

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691 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	316	Skilled (SNF)	316	115,340	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	316	TOTALS	316	115,340	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	514	1,683	6,331	8,528	8
9	SNF/PED					9
10	ICF	41,065	3,062	7,626	51,753	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,579	4,745	13,957	60,281	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 52.26%

D. How many bed reserve days during this year were paid by the Department?
None (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 03/01/95

J. Was the facility purchased or leased after January 1, 1978?
YES Date 03/01/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 316 and days of care provided 5,569

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 Terrace of McHenry Reh # 0040691 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	316,130	31,514	28,530	376,174	760	376,934	(1,210)	375,724		1
2	Food Purchase		460,910		460,910	(49,702)	411,208	(1,424)	409,784		2
3	Housekeeping	194,337	36,439		230,776	2,809	233,585	9,963	243,548		3
4	Laundry	52,283	22,676		74,959	544	75,503		75,503		4
5	Heat and Other Utilities			217,264	217,264		217,264	1,724	218,988		5
6	Maintenance	47,997		307,602	355,599	233	355,832	33,741	389,573		6
7	Other (specify):* related party/security			270	270		270	11,166	11,436		7
8	TOTAL General Services	610,747	551,539	553,666	1,715,952	(45,356)	1,670,596	53,960	1,724,556		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,557,695	283,167	13,648	3,854,510	(44,012)	3,810,498	76,773	3,887,271		10
10a	Therapy	62,583	2,374	62,139	127,096		127,096		127,096		10a
11	Activities	123,021	6,526	4,810	134,357	152	134,509		134,509		11
12	Social Services	46,692			46,692		46,692		46,692		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							10,805	10,805		15
16	TOTAL Health Care and Programs	3,789,991	292,067	104,597	4,186,655	(43,860)	4,142,795	87,578	4,230,373		16
	C. General Administration										
17	Administrative	193,000			193,000		193,000	213,390	406,390		17
18	Directors Fees										18
19	Professional Services			1,041,181	1,041,181		1,041,181	(966,327)	74,854		19
20	Dues, Fees, Subscriptions & Promotions			146,966	146,966	(300)	146,666	(108,956)	37,710		20
21	Clerical & General Office Expenses	135,014	20,907	200,855	356,776	728	357,504	288,952	646,456		21
22	Employee Benefits & Payroll Taxes			726,079	726,079	37,026	763,105	(2,463)	760,642		22
23	Inservice Training & Education										23
24	Travel and Seminar							1,449	1,449		24
25	Other Admin. Staff Transportation			389	389		389	15,916	16,305		25
26	Insurance-Prop.Liab.Malpractice			472,732	472,732		472,732	337	473,069		26
27	Other (specify):* related party			330,297	330,297		330,297	(245,207)	85,090		27
28	TOTAL General Administration	328,014	20,907	2,918,499	3,267,420	37,454	3,304,874	(802,909)	2,501,965		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,728,752	864,513	3,576,762	9,170,027	(51,762)	9,118,265	(661,371)	8,456,894		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 Terrace of McHenry Reh

#0040691

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			206,678	206,678		206,678	(25,211)	181,467			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			157,334	157,334		157,334	9,111	166,445			32
33	Real Estate Taxes			208,399	208,399		208,399	4,811	213,210			33
34	Rent-Facility & Grounds			1,444,080	1,444,080		1,444,080		1,444,080			34
35	Rent-Equipment & Vehicles			16,133	16,133		16,133	43,452	59,585			35
36	Other (specify):* MIP											36
37	TOTAL Ownership			2,032,624	2,032,624		2,032,624	32,163	2,064,787			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		803,025	813,546	1,616,571	51,762	1,668,333	(137,857)	1,530,476			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			495,976	495,976		495,976		495,976			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		803,025	1,309,522	2,112,547	51,762	2,164,309	(137,857)	2,026,452			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,728,752	1,667,538	6,918,908	13,315,198		13,315,198	(767,065)	12,548,133			45

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

0040691
 Period Beginning: 01/01/2017
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IDPH License No. 0

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(49,702)	Employee Meals
	22	49,702	Employee Meals
22		(12,676)	Uniform Reclass
	1	760	Uniform Reclass
	3	2,809	Uniform Reclass
	4	544	Uniform Reclass
	6	233	Uniform Reclass
	10	7,750	Uniform Reclass
	11	152	Uniform Reclass
	21	428	Uniform Reclass
10		(51,762)	Oxygen Cost Reclass
	39	51,762	Oxygen Cost Reclass
20		(300)	rc Licenses and Inspection
	21	300	rc Licenses and Inspection

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(14,274)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(2,447)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,783)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(42,703)	21		17
18	Fines and Penalties	(353)	32		18
19	Entertainment	(546)	20		19
20	Contributions	(10,631)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,947)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(330,297)	27		24
25	Fund Raising, Advertising and Promotional	(13,529)	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)	\$ (432,510)		\$	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)	(173,274)	Pg 6s	34
35	Other- Attach Schedule	(161,281)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (334,555)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (767,065)		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 Terrace of McHenry Reh

