



Facility Name & ID Number Alden Village Hlth Facility

# 0038455 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		Skilled (SNF)		0	1
2	126	Skilled Pediatric (SNF/PED)	126	45,990	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	126	TOTALS	126	45,990	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					8
9	SNF/PED	44,265	61	362	44,688	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,265	61	362	44,688	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 97.17%

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

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

None

**F. Does the facility maintain a daily midnight census?** Yes

**G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?**  
YES  NO

**H. Does the BALANCE SHEET (page 17) reflect any non-care assets?**  
YES  NO

**I. On what date did you start providing long term care at this location?**  
Date started 11/01/92

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date 11/01/92 NO

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

Medicare Intermediary Not applicable

**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 Village Hlth Facility # 0038455 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
	<b>A. General Services</b>										
1	Dietary	242,812	17,389	27,207	287,409	10,033	297,442	7,211	304,653		1
2	Food Purchase		758,087		758,087	(33,711)	724,376	(320,209)	404,167		2
3	Housekeeping	200,680	30,875		231,555	8,921	240,476	7,386	247,862		3
4	Laundry	55,697	21,370		77,067		77,067		77,067		4
5	Heat and Other Utilities			173,706	173,706		173,706	(395)	173,311		5
6	Maintenance	56,832		174,402	231,234		231,234	33,503	264,737		6
7	Other (specify):* related party/security			300	300		300	8,278	8,578		7
8	<b>TOTAL General Services</b>	556,021	827,722	375,615	1,759,357	(14,757)	1,744,600	(264,225)	1,480,375		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			3,600	3,600		3,600		3,600		9
10	Nursing and Medical Records	3,089,333	265,675	11,024	3,366,032	(25,850)	3,340,182	67,578	3,407,759		10
10a	Therapy			84,221	84,221	48,113	132,334	(12,128)	120,206		10a
11	Activities	238,858	4,078	2,880	245,816		245,816		245,816		11
12	Social Services										12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,010	8,010		15
16	<b>TOTAL Health Care and Programs</b>	3,328,191	269,752	101,725	3,699,669	22,263	3,721,932	63,459	3,785,391		16
	<b>C. General Administration</b>										
17	Administrative	199,732			199,732		199,732	158,192	357,924		17
18	Directors Fees										18
19	Professional Services			575,390	575,390		575,390	(500,737)	74,653		19
20	Dues, Fees, Subscriptions & Promotions			40,442	40,442		40,442	(13,378)	27,064		20
21	Clerical & General Office Expenses	138,671	11,391	131,763	281,825	1,665	283,490	203,803	487,293		21
22	Employee Benefits & Payroll Taxes			692,078	692,078	7,872	699,950	(2,178)	697,772		22
23	Inservice Training & Education										23
24	Travel and Seminar			439	439		439	1,074	1,513		24
25	Other Admin. Staff Transportation			7,966	7,966		7,966	11,799	19,765		25
26	Insurance-Prop.Liab.Malpractice			184,343	184,343		184,343	9,720	194,063		26
27	Other (specify):* related party			15,473	15,473		15,473	47,607	63,080		27
28	<b>TOTAL General Administration</b>	338,404	11,391	1,647,895	1,997,689	9,537	2,007,226	(84,098)	1,923,128		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,222,615	1,108,865	2,125,235	7,456,715	17,043	7,473,758	(284,864)	7,188,894		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name &amp; ID Number

Alden Village Hlth Facility

#0038455

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			21,147	21,147		21,147	447,882	469,029			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			86,958	86,958		86,958	361,675	448,633			32
33	Real Estate Taxes			129,174	129,174	(129,174)		133,809	133,809			33
34	Rent-Facility & Grounds			751,011	751,011	129,174	880,185	(878,925)	1,260			34
35	Rent-Equipment & Vehicles			21,133	21,133		21,133	32,212	53,345			35
36	Other (specify):* MIP							70,288	70,288			36
37	<b>TOTAL Ownership</b>			1,009,423	1,009,423		1,009,423	166,942	1,176,365			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	2,354	173,869	48,113	224,337	(17,043)	207,294	40,979	248,273			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			558,088	558,088		558,088		558,088			42
43	Other (specify):* DD Day Training			1,760,497	1,760,497		1,760,497		1,760,497			43
44	<b>TOTAL Special Cost Centers</b>	2,354	173,869	2,366,698	2,542,922	(17,043)	2,525,879	40,979	2,566,858			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	4,224,969	1,282,734	5,501,356	11,009,060		11,009,060	(76,943)	10,932,117			45

