

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192 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	200	Skilled (SNF)	200	73,000	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	200	TOTALS	200	73,000	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,166	6,316	15,757	25,239	8
9	SNF/PED					9
10	ICF	20,844	5,123	124	26,091	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	24,010	11,439	15,881	51,330	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 70.32%

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

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

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

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

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

I. On what date did you start providing long term care at this location?
Date started 01/19/1998

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

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 200 and days of care provided 15,243

Medicare Intermediary National Government Services, Inc

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK # 0042192 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
	A. General Services										
1	Dietary	750,897	42,626	41,028	834,551	2,243	836,794	6,575	843,369		1
2	Food Purchase		428,386		428,386	(22,768)	405,618	6,002	411,620		2
3	Housekeeping	312,389	89,646		402,035	1,263	403,298	7,241	410,539		3
4	Laundry	72,398	44,156		116,554	905	117,459		117,459		4
5	Heat and Other Utilities			228,811	228,811		228,811	1,402	230,213		5
6	Maintenance	75,168		300,323	375,491	1,698	377,189	18,369	395,558		6
7	Other (specify):* security/related party			1,667	1,667		1,667	6,660	8,327		7
8	TOTAL General Services	1,210,852	604,814	571,829	2,387,495	(16,659)	2,370,836	46,249	2,417,085		8
	B. Health Care and Programs										
9	Medical Director			49,500	49,500		49,500		49,500		9
10	Nursing and Medical Records	4,784,693	333,859	43,456	5,162,008	15,430	5,177,438	72,039	5,249,477		10
10a	Therapy	172,219	1,502	25,781	199,502		199,502		199,502		10a
11	Activities	130,948	12,054	9,570	152,572	136	152,708		152,708		11
12	Social Services	49,005			49,005		49,005		49,005		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							6,830	6,830		15
16	TOTAL Health Care and Programs	5,136,865	347,415	128,307	5,612,587	15,566	5,628,153	78,869	5,707,022		16
	C. General Administration										
17	Administrative	237,609			237,609		237,609	205,523	443,132		17
18	Directors Fees										18
19	Professional Services			1,661,819	1,661,819		1,661,819	(1,576,727)	85,092		19
20	Dues, Fees, Subscriptions & Promotions			148,335	148,335		148,335	(108,718)	39,617		20
21	Clerical & General Office Expenses	350,270	32,522	273,142	655,934	(939)	654,995	137,324	792,319		21
22	Employee Benefits & Payroll Taxes			1,166,854	1,166,854	2,032	1,168,886	(29,652)	1,139,234		22
23	Inservice Training & Education										23
24	Travel and Seminar							1,529	1,529		24
25	Other Admin. Staff Transportation			4,337	4,337		4,337	14,443	18,780		25
26	Insurance-Prop.Liab.Malpractice			505,246	505,246		505,246	11,988	517,234		26
27	Other (specify):* bad debt/related party			886,189	886,189		886,189	(814,982)	71,207		27
28	TOTAL General Administration	587,879	32,522	4,645,922	5,266,323	1,093	5,267,416	(2,159,272)	3,108,144		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,935,596	984,751	5,346,058	13,266,405		13,266,405	(2,034,154)	11,232,251		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			37,896	37,896		37,896	431,112	469,008			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			119,258	119,258		119,258	460,865	580,123			32
33	Real Estate Taxes			1,128,241	1,128,241	(1,128,241)		1,135,954	1,135,954			33
34	Rent-Facility & Grounds			988,192	988,192	1,128,241	2,116,433	(2,116,433)				34
35	Rent-Equipment & Vehicles			42,917	42,917		42,917	35,845	78,762			35
36	Other (specify):* MIP							67,347	67,347			36
37	TOTAL Ownership			2,316,504	2,316,504		2,316,504	14,690	2,331,194			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		2,095,157	2,613,693	4,708,850		4,708,850	(339,039)	4,369,811			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			322,551	322,551		322,551		322,551			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		2,095,157	2,936,244	5,031,401		5,031,401	(339,039)	4,692,362			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,935,596	3,079,908	10,598,806	20,614,310		20,614,310	(2,358,503)	18,255,807			45