ID# 0040691

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec exp on Pg12<\$2,500	\$ (21,688)	30	1
2	Elim Deprec exp on Pg13<\$2,500	(5,713)	30	2
3	Exp Pg12 items<\$2,500-current year purchases	22,216	6	3
4	Exp Pg13 items<\$2,500-current year purchases	0	6	4
5				5
6	adj ABC Rel Party profit Pg 12 (2008-2017)	135	30	6
7	adjustment on Depreciation	(727)	30	7
8	Late Fees on utilities	(2,401)	5	8
9	Intercompany interests (Midcap GL 7031)	(150,545)	32	9
10	back out Chambers of Commerce (GL 6825)	(200)	20	10
11	Misc Inc - Medical Records	(145)	21	11
12	Misc Inc - Food Rebate	(2,060)	2	12
13	Misc Inc - Donation	(25)	21	13
14	Misc Inc - Jury Duty	(48)	21	14
15	Vendor Discount	(80)	10	15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(161,281)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	3,398	(4,608)	0	0	0	0	0	0	0	(1,210)	1
2	Food Purchase	(4,843)	0	0	3,419	0	0	0	0	0	0	0	(1,424)	2
3	Housekeeping	0	0	9,963	0	0	0	0	0	0	0	0	9,963	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,401)	0	4,125	0	0	0	0	0	0	0	0	1,724	5
6	Maintenance	7,942	0	24,491	0	0	0	(75)	1,383	0	0	0	33,741	6
7	Other (specify):*	0	0	11,166	0	0	0	0	0	0	0	0	11,166	7
8	TOTAL General Services	698	0	53,143	(1,189)	0	0	(75)	1,383	0	0	0	53,960	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	(80)	0	71,657	8,602	(3,406)	0	0	0	0	0	0	76,773	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	10,805	0	0	0	0	0	0	0	0	10,805	15
16	TOTAL Health Care and Programs	(80)	0	82,462	8,602	(3,406)	0	0	0	0	0	0	87,578	16
	C. General Administration													
17	Administrative	0	0	213,390	0	0	0	0	0	0	0	0	213,390	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,947)	0	(951,380)	0	0	0	0	0	0	0	0	(966,327)	19
20	Fees, Subscriptions & Promotions	(24,906)	0	(84,050)	0	0	0	0	0	0	0	0	(108,956)	20
21	Clerical & General Office Expenses	(42,921)	0	331,873	0	0	0	0	0	0	0	0	288,952	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,463)	0	0	0	0	0	0	(2,463)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,449	0	0	0	0	0	0	0	0	1,449	24
25	Other Admin. Staff Transportation	0	0	15,916	0	0	0	0	0	0	0	0	15,916	25
26	Insurance-Prop.Liab.Malpractice	0	0	337	0	0	0	0	0	0	0	0	337	26
27	Other (specify):*	(330,297)	0	85,090	0	0	0	0	0	0	0	0	(245,207)	27
28	TOTAL General Administration	(413,071)	0	(387,375)	0	(2,463)	0	0	0	0	0	0	(802,909)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(412,453)	0	(251,770)	7,413	(5,869)	0	(75)	1,383	0	0	0	(661,371)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(27,993)	0	2,782	0	0	0	0	0	0	0	0	(25,211)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(153,345)	0	162,456	0	0	0	0	0	0	0	0	9,111	32
33	Real Estate Taxes	0	0	4,811	0	0	0	0	0	0	0	0	4,811	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	43,452	0	0	0	0	0	0	0	0	43,452	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(181,338)	0	213,501	0	0	0	0	0	0	0	0	32,163	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	(93,996)	(44,127)	266	0	0	0	0	0	(137,857)	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	(93,996)	(44,127)	266	0	0	0	0	0	(137,857)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(593,791)	0	(38,269)	(86,583)	(49,996)	266	(75)	1,383	0	0	0	(767,065)	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	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$		0.00%	\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,125	\$ 4,125 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,449	1,449 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		15,916	15,916 17
18	V	26 Insurance		Alden Management Services, Inc.		337	337 18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		1,534	(84,050) 19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		4,811	4,811 21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		43,452	43,452 22
23	V	32 Interest		Alden Management Services, Inc.		162,456	162,456 23
24	V	1 Dietary		Alden Management Services, Inc.		3,398	3,398 24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,963	9,963 25
26	V	7 Employee Benefits - Gen Serv		Alden Management Services, Inc.		11,166	11,166 26
27	V	10 Nurse & Med Records Salaries		Alden Management Services, Inc.		71,657	71,657 27
28	V	15 Employee Benefits - HealthCare		Alden Management Services, Inc.		10,805	10,805 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		213,390	213,390 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		85,090	85,090 30
31	V	19 Professional Fees	991,952	Alden Management Services, Inc.		40,572	(951,380) 31
32	V	21 General and Administrative	42,036	Alden Management Services, Inc.		373,909	331,873 32
33	V	6 Repairs and Maintenance	30,198	Alden Management Services, Inc.		54,689	24,491 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,149,770			\$ 1,111,501	\$ * (38,269) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 26,400	Prism Health Care Sevices, Inc.	0.00%	\$	\$(26,400)
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.		14,981	14,981
17	V	2 Tube Feeding	47,288	Prism Health Care Sevices, Inc.		27,416	(19,872)
18	V	10 Equip Rental	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
19	V	39 Ancillary Supplies	195,305	Prism Health Care Sevices, Inc.		59,393	(135,912)
20	V	1 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		6,811	6,811
21	V	2 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		23,291	23,291
22	V	10 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		5,568	5,568
23	V	39 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		41,916	41,916
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		\$ 275,653			\$ 189,070	\$ * (86,583)

