

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000 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	237	Skilled (SNF)	237	86,505	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	237	TOTALS	237	86,505	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	2,363	1,018	4,295	7,676	8
9	SNF/PED					9
10	ICF	58,138	996	3,467	62,601	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	60,501	2,014	7,762	70,277	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.24%

D. How many bed reserve days during this year were paid by the Department?
 _____ (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients.
 (E.g., day care, "meals on wheels", outpatient therapy)

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 06/15/93

J. Was the facility purchased or leased after January 1, 1978?
 YES Date 06/01/92 NO

K. Was the facility certified for Medicare during the reporting year?
 YES NO If YES, enter number of beds certified 237 and days of care provided 3,592

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 Town Manor Rehab & HCC # 0038000 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	461,680	36,475	33,269	531,424	1,634	533,058	2,724	535,782		1
2	Food Purchase		560,259		560,259	(39,878)	520,381	(71,443)	448,938		2
3	Housekeeping	289,817	54,823		344,640	1,887	346,527	11,615	358,142		3
4	Laundry	94,567	39,565		134,132	184	134,316		134,316		4
5	Heat and Other Utilities			329,046	329,046		329,046	1,558	330,604		5
6	Maintenance	53,340		332,572	385,912	47	385,959	62,462	448,421		6
7	Other (specify):* related party/security			331	331		331	13,018	13,349		7
8	TOTAL General Services	899,404	691,122	695,218	2,285,744	(36,126)	2,249,618	19,934	2,269,552		8
	B. Health Care and Programs										
9	Medical Director			26,400	26,400		26,400		26,400		9
10	Nursing and Medical Records	3,923,165	290,782	16,267	4,230,214	(46,635)	4,183,579	85,105	4,268,684		10
10a	Therapy	343,827	2,122	92,772	438,721	111	438,832		438,832		10a
11	Activities	117,813	9,842	4,620	132,275		132,275		132,275		11
12	Social Services	44,202			44,202		44,202		44,202		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							12,597	12,597		15
16	TOTAL Health Care and Programs	4,429,007	302,746	140,059	4,871,812	(46,524)	4,825,288	97,702	4,922,990		16
	C. General Administration										
17	Administrative	305,150			305,150		305,150	312,197	617,347		17
18	Directors Fees										18
19	Professional Services			1,219,465	1,219,465		1,219,465	(1,112,875)	106,590		19
20	Dues, Fees, Subscriptions & Promotions			142,774	142,774		142,774	(112,189)	30,585		20
21	Clerical & General Office Expenses	192,229	42,997	226,018	461,244	638	461,882	343,016	804,898		21
22	Employee Benefits & Payroll Taxes			1,042,225	1,042,225	21,320	1,063,545	(6,339)	1,057,206		22
23	Inservice Training & Education										23
24	Travel and Seminar			255	255		255	1,690	1,945		24
25	Other Admin. Staff Transportation			6,592	6,592		6,592	18,555	25,147		25
26	Insurance-Prop.Liab.Malpractice			355,208	355,208		355,208	11,059	366,267		26
27	Other (specify):* related party			237,164	237,164		237,164	(137,964)	99,200		27
28	TOTAL General Administration	497,379	42,997	3,229,701	3,770,077	21,958	3,792,035	(682,850)	3,109,185		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,825,790	1,036,865	4,064,978	10,927,633	(60,692)	10,866,941	(565,214)	10,301,727		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			41,492	41,492		41,492	433,190	474,682		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			292,344	292,344		292,344	337,059	629,403		32
33	Real Estate Taxes			945,797	945,797	(945,797)		976,076	976,076		33
34	Rent-Facility & Grounds			874,685	874,685	945,797	1,820,482	(1,820,482)			34
35	Rent-Equipment & Vehicles			25,389	25,389		25,389	50,657	76,046		35
36	Other (specify):* MIP							57,822	57,822		36
37	TOTAL Ownership			2,179,707	2,179,707		2,179,707	34,322	2,214,029		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		613,026	754,101	1,367,127	60,692	1,427,819	(196,196)	1,231,623		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			530,653	530,653		530,653		530,653		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		613,026	1,284,754	1,897,780	60,692	1,958,472	(196,196)	1,762,276		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,825,790	1,649,891	7,529,439	15,005,120		15,005,120	(727,088)	14,278,032		45

