



Facility Name & ID Number Alden-Des Plaines Rehab & HC Ctr

# 0042010 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	110	Skilled (SNF)	110	40,150	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	110	TOTALS	110	40,150	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	2,092	3,491	9,906	15,489	8
9	SNF/PED					9
10	ICF	11,284	1,706	773	13,763	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,376	5,197	10,679	29,252	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 72.86%

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

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

None

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

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

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

I. On what date did you start providing long term care at this location?  
Date started 10/31/2000

J. Was the facility purchased or leased after January 1, 1978?  
YES  Date \_\_\_\_\_ NO

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 110 and days of care provided 9,459

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Alden-Des Plaines Rehab & HC Ctr # 0042010 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	788,526	19,236	17,769	825,531	1,506	827,037	3,106	830,143		1
2	Food Purchase		293,756		293,756	(25,746)	268,010	15,003	283,013		2
3	Housekeeping	224,395	32,289		256,684	1,276	257,960	4,126	262,086		3
4	Laundry	59,583	22,520	209	82,312	80	82,392		82,392		4
5	Heat and Other Utilities			203,162	203,162		203,162	(1,798)	201,364		5
6	Maintenance	52,460		228,913	281,373	219	281,592	22,008	303,600		6
7	Other (specify):* related party							3,796	3,796		7
8	<b>TOTAL General Services</b>	1,124,964	367,801	450,053	1,942,818	(22,665)	1,920,153	46,241	1,966,394		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	3,008,522	198,851	14,654	3,222,027	(1,431)	3,220,596	67,604	3,288,200		10
10a	Therapy	46,289	4,893	30,886	82,068		82,068		82,068		10a
11	Activities	108,024	2,162	4,614	114,800	172	114,972		114,972		11
12	Social Services	53,669			53,669		53,669		53,669		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,892	3,892		15
16	<b>TOTAL Health Care and Programs</b>	3,216,504	205,906	86,154	3,508,564	(1,259)	3,507,305	71,496	3,578,801		16
	<b>C. General Administration</b>										
17	Administrative	204,458			204,458		204,458	117,124	321,582		17
18	Directors Fees										18
19	Professional Services			965,548	965,548		965,548	(852,170)	113,378		19
20	Dues, Fees, Subscriptions & Promotions			126,927	126,927	(250)	126,677	(103,336)	23,341		20
21	Clerical & General Office Expenses	174,045	17,697	244,548	436,290	565	436,855	79,631	516,486		21
22	Employee Benefits & Payroll Taxes			795,977	795,977	13,743	809,720	(21,867)	787,853		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,354	1,354	250	1,604	871	2,475		24
25	Other Admin. Staff Transportation			5,432	5,432		5,432	8,231	13,663		25
26	Insurance-Prop.Liab.Malpractice			274,261	274,261		274,261	7,764	282,025		26
27	Other (specify):* related party			310,913	310,913		310,913	(270,334)	40,579		27
28	<b>TOTAL General Administration</b>	378,503	17,697	2,724,960	3,121,160	14,308	3,135,468	(1,034,086)	2,101,382		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	4,719,971	591,404	3,261,167	8,572,542	(9,616)	8,562,926	(916,348)	7,646,578		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			47,782	47,782		47,782	265,331	313,113		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			75,268	75,268		75,268	187,236	262,504		32
33	Real Estate Taxes			608,900	608,900	(608,900)		681,257	681,257		33
34	Rent-Facility & Grounds			695,901	695,901	608,900	1,304,801	(1,304,801)			34
35	Rent-Equipment & Vehicles			25,994	25,994		25,994	20,428	46,422		35
36	Other (specify):* MIP							38,642	38,642		36
37	<b>TOTAL Ownership</b>			1,453,845	1,453,845		1,453,845	(111,907)	1,341,938		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		1,601,316	1,724,326	3,325,642	9,616	3,335,258	(175,652)	3,159,606		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			183,124	183,124		183,124		183,124		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>		1,601,316	1,907,450	3,508,766	9,616	3,518,382	(175,652)	3,342,730		44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	4,719,971	2,192,720	6,622,462	13,535,153		13,535,153	(1,203,907)	12,331,246		45

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

0042010  
 Period Beginning: 1/1/2018  
 Period Ending: 12/31/2018

IDPH License No. 36-4271650

Page 4A

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(25,746)	Employee Meals
	22	25,746	Employee Meals
22		(12,003)	Uniform Reclass
	1	1,506	Uniform Reclass
	3	1,276	Uniform Reclass
	4	80	Uniform Reclass
	6	219	Uniform Reclass
	10	8,185	Uniform Reclass
	11	172	Uniform Reclass
	21	565	Uniform Reclass
10		(9,616)	Oxygen Cost Reclass
	39	9,616	Oxygen Cost Reclass
33		(608,900)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	608,900	Rent - Real Estate Tax on associated landowner (Pg 6)
20		(250)	Illinois Council on long-term care seminar
	24	250	Illinois Council on long-term care seminar