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

0038455  
 Period Beginning: 01/01/2017  
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(33,711)	Employee Meals
	22	33,711	Employee Meals
22		(25,839)	Uniform Reclass
	1	10,033	Uniform Reclass
	3	8,921	Uniform Reclass
	4	-	Uniform Reclass
	6	-	Uniform Reclass
	10	5,220	Uniform Reclass
	11	-	Uniform Reclass
	21	1,665	Uniform Reclass
10		(31,070)	Oxygen Cost Reclass
	39	31,070	Oxygen Cost Reclass
33		(129,174)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	129,174	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>DD Providers Only:</u>			
39		\$(48,113.00)	RT CPT Therapy Costs
	10A	\$ 48,113.00	RT CPT Therapy Costs

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	(2,814)	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	(1,759)	30		9
10	Interest and Other Investment Income	(1,271)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(28)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(16,712)	21		17
18	Fines and Penalties	(333)	32		18
19	Entertainment	(721)	20		19
20	Contributions	(3,956)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(15,473)	27		24
25	Fund Raising, Advertising and Promotional	(9,838)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (52,909)		\$	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)	63,580	Pg 6s	34
35	Other- Attach Schedule	(87,614)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (24,034)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (76,943)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$	47

BHF USE ONLY							
48		49		50		51	52

Alden Village Hlth Facility

ID# 0038455

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,851)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500 -	(13,804)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +		6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	17,036	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	47	30	6
7	Late Fees on Utilities	(3,453)	5	7
8	Other Nursing Income	(15)	21	8
9	Intercompany Interest	(84,482)	32	9
10	Misc Income- Record Copies		21	10
11				11
12	Misc Income- Donations	(956)	21	12
13	Misc Income-Jury Duty	(34)	21	13
14	Misc Income- Record Copies	(80)	10	14
15	Misc Income- Telephone Rebate	(22)	21	15
16				16
17	Marketing Manager & Aides		21	17
18	Eliminate portion of market benefits		22	18
19	Back Out Bloomingdale Chamber Comm.			19
20	Deprecation adjustment to detail	0	30	20
21	Record Depreciation for Deferred Maint.			21
22	AMS Depreciation Adj.			22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(87,614)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,519	4,692	0	0	0	0	0	0	0	7,211	1
2	Food Purchase	(28)	0	0	(320,181)	0	0	0	0	0	0	0	(320,209)	2
3	Housekeeping	0	0	7,386	0	0	0	0	0	0	0	0	7,386	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,453)	0	3,058	0	0	0	0	0	0	0	0	(395)	5
6	Maintenance	14,222	0	18,799	0	0	0	(26)	508	0	0	0	33,503	6
7	Other (specify):*	0	0	8,278	0	0	0	0	0	0	0	0	8,278	7
8	<b>TOTAL General Services</b>	<b>10,741</b>	<b>0</b>	<b>40,040</b>	<b>(315,489)</b>	<b>0</b>	<b>0</b>	<b>(26)</b>	<b>508</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(264,225)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(80)	0	53,122	16,204	(1,669)	0	0	0	0	0	0	67,578	10
10a	Therapy	0	0	0	0	0	(12,128)	0	0	0	0	0	(12,128)	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	8,010	0	0	0	0	0	0	0	0	8,010	15
16	<b>TOTAL Health Care and Programs</b>	<b>(80)</b>	<b>0</b>	<b>61,132</b>	<b>16,204</b>	<b>(1,669)</b>	<b>(12,128)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63,459</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	158,192	0	0	0	0	0	0	0	0	158,192	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4)	7,200	(507,933)	0	0	0	0	0	0	0	0	(500,737)	19
20	Fees, Subscriptions & Promotions	(14,515)	0	1,137	0	0	0	0	0	0	0	0	(13,378)	20
21	Clerical & General Office Expenses	(17,740)	154	221,389	0	0	0	0	0	0	0	0	203,803	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(2,178)	0	0	0	0	0	0	(2,178)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,074	0	0	0	0	0	0	0	0	1,074	24
25	Other Admin. Staff Transportation	0	0	11,799	0	0	0	0	0	0	0	0	11,799	25
26	Insurance-Prop.Liab.Malpractice	0	9,470	250	0	0	0	0	0	0	0	0	9,720	26
27	Other (specify):*	(15,473)	0	63,080	0	0	0	0	0	0	0	0	47,607	27
28	<b>TOTAL General Administration</b>	<b>(47,732)</b>	<b>16,824</b>	<b>(51,012)</b>	<b>0</b>	<b>(2,178)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(84,098)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(37,071)</b>	<b>16,824</b>	<b>50,160</b>	<b>(299,285)</b>	<b>(3,847)</b>	<b>(12,128)</b>	<b>(26)</b>	<b>508</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(284,864)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(17,367)	453,889	11,360	0	0	0	0	0	0	0	0	447,882	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(86,086)	354,221	93,540	0	0	0	0	0	0	0	0	361,675	32
33	Real Estate Taxes	0	129,174	4,635	0	0	0	0	0	0	0	0	133,809	33
34	Rent-Facility & Grounds	0	(878,925)	0	0	0	0	0	0	0	0	0	(878,925)	34
35	Rent-Equipment & Vehicles	0	0	32,212	0	0	0	0	0	0	0	0	32,212	35
36	Other (specify):*	0	70,288	0	0	0	0	0	0	0	0	0	70,288	36
37	<b>TOTAL Ownership</b>	<b>(103,452)</b>	<b>128,647</b>	<b>141,747</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>166,942</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	44,937	(3,958)	0	0	0	0	0	0	40,979	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44,937</b>	<b>(3,958)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40,979</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(140,523)</b>	<b>145,471</b>	<b>191,907</b>	<b>(254,347)</b>	<b>(7,805)</b>	<b>(12,128)</b>	<b>(26)</b>	<b>508</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(76,943)</b>	<b>45</b>