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

0038000
 Period Beginning: 01/01/2017
 Period Ending: 12/31/2017

IDPH License No. 0

Page 4A

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(39,878)	Employee Meals
	22	39,878	Employee Meals
22		(18,558)	Uniform Reclass
	1	1,634	Uniform Reclass
	3	1,887	Uniform Reclass
	4	184	Uniform Reclass
	6	47	Uniform Reclass
	10	14,057	Uniform Reclass
	11	111	Uniform Reclass
	21	638	Uniform Reclass
10		(60,692)	Oxygen Cost Reclass
	39	60,692	Oxygen Cost Reclass
33		(945,797)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	945,797	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				4
5	Telephone, TV & Radio in Resident Rooms	(17,880)	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	14,451	30		9
10	Interest and Other Investment Income	(13,878)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,384)	2		13
14	Non-Care Related Interest	(42,303)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(31,029)	21		17
18	Fines and Penalties	(86,805)	32		18
19	Entertainment	(1,216)	20		19
20	Contributions	(8,081)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,600)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(237,164)	27		24
25	Fund Raising, Advertising and Promotional	(18,871)	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)	\$ (451,760)		\$	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)	(117,579)	Pg 6s	34
35	Other- Attach Schedule	(157,749)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (275,328)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (727,088)		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 Town Manor Rehab & HCCID# 0038000Report Period Beginning: 01/01/2017Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2	Late Fees on Utilities	(3,251)	5	2
3	Intercompany interests GL 7031 (Midcap)	(158,906)	32	3
4	Other nursing income (flue, w/chair etc)	(19)	21	4
5				5
6	back out Bank Charges - TM LLC		21	6
7				7
8	Elim Deprec Exp on Pg12 - <\$2,500 TM/Cicero	(1,831)	30	8
9	Elim Deprec Exp on Pg13 - <\$2,500 TM/Cicero	(29,383)	30	9
10	Exp Capital items, Pg13 curr year purch <\$2,500 TM/Ci	46,025	6	10
11	Exp Capital items, Pg13 Related Party AMS	2,505	6	11
12	adj for ABC related party profits -Pg 12	82	30	12
13	adj for ABC related party profits -Pg 12	1	30	13
14	adjustment on Depreciation exp	(388)	30	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23	Miscellaneous Income - Medical Records	(4,459)	21	23
24	Miscellaneous Income - Food Rebate	(1,495)	2	24
25	Miscellaneous Income - Jury Duty	(17)	22	25
26	Miscellaneous Income - Incentive Bonus - United Health	(7,572)	10	26
27	Vendor discount GL 4984	(63)	2	27
28	Add back Refund of 2005 Real Estate Taxes	1,411	33	28
29	Bank Charges (LLC)	(164)	21	29
30	Back out: Hoffman Estates Chamber of Comm GL 6825	(225)	20	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	(157,749)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	3,962	(1,238)	0	0	0	0	0	0	0	2,724	1
2	Food Purchase	(2,942)	0	0	(68,501)	0	0	0	0	0	0	0	(71,443)	2
3	Housekeeping	0	0	11,615	0	0	0	0	0	0	0	0	11,615	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,251)	0	4,809	0	0	0	0	0	0	0	0	1,558	5
6	Maintenance	30,650	0	30,722	0	0	0	(65)	1,155	0	0	0	62,462	6
7	Other (specify):*	0	0	13,018	0	0	0	0	0	0	0	0	13,018	7
8	TOTAL General Services	24,457	0	64,126	(69,739)	0	0	(65)	1,155	0	0	0	19,934	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	(7,572)	0	83,540	11,357	(2,220)	0	0	0	0	0	0	85,105	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	12,597	0	0	0	0	0	0	0	0	12,597	15
16	TOTAL Health Care and Programs	(7,572)	0	96,137	11,357	(2,220)	0	0	0	0	0	0	97,702	16
	C. General Administration													
17	Administrative	0	0	312,197	0	0	0	0	0	0	0	0	312,197	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,600)	18,795	(1,124,070)	0	0	0	0	0	0	0	0	(1,112,875)	19
20	Fees, Subscriptions & Promotions	(28,393)	0	(83,796)	0	0	0	0	0	0	0	0	(112,189)	20
21	Clerical & General Office Expenses	(35,671)	471	378,216	0	0	0	0	0	0	0	0	343,016	21
22	Employee Benefits & Payroll Taxes	(17)	0	0	0	(6,322)	0	0	0	0	0	0	(6,339)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,690	0	0	0	0	0	0	0	0	1,690	24
25	Other Admin. Staff Transportation	0	0	18,555	0	0	0	0	0	0	0	0	18,555	25
26	Insurance-Prop.Liab.Malpractice	0	10,667	392	0	0	0	0	0	0	0	0	11,059	26