* 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	\$ 449,755	Forum Extended Care Services II, Inc.	0.00%	\$ 415,152	\$ (34,603)
16	V	39 IV	139,348	Forum Extended Care Services II, Inc.		128,627	(10,721)
17	V	39 Wound Care Products	14,004	Forum Extended Care Services II, Inc.		12,927	(1,077)
18	V	10 House Stock	36,676	Forum Extended Care Services II, Inc.		33,853	(2,823)
19	V	10 Pharmacy Consultant	7,584	Forum Extended Care Services II, Inc.		7,001	(583)
20	V	22 Employee Vaccin.	2,463	Forum Extended Care Services II, Inc.			(2,463)
21	V	39 Employee Vaccin.		Forum Extended Care Services II, Inc.		2,274	2,274
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		\$ 649,830			\$ 599,834	\$ * (49,996)

* 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	\$ 859,291	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 859,557	\$ 266	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 859,291			\$ 859,557	\$ *	266	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 55,913	Alden Bennett Construction Company, Inc.	0.00%	\$ 55,838	\$	(75)	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		\$ 55,913			\$ 55,838	\$ *	(75)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 6,312	Alden Design Group, Inc.	0.00%	\$ 7,695	\$ 1,383	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 6,312			\$ 7,695	\$ *	1,383	39

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

Facility Name & ID Number

Alden Terrace of McHenry Reh

0040691

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 Terrace of McHenry Reh # 0040691 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	176,553	1.828	4.57	Salary	\$ 8,447	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,434	1.828	4.57	Salary	4,566	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,434	1.828	4.57	Salary	4,566	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	109,651	1.828	4.57	Salary	5,246	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,083	1.828	4.57	Salary	2,875	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,553	1.371	4.57	Salary	8,447	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	\$ 34,147		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 Terrace of McHenry Reh

0040691

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	1,320,269	35	\$ 90,340	\$ 60,281	\$ 4,125	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	60,281	1,449	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	60,281	15,916	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	60,281	337	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	60,281	1,534	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	60,281	4,811	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	60,281	43,452	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	60,281	162,456	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	3,398	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	9,963	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	60,281	11,166	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	71,657	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	60,281	10,805	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	213,390	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	60,281	85,090	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	40,572	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	373,909	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	54,689	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 1,111,501	25

Facility Name & ID Number

Alden Terrace of McHenry Reh

0040691

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							\$	\$			\$	1						
2												2						
3												3						
4	Insurance Interest (GL7053)		x	Medical Malpractice								4,223	4					
5	Interest - AVAYA (GL7030)		x	Capital Lease								2,213	5					
Working Capital																		
6	Related party-AMS		x									162,456	6					
7													7					
8													8					
9	TOTAL Facility Related						\$	\$			\$	168,892	9					
B. Non-Facility Related*																		
10	Interest Income (GL4975)											(2,447)	10					
11													11					
12													12					
13													13					
14	TOTAL Non-Facility Related						\$	\$			\$	(2,447)	14					
15	TOTALS (line 9+line14)						\$	\$			\$	166,445	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* 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 Terrace of McHenry Reh COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0040691

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>4,811.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>09-34-177-006</u>	<u>Nursing Facility</u>	\$ <u>5,476.00</u>	\$ <u>5,476.00</u>
4. <u>09-34-177-009</u>	<u>Nursing Facility</u>	\$ <u>201,020.96</u>	\$ <u>201,020.96</u>
5. <u>09-34-177-010</u>	<u>Nursing Facility</u>	\$ <u>401.90</u>	\$ <u>401.90</u>
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>312,270.86</u></u>	\$ <u><u>211,709.86</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 Terrace of McHenry Reh

0040691

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 9,000 B. General Construction Type: Exterior Masonry Frame 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

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 with values 1, 2, 3. Row 3 contains 'TOTALS'.

