2
3				3
4	Miscellaneous income (medical records)	(2,132)	10	4
5	Miscellaneous income		10	5
6				6
7	Vendor discounts (g/1 498400-100-000)	(697)	10	7
8	OP Chamber of Commerce dues	(455)	20	8
9	Marketing personnel (g/1 670100-100-009 & 014)	(72,534)	21	9
10	Marketing personnel employee benefit deduction	(12,222)	22	10
11				11
12				12
13	Bank charges (Orland Associates Pg6)	(235)	21	13
14				14
15				15
16				16
17	Elim deprec exp on Pg12 items under \$2,500	(2,707)	30	17
18	Elim deprec exp on Pg13 items under \$2,500	(13,268)	30	18
19	Expense Pg12 items under \$2,500-curr yr purch +	2,449	6	19
20	Expense Pg13 items under \$2,500-curr yr purch +	17,076	6	20
21	Adj for ABC related party profit '08-'15 -Pg12	(163)	30	21
22				22
23	AdjustYTD depreciation expense	1,737	30	23
24				24
25	2005 & 2013 & 2014 Real estate tax refunds	117,651	33	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	31,447		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	2,860	10,232	0	0	0	0	0	0	0	13,092	1
2	Food Purchase	(13,952)	0	0	(17,898)	0	0	0	0	0	0	0	(31,850)	2
3	Housekeeping	0	0	8,386	0	0	0	0	0	0	0	0	8,386	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,472	0	0	0	0	0	0	0	0	3,472	5
6	Maintenance	780	0	26,718	0	0	0	(54)	1,928	0	0	0	29,372	6
7	Other (specify):*	0	0	9,399	0	0	0	0	0	0	0	0	9,399	7
8	TOTAL General Services	(13,172)	0	50,835	(7,666)	0	0	(54)	1,928	0	0	0	31,871	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	(2,829)	0	73,518	11,398	(2,697)	0	0	0	0	0	0	79,390	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,095	0	0	0	0	0	0	0	0	9,095	15
16	TOTAL Health Care and Programs	(2,829)	0	82,613	11,398	(2,697)	0	0	0	0	0	0	88,485	16
	C. General Administration													
17	Administrative	0	0	179,616	0	0	0	0	0	0	0	0	179,616	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,193)	56,789	(1,669,961)	0	0	0	0	0	0	0	0	(1,624,365)	19
20	Fees, Subscriptions & Promotions	(40,045)	307	(84,293)	0	0	0	0	0	0	0	0	(124,031)	20
21	Clerical & General Office Expenses	(80,999)	235	246,808	0	0	0	0	0	0	0	0	166,044	21
22	Employee Benefits & Payroll Taxes	(12,222)	0	0	0	(4,161)	0	0	0	0	0	0	(16,383)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,220	0	0	0	0	0	0	0	0	1,220	24
25	Other Admin. Staff Transportation	0	0	13,397	0	0	0	0	0	0	0	0	13,397	25
26	Insurance-Prop.Liab.Malpractice	0	12,634	283	0	0	0	0	0	0	0	0	12,917	26
27	Other (specify):*	(493,865)	0	71,623	0	0	0	0	0	0	0	0	(422,242)	27
28	TOTAL General Administration	(638,324)	69,965	(1,241,307)	0	(4,161)	0	0	0	0	0	0	(1,813,827)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(654,325)	69,965	(1,107,859)	3,732	(6,858)	0	(54)	1,928	0	0	0	(1,693,471)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(12,256)	443,018	2,782	0	0	0	0	0	0	0	0	433,544	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(9,995)	576,776	10,285	0	0	0	0	0	0	0	0	577,066	32
33	Real Estate Taxes	117,651	791,847	4,050	0	0	0	0	0	0	0	0	913,548	33
34	Rent-Facility & Grounds	0	(1,786,474)	0	0	0	0	0	0	0	0	0	(1,786,474)	34
35	Rent-Equipment & Vehicles	0	0	36,575	0	0	0	0	0	0	0	0	36,575	35
36	Other (specify):*	0	68,289	0	0	0	0	0	0	0	0	0	68,289	36
37	TOTAL Ownership	95,400	93,456	53,692	0	0	0	0	0	0	0	0	242,548	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	(125,396)	(123,706)	145,585	0	0	0	0	0	(103,517)	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	(125,396)	(123,706)	145,585	0	0	0	0	0	(103,517)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(558,925)	163,421	(1,054,167)	(121,664)	(130,564)	145,585	(54)	1,928	0	0	0	(1,554,440)	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 Lease revenue	\$ 1,786,474	Orland Associates, LLC	0.00%	\$	\$ (1,786,474)	1
2	V	32 Interest inc -R/R & Int inc	268	Orland Associates, LLC			(268)	2
3	V	19 Accounting fees		Orland Associates, LLC		8,700	8,700	3
4	V	20 Annual report fee		Orland Associates, LLC		307	307	4
5	V	21 Bank charges		Orland Associates, LLC		235	235	5
6	V	33 Real estate taxes		Orland Associates, LLC		791,847	791,847	6
7	V	26 Insurance expense		Orland Associates, LLC		12,634	12,634	7
8	V	36 Mortgage insurance expense		Orland Associates, LLC		68,289	68,289	8
9	V	32 Mortgage interest expense		Orland Associates, LLC		569,570	569,570	9
10	V	30 Depreciation		Orland Associates, LLC		443,018	443,018	10
11	V	32 Amortization		Orland Associates, LLC		7,474	7,474	11
12	V	19 Legal fees		Orland Associates, LLC		45,089	45,089	12
13	V	19 Professional fees		Orland Associates, LLC		3,000	3,000	13
14	Total		\$ 1,786,742			\$ 1,950,163	\$ * 163,421	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,472	\$	3,472	15
16	V	24 Travel / Seminar		Alden Management Services, Inc.		1,220		1,220	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		13,397		13,397	17
18	V	26 Insurance		Alden Management Services, Inc.		283		283	18
19	V	20 Dues / Subscriptions	85,584	Alden Management Services, Inc.		1,291		(84,293)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782		2,782	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		4,050		4,050	21
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		36,575		36,575	22
23	V	32 Interest		Alden Management Services, Inc.		10,285		10,285	23
24	V	1 Dietary salary		Alden Management Services, Inc.		2,860		2,860	24
25	V	3 Housekeeping salary		Alden Management Services, Inc.		8,386		8,386	25
26	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		9,399		9,399	26
27	V	10 Nursing & Medical records salary		Alden Management Services, Inc.		73,518		73,518	27
28	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		9,095		9,095	28
29	V	17 Administrative salary		Alden Management Services, Inc.		179,616		179,616	29
30	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		71,623		71,623	30
31	V	19 Professional Fees & salary	1,709,093	Alden Management Services, Inc.		39,132		(1,669,961)	31
32	V	21 Gen'l & Admin	67,920	Alden Management Services, Inc.		314,728		246,808	32
33	V	6 Repair & Maintenance	58,245	Alden Management Services, Inc.		84,963		26,718	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,920,842			\$ 866,675	\$ *	(1,054,167)	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	2 Tube Feed	\$ 88,648	Prism Health Care Sevices, Inc.	0.00%	\$ 35,760	\$ (52,888)
16	V	10 Equip Rent	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
17	V	39 Supplies	318,803	Prism Health Care Sevices, Inc.		104,612	(214,191)
18	V	39 Vent Rent		Prism Health Care Sevices, Inc.		25,825	25,825
19	V	1 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Sevices, Inc.		10,232	10,232
20	V	2 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Sevices, Inc.		34,990	34,990
21	V	10 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Sevices, Inc.		8,364	8,364
22	V	39 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Sevices, Inc.		62,970	62,970
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		\$ 414,111			\$ 292,447	\$ * (121,664)