27	Other (specify):*	(237,164)	0	99,200	0	0	0	0	0	0	0	0	(137,964)	27
28	TOTAL General Administration	(308,845)	29,933	(397,616)	0	(6,322)	0	0	0	0	0	0	(682,850)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(291,960)	29,933	(237,353)	(58,382)	(8,542)	0	(65)	1,155	0	0	0	(565,214)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	(17,068)	434,090	16,168	0	0	0	0	0	0	0	0	433,190	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(301,892)	465,800	173,151	0	0	0	0	0	0	0	0	337,059	32
33	Real Estate Taxes	1,411	945,797	28,868	0	0	0	0	0	0	0	0	976,076	33
34	Rent-Facility & Grounds	0	(1,820,482)	0	0	0	0	0	0	0	0	0	(1,820,482)	34
35	Rent-Equipment & Vehicles	0	0	50,657	0	0	0	0	0	0	0	0	50,657	35
36	Other (specify):*	0	57,822	0	0	0	0	0	0	0	0	0	57,822	36
37	TOTAL Ownership	(317,549)	83,027	268,844	0	0	0	0	0	0	0	0	34,322	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	(85,965)	(23,540)	(86,691)	0	0	0	0	0	(196,196)	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	(85,965)	(23,540)	(86,691)	0	0	0	0	0	(196,196)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(609,509)	112,960	31,491	(144,347)	(32,082)	(86,691)	(65)	1,155	0	0	0	(727,088)	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: 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	34 Rent Income	\$ 1,820,482	Town Manor Associates, LLC	0.00%	\$	\$ (1,820,482)	1
2	V	32 Interest Income - RR	140	Town Manor Associates, LLC			(140)	2
3	V	19 Accounting/Professional Fees		Town Manor Associates, LLC		11,900	11,900	3
4	V	33 Real Estate Tax		Town Manor Associates, LLC		945,797	945,797	4
5	V	26 Property and Liability Insurance		Town Manor Associates, LLC		10,667	10,667	5
6	V	32 Interest on Mortgage		Town Manor Associates, LLC		455,943	455,943	6
7	V	19 Legal Fees - Non Collections		Town Manor Associates, LLC		6,895	6,895	7
8	V	30 Depreciation		Town Manor Associates, LLC		434,090	434,090	8
9	V	32 Amortization		Town Manor Associates, LLC		9,997	9,997	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, LLC		57,822	57,822	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, LLC		471	471	11
12	V							12
13	V							13
14	Total		\$ 1,820,622			\$ 1,933,582	\$ * 112,960	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%	\$ 4,809	\$	4,809	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,690		1,690	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,555		18,555	17
18	V	26 Insurance		Alden Management Services, Inc.		392		392	18
19	V	20 Dues and Subscription	85,584	Alden Management Services, Inc.		1,788		(83,796)	19
20	V	30 Depreciation		Alden Management Services, Inc.		16,168		16,168	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		28,868		28,868	21
22	V	35 Rent - Equipment and Vehicle		Alden Management Services, Inc.		50,657		50,657	22
23	V	32 Interest		Alden Management Services, Inc.		173,151		173,151	23
24	V	1 Dietary		Alden Management Services, Inc.		3,962		3,962	24
25	V	3 Housekeeping		Alden Management Services, Inc.		11,615		11,615	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		13,018		13,018	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		83,540		83,540	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		12,597		12,597	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		312,197		312,197	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		99,200		99,200	30
31	V	19 Professional Fees	1,166,151	Alden Management Services, Inc.		42,081		(1,124,070)	31
32	V	21 General and Administrative	57,696	Alden Management Services, Inc.		435,912		378,216	32
33	V	6 Repairs and Maintenance	46,881	Alden Management Services, Inc.		77,603		30,722	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,356,312			\$ 1,387,803	\$ *	31,491	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	153,791	Prism Health Care Sevices, Inc.		50,475	(103,316)
18	V	10 Equip Rental	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
19	V	39 Ancillary Supplies	225,193	Prism Health Care Sevices, Inc.		76,573	(148,620)
20	V	1 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		10,181	10,181
21	V	2 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		34,815	34,815
22	V	10 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		8,323	8,323
23	V	39 Gen & Admin & Benefits		Prism Health Care Sevices, Inc.		62,655	62,655
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		\$ 412,044			\$ 267,697	\$ * (144,347)