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									4	
5									5	
6									6	
7									7	
8									8	
	Improvement Type**									
9	Climate Service (Ventilation)	1995		1,828		15			1,828	9
10	Climate Service (Ventilation)	1995		1,915		15			1,915	10
11	Climate Service _Controls	1995		2,885		15			2,885	11
12	Climate Service-Controls	1995		1,251		15			1,251	12
13	Climate Service (A?C Motors,Transfomer)	1995		1,840		15			1,840	13
14	climate Services _Controls	1995		1,200		15			1,200	14
15	JD & Sons-Roofing	1995		7,500		10			7,500	15
16	Grat Lakes Plumbing _Discahrge Pump	1995		3,563		15			3,563	16
17	Midwest Wlectrical	1995		3,332		5			3,332	17
18	Climate Services, Inc.-Ventilation	1995		2,295		15			2,295	18
19	CSI-New Pump	1995		1,483		10			1,483	19
20	Eagle Flag & Banner	1995		680		12			680	20
21	Equipment International _Repair Dishwasher	1996		1,793		5			1,793	21
22	JD & Sons-Roofing	1996		7,700		10			7,700	22
23	ABC_Roof top Condensor	1996		8,668		10			8,668	23
24	Install Walk in refrigeratror	1997		2,177		5			2,177	24
25	Install Ceramic Tile	1997		1,535		5			1,535	25
26	Engine/generator repaired	1997		3,099		5			3,099	26
27	New Cylinder	1997		12,800		5			12,800	27
28	Instill new condenser	1997		8,166		5			8,166	28
29	Install new cylinder	1997		15,300		5			15,300	29
30	Install Floor tile	1997		4,102		5			4,102	30
31	HVAC Boiler	1997		5,888		5			5,888	31
32	Custom wall plates	1997		386		10			386	32
33	A&B Custom Cable Wall plates	1997		1,918		10			1,918	33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	Wigdahl Electric (install new fixtures, relocate outlets)	1998	1,759		5			1,759	37
38	Wigdahl Electric (repair lighting, timeclock)	1998	1,853		5			1,853	38
39	Climate Service (repaired boiler)	1998	16,029		10			16,029	39
40	Atash (repair sprinkler system)	1998	1,558		10			1,558	40
41	J.D. & Son (roof repair)	1998	10,000		10			10,000	41
42	CSI (dietary refrigerator)	1998	1,670		10			1,670	42
43	CSI (sump cover)	1998	4,900		10			4,900	43
44	Patten (generator repairs)	1998	3,856	193	20	193		3,746	44
45	CSI (insulate duct on air handler)	1998	2,750		15			2,750	45
46	CSI (repair air conditioner)	1998	1,698		10			1,698	46
47	CSI (replace gaskets on hot water coil)	1998	3,934	197	20	197		3,774	47
48	North Town Food Service (repair dish machine)	1999	1,861		10			1,861	48
49	Alden Bennet Construction (tank replacement)	1999	8,649	346	25	346		6,516	49
50	Patten (Fuel Tank Repairs, need invoice)	1999	1,724		10			1,724	50
51	Chicago Cooling Corp. (repair of unit 5, and inspection)6/99	1999	2,367		10			2,367	51
52	Climate Service, Inc. (replace 15 ton condenser)	1999	9,374		15			9,374	52
53	Climate Service, Inc. (replace 10 ton condenser)	1999	7,100		15			7,100	53
54	Climate Service, Inc. (compressor)	1999	7,466		15			7,466	54
55	Climate Service, Inc. (vac pump)	1999	1,644		15			1,644	55
56	Climate Service, Inc. (compressor maintenance)	1999	1,728		15			1,728	56
57	Capps Plumbing & Sewer (install trap & rodded pipes)	1999	1,835		10			1,835	57
58	Climate Service, Inc. (tank repair and maintenance)	1999	2,380	95	25	95		1,719	58
59	Shine Rite Maintenance (refinish tile floors)	1999	4,805		10			4,805	59
60	Alden Bennet Construction (tile/roofing)	2000	8,214		10			8,214	60
61	Alden Bennet Construction (tile/roofing)	2000	11,459		10			11,459	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 223,917	\$ 831		\$ 831	\$	\$ 220,853	70