* 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	\$ 1,406,187	Forum Extended Care Services II, Inc.	0.00%	\$ 1,297,998	\$ (108,189)
16	V	39 I.V.	244,833	Forum Extended Care Services II, Inc.		225,996	(18,837)
17	V	39 Wound care products	6,768	Forum Extended Care Services II, Inc.		6,247	(521)
18	V	10 House stock	30,257	Forum Extended Care Services II, Inc.		27,929	(2,328)
19	V	10 Pharmacy consult.	4,800	Forum Extended Care Services II, Inc.		4,431	(369)
20	V	22 Employee vaccination	4,161	Forum Extended Care Services II, Inc.			(4,161)
21	V	39 Employee vaccination		Forum Extended Care Services II, Inc.		3,841	3,841
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		\$ 1,697,006			\$ 1,566,442	\$ * (130,564)

* 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	\$ 2,477,864	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,623,449	\$	145,585	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		\$ 2,477,864			\$ 2,623,449	\$ *	145,585	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	\$ 39,794	Alden Bennett Construction Company, Inc.	0.00%	\$ 39,740	\$	(54)	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		\$ 39,794			\$ 39,740	\$ *	(54)	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	\$ 8,800	Alden Design Group, Inc.	0.00%	\$ 10,728	\$ 1,928	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		\$ 8,800			\$ 10,728	\$ *	1,928	39

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

Facility Name & ID Number

Alden Estates of Orland Park

0042192

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 Fac	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/Alzheimers Fac	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number