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

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(151)	2		4
5	Telephone, TV & Radio in Resident Rooms	(13,643)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(67,497)	30		9
10	Interest and Other Investment Income	(19,654)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,307)	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	(20,412)	21		17
18	Fines and Penalties	(325)	32		18
19	Entertainment	(1,877)	20		19
20	Contributions	(2,340)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,493)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(310,913)	27		24
25	Fund Raising, Advertising and Promotional	(14,782)	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>	\$ (461,394)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	(677,309)	Pg 6s	34
35	Other- Attach Schedule	(65,204)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (742,513)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (1,203,907)		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

Alden-Des Plaines Rehab & HC CtrID# 0042010Report Period Beginning: 1/1/2018Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (3,825)	5	1
2	Flu Shots	(278)	21	2
3	Misc Income ( Record copies)	(120)	10	3
4	Misc Income ( Jury Duty)	(34)	21	4
5	Misc Income ( Donation)	(40)	21	5
6	Vendor Discounts	(394)	10	6
7	Valet Cost	(30,240)	21	7
8	Expense Pg 13 items< \$2,500 Curr Yr	19,666	6	8
9	Elim Deprec on Pg 13 < \$2,500 items	(12,386)	30	9
10	Elim Deprec on Pg 12 < \$2,500 items	(2,582)	30	10
11	Expense Pg 12 items< \$2,500 Curr Yr	5,151	6	11
12	Adjust deprec. to actual	(728)	30	12
13	Adjust for ABC profit	2	30	13
14	Back out LLC mtge int > CON asset limit	(75,141)	32	14
15	Back out LLC MIP exp > CON asset limit	(15,027)	36	15
16	Back out LLC Bank Charges	(24)	21	16
17				17
18				18
19				19
20				20
21	Elim Person. Director Benefits for DPIL	(17,165)	22	21
22				22
23	Add back real estate tax refund	67,961	33	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>	(65,204)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden-Des Plaines Rehab &amp; HC Ctr

# 0042010

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
<b>1</b>	<b>A. General Services</b>													
1	Dietary	0	0	1,550	1,556	0	0	0	0	0	0	0	3,106	1
2	Food Purchase	(6,458)	0	0	21,461	0	0	0	0	0	0	0	15,003	2
3	Housekeeping	0	0	4,126	0	0	0	0	0	0	0	0	4,126	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,825)	0	2,027	0	0	0	0	0	0	0	0	(1,798)	5
6	Maintenance	11,174	0	13,999	0	0	0	99	(3,264)	0	0	0	22,008	6
7	Other (specify):*	0	0	3,796	0	0	0	0	0	0	0	0	3,796	7
<b>8</b>	<b>TOTAL General Services</b>	<b>891</b>	<b>0</b>	<b>25,498</b>	<b>23,017</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>(3,264)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46,241</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	(514)	0	58,170	11,609	(1,661)	0	0	0	0	0	0	67,604	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	3,892	0	0	0	0	0	0	0	0	3,892	15
<b>16</b>	<b>TOTAL Health Care and Programs</b>	<b>(514)</b>	<b>0</b>	<b>62,062</b>	<b>11,609</b>	<b>(1,661)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71,496</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	117,124	0	0	0	0	0	0	0	0	117,124	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,493)	41,593	(890,270)	0	0	0	0	0	0	0	0	(852,170)	19
20	Fees, Subscriptions & Promotions	(18,999)	205	(84,542)	0	0	0	0	0	0	0	0	(103,336)	20
21	Clerical & General Office Expenses	(51,029)	24	130,636	0	0	0	0	0	0	0	0	79,631	21
22	Employee Benefits & Payroll Taxes	(17,165)	0	0	0	(4,702)	0	0	0	0	0	0	(21,867)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	871	0	0	0	0	0	0	0	0	871	24
25	Other Admin. Staff Transportation	0	0	8,231	0	0	0	0	0	0	0	0	8,231	25
26	Insurance-Prop.Liab.Malpractice	0	7,592	172	0	0	0	0	0	0	0	0	7,764	26
27	Other (specify):*	(310,913)	0	40,579	0	0	0	0	0	0	0	0	(270,334)	27
<b>28</b>	<b>TOTAL General Administration</b>	<b>(401,599)</b>	<b>49,414</b>	<b>(677,199)</b>	<b>0</b>	<b>(4,702)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,034,086)</b>	<b>28</b>
<b>29</b>	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(401,221)</b>	<b>49,414</b>	<b>(589,639)</b>	<b>34,626</b>	<b>(6,363)</b>	<b>0</b>	<b>99</b>	<b>(3,264)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(916,348)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number