**VII. RELATED PARTIES**

**A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG6-Supp		See PG6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 878,925	Village II, Inc.	0.00%	\$	\$ (878,925)	1
2	V	32 Interest Income Repl Reserve	71	Village II, Inc.			(71)	2
3	V	19 Accounting Fees		Village II, Inc.		7,200	7,200	3
4	V	21 Misc Administrative Expenses		Village II, Inc.		154	154	4
5	V	33 Real Estate Tax Expense		Village II, Inc.		129,174	129,174	5
6	V	26 General Insurance Expense		Village II, Inc.		9,470	9,470	6
7	V	36 Mortgage Insurance Premium		Village II, Inc.		70,288	70,288	7
8	V	32 Interest- Mortgage		Village II, Inc.		351,457	351,457	8
9	V	30 Depreciation Expense		Village II, Inc.		453,889	453,889	9
10	V	32 Amortization Expense		Village II, Inc.		2,835	2,835	10
11	V	6 Maintenance		Village II, Inc.				11
12	V			Village II, Inc.				12
13	V			Village II, Inc.				13
14	Total		\$ 878,996			\$ 1,024,467	\$ * 145,471	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,058	\$	3,058	15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		1,074		1,074	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		11,799		11,799	17
18	V	26 Insurance		Alden Management Services, Inc.		250		250	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		1,137		1,137	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,360		11,360	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		4,635		4,635	21
22	V	35 Rent -Equip & Vehicles		Alden Management Services, Inc.		32,212		32,212	22
23	V	32 Interest		Alden Management Services, Inc.		93,540		93,540	23
24	V	1 Dietary		Alden Management Services, Inc.		2,519		2,519	24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,386		7,386	25
26	V	7 Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		8,278		8,278	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		53,122		53,122	27
28	V	15 Employee Benefits -Health Care		Alden Management Services, Inc.		8,010		8,010	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		158,192		158,192	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		63,080		63,080	30
31	V	19 Professional Fees	546,151	Alden Management Services, Inc.		38,218		(507,933)	31
32	V	21 Gen'l & Admin	55,800	Alden Management Services, Inc.		277,189		221,389	32
33	V	6 Repair & Maint.	25,844	Alden Management Services, Inc.		44,643		18,799	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 627,795			\$ 819,702	\$ *	191,907	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 Dietary Consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$	\$ (26,400)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,981	14,981
17	V	2 Tube Feeding	522,708	Prism Health Care Services, Inc.		147,433	(375,276)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		9,694	3,034
19	V	39 Ancillary Supplies	96,289	Prism Health Care Services, Inc.		42,074	(54,215)
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.			
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		16,111	16,111
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		55,095	55,095
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		13,171	13,171
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		99,152	99,152
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		\$ 652,057			\$ 397,710	\$ * (254,347)