Alden Estates of Orland Park

0042192

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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	177,890	1.536	3.84	Salary	\$ 7,110	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,157	1.536	3.84	Salary	3,843	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,157	1.536	3.84	Salary	3,843	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,481	1.536	3.84	Salary	4,416	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,538	1.536	3.84	Salary	2,420	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,890	1.152	3.84	Salary	7,110	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 28,742		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 Estates of Orland Park

0042192

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,320,269	35	\$ 90,340	\$ 50,740	\$ 3,472	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	50,740	1,220	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	50,740	13,397	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	50,740	283	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	50,740	1,291	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	50,740	4,050	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	50,740	36,575	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	50,740	10,285	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	2,860	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	8,386	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	50,740	9,399	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	73,518	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	50,740	9,095	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	179,616	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	50,740	71,623	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	39,132	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	314,728	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	84,963	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 866,675	25

Facility Name & ID Number

Alden Estates of Orland Park

0042192

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					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge Realty		X	Mortgage	\$62,864.41	3/30/11	\$ 14,668,300	\$ 13,573,716	4/1/2051	4.1700	\$ 569,570	1						
2	Bank Leumi		X	Line of credit	varies	8/29/12	1,717,920	1,810,763	9/6/2018	5.7500	101,524	2						
3	Amortization		X	Refinancing fee							8,574	3						
4												4						
5	Insurance Interest (GL7053)		X	Medical Malpractice							3,477	5						
Working Capital																		
6	Related party-AMS		X	Working Capital							10,285	6						
7												7						
8												8						
9	TOTAL Facility Related				\$62,864.41		\$ 16,386,220	\$ 15,384,479			\$ 693,430	9						
B. Non-Facility Related*																		
10	Interest Income on R/R		X								(95)	10						
11	Interest-Leumi LLC acct		X								(173)	11						
12	Interest Income (GL 4975)		X								(5,077)	12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (5,345)	14						
15	TOTALS (line 9+line14)						\$ 16,386,220	\$ 15,384,479			\$ 688,085	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 68,289 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 Estates of Orland Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

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>4,050.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>27-21-401-003-000</u>	<u>Nursing facility</u>	\$ <u>900,988.00</u>	\$ <u>900,988.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>1,006,360.00</u></u>	\$ <u><u>905,038.00</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 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 Estates of Orland Park

0042192

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 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:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column for row numbers. Row 1: nursing facility, 350,871, 1997, \$ 584,920, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 350,871, (blank), \$ 584,920, 3.

Facility Name & ID Number Alden Estates of Orland Park

0042192

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	200		1998	1997	12,679,210	314,835	40	316,980	2,145	6,338,119	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		RUN CABLE TO BUILDING/INSTALL 6 OUTLETS	1998		2,975		10			2,975	9
10		RELOCATION OF OUTLETS & POWER CIRCUIT	1998		1,648		10			1,648	10
11		INSTALL 6 WALL JACKS	1998		2,158		5			2,158	11
12		INSTALL CABLE	1998		4,446		10			4,446	12
13		REPLACE SPRINKLER HEADS	1998		6,236		10			6,236	13
14		INSTALL WALL PLATES	1998		4,608		5			4,608	14
15		Climate Service(boiler maintenance)	1999		14,529	726	20	726		13,797	15
16		Directional Boring(sprinkler system)	1999		5,400		15			5,400	16
17		Chicago Cooling(a/c unit repair)	1999		2,070		15			2,070	17
18		Church Landscape(floating swan island)	1999		3,400		5			3,400	18
19		Church Landscape(floating swan island)	1999		2,000		5			2,000	19
20		Watermangement(compressor)	1999		2,625		15			2,625	20
21		New Horizons Communications (light telephone sys)	2000		9,767		10			9,767	21
22		New Horizons Communications (light telephone sys)	2000		7,765		10			7,765	22
23		System Electric (wiring)	2000		1,384	69	20	69		1,243	23
24		Climate Services (pipe)	2000		1,674	84	20	84		1,509	24
25		Climate Services (pipe)	2000		1,689	84	20	84		1,516	25
26		Climate Services (pipe)	2000		1,684	84	20	84		1,513	26
27		Climate Services (pipe)	2000		2,376	119	20	119		2,141	27
28		GT Mechanical (heating/compressor repair)	2000		5,079		10			5,079	28
29		New Horizons Communications (light telephone sys)	2000		7,765		10			7,765	29
30		Alden Bennett Cons (time and billing material)	2000		2,073		10			2,073	30
31		Alden Bennett Cons (time and billing material)	2000		2,798		10			2,798	31
32		New Horizons Comm. (phone insall)	2000		4,437		10			4,437	32
33		Fox Valley Fire & Safety (sprinkler system)	2000		2,290		15			2,290	33
34		Alden Bennett Construction (time and material)	2000		2,915		10			2,915	34
35		Capps Plumbing (srvc/repair pump)	2001		1,977		15			1,977	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