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

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(22,768.00)	Employee Meals
	22	22,768.00	Employee Meals
22		(20,736.00)	Uniform Reclass
	1	2,243.00	Uniform Reclass
	3	1,263.00	Uniform Reclass
	4	905.00	Uniform Reclass
	6	123.00	Uniform Reclass
	10	15,430.00	Uniform Reclass
	11	136.00	Uniform Reclass
	21	636.00	Uniform Reclass
10		-	Oxygen Cost Reclass
	39	-	Oxygen Cost Reclass
33		(1,128,241.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	1,128,241.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(1,575.00)	Vendor Settlement Reclass - Cable TV Service
	6	1,575.00	Vendor Settlement Reclass - Cable TV Service

Net = Zero -

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	(10)	2		4
5	Telephone, TV & Radio in Resident Rooms	(22,312)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	2,145	30		9
10	Interest and Other Investment Income	(118,572)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(10,515)	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	(5,875)	21		17
18	Fines and Penalties	(84)	32		18
19	Entertainment	(3,665)	20		19
20	Contributions	(5,120)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(42,602)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(886,189)	27		24
25	Fund Raising, Advertising and Promotional	(16,254)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,109,053)		\$	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)	(1,101,663)	Pg 6s	34
35	Other- Attach Schedule	(147,787)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,249,450)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (2,358,503)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4
		Yes	No	Amount	Reference
38	Medically Necessary Transport.		x	\$	38
39			x		39
40	Gift and Coffee Shops		x		40
41	Barber and Beauty Shops		x		41
42	Laboratory and Radiology		x		42
43	Prescription Drugs		x		43
44			x		44
45	Other-Attach Schedule		x		45
46	Other-Attach Schedule		x		46
47	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	

ID# 0042192

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Late fees on utilities (g/1 684300)	\$ (2,155)	5	1
2				2
3				3
4	Miscellaneous income (medical records)	(4,850)	10	4
5	Miscellaneous income			5
6				6
7	Vendor discounts (g/1 498400)	(219)	10	7
8				8
9	Marketing personnel (g/1 670100-100-009)	(118,479)	21	9
10	Marketing personnel employee benefit deduction	(20,892)	22	10
11				11
12	Bank charges (Orland Associates Pg6)	(233)	21	12
13				13
14				14
15				15
16				16
17	Elim deprec exp on Pg12 items under \$2,500	(2,789)	30	17
18	Elim deprec exp on Pg13 items under \$2,500	(16,633)	30	18
19	Expense Pg12 items under \$2,500-curr yr purch +		6	19
20	Expense Pg13 items under \$2,500-curr yr purch +	20,572	6	20
21	Adj for ABC related party profit '08-'15 -Pg12E	(163)	30	21
22				22
23	AdjustYTD depreciation expense	(1,946)	30	23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(147,787)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK# 0042192