Alden-Des Plaines Rehab &amp; HC Ctr

# 0042010

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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	(83,191)	342,437	6,085	0	0	0	0	0	0	0	0	265,331	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(95,120)	276,236	6,120	0	0	0	0	0	0	0	0	187,236	32
33	Real Estate Taxes	67,961	608,900	4,396	0	0	0	0	0	0	0	0	681,257	33
34	Rent-Facility & Grounds	0	(1,304,801)	0	0	0	0	0	0	0	0	0	(1,304,801)	34
35	Rent-Equipment & Vehicles	0	0	20,428	0	0	0	0	0	0	0	0	20,428	35
36	Other (specify):*	(15,027)	53,669	0	0	0	0	0	0	0	0	0	38,642	36
37	<b>TOTAL Ownership</b>	<b>(125,377)</b>	<b>(23,559)</b>	<b>37,029</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>(111,907)</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	(86,639)	(93,780)	4,767	0	0	0	0	0	(175,652)	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>(86,639)</b>	<b>(93,780)</b>	<b>4,767</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(175,652)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(526,598)</b>	<b>25,855</b>	<b>(552,610)</b>	<b>(52,013)</b>	<b>(100,143)</b>	<b>4,767</b>	<b>99</b>	<b>(3,264)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,203,907)</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: 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	\$ 1,304,801	Alden-Des Plaines Rehabilitation and Health Care Center, LLC		\$	\$ (1,304,801)	1
2	V	32 Interest-RR	72	Alden-Des Plaines Rehabilitation and Health Care Center, LLC			(72)	2
3	V	21 Bank charges		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		24	24	3
4	V	19 Accounting fees/Legal Fees		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		41,593	41,593	4
5	V	33 Real estate taxes		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		608,900	608,900	5
6	V	26 Property & liability ins		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		7,592	7,592	6
7	V	36 Mortgage insurance		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		53,669	53,669	7
8	V	32 Interest on mortgage		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		268,361	268,361	8
9	V	30 Depreciation		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		342,437	342,437	9
10	V	32 Amortization		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		7,947	7,947	10
11	V	20 Corporate Annual Report Fee		Alden-Des Plaines Rehabilitation and Health Care Center, LLC		205	205	11
12	V							12
13	V							13
14	Total		\$ 1,304,873			\$ 1,330,728	\$ * 25,855	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 2,027	\$ 2,027 15
16	V	24 Trav & Seminar		Alden Management Services, Inc.		871	871 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		8,231	8,231 17
18	V	26 Insurance		Alden Management Services, Inc.		172	172 18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		1,042	(84,542) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		4,396	4,396 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		20,428	20,428 22
23	V	32 Interest		Alden Management Services, Inc.		6,120	6,120 23
24	V	1 Dietary		Alden Management Services, Inc.		1,550	1,550 24
25	V	3 Housekeeping		Alden Management Services, Inc.		4,126	4,126 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		3,796	3,796 26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		58,170	58,170 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		3,892	3,892 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		117,124	117,124 29
30	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		40,579	40,579 30
31	V	19 Professional Fees	928,130	Alden Management Services, Inc.		37,860	(890,270) 31
32	V	21 Gen'l & Admin	56,868	Alden Management Services, Inc.		187,504	130,636 32
33	V	6 Repair & Maint	32,258	Alden Management Services, Inc.		46,257	13,999 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,102,840			\$ 550,230	\$ * (552,610) 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	\$ 17,469	Prism Health Care Sevices, Inc.	0.00%	\$	\$ (17,469)
16	V	1 Dietary salaries		Prism Health Care Sevices, Inc.		10,355	10,355
17	V	2 Tube feeding	64,028	Prism Health Care Sevices, Inc.		58,664	(5,364)
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Sevices, Inc.		10,997	4,337
19	V	39 Ancillary supplies	255,391	Prism Health Care Sevices, Inc.		83,313	(172,078)
20	V	1 G & A & Emp. Benefits		Prism Health Care Sevices, Inc.		8,670	8,670
21	V	2 G & A & Emp. Benefits		Prism Health Care Sevices, Inc.		26,825	26,825
22	V	10 Emp. Benefits-Dietary		Prism Health Care Sevices, Inc.		7,272	7,272
23	V	39 G & A & Emp. Benefits		Prism Health Care Sevices, Inc.		52,414	52,414
24	V	39 Vent rentals		Prism Health Care Sevices, Inc.		33,025	33,025
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		\$ 343,548			\$ 291,535	\$ * (52,013)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 1,015,185	Forum Extended Care Services II, Inc.	0.00%	\$ 934,541	\$ (80,644)
16	V	39 I.V.	197,158	Forum Extended Care Services II, Inc.		181,497	(15,661)
17	V	39 Wound Care	22,712	Forum Extended Care Services II, Inc.		20,908	(1,804)
18	V	10 House Stock	18,267	Forum Extended Care Services II, Inc.		16,816	(1,451)
19	V	10 Pharm Consult.	2,640	Forum Extended Care Services II, Inc.		2,430	(210)
20	V	22 Employ. Vaccin.	4,702	Forum Extended Care Services II, Inc.			(4,702)
21	V	39 Employ. Vaccin.		Forum Extended Care Services II, Inc.		4,329	4,329
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,260,664			\$ 1,160,521	\$ * (100,143)