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	Capps Plumbing (repair pump)	2002	7,214		15			7,214	37
38	Med-Con (alarm system)	2002	813		10			813	38
39	Alden Bennett Construction (time & material)	2002	4,008	91	15	91		4,008	39
40	Alden Bennett Construction (time & material)	2002	2,809	50	15	50		2,809	40
41	Alden Bennett Construction (time & material)	2002	2,365	23	15	23		2,365	41
42									42
43	Alden Bennett Cons..auto. Door opener	2003	3,915		10			3,915	43
44	Alden Bennet Cons. laundry press/gas/ellec	2003	6,825	455	15	455		6,825	44
45	GT Mechanical-repair heat pump	2003	1,797		5			1,797	45
46	CSI Coker-rebuild dishwasher	2003	4,333		10			4,333	46
47	Real Green-sprinkler system repair	2003	3,600		5			3,600	47
48	Real Green-sprinkler system repair	2003	1,750		5			1,750	48
49	CSI Coker kitchen exhaust pipe repair	2003	1,728		5			1,728	49
50	CSI Coker-walk in freezer repair	2003	1,560		5			1,560	50
51	Alden Bennett Cons.-ejector pump repair	2003	1,182		5			1,182	51
52	Controlled Irrigation-sprinkler system repair	2003	2,552		5			2,552	52
53	Alden Bennett Cons-ejector pump repairs	2003	2,991		5			2,991	53
54	B&K Lawnsapcing-crushed stone walkway base	2003	1,400		10			1,400	54
55									55
56	Alden Bennett - Repairs	2004	1,700	113	15	113		1,480	56
57	Top Notch - Repairs	2004	2,189	146	15	146		1,910	57
58	Alden Bennett Construction - laundry press/gas/electric/pipe	2004	4,062	203	20	203		2,791	58
59	GT Mechanical-repair heat pump	2004	1,083	54	20	54		743	59
60									60
61									61
62	GT Mechanical-repair heater leak	2004	583		5			583	62
63	GT Mechanical-repair valve leak	2004	718		5			718	63
64	GT Mechanical-heater repair	2004	753		5			753	64
65	New Horizons - Phone line repair	2004	2,793		10			2,793	65
66	B & K Lawnsapcing- crushedstone walkway base	2004	2,420	161	15	161		2,202	66
67	Alden Bennett - Plumbing Repair	2004	866		5			866	67
68	GT Mechanical - Repair compressor leak	2004	700		5			700	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,855,686	\$ 317,297		\$ 319,442	\$ 2,145	\$ 6,510,651	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 12A, Carried Forward		\$ 12,855,686	\$ 317,297		\$ 319,442	\$ 2,145	\$ 6,510,651	1
2	GT Mechanical - Repair cooling fan	2004	1,256		5			1,256	2
3	GT Mechanical - Repairs	2004	679		5			679	3
4	Top Notch - Repairs	2004	839		5			839	4
5	GT Mechanical - AC maintenance/repair	2004	1,108		5			1,108	5
6	GT Mechanical - Replace CFM & contactor	2004	1,126		10			1,126	6
7	Replace condenser fan motor	2004	1,204		10			1,204	7
8	Building Repairs	2004	5,871	391	15	391		5,214	8
9	A&B Custom Cable TV Service, Inc. - Inst cable jacks	2004	8,120		10			8,120	9
10	GTMECH-Replace Gas Valve in the RTU	2005	2,165	144	15	144		1,873	10
11	TOPNOT Commercial Kitchen	2005	1,735	116	15	116		1,507	11
12	New Horizons Phone Repair	2005	2,461		10			2,461	12
13	Dryer and Condensing Unit	2005	1,309		10			1,309	13
14									14
15	ABC Installed Cabinets and Drawers	2005	5,332	355	15	355		4,438	15
16	New Horizons CRD 6 Circuit	2005	2,285		10			2,285	16
17	New Furnance	2005	2,299		5			2,299	17
18	12 New Phones	2005	3,559		10			3,559	18
19	ABC repair work on entry ramp and ramp walls	2005	5,211	347	15	347		4,164	19
20									20
21	Asphalt the Parking Lot	2005	1,806		10			1,806	21
22	Asphalt the Parking Lot	2005	1,787		10			1,787	22
23									23
24	Parking Lot	2006	217,356		8			217,356	24
25	Installed new seal and started on HP-1	2006	2,528		10			2,528	25
26	Installed new power supply	2006	4,274	214	20	214		2,550	26
27	Removed and replaced carpet	2006	3,848		5			3,848	27
28	Repair Generator	2006	2,819		5			2,819	28