* 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	\$ 317,373	Forum Extended Care Services II, Inc.	0.00%	\$ 292,955	\$ (24,418)
16	V	39 IV	35,818	Forum Extended Care Services II, Inc.		33,062	(2,756)
17	V	39 Wound Care Products	28,628	Forum Extended Care Services II, Inc.		26,426	(2,202)
18	V	10 House Stock	22,876	Forum Extended Care Services II, Inc.		21,116	(1,760)
19	V	10 Pharmacy Consultant	5,976	Forum Extended Care Services II, Inc.		5,516	(460)
20	V	22 Employee Vaccin.	6,322	Forum Extended Care Services II, Inc.			(6,322)
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		5,836	5,836
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		\$ 416,993			\$ 384,911	\$ * (32,082)

* 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	\$ 822,455	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 735,764	\$ (86,691)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 822,455			\$ 735,764	\$ * (86,691)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair and Maintenance	\$ 48,485	Alden Bennett Construction Company, Inc.	0.00%	\$ 48,420	\$	(65)	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		\$ 48,485			\$ 48,420	\$ *	(65)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair and Maintenance	\$ 5,266	Alden Design Group, Inc.	0.00%	\$ 6,421	\$ 1,155	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		\$ 5,266			\$ 6,421	\$ *	1,155	39

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

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

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

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 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	175,153	2.128	5.32	Salary	\$ 9,847	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,677	2.128	5.32	Salary	5,323	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,677	2.128	5.32	Salary	5,323	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	108,781	2.128	5.32	Salary	6,116	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,607	2.128	5.32	Salary	3,351	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,153	1.596	5.32	Salary	9,847	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	\$ 39,807		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 Town Manor Rehab & HCC

0038000

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	\$ 70,277	\$ 4,809	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	70,277	1,690	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	70,277	18,555	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	70,277	392	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	70,277	1,788	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	16,168	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	70,277	28,868	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	70,277	50,657	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	70,277	173,151	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	3,962	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	11,615	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	70,277	13,018	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	83,540	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	70,277	12,597	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	312,197	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	70,277	99,200	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	42,081	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	435,912	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	77,603	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 1,387,803	25