\* 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 <u>Drugs</u>	\$ 28,616	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 26,414	\$ (2,202)
16	V	39 <u>I.V.</u>		<u>Forum Extended Care Services II, Inc.</u>			
17	V	39 <u>Wound Care Products</u>	48,964	<u>Forum Extended Care Services II, Inc.</u>		45,197	(3,767)
18	V	10 <u>House Stock</u>	19,074	<u>Forum Extended Care Services II, Inc.</u>		17,606	(1,468)
19	V	10 <u>Pharm Consult.</u>	2,616	<u>Forum Extended Care Services II, Inc.</u>		2,415	(201)
20	V	22 <u>Employ. Vaccin.</u>	2,178	<u>Forum Extended Care Services II, Inc.</u>			(2,178)
21	V	39 <u>Employ. Vaccin.</u>		<u>Forum Extended Care Services II, Inc.</u>		2,010	2,010
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	<b>Total</b>		\$ 101,448			\$ 93,643	\$ * (7,805)

\* 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	10a Therapy	\$ 128,555	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 116,426	\$ (12,128)
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		\$ 128,555			\$ 116,426	\$ * (12,128)

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 19,038	Alden Bennett Construction Company, Inc.	0.00%	\$ 19,012	\$	(26)	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	<b>Total</b>		\$ 19,038			\$ 19,012	\$ *	(26)	39

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 2,318	Alden Design Group, Inc.	0.00%	\$ 2,827	\$ 508	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	<b>Total</b>		\$ 2,318			\$ 2,827	\$ *	508	39

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

Facility Name &amp; ID Number

Alden Village Hlth Facility

# 0038455

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	178,738	1.352	3.38	Salary	\$ 6,262	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,615	1.352	3.38	Salary	3,385	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,615	1.352	3.38	Salary	3,385	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,008	1.352	3.38	Salary	3,889	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	60,827	1.352	3.38	Salary	2,131	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	178,738	1.014	3.38	Salary	6,262	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 25,314		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 Village Hlth Facility

# 0038455

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	35	\$ 90,340	\$	44,688	\$ 3,058	1
2	24	Trav & Seminar	Patient Days	35	31,744		44,688	1,074	2
3	25	Other Admin Travel	Patient Days	35	348,589		44,688	11,799	3
4	26	Insurance	Patient Days	35	7,373		44,688	250	4
5	20	Dues & Subscriptions	Patient Days	35	33,588		44,688	1,137	5
6	30	Depreciation	No of Providers/usage	35	119,326		1	11,360	6
7	33	Real Estate Tax	Patient Days/usage	35	129,699		44,688	4,635	7
8	35	Rent-Equip & Vehicle	Patient Days	35	951,681		44,688	32,212	8
9	32	Interest	Patient Days/usage	35	2,187,612		44,688	93,540	9
10	1	Dietary Salary	Patient Days	35	74,426	74,426	44,688	2,519	10
11	3	Housekeeping Salary	Patient Days	35	218,203	218,203	44,688	7,386	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	35	244,557		44,688	8,278	12
13	10	Nurs & Med Records Salary	Patient Days	35	1,647,662	1,647,662	44,688	53,122	13
14	15	Employee Benefits -Health Care	Patient Days	35	236,654		44,688	8,010	14
15	17	Administrative Salary	Patient Days/usage	35	4,903,376	4,750,005	44,688	158,192	15
16	27	Employee Benefits - Admin	Patient Days	35	1,863,643		44,688	63,080	16
17	19	Professional fees	Patient Days	35	1,119,817	920,527	44,688	38,218	17
18	21	Gen'I & Admin	Patient Days	35	8,189,318	7,151,399	44,688	277,189	18
19	6	Repair & Maint.	Patient Days	35	1,823,498	1,358,004	44,688	44,643	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 24,221,106	\$ 16,120,226		\$ 819,702	25