29	Installed new vanity countertop	2006	3,277		10			3,277	29
30	Installed sewage ejector pump	2006	4,453	297	15	297		3,316	30
31	Carpet for the second floor	2006	31,104		5			31,104	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,175,497	\$ 319,161		\$ 321,306	\$ 2,145	\$ 6,824,483	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		\$ 13,175,497	\$ 319,161		\$ 321,306	\$ 2,145	\$ 6,824,483	1
2	<u>New Carpet at Orland</u>	2007	38,166		5			38,166	2
3									3
4	<u>New Park Benches</u>	2007	2,606		5			2,606	4
5	<u>Install intercom system</u>	2007	5,825	287	10	287		5,825	5
6	<u>replaced worn and broken locksets</u>	2007	6,137		5			6,137	6
7	<u>Modifications to irrigation system</u>	2007	22,716		5			22,716	7
8	<u>Major repair to Dryer</u>	2007	5,088	337	10	337		5,088	8
9	<u>Porch repair</u>	2007	2,695		5			2,695	9
10	<u>new carpet</u>	2007	19,420		5			19,420	10
11	<u>Topnot Booster Heater</u>	2007	5,462	502	10	502		5,462	11
12	<u>Replaced damaged parking lot with new material</u>	2007	6,020		8			6,020	12
13	<u>Additional work on parking lot</u>	2007	7,771		8			7,771	13
14	<u>Fence around parking lot</u>	2007	6,996		8			6,996	14
15	<u>New Door and concrete around area-ABC</u>	2008	5,215	348	15	348		3,277	15
16	<u>Laundry chute Door-ABC</u>	2008	8,803	880	10	880		8,287	16
17	<u>New Receiving Door and new motor-ABC</u>	2008	6,271	627	10	627		5,852	17
18	<u>Replace receiving door-ABC</u>	2008	2,521	252	10	252		2,289	18
19	<u>Replace laundry chute, ceiling tile, broken plumbing & electrical f</u>	2009	7,028	703	10	703		5,858	19
20	<u>Asphalt paving-ABC</u>	2009	22,465	2,341	8	2,341		22,465	20
21	<u>Coating EIFS installation of control joint-ABC</u>	2009	3,275		5			3,275	21
22	<u>Concrete & EIFS coating repairs - J.S. Goray</u>	2009	8,670	578	15	578		4,913	22
23	<u>Repair railings & exterior EIFS entrance-ABC</u>	2009	8,665	578	15	578		4,865	23
24	<u>Oxygen suction system repaired air hoses-Medical Gas Mngmt</u>	2010	11,467		5			11,467	24
25	<u>Elevator: CPU repairs/parts-Long Elevator Co.</u>	2010	5,675		5			5,675	25
26	<u>Paving-Asphalt cleaned sealcoat applied-Garelli Pavement</u>	2010	3,450	431	8	431		3,161	26
27	<u>Engineering Fees, rebuilding-Therapy Room-ABC</u>	2010	6,796	453	15	453		3,284	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,404,701	\$ 327,478		\$ 329,623	\$ 2,145	\$ 7,038,053	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,404,701	\$ 327,478		\$ 329,623	\$ 2,145	\$ 7,038,053	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		17		60	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,483,655	\$ 328,518		\$ 330,663	\$ 2,145	\$ 7,127,014	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		\$ 13,483,655	\$ 328,518		\$ 330,663	\$ 2,145	\$ 7,127,014	1
2	Carpentry Accoustical work - ABC	2011	17,521	1,168	15	1,168		7,787	2
3	Carpentry drywall accoustical demoli. work - ABC	2011	57,595	3,840	15	3,840		25,600	3
4	Carpentry electrical work - ABC	2011	48,742	3,249	15	3,249		21,660	4
5	Framing/drywall fire protection work - ABC	2011	19,334	1,289	15	1,289		8,593	5
6	HVAC/Plumbing - ABC	2011	32,533	2,169	15	2,169		14,460	6
7	Plumbing fire protection work - ABC	2011	18,840	1,256	15	1,256		8,373	7
8	Pier construction (3) - JMALLE	2011	19,637	982	20	982		6,137	8
9	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	33,117	1,656	20	1,656		10,074	9
10	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	55,850	2,793	20	2,793		17,068	10
11	Pier construction - fence/electrical fixtures - ABC	2011	5,005	250	20	250		1,521	11
12	Pier construction - landscaping - ABC	2011	26,077	1,304	20	1,304		7,933	12
13									13
14	Generator transfer switch/install - ABC	2011	12,578		5			12,578	14