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge (GL 7055/2505/2021)				\$55,147.00	02/2011	\$ 12,722,300	\$ 11,471,939	03/2046	3.9400	\$ 455,943	1
2												2
3												3
4	Insurance Interest (GL7053)		x	Medical Malpractice							3,327	4
5												5
Working Capital												
6	Related party-AMS		x	Working Capital							173,151	6
7												7
8	Capital Lease Obligation (GL 7105/70)		x	Capital Lease							10,999	8
9	TOTAL Facility Related				\$55,147.00		\$ 12,722,300	\$ 11,471,939			\$ 643,420	9
B. Non-Facility Related*												
10	Int Income - R.R. (GL 4972)		x								(139)	10
11	Int Income (GL#4975 Oper/LLC)		x								(13,878)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (14,017)	14
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 11,471,939			\$ 629,403	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 57,822 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1.	Real Estate Tax accrual used on 2016 report.			\$	792,939	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	935,908	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	142,969	3
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	804,239	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	947,208	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	28,868	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	976,076	
Real Estate Tax Bill for Calendar Year:		2012	795,724	8	FOR BHF USE ONLY 13 FROM R. E. TAX STATEMENT FOR 2016 \$ 13 14 PLUS APPEAL COST FROM LINE 5 \$ 14 15 LESS REFUND FROM LINE 6 \$ 15 16 AMOUNT TO USE FOR RATE CALCULATION \$ 16	
	2013	834,842	9			
	2014	891,289	10			
	2015	924,936	11			
	2016	935,908	12			
<p style="color: blue;">The current year accrual is based on an estimated 3% increase of the prior year tax.</p>						

NOTES:

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

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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>28,868.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,566.91</u>	\$ <u>3,566.91</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,566.91</u>	\$ <u>3,566.91</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>78,294.77</u>	\$ <u>78,294.77</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>108,900.12</u>	\$ <u>108,900.12</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>399,418.28</u>	\$ <u>399,418.28</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>177,947.04</u>	\$ <u>177,947.04</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>74,756.62</u>	\$ <u>74,756.62</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>74,756.62</u>	\$ <u>74,756.62</u>
TOTALS		\$ <u><u>1,026,579.27</u></u>	\$ <u><u>950,075.27</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.**

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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. _____	Total from PG10a	\$ 1,026,579.27	\$ 950,075.27
2. <u>16-32-116-023-0000</u>	<u>Nursing Home Facility</u>	\$ 7,750.97	\$ 7,750.97
3. <u>16-32-116-024-0000</u>	<u>Nursing Home Facility</u>	\$ 6,949.12	\$ 6,949.12
4. <u>16-32-116-006-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 3,159.48	\$ 3,159.48
5. <u>16-32-116-007-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 2,742.98	\$ 2,742.98
6. <u>16-32-116-008-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 4,393.76	\$ 4,393.76
7. <u>16-32-116-009-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 6,331.46	\$ 6,331.46
8. <u>16-32-116-010-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 4,625.04	\$ 4,625.04
9. <u>16-32-116-011-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ 2,599.01	\$ 2,599.01
10. _____	_____	\$ _____	\$ _____
TOTALS		<u>\$ 1,065,131.09</u>	<u>\$ 988,627.09</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 Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 94,195 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, 66,775, 1991, 1,137,260, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 66,775, (blank), 1,137,260, 3.

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	249		1992	1992	9,104,204	289,022	30	303,473	14,451	7,569,372	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Window glass repair		1992		1,600		10			1,600	9
10	CSI - boiler repair		1994		3,268		3			3,268	10
11	Tower cleaners - drapery		1995		1,557		5			1,557	11
12	Bartlett heating -pipe insulation		1995		3,700		15			3,700	12
13	CSI - a/c repair		1995		4,093		10			4,093	13
14	CSI - a/c repair		1995		4,027		10			4,027	14
15	CSI - pipe insulation		1995		1,981		15			1,981	15
16	CSI - chiller HVAC		1996		6,042		10			6,042	16
17	The floor source - carpet installation		1996		5,345		10			5,345	17
18	Ward door specialist, Inc. - metal door		1996		1,385		15			1,385	18
19	Shalom landscaping - planting		1996		8,000		10			8,000	19
20	The floor source - carpet installation		1996		6,049		10			6,049	20
21	Bartlett heating -pipe insulation		1996		18,526		15			18,526	21
22	Over charged by Bartlett		1996		(10,500)		15			(10,500)	22
23	Alden Bennett const. - heating, vent , a/c		1996		69,300		20			69,300	23
24	Alden Bennett construction - sanitary sewer lift station		1996		23,921		20			23,921	24
25	Arrigo enterprises, Inc. - heating and cooling sys. Corridor		1996		10,931		20			10,931	25
26	Misco shawnee, Inc. - tile		1996		9,232		20			9,232	26
27	Misco shawnee, Inc. - tile		1996		9,020		20			9,020	27
28	General parts - repair dishwasher		1997		2,139		5			2,139	28
29	System Electric - 120 volt circuit installed and replaced		1997		2,085		5			2,085	29
30	Climate - freeon into a/c		1997		6,221		5			6,221	30
31	Long elevator - install new eyes on elevator door		1997		3,180		5			3,180	31
32	A&B cable - outlets installation		1997		11,520		5			11,520	32
33	Arrigo enterprises, Inc. - corridor renovation		1997		24,366		20			24,366	33
34	ABC - hvac repairs		1998		39,300	1,965	20	1,965		38,809	34
35	ABC - sanitary sewer lift station		1998		1,259	63	20	63		1,244	35
36	Coit drapery		1998		12,976		5			12,976	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 Town Manor Rehab & HCC