\* 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	\$ 1,287,142	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,291,909	\$	4,767	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,287,142			\$ 1,291,909	\$ *	4,767	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	\$ 32,508	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,607	\$	99	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		\$ 32,508			\$ 32,607	\$ *	99	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	\$ 4,952	Alden Design Group, Ltd.	0.00%	\$ 1,688	\$ (3,264)
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		\$ 4,952			\$ 1,688	\$ * (3,264)

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

Facility Name &amp; ID Number

Alden-Des Plaines Rehab &amp; HC Ctr

# 0042010

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health	Long Grove				30

Facility Name & ID Number Alden-Des Plaines Rehab & HC Ctr # 0042010 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

## 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	180,977	0.868	2.17	Salary	\$ 4,023	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,825	0.868	2.17	Salary	2,175	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,825	0.868	2.17	Salary	2,175	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	114,294	0.868	2.17	Salary	2,541	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,760	0.868	2.17	Salary	1,373	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	180,977	0.7595	2.17	Salary	4,023	16-7, 17-7	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	\$ 16,310		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden-Des Plaines Rehab & HC Ctr

# 0042010

Report Period Beginning:

1/1/2018

Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,345,058	36	\$ 93,217	\$ 29,252	\$ 2,027	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	29,252	871	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	29,252	8,231	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	29,252	172	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	29,252	1,042	5	
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6	
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	29,252	4,396	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	29,252	20,428	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	29,252	6,120	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	29,252	1,550	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	29,252	4,126	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	29,252	3,796	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	29,252	58,170	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	29,252	3,892	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	29,252	117,124	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	29,252	40,579	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	29,252	37,860	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	29,252	187,504	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	29,252	46,257	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 550,230	25	

Facility Name &amp; ID Number

Alden-Des Plaines Rehab &amp; HC Ctr

# 0042010

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

## A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		7	8	9	10
		Related**					Purpose of Loan	Monthly Payment Required				
		YES	NO				Original	Balance				
	<b>A. Directly Facility Related</b>											
	<b>Long-Term</b>											
1	Cambridge (GL 2505/7055)		X	Mortgage	\$43,503.85	10/1/2012	\$ 12,080,802	\$ 10,619,642	9/1/2047	2.5000	\$ 268,361	1
2				Int exp in excess of CON cap							(75,141)	2
3												3
4	Amort of Fin Fees (GL 1918)		X	Refinancing							7,947	4
5	Insurance Interest (GL7053)		X	Malpractice Insurance							1,094	5
	<b>Working Capital</b>											
6	Related party-AMS		X	Working Capital							6,120	6
7	Interest Capital Lease (7030)		X	Phone Lease							990	7
8	Bank Leumi		X	Working Capital	varies	8/2012	1,011,970			4.5000	72,859	8
9	<b>TOTAL Facility Related</b>				\$43,503.85		\$ 13,092,772	\$ 10,619,642			\$ 282,230	9
	<b>B. Non-Facility Related*</b>											
10	Interest Income (GL 4975)		X								(19,654)	10
11	Interest Income on R.R.		X								(72)	11
12												12
13												13
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (19,726)	14
15	<b>TOTALS (line 9+line14)</b>						\$ 13,092,772	\$ 10,619,642			\$ 262,504	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,669 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.)



## 2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden-Des Plaines Rehab & HC Ctr COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042010

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

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

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(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>202,125.00</u>	\$ <u>4,396.00</u>
2. <u>09-17-200-128-0000</u>	<u>Nursing facility</u>	\$ <u>321,237.55</u>	\$ <u>321,237.55</u>
3. <u>09-17-200-129-0000</u>	<u>Nursing facility</u>	\$ <u>231,423.70</u>	\$ <u>231,423.70</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>754,786.25</u></u>	\$ <u><u>557,057.25</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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

Facility Name & ID Number Alden-Des Plaines Rehab & HC Ctr

# 0042010 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 51,490 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

None

---



---



---



---



---



---



---

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

If so, please complete the following:

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>51,490</u>	<u>2000</u>	<u>\$ 1,016,045</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>51,490</b>		<b>\$ 1,016,045</b>	<b>3</b>

## XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4			2000	2000	\$ 9,685,956	\$ 242,149	40	\$ 174,652	\$ (67,497)	\$ 3,255,706	4
5		Adjustment to correct to CON costs (net=6,986,060)									5
6											6
7											7
8											8
		Improvement Type**									
9		ISS/Chicago Sound & Communication(vent alarm interface	2000	2000	3,400		10			3,400	9
10		Alden Bennett Construction(multiple wireless install)	2001	2001	4,894		10			4,894	10
11		Owners extras (change orders)	2000	2000	524,876	26,244	20	26,244		483,326	11
12		Owners extras (change orders)	2000	2000	12,972	648	20	648		11,938	12
13		ABC-parking lot sealcoat/stripe	2002	2002	3,852		7			3,852	13
14		ABC-screened patio enclosure	2002	2002	10,069		7			10,069	14
15		EWS Welding-alarm	2002	2002	1,076		10			1,076	15
16		New Horizons-residents phones	2002	2002	1,646		10			1,646	16
17		New Horizons-residents phones	2002	2002	3,161		10			3,161	17
18		ABC-owners extras	2003	2003	2,571	5	15	5		2,571	18
19		ABC-owners extras	2003	2003	5,511	5	15	5		5,511	19
20		ABC [GT Mechanical]-Replace B1 compressor	2007	2007	3,383		5			3,383	20
21		Mohawk-Calhoun Carpet Admin area	2007	2007	2,747		5			2,747	21
22		ABC-New carpeting Nile Room	2007	2007	6,053		5			6,053	22
23		ABC-New patio door operator	2007	2007	4,046		10			4,046	23
24		GTMECH-Exhaust motor & wheel blade	2007	2007	4,791		10			4,791	24
25		ABC-Removal & repair of hot water piping	2007	2007	4,170	167	25	167		1,865	25
26		Replace Gas Oxygen Units	2008	2008	9,275	382	10	382		9,275	26
27		GTMECH-Repair Boiler Pumps	2008	2008	3,242	191	10	191		3,242	27
28											28
29		ABC - Pavement Asphalt	2010	2010	11,722	978	8	978		11,722	29
30		Nursing Station Repair	2010	2010	2,600		5			2,600	30
31		ABC - Repair Laundry Chute & Grease Interceptor	2010	2010	8,248		5			8,248	31
32		ABC - HVAC Pump	2010	2010	4,738	316	15	316		2,607	32
33		Smoke Vent Relocation (non-hvac)	2011	2011	3,345		5			3,345	33
34		Fish Tank Repair	2011	2011	3,700		5			3,700	34
35		Sprinkler Heads & Gauges Replaced	2011	2011	7,072	707	10	707		5,067	35
36		Dampers, labeling	2012	2012	6,750	675	10	675		4,219	36

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

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

See Page 12A, Line 70 for total

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Doorway-Build Kitchen Storage Doorway	2013	\$ 4,091	\$ 205	20	\$ 205	\$	\$ 1,093	37
38	Doorway-Sprinkler Room	2013	2,887	144	20	144		792	38
39	Wall- Wall Refinish	2013	5,950	446	15	446		2,230	39
40	Motor - Laundry Iron Motor	2013	3,025	403	5	403		3,025	40
41	OT/PT Remodel Building Permit	2014	2,920	195	15	195		910	41
42	Fire Dampers - ABC	2014	17,384	1,738	10	1,738		7,242	42
43	Fire Alarm lights - ABC	2014	2,609	522	5	522		2,175	43
44	Sewer, Replaced	2015	2,500	125	20	125		479	44
45	Fire Dampers - ABC	2015	4,074	407	10	407		1,561	45
46	Repaired Sliding Door - ABC	2015	2,786	557	5	557		2,135	46
47	Repaired Sliding Door - ABC	2015	4,165	833	5	833		2,846	47
48	Motor for pump for boiler, ignitors and sensor - GT Mech	2015	3,009	602	5	602		1,856	48
49	Concrete / Paving Insallation PT/OT Room - ABC	2015	30,635	1,532	20	1,532		5,872	49
50	New Flooring Installation PT/OT Room - ABC	2015	39,702	1,985	20	1,985		7,609	50
51	Drywall/Painting Installation in PT/OT Room - ABC	2015	21,874	1,094	20	1,094		4,193	51
52	Install New Cabinets in PT/OT Room -ABC	2015	27,520	1,376	20	1,376		5,275	52
53	Install new Plumbing and Lighting Fixtures in PT/OT Room - ABC	2015	95,531	4,777	20	4,777		18,312	53
54	New Plumbing Piping Installation in PT/OT Room - ABC	2015	33,318	1,666	20	1,666		6,386	54
55	New HVAC System Installation in PT/OT Room - ABC	2015	30,493	1,525	20	1,525		5,846	55
56	New Electrical Wiring and Circuits Installed in PT/OT Room - AB	2015	109,751	5,488	20	5,488		21,037	56
57	Door Repairs, Corral Garbage Area - ABC	2016	4,351	870	5	870		2,320	57
58	Motor, Washing Machine -TOPNOT	2016	2,579	516	5	516		1,204	58
59	Rewire Electrical Panel - ABC	2016	2,840	568	5	568		1,609	59
60	Motor, Fan Blade, and Contactor - GTMECH ( Basement)	2018	3,572	536	5	536		536	60
61	Motor & Drive, AHU - GTMECH (Basement)	2018	10,422		5				61
62	Stain Furniture - AMS (Resident Rooms)	2018	4,400	367	5	367		367	62
63	Stain Furniture - AMS (Resident Rooms)	2018	3,080	205	5	205		205	63
64	Stain Furniture - AMS (Resident Rooms)	2018	3,520	59	5	59		59	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 10,824,853	\$ 301,207		\$ 233,710	\$ (67,497)	\$ 3,971,233	70