15	Upholstery - Design	2011	2,905		5			2,905	15
16									16
17	Sprinkley heads & pressure gauges (11) - US Fire	2012	5,856	860	5	860		5,856	17
18	Fire damper replacement and repairs labor - GT Mechanical	2012	12,585	1,259	10	1,259		6,505	18
19	Pier construction - landscaping - Seberty	2012	6,215	311	20	311		1,684	19
20									20
21	Paving, parking lot, sealcoat/re-stripe-ABC	2013	26,195	1,746	15	1,746		7,675	21
22	Asphalt walking path, excavate/install-ABC	2013	16,194	2,024	8	2,024		8,602	22
23	Washer motor-Washtown Equipment	2013	2,617	523	5	523		2,485	23
24	Sprinkler heads, dry pendants (4, cooler & freezer)-Valley Fire	2013	2,664	533	5	533		2,176	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)		\$ 13,905,715	\$ 355,730		\$ 357,875	\$ 2,145	\$ 7,306,686	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 12E, Carried Forward		\$ 13,905,715	\$ 355,730		\$ 357,875	\$ 2,145	\$ 7,306,686	1
2	Fireproof spray-on toilet shafts and main ducts-ABC	2014	9,997	1,000	10	1,000		3,083	2
3	Resurface stair and ramp walls, top patio and stair landing (w/CT)	2014	4,188	838	5	838		2,584	3
4									4
5	Fire damper - ABC	2015	8,157	816	10	816		2,040	5
6	Fire damper - ABC	2015	13,276	1,328	10	1,328		3,320	6
7	Pump, Heat, repair - ABC	2015	5,188	1,038	5	1,038		2,941	7
8									8
9	Fire damper (room 211) - ABC	2016	2,567	257	10	257		514	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,949,088	\$ 361,007		\$ 363,152	\$ 2,145	\$ 7,321,168	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 12F, Carried Forward	\$ 13,949,088	\$ 361,007		\$ 363,152	\$ 2,145	\$ 7,321,168		1
2	Adjustment Alden bennett 2002 costs	2007 (4,558)	(304)	15	(304)		(3,243)		2
3	Adj for ABC related party profit	2008 (130)	(8)		(8)		(76)		3
4	Adj for ABC related party profit	2009 (547)	(30)		(30)		(255)		4
5	Adj for ABC related party profit	2010 (83)	(2)		(2)		(15)		5
6	Adj for ABC related party profit	2011 2,545	170		170		952		6
7									7
8	Adj for ABC related party profit	2013 571	16		16		80		8
9	Adj for ABC related party profit	2014 (19)	(1)		(1)		(2)		9
10									10
11	Adj for ABC related party profit	2015 (50)	(4)		(4)		(12)		11
12									12
13	GT Mechanical-replace A/C compressor unit	2004 8,600	573	15	573		7,736		13
14	Insurance refund on above asset	2004 (3,600)	(240)	15	(240)		(3,240)		14
15	Millcar Milliken Carpets	2005 18,160		10			18,160		15
16	Millcar Milliken Carpets	2005 (15,609)		10			(15,609)		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)	\$ 13,954,368	\$ 361,177		\$ 363,323	\$ 2,145	\$ 7,325,644		34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 704,234	\$ 71,589	\$ 71,589	\$	Varies	\$ 340,756	71
72	Current Year Purchases	368,993	27,684	27,684		Varies	27,502	72
73	Fully Depreciated Assets	1,810,208	2,869	2,869		Varies	1,810,208	73
74								74
75	TOTALS	\$ 2,883,435	\$ 102,142	\$ 102,142	\$		\$ 2,178,466	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	Midwest Transit	Ford Eldorado	2000	\$ 49,826	\$	\$	\$		\$ 49,826	76
77	Car Engine/Bus/Van	Various/Dodge	'98-'04	8,164					8,164	77
78	Water hoses replace on auto	Various	2005	1,537					1,537	78
79	Related Party-AMS	Various	1998-2004	3,911				3	3,911	79
80	TOTALS			\$ 63,438	\$	\$	\$		\$ 63,438	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)	\$ 17,486,161	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 463,319	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 465,465	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,145	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,567,548	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 Estates of Orland Park