Facility Name & ID Number Alden Village Hlth Facility

# 0038455

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
<b>A. Directly Facility Related</b>																				
<b>Long-Term</b>																				
1	Cambridge Realty		x	Mortgage	\$50,072.54	9/1/2012	\$ 15,183,700	\$ 13,943,683	9/1/2052	2.5000	\$ 351,457	1								
2												2								
3												3								
4	Insurance Interest (GL07053)		x	Medical Malpractice							2,144	4								
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,835	5								
<b>Working Capital</b>																				
6	Related party-AMS		x	Working Capital							93,540	6								
7												7								
8												8								
9	<b>TOTAL Facility Related</b>				\$50,072.54		\$ 15,183,700	\$ 13,943,683			\$ 449,976	9								
<b>B. Non-Facility Related*</b>																				
10	Interest Income on R.R.		x								(71)	10								
11	Int Income (GL#4975)		x								(1,271)	11								
12												12								
13												13								
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (1,342)	14								
15	<b>TOTALS (line 9+line14)</b>						\$ 15,183,700	\$ 13,943,683			\$ 448,633	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 70,288 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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>				
1.	Real Estate Tax accrual used on 2016 report.			\$	<u>130,000</u>	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.)			\$	<u>127,674</u>	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>(2,326)</u>	3
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>131,500</u>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$		6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>129,174</u>	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	<u>4,635</u>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>133,809</u>	
Real Estate Tax Bill for Calendar Year:	2012	<u>122,946</u>	8	<b>FOR BHF USE ONLY</b>		
	2013	<u>128,125</u>	9	13	FROM R. E. TAX STATEMENT FOR 2016	\$
	2014	<u>129,912</u>	10	14	PLUS APPEAL COST FROM LINE 5	\$
	2015	<u>126,240</u>	11	15	LESS REFUND FROM LINE 6	\$
	2016	<u>127,674</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$

The current year accrual is based on an estimated 3% increase of the prior year tax.

**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 Village Hlth Facility COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0038455

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773)286-3883 FAX #: (773)286-8038

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2016 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>105,372.00</u>	\$ <u>4,635.00</u>
2. <u>02-14-107-038</u>	<u>Nursing Home Facility</u>	\$ <u>127,673.98</u>	\$ <u>127,673.98</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>233,045.98</u></u>	\$ <u><u>132,308.98</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?            YES   x   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

**PLEASE NOTE: Payment information from the Internet or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.**

Facility Name & ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 68,462 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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

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

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 4 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost. Row 1: nursing facility, 1992, \$580,000. Row 2: (blank). Row 3: TOTALS, \$580,000.

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4									4
5		1998		2,216,218	56,839	varies	56,839		1,095,468
6	119	2009	2009	11,600,002	297,436	varies	297,436		2,652,138
7									7
8									8
<b>Improvement Type**</b>									
9	Repair Heater pump, replace temp controller		1992	2,131		10			2,131
10	Water heater moyor;valve repair		1993	9,288		5-15			9,288
11	Carpentry work, water heater repair		1994	63,064		3-15			63,064
12	Fire alarm repairs; brickwork; install circuits		1995	185,123	5,057	3-25	5,057		175,189
13	Village construction		1996	14,046	562	25	562		12,784
14	Install fire door		1996	2,977		15			2,977
15	Replace compressor		1997	1,825		5			1,825
16	Roof patching		1998	1,700		10			1,700
17	Replace condensing unit		1998	4,810		15			4,810
18	install damper motor &detector		1998	2,104		15			2,104
19	Replace furnace equipment		1999	1,827		15			1,827
20	install automatic door		1999	8,107		10			8,107
21	Install display and digital phones		2000	1,726		10			1,726
22	Replace HVAC burners		2000	1,607		3			1,607
23	Replace 5 ton condensing unit		2000	1,950		5			1,950
24	Install 100 amp disconnect and cable		2000	1,920		5			1,920
25	Roof repair		2000	1,583		5			1,583
26	Door Alarms		2001	19,015		10			19,015
27	Display phone and digital phone		2001	1,609		10			1,609
28	ABC (misc. repairs)		2002	2,362		5			2,362
29	Capps Plumbing (gas regulators for main gas to building)		2002	4,375		10			4,375
30	GT Mechanical (semi - hermetic compressor on RTU)		2002	5,350		10			5,350
31	ABC (wall mounted eye wash)		2002	2,507		10			2,507
32	ABC (misc. repairs)		2002	1,800		5			1,800
33									33
34									34
35									35
36									36