0038000

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	CSI - replaced fuse and cleaned ice machine	1998	3,267		10			3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071		15			2,071	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		2,335	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726		15			1,726	46
47	Climater service - repair rooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		6,329	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343		15			3,343	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806		15			1,806	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		1,310	60
61	Patten (water pump)	2001	2,325	116	20	116		1,963	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121		15			2,121	63
64	Simplex time (fire alarm)	2001	3,675		15			3,675	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,500	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784		10			3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 291,808		\$ 306,259	\$ 14,451	\$ 7,981,656	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		\$ 9,518,731	\$ 291,808		\$ 306,259	\$ 14,451	\$ 7,981,656	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120		15			2,120	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various arc	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844		10			2,844	11
12	GT Mechanical (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803		10			1,803	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		1,433	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964		10			4,964	17
18	Thybonny Wallcoverings (Design works)	2003	2,098		10			2,098	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220		10			25,220	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709		10			2,709	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		6,902	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		4,218	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		2,502	33
34	TOTAL (lines 1 thru 33)		\$ 9,631,392	\$ 292,936		\$ 307,387	\$ 14,451	\$ 8,091,942	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,631,392	\$ 292,936		\$ 307,387	\$ 14,451	\$ 8,091,942	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewar	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		3,825	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086		10			6,086	16
17	ABC - Tarkett vinyl sheeting	2006	17,176		10			17,176	17
18	ABC - exhaust fan	2006	5,662		10			5,662	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880		10			5,880	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072		5			5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613	33	10	33		3,613	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592		5			9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573	193	10	193		4,573	25
26	ABC - New HVAC motor	2007	3,188		5			3,188	26
27	ABC - new ceiling tiles	2007	4,289		5			4,289	27
28	ABC - new plumbing faucet	2007	6,344		5			6,344	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$ 293,462		\$ 307,913	\$ 14,451	\$ 8,238,379	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,778,511	\$ 293,462		\$ 307,913	\$ 14,451	\$ 8,238,379	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)		\$ 9,857,465	\$ 294,502		\$ 308,953	\$ 14,451	\$ 8,327,340	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,857,465	\$ 294,502		\$ 308,953	\$ 14,451	\$ 8,327,340	1
2									2
3	Adjust for ABC Related Party Profit	2008	(111)	(11)		(11)		(122)	3
4	Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(48)	4
5	Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(45)	5
6	Adjust for ABC Related Party Profit	2011	294	2		2		13	6
7	Adjust for ABC Related Party Profit	2012	1,362	24		24		132	7
8	Adjust for ABC Related Party Profit	2013	582	64		64		288	8
9	Adjust for ABC Related Party Profit	2014	174	12		12		42	9
10	Adjust for ABC Related Party Profit	2015	20	1		1		3	10
11	Adjust for ABC Related Party Profit	2016	5	1		1		1	11
12	Adjust for ABC Related Party Profit	2017	98	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)		\$ 9,859,593	\$ 294,585		\$ 309,036	\$ 14,451	\$ 8,327,605	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		\$ 9,859,593	\$ 294,585		\$ 309,036	\$ 14,451	\$ 8,327,605	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		1,367	2
3	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		12,276	3
4	ABC - new tiles	2008	4,802	480	10	480		4,600	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		6,111	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		4,558	6
7	ABC - replaced patio door	2009	2,852	285	10	285		2,470	7
8	ABC - receiving door	2009	6,451	645	10	645		5,590	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)	(317)		(317)		(1,066)	10
11	ABC - Asphalt	2010	12,834	1,604	8	1,604		10,025	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)	(79)		(79)		(618)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)	(1,588)		(1,588)		(4,883)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)	(1,257)		(1,257)		(1,727)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)	(1,934)		(1,934)		(2,578)	15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		2,160	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		6,106	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		3,382	18
19	ABC - damaged hardware repair	2011	2,989		5			2,989	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		2,686	20
21	ABC - thermal units/lights repairs	2011	6,624		5			6,624	21
22	GT Mechanical - laundry room repair	2011	8,341		5			8,341	22
23	ABC - plumbing repairs	2011	5,800		5			5,800	23
24	TopNotch - motor assembly	2011	2,600		5			2,600	24
25	ABC - handrail for the patio	2011	7,740		5			7,740	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		16,099	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100		5			3,100	27
28	Oak Fire - fire security master switchboard	2012	2,950	295	10	295		1,672	28
29	ABC - sprinkler system fire protection	2012	5,585	223	25	223		1,245	29
30	ABC - boiler repair	2012	16,491	825	20	825		4,194	30
31	GT Mechanical - laundry room damper repair	2012	7,273	727	10	727		3,756	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	355	10	355		2,071	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,041,241	\$ 302,339		\$ 316,790	\$ 14,451	\$ 8,444,295	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		\$ 10,041,241	\$ 302,339		\$ 316,790	\$ 14,451	\$ 8,444,295	1
2	ABC - railing stairwell	2013	43,240	2,883	15	2,883		13,934	2
3	Topnotch - freezer compressor	2013	5,525	1,105	5	1,105		4,973	3
4	Topnotch - motor dishwasher	2013	4,727	945	5	945		4,174	4
5									5
6									6
7	TM - Parking Lot	1994	334,637	13,385	25	13,385		321,250	7
8	ABC - motor pump	2014	3,640	728	5	728		2,609	8
9	ABC - heating and vent	2014	7,503	1,501	5	1,501		5,378	9
10	ABC - asphalt	2014	63,275	7,909	8	7,909		25,045	10
11	ABC - asphalt	2014	5,934	742	8	742		2,411	11
12	ABC - radiation dampers	2014	11,537	1,154	10	1,154		3,654	12
13	OakFire - damper	2014	10,160	2,032	5	2,032		7,112	13
14	ADG - window	2014	13,742	1,374	10	1,374		4,580	14
15									15
16	Belec Electric - Repair kitchen for Osha	2015	3,659	732	5	732		1,769	16
17	JD & Sons - Roof repair	2015	2,850	570	5	570		1,330	17
18	ABC - paving, asphalt	2015	5,276	660	8	660		1,485	18
19	ABC - pump repair	2015	5,233	1,919	5	1,919		3,925	19
20	GT Mech - reinsulate piping & repair	2015	3,500	817	5	817		1,692	20
21									21
22	Suburban Elevator - elevator repair	2016	6,907	1,381	5	1,381		2,302	22
23	Topnotch - kitchen, motor assembly	2016	3,723	745	5	745		1,241	23
24	GT Mech - Fire Dampers	2016	4,241	424	10	424		636	24
25	GT Mech - pump and valve at water tower leakage	2016	6,369	1,274	5	1,274		1,486	25
26	JD Sons - roof repair	2016	2,955	591	5	591		690	26
27	GT Mech - HVAC repair leak, piping materials	2016	5,384	1,077	5	1,077		1,167	27
28	ABC - fence/gate repair	2016	2,805	281	10	281		491	28
29									29
30	Valley Fire - sprinkler system, new area	2017	2,550	68	25	68		68	30
31	FoxBuild - Masonry Bricks, North Elevation	2017	6,100	834	5	834		834	31
32	ABC - Firestopper for the HVAC system	2017	16,170	449	15	449		449	32
33	JD & Sons - Roof repair	2017	4,500	825	5	825		825	33
34	TOTAL (lines 1 thru 33)		\$ 10,627,383	\$ 348,744		\$ 363,195	\$ 14,451	\$ 8,859,805	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,318,491	\$ 94,204	\$ 94,204	\$	varies	\$ 662,268	71
72	Current Year Purchases	201,191	9,633	9,633		varies	10,512	72
73	Fully Depreciated Assets	1,664,799	5,244	5,244		varies	1,743,917	73
74								74
75	TOTALS	\$ 3,184,481	\$ 109,081	\$ 109,081	\$		\$ 2,416,697	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	3,911				3	3,911	77
78	Midwest Transit	bus/passenger	2001	49,967					49,967	78
79	Vab	2000 Ford Super Duty	2013	2,829	2,406	2,406			2,829	79
80	TOTALS			\$ 56,707	\$ 2,406	\$ 2,406	\$		\$ 56,707	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)	\$ 15,005,831	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 460,231	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 474,682	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,333,209	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.