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	
1	Totals from Page 12A, Carried Forward		\$ 223,917	\$ 831		\$ 831	\$	\$ 220,853	1
2	Fox Valley Fire & Safety (replace smoke detectors)	2000	3,731		10			3,731	2
3	CSI Coker Service (repair dishwasher)	2000	3,299		10			3,299	3
4	Welding Supply Inc (repair alarm system)	2000	9,399		10			9,399	4
5									5
6	System Electric Inc (new controls for oxygen system)	2000	1,785		8			1,785	6
7	GT Mechanical (repair laundry compressor)	2000	2,700		10			2,700	7
8	CSI Coker Service (repair dishwasher)	2000	1,536		10			1,536	8
9	Equipment International (repair laundry equipment)	2000	1,670		10			1,670	9
10	GT Mechanical (repair pneumatic system compressor)	2000	2,431		10			2,431	10
11	Advanced Parts & Service (repair food processor)	2000	2,026		10			2,026	11
12	CSI Coker Service (repair boiler)	2000	5,985		10			5,985	12
13									13
14									14
15	Capps -Plumbing & 2670 (install new bolt flange checkvalve)	2001	1,865		15			1,865	15
16	Sentry Protection Systems (annual maintenance on the fire alarm)	2001	2,151		15			2,151	16
17	CSI- Coker Service, 039721	2001	1,523		10			1,523	17
18	Patten (replace with updated phase monitor)	2001	1,898		10			1,898	18
19	Rockford Steam (hvac work)	2001	6,562		10			6,562	19
20									20
21	GT Mechanical (replace compressor)	2001	4,947		15			4,947	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017		10			2,017	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516		15			2,516	23
24	CSI Coker (bldng. Improvement)	2001	1,708		15			1,708	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742		10			20,742	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 304,409	\$ 831		\$ 831	\$	\$ 301,344	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	
1	Totals from Page 12B, Carried Forward		\$ 304,409	\$ 831		\$ 831		\$ 301,344	1
2	EQUINT Equipment International (gas dryer)	2002	3,240		10			3,240	2
3	AQUSER .REBUILD 2 WATER SOFTNE	2002	4,990		10			4,990	3
4	ALDBEN Alden Bennett Construct (need invoice)	2002	18,173		15			18,173	4
5	ENGSEC Engineered Security Sys	2002	3,091	121	15	121		3,091	5
6	ALDBEN Alden Bennett Construct	2002	25,143	840	15	840		25,143	6
7	ALDBEN Alden Bennett Construct (building improvement)	2002	3,391	76	15	76		3,391	7
8	TTIRRI T & T Irrigation Inc.(lawn sprinkler system)	2002	15,000	600	25	600		9,350	8
9	PATTEN (replace batteries of radiator & install crank case)	2002	1,517	27	15	27		1,517	9
10	FEMORA (REPLACED 50 SMOKE DETEC)	2002	8,364		10			8,364	10
11	FEMORA (REPAIR FIRE ALARM)	2002	3,374		10			3,374	11
12	GTMECH Gt Mechanical Inc (install new shaft & bearing).	2002	2,216	9	15	9		2,216	12
13	ALDBEN Alden Bennett Construct(install radar,painting & fire d	2002	12,850	710	15	710		12,850	13
14									14
15									15
16	ABC various repairs	2002	54,669	2,733	20	2,733		41,684	16
17	ABC-various reopairs	2002	23,660	1,315	15	1,315		23,660	17
18	Aurora Tri State Fire-smoke detectors	2002	4,322		10			4,322	18
19	Aurora Tri State Fire-smoke detectors	2002	6,200		10			6,200	19
20	Aurora Tri State Fire-install alarms	2002	6,559		10			6,559	20
21	Simplex Grinnell-remove old andsul dry clean unit	2002	2,987		10			2,987	21
22	A&B Custom Cable-install cable/outlets	2003	4,908		10			4,908	22
23	GT Mechanical-boiler repair	2003	4,892		11			4,892	23
24	ABC-receiving door/sensor	2003	6,623		10			6,623	24
25	ABC-ceiling heaters installed	2003	4,570		10			4,570	25
26	ABC-aluminum outdoor fencing	2003	5,137	342	15	342		5,079	26
27	Real Green sprinkler maintenance	2003	3,730		5			3,730	27
28	GT Mechanical- HVAC air handler repairs	2003	1,533		5			1,533	28
29	Action Fence Contractor-rail pipe railings	2003	1,875		10			1,875	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 537,422	\$ 7,604		\$ 7,604		\$ 515,665	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	
1	Totals from Page 12C, Carried Forward		\$ 537,422	\$ 7,604		\$ 7,604	\$	\$ 515,665	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)		\$ 616,376	\$ 8,644		\$ 8,644	\$	\$ 604,626	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		\$ 616,376	\$ 8,644		\$ 8,644	\$	\$ 604,626	1
2									2
3	Adjust for ABC Related Party Profit	2008	(168)					(168)	3
4	Adjust for ABC Related Party Profit	2009	(230)	(20)		(20)		(230)	4
5	Adjust for ABC Related Party Profit	2010	(1,118)	(52)		(52)		(390)	5
6	Adjust for ABC Related Party Profit	2011	206	2		2		13	6
7	Adjust for ABC Related Party Profit	2012	2,176	134		134		737	7
8	Adjust for ABC Related Party Profit	2013	2,434	66		66		297	8
9	Adjust for ABC Related Party Profit	2014	12	1		1		2	9
10	Adjust for ABC Related Party Profit	2015	40	2		2		5	10
11	Adjust for ABC Related Party Profit	2016	20	1		1		1	11
12	Adjust for ABC Related Party Profit	2017	106	1		1		1	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)		\$ 619,854	\$ 8,779		\$ 8,779	\$	\$ 604,894	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		\$ 619,854	\$ 8,779		\$ 8,779	\$	\$ 604,894	1
2	Alden Bennett Const.-Roof repair	2004	16,439		10			16,439	2
3	Alden Bennett Const.-Floor repair	2004	2,429		10			2,429	3
4	Alden Bennett Const.-Roof repair	2004	1,854		10			1,854	4
5	CSI Coker-install thermostats	2004	1,853		5			1,853	5
6	GT Mechanical-replace motor pump	2004	1,362		5			1,362	6
7	Alden Bennett Const. Repair control valves	2004	2,643		5			2,643	7
8	GT Mechanical-receiver,controller/gauge	2004	2,165		10			2,165	8
9	Capps Plumbing-repair toilets,dishwasher	2004	1,635		10			1,635	9
10	Capps Plumbing-repair/rod main kitchen	2004	4,375		10			4,375	10
11	Alden Bennett Cons.lock setrs	2004	5,110		5			5,110	11
12	CSI Coker-replace A/C system	2004	5,103		10			5,103	12
13	Insinc Tellnet-DSL cable	2004	1,334		10			1,334	13
14	Alden Bennett Cons. Bathroom upgrades	2004	10,405		10			10,405	14
15	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		4,510	15
16	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		7,587	16
17	Alden Bennett Cons. Bathroom upgrades	2004	7,281		10			7,281	17
18	ABC - New window casement	2005	2,820		10			2,820	18
19	ABC - Time & Material Job# 8020	2005	1,756		10			1,756	19
20	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 h	2005	2,242		10			2,242	20
21	ABC - Time & Material Job# 8020	2005	5,676		10			5,676	21
22	EWS Welding - Equip Repair (Repair Oxygen back up system)	2005	3,429		8			3,429	22
23	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314		10			3,314	23
24	ABC - Time & Material Job# 8020	2005	19,770		10			19,770	24
25	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 room	2005	2,317		8			2,317	25
26	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	66	20	66		836	26
27	GT Mechanical - Replace Compressor	2005	6,460	431	15	431		5,459	27
28	ABC - Time & Material Job# 8020	2005	14,550		10			14,550	28
29	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan H	2005	2,054	137	15	137		1,724	29
30	A&B Custom Cable - 103 rms Cable TV Svc and Install master an	2005	10,094		10			10,094	30