0042192

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 04/01/1996

Ending 12/31/2021

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: \$ 32,842 Description: copy machine lease 16,887 (GL 6861), postage meter 2,450 (GL 6850) equipment lease 13,505 (GL 6859)

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>16,331</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>250.00</u>	<u>3,000</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>19,331</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	\$		\$ 1,100,538	\$		\$ 1,100,538	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			161,739			161,739	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,198,038			1,198,038	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				1,301,837		1,301,837	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>See Pg 16A</u>	39-1, 39-3, if any					5,280		5,280	12
13	Other (specify): <u>See Pg 16A</u>					145,585	852,253		997,838	13
14	TOTAL			\$		\$ 2,605,900	\$ 2,159,370		\$ 4,765,270	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	\$1,100,537.58	
2.	ST	39-3	To Col 5	161,738.93	
3.					
4.	PT	39-3	To Col 5	1,198,037.89	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			1,406,185.58	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(104,348.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	1,301,837.58	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	5,280.07	
	Total Exceptional Care (Line 12, Col 8)			5,280.07	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	145,585.00	From Page 6D
	Other			997,006.10	
	Manual Input: Related Party - Prism			(125,395.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(18,837.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(521.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			-	
13.	Col 6: Supplies Total		To Col 6	852,253.10	
13.	Total Line 13, Column 8			997,838.10	
14.	Total			4,765,270.15	

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 124,305	\$ 149,622	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 280,000)	3,603,423	3,603,423	3
4	Supply Inventory (priced at)	5,917	5,917	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,659	6
7	Other Prepaid Expenses	21,812	44,475	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	29,507	147,376	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,784,964	\$ 3,961,472	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	495,759	1,133,715	15
16	Equipment, at Historical Cost	648,208	3,075,050	16
17	Accumulated Depreciation (book methods)	(897,123)	(9,480,604)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		523,790	21
22	Other Long-Term Assets (spe <u>financing fees</u>)	27,870	179,553	22
23	Other(specify): <u>Due from Affiliates</u>	34,793,084	34,793,084	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 35,067,798	\$ 43,402,926	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 38,852,762	\$ 47,364,398	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,275,136	\$ 1,275,136	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	346,078	346,078	28
29	Short-Term Notes Payable		191,991	29
30	Accrued Salaries Payable	853,866	853,866	30
31	Accrued Taxes Payable (excluding real estate taxes)	35,963	35,963	31
32	Accrued Real Estate Taxes(Sch.IX-B)		928,000	32
33	Accrued Interest Payable	113,640	160,809	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>	91,151	91,151	36
37	<u>Due to Affiliates</u>	3,192,625	3,192,625	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,908,459	\$ 7,075,619	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,810,763	1,810,763	39
40	Mortgage Payable		13,381,725	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>			43
44	<u>Shareholder Loan</u>	79,728	79,728	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,890,491	\$ 15,272,216	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,798,950	\$ 22,347,835	46
47	TOTAL EQUITY(page 18, line 24)	\$ 31,053,812	\$ 25,016,563	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 38,852,762	\$ 47,364,398	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 30,816,462	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 30,816,462	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	237,350	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)	\$ 237,350	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)	\$ 31,053,812	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 20,056,845	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 20,056,845	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	108,660	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 108,660	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	110	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	30	19
20	Radiology and X-Ray	166	20
21	Other Medical Services	893	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,199	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,078	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,078	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	17,670	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,670	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,189,452	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,464,175	31
32	Health Care	5,677,477	32
33	General Administration	4,694,342	33
B. Capital Expense			
34	Ownership	1,951,751	34
C. Ancillary Expense			
35	Special Cost Centers	4,868,787	35
36	Provider Participation Fee	295,570	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 19,952,102	40
41	Income before Income Taxes (line 30 minus line 40)**	237,350	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 237,350	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,971,368	44
45	Private Pay - Net Inpatient Revenue	2,728,961	45
46	Medicare - Net Inpatient Revenue	10,626,049	46
47	Other-(specify) <u>Hospice</u>	215,806	47
48	Other-(specify) <u>Insurance/Sales Allowance</u>	3,514,661	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 20,056,845	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 Estates of Orland Park# 0042192Report Period Beginning 01/01/2017 Ending: 12/31/201712/31/2017**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL 497700	\$ 26
Misc Income G/L 497700 Record Copies	\$ 2,132
Misc Income GL 497700 Palos Community Hosp (Rebate/Incentive)	\$ 6,651
Vendor Discount	\$ 697
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 8,164
Line 28 Total:	<u><u>17,670</u></u>