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	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	2,720	3,855	0	0	0	0	0	0	0	6,575	1
2	Food Purchase	(10,525)	0	0	16,527	0	0	0	0	0	0	0	6,002	2
3	Housekeeping	0	0	7,241	0	0	0	0	0	0	0	0	7,241	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,155)	0	3,557	0	0	0	0	0	0	0	0	1,402	5
6	Maintenance	(1,740)	0	22,278	0	0	0	132	(2,301)	0	0	0	18,369	6
7	Other (specify):*	0	0	6,660	0	0	0	0	0	0	0	0	6,660	7
8	TOTAL General Services	(14,420)	0	42,456	20,382	0	0	132	(2,301)	0	0	0	46,249	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(5,069)	0	63,412	15,825	(2,129)	0	0	0	0	0	0	72,039	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	6,830	0	0	0	0	0	0	0	0	6,830	15
16	TOTAL Health Care and Programs	(5,069)	0	70,242	15,825	(2,129)	0	0	0	0	0	0	78,869	16
	C. General Administration													
17	Administrative	0	0	205,523	0	0	0	0	0	0	0	0	205,523	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(42,602)	15,242	(1,549,367)	0	0	0	0	0	0	0	0	(1,576,727)	19
20	Fees, Subscriptions & Promotions	(25,039)	76	(83,755)	0	0	0	0	0	0	0	0	(108,718)	20
21	Clerical & General Office Expenses	(124,587)	233	261,678	0	0	0	0	0	0	0	0	137,324	21
22	Employee Benefits & Payroll Taxes	(20,892)	0	0	0	(8,760)	0	0	0	0	0	0	(29,652)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,529	0	0	0	0	0	0	0	0	1,529	24
25	Other Admin. Staff Transportation	0	0	14,443	0	0	0	0	0	0	0	0	14,443	25
26	Insurance-Prop.Liab.Malpractice	0	11,686	302	0	0	0	0	0	0	0	0	11,988	26
27	Other (specify):*	(886,189)	0	71,207	0	0	0	0	0	0	0	0	(814,982)	27
28	TOTAL General Administration	(1,099,309)	27,237	(1,078,440)	0	(8,760)	0	0	0	0	0	0	(2,159,272)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,118,798)	27,237	(965,742)	36,207	(10,889)	0	132	(2,301)	0	0	0	(2,034,154)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK # 0042192 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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(19,386)	444,413	6,085	0	0	0	0	0	0	0	0	431,112	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(118,656)	568,783	10,738	0	0	0	0	0	0	0	0	460,865	32
33	Real Estate Taxes	0	1,128,241	7,713	0	0	0	0	0	0	0	0	1,135,954	33
34	Rent-Facility & Grounds	0	(2,116,433)	0	0	0	0	0	0	0	0	0	(2,116,433)	34
35	Rent-Equipment & Vehicles	0	0	35,845	0	0	0	0	0	0	0	0	35,845	35
36	Other (specify):*	0	67,347	0	0	0	0	0	0	0	0	0	67,347	36
37	TOTAL Ownership	(138,042)	92,351	60,381	0	0	0	0	0	0	0	0	14,690	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(197,388)	(118,502)	(23,149)	0	0	0	0	0	(339,039)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(197,388)	(118,502)	(23,149)	0	0	0	0	0	(339,039)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,256,840)	119,588	(905,361)	(161,181)	(129,391)	(23,149)	132	(2,301)	0	0	0	(2,358,503)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Lease revenue	\$ 2,116,433	Orland Associates, LLC	0.00%	\$	\$ (2,116,433)	1
2	V	32 Interest inc-R/R & Int inc	304	Orland Associates, LLC			(304)	2
3	V	19 Accounting fees		Orland Associates, LLC		8,800	8,800	3
4	V	20 Annual report fee		Orland Associates, LLC		76	76	4
5	V	21 Bank charges		Orland Associates, LLC		233	233	5
6	V	33 Real estate taxes		Orland Associates, LLC		1,128,241	1,128,241	6
7	V	26 Insurance expense		Orland Associates, LLC		11,686	11,686	7
8	V	36 Mortgage insurance expense		Orland Associates, LLC		67,347	67,347	8
9	V	32 Mortgage interest expense		Orland Associates, LLC		561,715	561,715	9
10	V	30 Depreciation		Orland Associates, LLC		442,388	442,388	10
11	V	32 Amortization		Orland Associates, LLC		7,372	7,372	11
12	V	19 Legal fees		Orland Associates, LLC		6,442	6,442	12
13	V	30 Loss on sale of assets		Orland Associates, LLC		2,025	2,025	13
14	Total		\$ 2,116,737			\$ 2,236,325	\$ * 119,588	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%	\$ 3,557	\$ 3,557 15
16	V	24 Travel / Seminar		Alden Management Services, Inc.		1,529	1,529 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,443	14,443 17
18	V	26 Insurance		Alden Management Services, Inc.		302	302 18
19	V	20 Dues / Subscriptions	85,584	Alden Management Services, Inc.		1,829	(83,755) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,713	7,713 21
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		35,845	35,845 22
23	V	32 Interest		Alden Management Services, Inc.		10,738	10,738 23
24	V	1 Dietary salary		Alden Management Services, Inc.		2,720	2,720 24
25	V	3 Housekeeping salary		Alden Management Services, Inc.		7,241	7,241 25
26	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		6,660	6,660 26
27	V	10 Nursing & Medical records salary		Alden Management Services, Inc.		63,412	63,412 27
28	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		6,830	6,830 28
29	V	17 Administrative salary		Alden Management Services, Inc.		205,523	205,523 29
30	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		71,207	71,207 30
31	V	19 Professional Fees & salary	1,591,411	Alden Management Services, Inc.		42,044	(1,549,367) 31
32	V	21 Gen'l & Admin	67,344	Alden Management Services, Inc.		329,022	261,678 32
33	V	6 Repair & Maintenance	24,112	Alden Management Services, Inc.		46,390	22,278 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,768,451			\$ 863,090	\$ * (905,361) 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 Cons	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$ (24,168)
16	V	1 Dietary Salaries		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube Feed	68,727	Prism Health Care Services, Inc.		42,876	(25,851)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Supplies	443,179	Prism Health Care Services, Inc.		132,604	(310,575)
20	V	39 Vent Rental		Prism Health Care Services, Inc.		30,383	30,383
21	V	1 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		13,697	13,697
22	V	2 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		42,378	42,378
23	V	10 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		11,488	11,488
24	V	39 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		82,804	82,804
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		\$ 542,734			\$ 381,553	\$ * (161,181)