31	AMS Generator Repairs	2006	5,006		5			5,006	31
32	TOPNOT Replace Freezer Door 1 of 2	2006	4,100		10			4,100	32
33	TOPNOT Replace Freezer Door 2 of 2	2006	4,100		10			4,100	33
34	TOTAL (lines 1 thru 33)		\$ 790,715	\$ 10,307		\$ 10,307	\$	\$ 768,172	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	
1	Totals from Page 12F, Carried Forward		\$ 790,715	\$ 10,307		\$ 10,307	\$	\$ 768,172	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328		10			3,328	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650		10			2,650	3
4	A&B Custom Cable - paid by LG	2005	6,250		10			6,250	4
5	Oak Fire - Repaired System	2005	2,715		10			2,715	5
6	GTMECH Replace Shaft and Bearings	2006	2,646		10			2,646	6
7	MG Mechincal - Heat Pump Mini-split system	2006	4,850		10			4,850	7
8	ABC - raise floor	2006	2,750		10			2,750	8
9	ABC - flooring and paint	2006	2,652	2	10	2		2,652	9
10	Water Filter Steamer	2007	16,815	1,257	10	1,257		16,815	10
11	New Blacktop Paving and seal coat	2007	66,518	5,541	10	5,541		66,518	11
12	ABC Concrete and steel work-fire protection	2006	20,329		10			20,329	12
13	ABC Fire Protection	2006	25,647	1,282	20	1,282		14,102	13
14	New Plumbing Fixture Concrete	2007	5,811	581	10	581		5,811	14
15	ABC New roof	2008	29,424	2,942	10	2,942		27,704	15
16	GTMECH Repaired boiler2	2008	6,034	603	10	603		5,477	16
17	ABC - New MI Unit - Carpentry/Hardware/Painting/Plumbing	2009	39,557	2,637	15	2,637		23,733	17
18	ABC - New MI Unit - Carpentry/HVAC/Resilient Flooring/Door & Fr	2009	55,975	3,732	15	3,732		31,411	18
19	ABC - install sprinkler extention	2009	10,728	429	25	429		3,790	19
20	ABC - install sprinkler extension due to Life safety code	2009	37,230	1,489	25	1,489		12,905	20
21	ABC - replace damaged sidewalk	2009	7,505	500	15	500		4,292	21
22	Pattern - Repair generator	2009	2,695		5			2,695	22
23	Top Notch - 1 cooler compressor	2009	4,735	316	15	316		2,791	23
24	Equipment Int'l - Repair washer	2009	3,587		5			3,587	24
25	Equipment Int'l - Repair washer	2009	2,519		5			2,519	25
26	Top Notch - 1 new booster	2009	5,596	560	10	560		4,853	26
27	ABC - New MI Unit - Medical Gas/Doors & Frames/Security Camera	2009	23,516	1,568	15	1,568		14,112	27
28	ABC - fire panel	2010	31,162	3,116	10	3,116		22,332	28
29	ABC - asphalt	2010	35,721	4,465	8	4,465		32,743	29
30	ABC - Residents Bathroom Rebuild (supply lines, plumbing, accessori	2010	24,470	1,631	15	1,631		11,553	30
31	TopNotch - freezer repair	2010	3,533		5			3,533	31
32	Belec - electric breakers	2010	3,389		5			3,389	32
33	EWS - oxygen wall outlet	2010	3,199	320	10	320		2,373	33
34	TOTAL (lines 1 thru 33)		\$ 1,284,250	\$ 43,278		\$ 43,278	\$	\$ 1,135,380	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	
1	Totals from Page 12G, Carried Forward		\$ 1,284,250	\$ 43,278		\$ 43,278	\$	\$ 1,135,380	1
2	Focus Fire Protection - sprinkler	2010	6,305		5			6,305	2
3	Wing remodel - Part 1 of 2 -ADG	2010	15,038	752	20	752		6,090	3
4	Wing remodel - Part 2 of 2 -ADG	2010	42,345	2,823	15	2,823		19,996	4
5									5
6	Boiler parts replaced - TopNotch	2011	4,567	457	10	457		3,199	6
7	cove base in 200 Wing - ABC	2011	5,617	562	10	562		3,840	7
8	Fire alarm repair - NAC panel - AFFCUS	2011	5,155		5			5,155	8
9									9
10	Roof repairs - JD & Sons	2012	14,000	933	5	933		14,000	10
11	Dampers, fire protection - GT Mechanical	2012	7,009	701	10	701		3,680	11
12	Dampers, fire protection - GT Mechanical	2012	16,931	1,693	10	1,693		8,747	12
13	Fire alarm - AFFCUS	2012	3,017	504	5	504		3,017	13
14	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								14
15	cabinet, carpentry, accoustical, painting, electrical, direct super	2012	17,821	1,188	15	1,188		6,732	15
16	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								16
17	cabinet, carpentry, accoustical, painting, electrical, direct super	2012	17,431	1,162	15	1,162		6,101	17
18									18
19	sprinkler system - ABC	2013	16,805	1,120	15	1,120		4,480	19
20	Concrete sidewalk - Upland Concrete Inc	2013	5,625	375	15	375		1,688	20
21	motor compressor - GT Mechanical	2013	2,510	502	5	502		2,133	21
22	motor cooling unit - GT Mechanical	2013	3,198	640	5	640		2,667	22
23	Boiler parts - ABC	2013	11,589	773	15	773		3,671	23
24	sprinkler system - ABC	2013	42,710	2,847	15	2,847		12,337	24
25	sprinkler system - ABC	2013	26,884	1,792	15	1,792		7,616	25
26	sprinkler system - ABC	2013	82,880	5,525	15	5,525		22,560	26
27	Remodeled the 200-400 wing , which included: wall rebuilds,								27
28	electrical outlet work & painting the affected areas:								28
29	Painting, carpenty and electricals - AMS	2014	12,486	832	15	832		3,259	29
30	Fence/Guard rails - ABC	2014	6,285	419	15	419		1,292	30
31	Motor blower - GT Mech	2014	5,195	1,039	5	1,039		3,117	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,655,653	\$ 69,917		\$ 69,917	\$	\$ 1,287,062	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 12H, Carried Forward		\$ 1,655,653	\$ 69,917		\$ 69,917	\$	\$ 1,287,062	1
2	Pole lights, parking lot - ABC	2015	10,203	680	15	680		1,984	2
3	Roof - JD & Sons	2015	14,000	1,400	10	1,400		3,033	3
4	Remodel 2nd floor; medical/utility rooms - ABC								4
5	carpentries, pre-manufactured cabinets, fluorescent								5
6	lamps, electrical fixtures	2015	4,297	286	15	286		572	6
7									7
8	Motor blower - GT Mechanical	2015	2,622	524	5	524		1,092	8
9	Boiler tubes replacement - ABC	2015	6,919	461	15	461		960	9
10									10
11									11
12	Motor, pump repair - ABC	2016	5,588	1,118	5	1,118		1,118	12
13	Remodel residents' bathrooms Wing 500 - ABC: plumbing,								13
14	mirrors, lavatory faucets, sinks, drains, mechanical locks,								14
15	solid white cultured marble vanity tops and bowls	2016	5,051	337	15	337		561	15
16	Renovated Wing 500 - AMS: Carpentries, electrical fixtures								16
17	paints, landscaping, general labor	2016	108,738	7,249	15	7,249		7,249	17
18	Motor, install W/I/F - Topnotch	2016	3,687	737	5	737		1,413	18
19	Fire dampers - GT Mech	2016	2,860	286	10	286		524	19
20	Roof repair, Wing 500 - JD & Sons	2016	2,675	535	5	535		713	20
21									21
22	Gas (Medical) pipeline repair	2017	6,075	304	10	304		304	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,828,368	\$ 83,834		\$ 83,834	\$	\$ 1,306,585	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	\$ 719,802	\$ 89,509	\$ 89,509	\$	varies	\$ 355,224	71
72	Current Year Purchases	238,406	8,025	8,025		varies	8,025	72
73	Fully Depreciated Assets	506,614	99	99		varies	506,614	73
74								74
75	TOTALS	\$ 1,464,822	\$ 97,633	\$ 97,633	\$		\$ 869,863	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				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 3,297,216	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 181,467	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 181,467	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,180,474	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 Terrace of McHenry Reh