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0038000

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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 02/23/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2018</u>	\$ <u>varies</u>
13.	<u>12/31/2019</u>	\$ <u>varies</u>
14.	<u>12/31/2020</u>	\$ <u>varies</u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 23,276 Description: copy machine GL 6861 and equipment lease GL 6859 (some lease were paid off in 2017 - no renewal)

(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>22,618</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>900.25</u>	<u>10,803</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>33,421</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	\$		\$ 318,569	\$		\$ 318,569	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			44,492			44,492	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			380,238			380,238	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				298,791		298,791	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				(86,691)	276,224		189,533	12
13	Other (specify):	See Pg 16A								13
14	TOTAL			\$		\$ 656,608	\$ 575,015		\$ 1,231,623	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	\$318,569.00	
2.	ST	39-3	To Col 5	44,492.00	
3.					
4.	PT	39-3	To Col 5	380,238.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			317,373.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(18,582.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	1,042,090.00	
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	(86,691.00)	From Page 6D
	Other			306,455.00	
	Manual Input: Related Party - Prism			(85,964.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(2,756.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(2,203.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			60,692.00	
13.	Col 6: Supplies Total		To Col 6	276,224.00	
13.	Total Line 13, Column 8			189,533.00	
14.	Total			1,231,623.00	

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	\$ 2,070,732	\$ 2,105,951	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>175,000</u>)	2,354,952	2,354,952	3
4	Supply Inventory (priced at)	5,695	5,695	4
5	Short-Term Investments			5
6	Prepaid Insurance		23,576	6
7	Other Prepaid Expenses	20,326	20,326	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	3,248	415,661	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,454,953	\$ 4,926,161	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	186,866	186,866	12
13	Land		1,155,166	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	820,758	877,791	15
16	Equipment, at Historical Cost	746,414	3,380,209	16
17	Accumulated Depreciation (book methods)	(1,406,279)	(10,709,019)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		141,729	21
22	Other Long-Term Assets (spe <u>Refinancing Fee</u>		165,538	22
23	Other(specify): <u>Due from Affiliate,</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 347,759	\$ 4,302,484	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,802,712	\$ 9,228,645	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 482,229	\$ 482,229	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	180,833	180,833	28
29	Short-Term Notes Payable		225,823	29
30	Accrued Salaries Payable	747,058	747,058	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,422	33,422	31
32	Accrued Real Estate Taxes(Sch.IX-B)		964,000	32
33	Accrued Interest Payable		37,666	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>	141,330	141,330	36
37	<u>Due to Affiliates</u>	1,413,100	1,413,100	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,997,972	\$ 4,225,461	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,246,116	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to Affiliates</u>	8,892,473	8,721,046	43
44	<u>Shareholders Loan & Others</u>	1,269,242	1,269,242	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 10,161,715	\$ 21,236,404	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 13,159,687	\$ 25,461,865	46
47	TOTAL EQUITY(page 18, line 24)	\$ (8,356,975)	\$ (16,233,220)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,802,712	\$ 9,228,645	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,785,926)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,785,926)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(571,049)	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)	\$ (571,049)	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)	\$ (8,356,975)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Town Manor Rehab & HCC

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Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,107,005	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,107,005	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	258,286	6
7	Oxygen	9,599	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 267,885	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	20,909	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	1,630	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 22,539	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,878	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,878	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A - Gain on Sale of Fixed Assets and</u>	22,764	28
28a	<u>Miscellaneous Income</u>		28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 22,764	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,434,071	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,285,744	31
32	Health Care	4,871,812	32
33	General Administration	3,770,077	33
B. Capital Expense			
34	Ownership	2,179,707	34
C. Ancillary Expense			
35	Special Cost Centers	1,367,127	35
36	Provider Participation Fee	530,653	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,005,120	40
41	Income before Income Taxes (line 30 minus line 40)**	(571,049)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (571,049)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,650,256	44
45	Private Pay - Net Inpatient Revenue	263,441	45
46	Medicare - Net Inpatient Revenue	2,051,211	46
47	Other-(specify) <u>Hospice</u>	736,059	47
48	Other-(specify) <u>Insurance</u>	406,038	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,107,005	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 Town Manor Rehab & HCC# 0038000Report 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)	
Record Copies-Backed out with Ln ref 21-Pg 5A	\$ 4,459
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 17
Food rebate Ln 2	\$ 1,495
Write Off Old Accounts Payables	
Vendor Discount	\$ 63
United Healthcare-(Rebate/Incentive) Ln 10	\$ 7,572
U'SAgain LLC	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 9,158
Line 28 Total:	<u>22,764</u>