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

Facility Name &amp; ID Number Alden-Des Plaines Rehab &amp; HC Ctr

# 0042010

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

## 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>		\$ 10,824,853	\$ 301,207		\$ 233,710	\$ (67,497)	\$ 3,971,233	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,970,029	\$ 303,955		\$ 236,458	\$ (67,497)	\$ 4,057,502	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		\$ 10,970,029	\$ 303,955		\$ 236,458	\$ (67,497)	\$ 4,057,502	1
2									2
3	Adj for ABC related party profit	2008	(53)					(53)	3
4	Adj for ABC related party profit	2010	(302)	(18)		(18)		(153)	4
5	Adj for ABC related party profit	2011	110	8		8		60	5
6	Adj for ABC related party profit	2012	417	20		20		130	6
7	Adj for ABC related party profit	2013	174	4		4		22	7
8	Adj for ABC related party profit	2014	(38)	(1)		(1)		(5)	8
9	Adj for ABC related party profit	2015	(154)	(14)		(14)		(49)	9
10	Adj for ABC related party profit	2016	(27)	(1)		(1)		(7)	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,970,155	\$ 303,952		\$ 236,455	\$ (67,497)	\$ 4,057,448	34

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

Facility Name & ID Number Alden-Des Plaines Rehab & HC Ctr

# 0042010

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 772,660	\$ 67,206	\$ 67,206	\$	varies	\$ 357,372	71
72	Current Year Purchases	79,907	6,648	6,648		varies	6,648	72
73	Fully Depreciated Assets	1,575,311	2,007	2,007		varies	1,575,311	73
74								74
75	TOTALS	\$ 2,427,879	\$ 75,861	\$ 75,861	\$		\$ 1,939,332	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Bus	2001	2001	\$ 7,975	\$ 798	\$ 798	\$	5	\$ 798	76
77	related party-AMS	various	1998-2004	3,802				5	3,802	77
78										78
79										79
80	TOTALS			\$ 11,777	\$ 798	\$ 798	\$		\$ 4,600	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 14,425,856	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 380,610	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 313,113	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (67,497)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,001,379	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.

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: Related party - cost is eliminated

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 7/1/2001

Ending 6/30/2021

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

Fiscal Year Ending                      Annual Rent

12. 12/31/2019                      \$ varies

13. 12/31/2020                      \$ varies

14. 12/31/2021                      \$ varies

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

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

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_\*

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

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ 15,429 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>968.58</u>	\$ <u>11,623</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>#####</u>	<u>15,552</u>	19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>27,175</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	<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	\$		\$ 437,059	\$		\$ 437,059	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			91,269			91,269	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			730,254			730,254	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				938,870		938,870	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care Supplies</u>						68,499		68,499	12
13	Other (specify): <u>See PG 16A</u>	39-1, 39-3, if any				4,767	888,887		893,654	13
14	TOTAL			\$		\$ 1,263,349	\$ 1,896,257		\$ 3,159,606	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16  
 Col 5: PT,OT, & ST  
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$437,059.04	
2.	ST	39-3	To Col 5	91,268.72	
3.					
4.	PT	39-3	To Col 5	730,254.36	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			1,015,185.17	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(76,315.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	938,870.17	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	68,499.40	
	Total Exceptional Care (Line 12, Col 8)			68,499.40	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	4,767.00	From Page 6D
	Other			983,375.44	
	Manual Input: Related Party - Prism			(86,638.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(15,662.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(1,804.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			9,616.00	
13.	Col 6: Supplies Total		To Col 6	888,887.44	
13.	Total Line 13, Column 8			893,654.44	
14.	Total			3,159,606.13	

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 25,832	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 289,500 )	2,242,763	2,242,763	3
4	Supply Inventory (priced at )	3,548	3,548	4
5	Short-Term Investments			5
6	Prepaid Insurance		7,376	6
7	Other Prepaid Expenses	18,427	79,711	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	18,017	414,266	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,282,754	\$ 2,773,495	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	11,578	11,578	12
13	Land		1,003,985	13
14	Buildings, at Historical Cost		9,671,992	14
15	Leasehold Improvements, at Historical Cost	641,951	1,170,866	15
16	Equipment, at Historical Cost	405,145	2,440,742	16
17	Accumulated Depreciation (book methods)	(812,450)	(7,128,207)	17
18	Deferred Charges	70,416	70,416	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		94,109	21
22	Other Long-Term Assets (spe <u>Refi fees, net</u> )		127,437	22
23	Other(specify): <u>Due from Affiliates</u>	3,386,869	6,391,534	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 3,703,509	\$ 13,854,452	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,986,263	\$ 16,627,947	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 697,357	\$ 697,807	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	379,117	379,117	28
29	Short-Term Notes Payable	2,599	258,284	29
30	Accrued Salaries Payable	704,680	704,680	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,462	22,462	31
32	Accrued Real Estate Taxes(Sch.IX-B)		569,200	32
33	Accrued Interest Payable	3,814	25,938	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	188,186	188,186	36
37	<u>Due to Affiliates</u>	1,561,807	1,561,807	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,560,022	\$ 4,407,481	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	1,009,635	1,009,635	39
40	Mortgage Payable		10,363,958	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 (sum of lines 39 thru 44)</b>	\$ 1,009,635	\$ 11,373,592	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,569,657	\$ 15,781,073	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,416,607	\$ 846,874	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,986,263	\$ 16,627,947	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,601,129	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,601,129	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(2,184,522)	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)	\$ (2,184,522)	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)	\$ 1,416,607	24 *