0040691

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: T.L. Enterprises

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:		316		\$ 1,444,080	6	6	3
4	Additions							4
5								5
6								6
7	TOTAL		316		\$ 1,444,080			7

10. Effective dates of current rental agreement:

Beginning 12/26/2012

Ending 02/28/2023

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2018</u>	\$ <u>1,444,080</u>
13.	<u>12/31/2019</u>	\$ <u>1,444,080</u>
14.	<u>12/31/2020</u>	\$ <u>1,444,080</u>

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

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

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

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: \$ 24,451 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>19,401</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>19,401</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	\$		\$ 279,451	\$		\$ 279,451	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			136,656			136,656	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			372,515			372,515	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				417,426		417,426	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any				266	324,162		324,428	12
13	Other (specify):	See Pg 16A								13
14	TOTAL			\$		\$ 788,888	\$ 741,588		\$ 1,530,476	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	\$279,451.00	
2.	ST	39-3	To Col 5	136,656.00	
3.					
4.	PT	39-3	To Col 5	372,515.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			449,756.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(32,330.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	417,426.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	266.00	From Page 6D
	Other			378,194.00	
	Manual Input: Related Party - Prism			(93,996.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(10,721.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(1,077.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			51,762.00	
13.	Col 6: Supplies Total		To Col 6	324,162.00	
13.	Total Line 13, Column 8			324,428.00	
14.	Total			1,530,476.00	