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

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	ABC--Parking lot repairs	2003	\$ 20,730	\$	10	\$	\$	\$ 20,730	37
38	ABC- misc constrction	2003	7,580		10			7,580	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200		10			3,200	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		863	42
43	ABC- roof repair	2003	10,121		10			10,121	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		8,795	44
45	Patton Ind-gererator repair	2004	2,050		10			2,050	45
46	ABC - roof repairs	2004	1,918		10			1,918	46
47	GT Mechanical-heater repair	2004	1,506		10			1,506	47
48	GT Mechanical-heater repair	2004	1,878		10			1,878	48
49	ABC-roof repairs	2004	3,356		10			3,356	49
50	ABC-new tile	2004	9,043	452	20		(452)	9,043	50
51	ABC-doors	2004	3,293	220	15	220		3,042	51
52	ABC-roof canopy	2004	3,581		10			3,581	52
53	INS, Inc-rewire for DSL	2004	1,512		10			1,512	53
54	ABC-various remodeling	2004	4,661		5			4,661	54
55	ABC-new water heater for kitchen	2004	14,644	976	15	976		13,177	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227		10			1,227	57
58	Capps Plumbing-install 2 discharge lines	2005	865		5			865	58
59	Patton Ind-gererator repair	2005	1,747		5			1,747	59
60	Oak Fire-change out 30 detectors	2005	1,885		5			1,885	60
61	Equipment International-washer repairs	2005	1,905		5			1,905	61
62	ABC-firestop installation	2005	3,213		10			3,213	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160		10			6,160	63
64	GT Mechanical-replace storage tank	2005	8,935		10			8,935	64
65	ABC-diswasher repairs	2006	6,824		10			6,824	65
66	ABC - elevator pump	2006	10,042	502	20	502		5,607	66
67	ABC - elevator power supply	2006	4,974	249	20	249		2,760	67
68	Oak Fire - replace smoke detectors	2006	2,655		10			2,655	68
69	ABC-Repave parking lot	2006	3,600		8			3,600	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 362,986		\$ 362,534	\$ (452)	\$ 4,229,996	70

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

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

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	<b>Totals from Page 12A, Carried Forward</b>		\$ 14,319,203	\$ 362,986		\$ 362,534	\$ (452)	\$ 4,229,996	1
2	ABC -firewalls to existing bldg	2007	29,867	1,989	10	1,989		29,867	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		12,434	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	404	10	404		4,850	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refr	2008	2,703	270	10	270		2,565	5
6	JulAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		1,883	6
7	ABC-Replace Asphalt in east Lot	2008	5,010		8			5,010	7
8	ABC- Installed new railings	2009	4,540	303	15	303		2,600	8
9	ABC -Roof Installation	2009	14,288	1,429	10	1,429		11,510	9
10	ABC- RoofTop Screening fire protect	2009	8,436	844	10	844		6,752	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106		5			4,106	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		2,188	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		1,813	13
14	GARPAV-Re-stripe exsisting lay out with new seal coat in parking	2011	3,000	375	8		(375)	3,000	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	415	8	519	104	3,252	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	910	10	910		4,777	16
17	ABC-Emergency hot water heater replace	2012	23,395	2,340	10	2,340		12,479	17
18	AprAMS IC-AMEEXP Floyd-Patten: Generator repairs	2013	4,885	977	5	977		4,315	18
19	ABC-dampers, fire radiation	2013	2,674	535	5	535		2,586	19
20	ABC-Wall protection: dining, activity 5 & 7, room C114, C116, C1	2013	5,481	548	10	548		2,329	20
21	ABC-dampers, fire radiation	2013	12,440	2,488	5	2,488		10,574	21
22	Tile Replacement-ALDBEN	2014	3,320	166	20	166		526	22
23	Dampers,fire radiation replace-ABC	2014	5,481	548	10	548		2,055	23
24									24
25	Flooring (new base), shower area -ALDBEN	2015	21,940	1,097	20	1,097		2,468	25
26	Belts, for dryer & washer-EQUINT	2015	3,117	623	5	623		1,298	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,521,981	\$ 381,166		\$ 380,443	\$ (723)	\$ 4,365,233	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	<b>Totals from Page 12C, Carried Forward</b>		\$ 14,521,981	\$ 381,166		\$ 380,443	\$ (723)	\$ 4,365,233	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,600,935	\$ 382,206		\$ 381,483	\$ (723)	\$ 4,454,194	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	<b>Totals from Page 12D, Carried Forward</b>	\$ 14,600,935	\$ 382,206		\$ 381,483	\$ (723)	\$ 4,454,194		1
2	ABC- Adjustment for realted party profit	2008	(29)	(2)	(2)		(18)		2
3	ABC- Adjustment for realted party profit	2009	(209)	(6)	(6)		(45)		3
4	ABC- Adjustment for realted party profit	2010	(237)	(9)	(9)		(66)		4
5	ABC- Adjustment for realted party profit	2011	46	1	1		6		5
6	ABC- Adjustment for realted party profit	2012	1,444	48	48		288		6
7	ABC- Adjustment for realted party profit	2013	241	20	20		92		7
8	ABC- Adjustment for realted party profit	2014	(17)	(2)	(2)		(6)		8
9	ABC- Adjustment for realted party profit	2015	(42)	(4)	(4)		(10)		9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 14,602,133	\$ 382,253		\$ 381,530	\$ (723)	\$ 4,454,435		34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 949,772	\$ 85,511	\$ 85,511	\$		\$ 622,402	71
72	Current Year Purchases	61,530	286	286			242	72
73	Fully Depreciated Assets	824,311	1,405	1,405			824,311	73
74								74
75	TOTALS	\$ 1,835,613	\$ 87,203	\$ 87,203	\$		\$ 1,446,956	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	Bus repairs, including 2 in MRs on Vlg II		2006	8,315				5	8,315	78
79	MIDTRA-Bus Repairs & Bus Engine/BILAUT-Restraint		2011/2015	21,473	1,333	297	(1,036)	3/5/4	21,473	79
80	TOTALS			\$ 33,699	\$ 1,333	\$ 297	\$ (1,036)		\$ 33,699	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,051,445	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 470,788	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 469,029	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,759)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,935,090	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: related party cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending 03/31/2019