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

Facility Name &amp; ID Number Alden-Des Plaines Rehab &amp; HC Ctr

# 0042010

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**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	\$ 11,123,291	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,123,291	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	167,750	6
7	Oxygen	17,761	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 185,511	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	411	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	151	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,088	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	15,282	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 16,932	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	19,654	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 19,654	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG 19A</u>	5,242	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 5,242	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 11,350,631	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,942,818	31
32	Health Care	3,508,564	32
33	General Administration	3,121,160	33
<b>B. Capital Expense</b>			
34	Ownership	1,453,845	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,325,642	35
36	Provider Participation Fee	183,124	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,535,153	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,184,522)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,184,522)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,767,298	44
45	Private Pay - Net Inpatient Revenue	687,722	45
46	Medicare - Net Inpatient Revenue	5,727,554	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,942,726	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(2,010)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 11,123,291	49

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Not yet avail. If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden-Des Plaines Rehabilitation and Health Care Center, Inc.# 0042010Report Period Beginning 01/01/2018 Ending: 12/31/2018

12/31/2018

**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income - Record Copies	\$ 120
Misc. Income - Jury Duty	\$ 34
Misc. Income Donation	\$ 40
Write Off Old Accounts Payables	\$ 1,406
Vendor Discount	\$ 394
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 3,248
Line 28 Total:	<u>5,242</u>

Facility Name & ID Number Alden-Des Plaines Rehab & HC Ctr

# 0042010

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	1,817	\$ 79,789	\$ 43.91	1
2	Assistant Director of Nursing	1,771	74,912	42.30	2
3	Registered Nurses	27,264	1,012,549	35.34	3
4	Licensed Practical Nurses	17,216	537,888	29.35	4
5	CNAs & Orderlies	68,516	1,155,698	15.77	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides	2,052	46,289	20.68	8
9	Activity Director	2,078	40,778	19.55	9
10	Activity Assistants	4,860	67,246	12.72	10
11	Social Service Workers	4,399	97,361	20.99	11
12	Dietician				12
13	Food Service Supervisor	2,072	80,986	38.94	13
14	Head Cook	1,500	38,467	25.54	14
15	Cook Helpers/Assistants	44,120	669,071	13.92	15
16	Dishwashers				16
17	Maintenance Workers	1,439	52,460	36.33	17
18	Housekeepers	16,348	224,395	12.76	18
19	Laundry	4,138	59,583	12.66	19
20	Administrator	2,632	139,549	52.86	20
21	Assistant Administrator	2,392	64,909	26.07	21
22	Other Administrative	3,244	86,323	26.51	22
23	Office Manager				23
24	Clerical	3,355	44,030	12.44	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	4,132	147,688	35.40	29
30	Habilitation Aides (DD Homes)				30
31	Medical Records				31
32	Other Health Care(specify)				32
33	Other(specify)				33
34	TOTAL (lines 1 - 33)	215,345	\$ 4,719,971 *	\$ 20.56	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly \$ 17,769	1-3	35
36	Medical Director	Monthly 36,000	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant		10-3	38
39	Pharmacist Consultant	Monthly 2,640	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	45 2,640	11-3	44
45	Social Service Consultant	4 280	11-3	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	49 \$ 59,329		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	16 \$ 6,192	10-3	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides	6 988		52
53	TOTAL (lines 50 - 52)	22 \$ 7,180		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	
Pientok, Jacob	Administrator	0	\$ 74,496	Workers' Compensation Insurance	\$ 128,308	IDPH License Fee	\$	
Rickman, Emily	Administrator	0	65,054	Unemployment Compensation Insurance	21,667	Advertising: Employee Recruitment	181	
Losaco, Adrianna	Assistant Administrator	0	51,509	FICA Taxes	352,708	Health Care Worker Background Check		
Porto, Jennifer	Assistant Administrator	0	13,400	Employee Health Insurance	101,421	(Indicate # of checks performed 86 )	2,846	
		0		Employee Meals	25,746	Patient Background Checks	709	
		0		Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of IL	10,560	
		0		Union health & welfare	110,866	Corp Annual Report Fee	358	
		0		Union pension	37,478	Paddock Publications/Inspection	1,158	
<b>TOTAL (agree to Schedule V, line 17, col. 1)</b>			<b>\$ 204,458</b>	Dental/Life/Vision/401k match/Empl rel/Misc pr	15,783	Surety Bond	100	
(List each licensed administrator separately.)				EE drug tests/Vaccinations/Tuition Reimbursement	15,743	Related party-AMS	1,042	
				Gardens /Crts Personnel Dir. e/b deduction	(17,165)	Less: Public Relations Expense	( )	
				Related party-Forum	(4,702)	Non-allowable advertising	( )	
						Yellow page advertising	( )	
				<b>TOTAL (agree to Schedule V, line 22, col.8)</b>	<b>\$ 787,853</b>	<b>TOTAL (agree to Sch. V, line 20, col. 8)</b>	<b>\$ 23,341</b>	
<b>B. Administrative - Other</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
<b>TOTAL (agree to Schedule V, line 17, col. 3)</b>			<b>\$</b>				Related party - AMS	871
(Attach a copy of any management service agreement)							Seminar Expense	
<b>C. Professional Services</b>							Il. Council LTC	250
Vendor/Payee	Type		Amount				Wisconsin Healthcare Association	369
Alden Management Services, Inc.	Consulting fees		\$ 882,938				UW-Eau Claire Foundation	985
AMS (Eliminated)	Allocated Legal Fees		45,192				Entertainment Expense	( )
KPMG/C. Novotny	Cost reporting fee		216				(agree to Sch. V, line 24, col. 8)	
Baker Tilly/BDO Seidman	Accounting Fees		15,747				<b>TOTAL</b>	<b>\$ 2,475</b>
Accurate Biometrics	Professional Services		600					
Achieve Accreditation	Professional Services		3,735					
Pathway Services/Tiffany Witkowski	Professional Services		430					
Von Briesen & Roper Legal Services	Legal fees: Non-Collections		9					
SBC2 Inc.	Legal fees: Collections		3,493					
Pogrund & Korey LLC	Legal fees: Non-Collections		13,108					
DiDomenico Agency	Legal fees: Non-Collections		80					
<b>TOTAL (agree to Schedule V, line 19, column 3)</b>			<b>\$ 965,548</b>	<b>TOTAL</b>		<b>\$</b>		
(For legal fee disclosure, see page 39 of instructions)								