* 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>	\$ 1,365,766	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 1,257,272	\$ (108,494)
16	V	39 <u>I.V.</u>	206,354	<u>Forum Extended Care Services II, Inc.</u>		189,962	(16,392)
17	V	39 <u>Wound care products</u>	21,148	<u>Forum Extended Care Services II, Inc.</u>		19,468	(1,680)
18	V	10 <u>House stock</u>	22,004	<u>Forum Extended Care Services II, Inc.</u>		20,256	(1,748)
19	V	10 <u>Pharmacy consult.</u>	4,800	<u>Forum Extended Care Services II, Inc.</u>		4,419	(381)
20	V	22 <u>Employee vaccination</u>	8,760	<u>Forum Extended Care Services II, Inc.</u>			(8,760)
21	V	39 <u>Employee vaccination</u>		<u>Forum Extended Care Services II, Inc.</u>		8,064	8,064
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		\$ 1,628,832			\$ 1,499,441	\$ * (129,391)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 2,169,019	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,145,870	\$ (23,149)
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		\$ 2,169,019			\$ 2,145,870	\$ * (23,149)

* 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	\$ 43,561	Alden Bennett Construction Company, Inc.	0.00%	\$ 43,693	\$	132	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		\$ 43,561			\$ 43,693	\$ *	132	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	\$ 3,491	Alden Design Group, Ltd.	0.00%	\$ 1,190	\$ (2,301)
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		\$ 3,491			\$ 1,190	\$ * (2,301)

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

Facility Name & ID Number

ALDEN ESTATES OF ORLAND PARK

0042192

Report Period Beginning:

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 C	Long Grove				30

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK # 0042192 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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	177,940	1.528	3.82	Salary	\$ 7,060	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,184	1.528	3.82	Salary	3,816	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,184	1.528	3.82	Salary	3,816	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,376	1.528	3.82	Salary	4,459	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	60,724	1.528	3.82	Salary	2,409	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,940	1.337	3.82	Salary	7,060	6-7 & 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 28,620		13