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	1,976	2,200	\$ 106,045	\$ 48.20	1
2	Assistant Director of Nursing	2,824	2,880	121,433	42.16	2
3	Registered Nurses	18,455	19,999	638,627	31.93	3
4	Licensed Practical Nurses	52,034	55,134	1,541,132	27.95	4
5	CNAs & Orderlies	84,492	90,466	1,218,531	13.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,559	9,203	185,593	20.17	8
9	Activity Director	2,096	2,352	45,669	19.42	9
10	Activity Assistants	4,955	5,364	64,513	12.03	10
11	Social Service Workers	2,788	3,187	65,564	20.57	11
12	Dietician					12
13	Food Service Supervisor	1,376	1,433	38,632	26.96	13
14	Head Cook	3,872	4,160	80,746	19.41	14
15	Cook Helpers/Assistants	27,029	29,419	342,301	11.64	15
16	Dishwashers					16
17	Maintenance Workers	1,816	1,992	53,340	26.78	17
18	Housekeepers	21,619	24,163	289,817	11.99	18
19	Laundry	5,590	6,259	94,567	15.11	19
20	Administrator	1,184	1,349	105,346	78.09	20
21	Assistant Administrator	5,200	5,921	199,804	33.74	21
22	Other Administrative	6,600	7,408	254,570	34.36	22
23	Office Manager					23
24	Clerical	6,105	6,389	74,530	11.67	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,776	4,160	151,664	36.46	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Resident Attendan	703	703	7,632	10.86	32
33	Other(specify) Memory Care Co	7,591	8,623	145,734	16.90	33
34	TOTAL (lines 1 - 33)	270,640	292,764	\$ 5,825,790 *	\$ 19.90	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	2772/mo	\$ 33,269	1-3	35
36	Medical Director	2200/mo	26,400	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	498/mo	5,976	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	36 hours	1,980	11-3	44
45	Social Service Consultant	12 hours	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 68,465		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	72 hours	10,483	10-3	52
53	TOTAL (lines 50 - 52)		\$ 10,483		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Virgili, Tammy	Administrator	0	\$ 75,500	Workers' Compensation Insurance	\$ 155,154	IDPH License Fee	\$		
Palao, Cynthia	Administrator	0	29,846	Unemployment Compensation Insurance	61,237	Advertising: Employee Recruitment	800		
Martenson, Mitchell	Assistant Administrator	0	20,033	FICA Taxes	430,979	Health Care Worker Background Check			
Travis, Jami	Assistant Administrator	0	5,608	Employee Health Insurance	147,173	(Indicate # of checks performed 34)	1,121		
Catalin, Dragomir	Assistant Administrator	0	74,404	Employee Meals	39,878	Patient Background Checks	2,170		
Pientok, Jacob	Assistant Administrator	0	40,400	Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee	1,250		
Rodriguez, Cindy	Assistant Administrator	0	59,359	Union, Health & Welfare	138,783	Health Care Council of IL	22,752		
TOTAL (agree to Schedule V, line 17, col. 1)				Dental & Life	1,171	Corporate Annual Fee	154		
(List each licensed administrator separately.)			\$ 305,150	Pension	39,091	Collaborative Healthcare	550		
B. Administrative - Other				Empl Relations/Drug Test/Misc Payroll Costs			42,159	Related Party - AMS	1,788
Description			Amount	Vaccination/401k/Tuition Reimbursements			7,903	Less: Public Relations Expense	()
			\$	Related Party -Forum Pharmacy			(6,322)	Non-allowable advertising	()
				TOTAL (agree to Schedule V, line 22, col.8)			\$ 1,057,206	Yellow page advertising	()
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount	
C. Professional Services							Out-of-State Travel		\$
Vendor/Payee	Type	Amount					In-State Travel		
Alden Management Services, Inc.	Consulting fees	\$ 1,120,959					Related Party - AMS		1,690
AMS	Allocated Legal Fees	45,192					Seminar Expense		
First Advantage	Tax Service	288					IL Council on Long Term Care		255
Alden Group	Allocated Legal Fees	3,259					Entertainment Expense		()
Kent Law/Von Briesen/Cook Cty/Circuit	Legal Fees - Non Collection	6,601					TOTAL (agree to Sch. V, line 24, col. 8)		\$ 1,945
Pogrund & Kelly/Meyer	Legal Fees - Collection	6,612							
Curaspan Health Care/Relias Learnit	Patient Transport Services	9,407							
Achieve Accreditation	Billing/Consulting	15,442							
Baker Tilly (Virchow Krause)/KPMG	Accounting Fees	5,754							
Alden Group/Change Healthcare Solu	Accounting Fees	2,849							
Charles Foley & Assoc/Mix Solutions	Consulting	2,114							
Righeimer Martin & Cinquino	Arbitration/Consultant	988							
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,219,465	TOTAL			\$		
(For legal fee disclosure, see page 39 of instructions)									

* Attach copy of IMRF notifications

**See instructions.

Alden Town Manor Rehab & HCC
 Legal Fee Support
 2017

Legal Fees Reported on Pg 21, Section C:	\$ 61,664.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(9,860.00)
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>\$ 6,612.00</u>

In Detail:

<u>Vendor Name - 696600-100-000</u>	<u>Invoice Date</u>	<u>Amount</u>
Pogrun & Kelly (Stone Pogrun)	01/17-12/17	6,612.00

TOTAL ALLOWABLE LEGAL FEES 6,612.00

<u>Vendor Name - 680600-100-000</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group (Midcap charges)	01/17-12/17	3,259.00
Law Offices at ITT Chicago - Kent College of Law	03/17 and 06/17	5,525.00
Von Briesen and Roper	8/31/2016	848.00
Sherrif of Cook County	7/31/2017	60.00
Clerk of the Circuit County/Sheriff of Cook	7/31/2017	168.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 9,860.00

<u>Vendor Name - 680600-100-003</u>	<u>Invoice Date</u>	<u>Amount</u>
Corp Legal Cost Alloc - 2017	1/31/2017	3,766.00
Corp Legal Cost Alloc - 2017	2/28/2017	3,766.00
Corp Legal Cost Alloc - 2017	03/31/17	3,766.00
Corp Legal Cost Alloc - 2017	04/30/17	3,766.00
Corp Legal Cost Alloc - 2017	05/31/17	3,766.00
Corp Legal Cost Alloc - 2017	06/30/17	3,766.00
Corp Legal Cost Alloc - 2017	07/31/17	3,766.00
Corp Legal Cost Alloc - 2017	08/31/17	3,766.00
Corp Legal Cost Alloc - 2017	09/30/17	3,766.00
Corp Legal Cost Alloc - 2017	10/31/17	3,766.00
Corp Legal Cost Alloc - 2017	11/30/17	3,766.00
Corp Legal Cost Alloc - 2017	12/31/17	3,766.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost **61,664.00**

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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 \$22,752
- (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. \$ 56,515 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. \$ 530,653
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. \$ 39,878 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