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: \$ 22,803 Description: Copy Machine \$16,184.59 and Equipment Lease \$6,618.12

(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>14,383</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>412.38</u>	<u>4,949</u>	19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>19,332</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 checked="" type="checkbox"/> YES <input 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>Info avail. upon request.</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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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)	
<b>TOTAL TRAINED</b>	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$			\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							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 prescripts				28,425		28,425	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>						219,848		219,848	13
14	TOTAL			\$		\$	248,273		\$ 248,273	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.

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5		
2.	ST	39-3	To Col 5		
3.					
4.	PT	39-3	To Col 5		
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			28,616.15	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(191.22)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	28,424.93	
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	0.00	From Page 6D
	Other			193,366.38	
	<b>Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A</b>			(48,113.00)	
	Manual Input: Related Party - Prism			44,937.44	From Page 6B
	Manual Input: Related Party FECII - I.V.			0.00	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(3,767.17)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			31,070.00	
13.	Col 3: Transport. Specialist -Input to Column 3			2,354.13	
13.	Col 6: Supplies Total		To Col 6	219,847.78	
13.	Total Line 13, Column 8			219,847.78	
14.	Total			248,272.71	

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 20,700	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (5,500) )	1,242,873	1,242,873	3
4	Supply Inventory (priced at )	4,088	4,088	4
5	Short-Term Investments			5
6	Prepaid Insurance		8,161	6
7	Other Prepaid Expenses	7,485	59,496	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	577	116,661	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,255,023	\$ 1,451,979	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	690,114	1,947,746	15
16	Equipment, at Historical Cost	414,412	767,556	16
17	Accumulated Depreciation (book methods)	(1,045,146)	(6,008,430)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		99,483	21
22	Other Long-Term Assets (specify):		55,866	22
23	Other(specify): <u>Due from Affiliate</u>	1,064,906	1,064,906	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 1,124,286	\$ 12,323,848	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,379,309	\$ 13,775,827	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 731,711	\$ 731,711	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	24,309	24,309	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	586,359	586,359	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,461	22,461	31
32	Accrued Real Estate Taxes(Sch.IX-B)		131,500	32
33	Accrued Interest Payable		29,049	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Ins, Exps, IDPA, Sales Tax, etc.</u>	161,499	161,499	36
37	<u>Due to Affiliates/Short Term Payable</u>	1,330,179	1,542,802	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 2,856,518	\$ 3,229,690	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		13,688,494	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$	\$ 13,688,494	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 2,856,518	\$ 16,918,184	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (477,209)	\$ (3,142,358)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,379,309	\$ 13,775,827	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (705,547)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(125,443)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (830,990)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	353,781	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)	\$ 353,781	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (477,209)	24 *

\* This must agree with page 17, line 47.