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden-Des Plaines Rehabilitation and Health Care Center, Inc.  
 Legal Fee Support  
 2018

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	61,882.21
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(3,493.21)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(45,192.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>13,197.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
DiDomenico Agency	6/22/2018	80.00
Stone Pogrund & Korey	1/31/2018	500.00
Stone Pogrund & Korey	2/28/2018	500.00
Stone Pogrund & Korey	3/31/2018	573.23
Stone Pogrund & Korey	4/30/2018	1,054.28
Stone Pogrund & Korey	5/31/2018	1,268.93
Stone Pogrund & Korey	6/30/2018	1,055.54
Stone Pogrund & Korey	7/31/2018	1,335.37
Stone Pogrund & Korey	8/31/2018	942.80
Stone Pogrund & Korey	9/30/2018	1,052.41
Stone Pogrund & Korey	10/31/2018	1,133.40
Stone Pogrund & Korey	11/30/2018	1,219.83
Stone Pogrund & Korey	12/31/2018	2,471.92
Von Briesen & Roper	1/23/2018	9.29
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><b>13,197.00</b></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
SB2 Inc.	1/1/2018	295.45
SB2 Inc.	1/31/2018	295.45
SB2 Inc.	2/1/2018	295.45
SB2 Inc.	3/1/2018	295.45
SB2 Inc.	4/2/2018	295.45
SB2 Inc.	5/1/2018	295.45
SB2 Inc.	6/1/2018	295.45
SB2 Inc.	7/2/2018	295.45
SB2 Inc.	8/1/2018	295.45
SB2 Inc.	9/4/2018	334.16
SB2 Inc.	10/1/2018	295.45
SB2 Inc.	12/3/2018	204.55
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<u><b>3,493.21</b></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Allocation	1/31/2018	3,766.00
AMS Allocation	2/28/2018	3,766.00
AMS Allocation	3/31/2018	3,766.00
AMS Allocation	4/30/2018	3,766.00
AMS Allocation	5/31/2018	3,766.00
AMS Allocation	6/30/2018	3,766.00
AMS Allocation	7/31/2018	3,766.00
AMS Allocation	8/31/2018	3,766.00
AMS Allocation	9/30/2018	3,766.00
AMS Allocation	10/31/2018	3,766.00
AMS Allocation	11/30/2018	3,766.00
AMS Allocation	12/31/2018	3,766.00
<b>TOTAL Allocated Legal Fees</b>		<u><b>45,192.00</b></u>

Total Legal Cost **61,882.21**

Facility Name &amp; ID Number Alden-Des Plaines Rehab &amp; HC Ctr

# 0042010

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes RN/LPN: No (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. HCC of Illinois \$10,560
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 33,307 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. \$ 183,124  
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 benefit on Schedule V. \$ 25,746 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: n/a
- (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