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

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

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192

Report Period Beginning:

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,345,058	36	\$ 93,217	\$ 51,330	\$ 3,557	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	51,330	1,529	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	51,330	14,443	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	51,330	302	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	51,330	1,829	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	51,330	7,713	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	51,330	35,845	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	51,330	10,738	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	51,330	2,720	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	51,330	7,241	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	51,330	6,660	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	51,330	63,412	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	51,330	6,830	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	51,330	205,523	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	51,330	71,207	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	51,330	42,044	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	51,330	329,022	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	51,330	46,390	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 863,090	25	

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			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge Realty		X	Mortgage		3/30/11	\$ 14,668,300	\$ 13,381,726	4/1/2051	4.1700	\$ 561,715	1								
2	Bank Leumi		X	Line of credit	varies	8/29/12	1,717,920	1,940,281	9/6/2018	6.7500	113,940	2								
3	Amortization		X	Refinancing fee							8,472	3								
4	Avaya Financial Service		X	Capital Lease		8/31/18	84,068	79,371	9/1/2023	7.2200	1,998	4								
5	Insurance Interest (GL7053)		X	Medical Malpractice							2,136	5								
Working Capital																				
6	Related party - AMS		X	Working Capital							10,738	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 16,470,288	\$ 15,401,378			\$ 698,999	9								
B. Non-Facility Related*																				
10	Interest Income on R/R		X								(77)	10								
11	Interest-Leumi LLC acct		X								(227)	11								
12	Interest Income (GL 4975)		X								(10,863)	12								
13	Interest Income (GL 4975)		X								(107,709)	13								
14	TOTAL Non-Facility Related						\$	\$			\$ (118,876)	14								
15	TOTALS (line 9+line14)						\$ 16,470,288	\$ 15,401,378			\$ 580,123	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 67,347 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 ESTATES OF ORLAND PARK COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>7,713.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>27-21-401-003-000</u>	<u>Nursing facility</u>	\$ <u>1,128,241.00</u>	\$ <u>1,128,241.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>1,330,366.00</u></u>	\$ <u><u>1,135,954.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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 ESTATES OF ORLAND PARK

0042192 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

None

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

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>350,871</u>	<u>1997</u>	<u>\$ 584,920</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	350,871		\$ 584,920	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	200	1998	1997	\$ 12,679,210	\$ 314,835	40	\$ 316,980	\$ 2,145	\$ 6,655,099	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	RUN CABLE TO BUILDING/INSTALL 6 OUTLETS		1998	2,975		10			2,975	9
10	RELOCATION OF OUTLETS & POWER CIRCUIT		1998	1,648		10			1,648	10
11	INSTALL 6 WALL JACKS		1998	2,158		5			2,158	11
12	INSTALL CABLE		1998	4,446		10			4,446	12
13	REPLACE SPRINKLER HEADS		1998	6,236		10			6,236	13
14	INSTALL WALL PLATES		1998	4,608		5			4,608	14
15	Climate Service(boiler maintenance)		1999	14,529	726	20	726		14,523	15
16	Directional Boring(sprinkler system)		1999	5,400		15			5,400	16
17	Chicago Cooling(a/c unit repair)		1999	2,070		15			2,070	17
18	Church Landscape(floating swan island)		1999	3,400		5			3,400	18
19	Church Landscape(floating swan island)		1999	2,000		5			2,000	19
20	Watermangement(compressor)		1999	2,625		15			2,625	20
21	New Horizons Communications (light telephone sys)		2000	9,767		10			9,767	21
22	New Horizons Communications (light telephone sys)		2000	7,765		10			7,765	22
23	System Electric (wiring)		2000	1,384	69	20	69		1,312	23
24	Climate Services (pipe)		2000	1,674	84	20	84		1,593	24
25	Climate Services (pipe)		2000	16,589	84	20	84		1,600	25
26	Climate Services (pipe)		2000	1,684	84	20	84		1,597	26
27	Climate Services (pipe)		2000	2,376	119	20	119		2,260	27
28	GT Mechanical (heating/compressor repair)		2000	5,079		10			5,079	28
29	New Horizons Communications (light telephone sys)		2000	7,765		10			7,765	29
30	Alden Bennett Cons (time and billing material)		2000	2,073		10			2,073	30
31	Alden Bennett Cons (time and billing material)		2000	2,798		10			2,798	31
32	New Horizons Comm. (phone insall)		2000	4,437		10			4,437	32
33	Fox Valley Fire & Safety (sprinkler system)		2000	2,290		15			2,290	33
34	Alden Bennett Construction (time and material)		2000	2,915		10			2,915	34
35	Capps Plumbing (srvc/repair pump)		2001	1,977		15			1,977	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192