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

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

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

1			
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 9,552,726	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 9,552,726	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	27,652	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 27,652	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	18,900	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		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	15	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 18,915	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,271	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,271	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG19A	1,762,278	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,762,278	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,362,840	30

2			
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,759,357	31
32	Health Care	3,699,669	32
33	General Administration	1,997,689	33
<b>B. Capital Expense</b>			
34	Ownership	1,009,423	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,984,834	35
36	Provider Participation Fee	558,088	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 11,009,060	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	353,781	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 353,781	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,466,431	44
45	Private Pay - Net Inpatient Revenue	12,876	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) <u>Hospice</u>	73,419	47
48	Other-(specify) <u>Insurance/Charity/Sales Allow.</u>		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 9,552,726	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 Village Hlth Facility# 0038455Report 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 (describe) (is offset against Sch.# V)	
Jury Duty- Backed out with line reference 22 on page 5A	\$ 34
Telephone Rebate- Backed out with line reference 22 on page 5A	\$ 22
Record Copies- Backed out with line reference 22 on page 5A	\$ 80
Donations- Backed out with line reference 22 on page 5A	\$ 956
 Day Training Income	 \$ 1,760,497
 Write off old A/P	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
 Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	 \$ 687
 Line 28 Total:	 <u><u>1,762,278</u></u>

Facility Name & ID Number Alden Village Hlth Facility  
 XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)  
 (This schedule must cover the entire reporting period.)

# 0038455

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

12/31/2017

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,040	2,321	\$ 133,757	\$ 57.63	1
2	Assistant Director of Nursing	2,352	2,352	93,380	39.70	2
3	Registered Nurses	25,425	27,698	934,563	33.74	3
4	Licensed Practical Nurses	18,880	20,753	524,621	25.28	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,072	2,072	38,067	18.37	9
10	Activity Assistants	18,717	19,353	190,482	9.84	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	52,390	25.19	13
14	Head Cook					14
15	Cook Helpers/Assistants	16,708	17,586	190,422	10.83	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	56,832	27.32	17
18	Housekeepers	16,437	18,099	200,680	11.09	18
19	Laundry	4,399	5,002	55,697	11.14	19
20	Administrator	2,056	2,080	122,190	58.75	20
21	Assistant Administrator	2,064	2,080	77,542	37.28	21
22	Other Administrative	2,080	2,080	67,695	32.55	22
23	Office Manager	10	10	392	41.30	23
24	Clerical	4,759	5,031	70,584	14.03	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,646	9,684	184,854	19.09	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	87,069	93,473	1,218,157	13.03	30
31	Medical Records					31
32	Other Health C: Bahavioral Health	321	337	10,308	30.59	32
33	Other(specify) <u>Transportation sp</u>	148	148	2,354	15.91	33
34	TOTAL (lines 1 - 33)	219,341	234,317	\$ 4,224,969 *	\$ 18.03	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	2267/month	\$ 27,207	1-3	35
36	Medical Director	300/month	3,600	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/month	2,616	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	53	2,320	11-3	44
45	Social Service Consultant	47/month	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	53	\$ 36,303		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	19	\$ 2,847	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	19	\$ 2,847		53



Alden Village Hlth Facility  
 Legal Fee Support  
 2017

Legal Fees Reported on Pg 21, Section C:	\$ 46,989.10
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(4.00)
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>\$ 1,793.10</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Simandl Law Group	01/20/17	60.91
MidCap Legal	1/1/17- 12/31/17	1,732.19
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>1,793.10</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
D Squared Reporters, Inc.	08/01/16-12/31/16	4.00
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<u><u>4.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocated Legal Fees	1/1/17- 12/31/17	45,192.00
<b>TOTAL Allocated Legal Fees</b>		<u><u>45,192.00</u></u>
<b>Total Legal Cost</b>		<u><u>46,989.10</u></u>

Facility Name &amp; ID Number Alden Village Hlth Facility

# 0038455

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Hab Aides:Yes,RN/LPN (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council -\$12,096
- (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. \$ 48,922 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 558,088  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 33,711 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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. \$ N/A  
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. \$ 0
- (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