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance <u>300,000</u>)	2,907,632		3
4	Supply Inventory (priced at)	5,342		4
5	Short-Term Investments			5
6	Prepaid Insurance	7,043		6
7	Other Prepaid Expenses	22,345		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	2,055		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,944,417	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	51,260		12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,945,086		15
16	Equipment, at Historical Cost	1,512,678		16
17	Accumulated Depreciation (book methods)	(2,313,693)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	112,887		21
22	Other Long-Term Assets (spe <u>Purchase Option</u>	948,000		22
23	Other(specify): <u>Due from Affiliate,</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,256,218	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,200,635	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 731,827	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	223,254		28
29	Short-Term Notes Payable	9,433		29
30	Accrued Salaries Payable	652,529		30
31	Accrued Taxes Payable (excluding real estate taxes)	29,214		31
32	Accrued Real Estate Taxes(Sch.IX-B)	213,100		32
33	Accrued Interest Payable			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>	85,228		36
37	<u>Due to Affiliates</u>	1,473,212		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,417,797	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	41,045		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	25,159,437		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 25,200,482	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 28,618,279	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (23,417,644)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,200,635	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (22,924,002)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (22,924,002)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(493,642)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (493,642)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (23,417,644)	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	\$ 12,590,320	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,590,320	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	167,566	6
7	Oxygen	42,865	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 210,431	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,870	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	13,130	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 16,000	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,447	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,447	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A; Food Rebate, Medical Records, Vendor Discou	2,358	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,358	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,821,556	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,715,952	31
32	Health Care	4,186,655	32
33	General Administration	3,267,420	33
B. Capital Expense			
34	Ownership	2,032,624	34
C. Ancillary Expense			
35	Special Cost Centers	1,616,571	35
36	Provider Participation Fee	495,976	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,315,198	40
41	Income before Income Taxes (line 30 minus line 40)**	(493,642)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (493,642)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,657,743	44
45	Private Pay - Net Inpatient Revenue	932,958	45
46	Medicare - Net Inpatient Revenue	3,014,457	46
47	Other-(specify) <u>Hospice</u>	1,367,467	47
48	Other-(specify) <u>Insurance/Sales Allowances</u>	617,695	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,590,320	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 Terrace of McHenry Reh

0040691

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)	
Medical Record Copies-Backed out with Ln ref 21-Pg 5A	145
Jury Duty-Backed out with Ln ref 22-Pg 5A	48
Food Rebate	2,060
Vendor Discount	80
Donation	25
Line 28 Total:	<u><u>2,358</u></u>

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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	2,400	2,560	\$ 117,191	\$ 45.78	1
2	Assistant Director of Nursing	1,923	2,179	83,258	38.21	2
3	Registered Nurses	24,706	26,223	959,526	36.59	3
4	Licensed Practical Nurses	27,591	29,667	866,895	29.22	4
5	CNAs & Orderlies	74,762	79,664	1,261,451	15.83	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	755	798	9,915	12.42	8
9	Activity Director	1,960	2,080	46,182	22.20	9
10	Activity Assistants	5,664	5,802	51,150	8.82	10
11	Social Service Workers	1,793	1,947	46,692	23.98	11
12	Dietician					12
13	Food Service Supervisor	1,688	1,798	39,969	22.23	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,719	26,158	276,161	10.56	15
16	Dishwashers					16
17	Maintenance Workers	1,776	1,846	47,996	26.00	17
18	Housekeepers	13,071	13,966	194,337	13.92	18
19	Laundry	5,344	5,522	52,283	9.47	19
20	Administrator	1,920	2,080	101,683	48.89	20
21	Assistant Administrator	2,552	2,808	91,317	32.52	21
22	Other Administrative	4,374	4,646	127,254	27.39	22
23	Office Manager					23
24	Clerical	5,406	5,642	60,429	10.71	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,377	3,528	136,886	38.80	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care: Resident Attendant	2,668	2,707	25,689	9.49	32
33	Other(specify) Memory Care Dir	8,167	8,798	132,488	15.06	33
34	TOTAL (lines 1 - 33)	216,616	230,419	\$ 4,728,752 *	\$ 20.52	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	2375/mo	\$ 28,530	1-3	35
36	Medical Director	2000/mo	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	632/mo	7,584	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	7 hours	1,715	11-3	44
45	Social Service Consultant	16 hrs	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 62,949		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	85 hours	4,245	10-3	52
53	TOTAL (lines 50 - 52)		\$ 4,245		53

Alden Terrace of McHenry Reh
 Legal Fee Support
 2017

Legal Fees Reported on Pg 21, Section C:	\$	70,591.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(10,453.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	<u>14,946.00</u>

In Detail:

Vendor Name - 696600-100-000 Legal Fees - Collections	Invoice Date	Amount
Pogrund & Kelly	01/17 to 12/17	6,261.00
Law Offices of Kimberly Weissman	09/17 to 10/17	8,685.00
TOTAL ALLOWABLE LEGAL FEES		<u><u>14,946.00</u></u>

Vendor Name - 680600-100-000 - Legal Fees Non-Collections	Invoice Date	Amount
Schmidt Salzman	1/31/2017	5,137.00
Midcap	01/17 to 12/17	5,255.00
Simandl Law Group - union negotiation	1/31/2017	61.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u><u>10,453.00</u></u>

Vendor Name - 680600-100-003 - AMS Allocated Legal Fees	Invoice Date	Amount
Corp Legal Cost Alloc - 2017	01/17 to 12/17	45,192.00
TOTAL Allocated Legal Fees		<u><u>45,192.00</u></u>
Total Legal Cost		<u><u>70,591.00</u></u>

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

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
- (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 \$30,336
- (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. \$ 51,181 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. \$ 495,976
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. \$ 49,702 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