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	1,600	1,863	\$ 98,119	\$ 52.67	1
2	Assistant Director of Nursing	5,460	5,460	241,928	44.31	2
3	Registered Nurses	47,646	50,484	1,811,480	35.88	3
4	Licensed Practical Nurses	27,649	29,290	864,676	29.52	4
5	CNAs & Orderlies	95,627	102,427	1,402,453	13.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,728	4,209	65,937	15.67	8
9	Activity Director	1,864	1,928	48,063	24.93	9
10	Activity Assistants	5,961	6,580	78,502	11.93	10
11	Social Service Workers	5,539	5,620	94,728	16.86	11
12	Dietician					12
13	Food Service Supervisor	1,565	1,705	47,143	27.65	13
14	Head Cook	9,544	9,824	188,583	19.20	14
15	Cook Helpers/Assistants	44,797	47,468	543,439	11.45	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	73,859	35.51	17
18	Housekeepers	25,591	27,107	372,479	13.74	18
19	Laundry	1,552	1,842	18,854	10.24	19
20	Administrator	2,072	2,080	102,668	49.36	20
21	Assistant Administrator	2,720	2,720	89,393	32.87	21
22	Other Administrative	12,267	12,365	308,989	24.99	22
23	Office Manager					23
24	Clerical	4,288	4,516	50,737	11.23	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	7,284	7,295	275,798	37.81	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Mgr	6,645	6,949	111,154	16.00	32
33	Other(specify) Memory Care	6,613	7,270	101,641	13.98	33
34	TOTAL (lines 1 - 33)	322,092	341,082	\$ 6,990,623 *	\$ 20.50	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	\$465/mo	\$ 5,550	1-3	35
36	Medical Director	\$3,500/mo	43,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$400/mo	4,800	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	18	1,005	11-3	44
45	Social Service Consultant	12	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	30	\$ 55,415		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	\$387/visit	\$ 18,520	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$ 18,520		53

Alden Estates of Oriand Park
 Legal Fee Support
 2017

Legal Fees Reported on Pg 21, Section C:	\$ 58,068.22
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(11,192.75)
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>\$ 1,683.47</u>

<u>In Detail:</u>		680600-100-000
Vendor Name	Invoice Date	Amount
Ogletree,Deakins,Nash,Smook & Stewart, P.C. [OGDLEA]	6/9/2017	1,141.91
Von Briesen & Roper S.C [VONBR]	6/28/2017	134.64
Von Briesen & Roper S.C [VONBR]	8/7/2017	26.32
Von Briesen & Roper S.C [VONBR]	8/31/2017	334.32
Von Briesen & Roper S.C [VONBR]	8/31/2017	39.00
Von Briesen & Roper S.C [VONBR]	11/14/2017	7.28
TOTAL ALLOWABLE LEGAL FEES		<u>1,683.47</u>

		696600-100-000
Vendor Name	Invoice Date	Amount
Ariana Fisch [ARIFIS]	12/31/2016	3.95
Ariana Fisch [ARIFIS]	12/31/2016	6.00
Ariana Fisch [ARIFIS]	12/31/2016	9.00
Ariana Fisch [ARIFIS]	9/12/2017	486.00
Ariana Fisch [ARIFIS]	9/12/2017	122.52
Ariana Fisch [ARIFIS]	10/23/2017	51.05
Stone, Pogrund & Korey LLC	1/31/2017	729.94
Stone, Pogrund & Korey LLC	2/28/2017	630.85
Stone, Pogrund & Korey LLC	3/31/2017	1,484.00
Stone, Pogrund & Korey LLC	4/30/2017	682.40
Stone, Pogrund & Korey LLC	5/31/2017	693.03
Stone, Pogrund & Korey LLC	6/30/2017	609.31
Stone, Pogrund & Korey LLC	7/31/2017	931.56
Stone, Pogrund & Korey LLC	8/31/2017	798.40
Stone, Pogrund & Korey LLC	9/30/2017	1,454.91
Stone, Pogrund & Korey LLC	10/31/2017	743.80
Stone, Pogrund & Korey LLC	11/30/2017	1,436.03
Chicago Title Company, LLC [CHTIC]	5/10/2017	60.00
Chicago Title Company, LLC [CHTIC]	5/31/2017	60.00
Chicago Title Company, LLC [CHTIC]	6/22/2017	60.00
Chicago Title Company, LLC [CHTIC]	11/7/2017	60.00
DiDomenico Agency [DIDOME]	12/18/2017	80.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES **11,192.75**

		680600-100-003
Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Allocation	1/31/2017	3,766.00
AMS Corp Legal Cost Allocation	2/28/2017	3,766.00
AMS Corp Legal Cost Allocation	3/29/2017	3,766.00
AMS Corp Legal Cost Allocation	4/28/2017	3,766.00
AMS Corp Legal Cost Allocation	5/30/2017	3,766.00
AMS Corp Legal Cost Allocation	6/22/2017	3,766.00
AMS Corp Legal Cost Allocation	7/27/2017	3,766.00
AMS Corp Legal Cost Allocation	8/30/2017	3,766.00
AMS Corp Legal Cost Allocation	9/29/2017	3,766.00
AMS Corp Legal Cost Allocation	10/31/2017	3,766.00
AMS Corp Legal Cost Allocation	11/30/2017	3,766.00
AMS Corp Legal Cost Allocation	12/20/2017	3,766.00

TOTAL Allocated Legal Fees **45,192.00**

Total Legal Cost **58,068.22**

Facility Name & ID Number Alden Estates of Orland Park

0042192

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; 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 \$19,200
- (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. \$ 46,415 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? N/A
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. \$ 295,570
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. \$ 24,466 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