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	
37	Capps Plumbing (repair pump)	2002	\$ 7,214	\$	15	\$	\$	\$ 7,214	37
38	Med-Con (alarm system)	2002	813		10			813	38
39	Alden Bennett Construction (time & material)	2002	4,008		15			4,008	39
40	Alden Bennett Construction (time & material)	2002	2,809		15			2,809	40
41	Alden Bennett Construction (time & material)	2002	2,365		15			2,365	41
42									42
43	Alden Bennett Cons..auto. Door opener	2003	3,915		10			3,915	43
44	Alden Bennet Cons. laundry press/gas/ellec	2003	6,825		15			6,825	44
45	GT Mechanical-repair heat pump	2003	1,797		5			1,797	45
46	CSI Coker-rebuild dishwasher	2003	4,333		10			4,333	46
47	Real Green-sprinkler system repair	2003	3,600		5			3,600	47
48	Real Green-sprinkler system repair	2003	1,750		5			1,750	48
49	CSI Coker kitchen exhaust pipe repair	2003	1,728		5			1,728	49
50	CSI Coker-walk in freezer repair	2003	1,560		5			1,560	50
51	Alden Bennett Cons.-ejector pump repair	2003	1,182		5			1,182	51
52	Controlled Irrigation-sprinkler system repair	2003	2,552		5			2,552	52
53	Alden Bennett Cons-ejector pump repairs	2003	2,991		5			2,991	53
54	B&K Lawnsapcing-crushed stone walkway base	2003	1,400		10			1,400	54
55									55
56	Alden Bennett - Repairs	2004	1,700	113	15	113		1,593	56
57	Top Notch - Repairs	2004	2,189	146	15	146		2,056	57
58	Alden Bennett Construction - laundry press/gas/electric/pipe	2004	4,062	203	20	203		2,994	58
59	GT Mechanical-repair heat pump	2004	1,083	54	20	54		797	59
60									60
61									61
62	GT Mechanical-repair heater leak	2004	583		5			583	62
63	GT Mechanical-repair valve leak	2004	718		5			718	63
64	GT Mechanical-heater repair	2004	753		5			753	64
65	New Horizons - Phone line repair	2004	2,793		10			2,793	65
66	B & K Lawnsapcing- crushedstone walkway base	2004	2,420	161	15	161		2,363	66
67	Alden Bennett - Plumbing Repair	2004	866		5			866	67
68	GT Mechanical - Repair compressor leak	2004	700		5			700	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,870,588	\$ 316,678		\$ 318,823	\$ 2,145	\$ 6,829,475	70

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

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192

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	Totals from Page 12A, Carried Forward		\$ 12,870,588	\$ 316,678		\$ 318,823	\$ 2,145	\$ 6,829,475	1
2	GT Mechanical - Repair cooling fan	2004	1,256		5			1,256	2
3	GT Mechanical - Repairs	2004	679		5			679	3
4	Top Notch - Repairs	2004	839		5			839	4
5	GT Mechanical - AC maintenance/repair	2004	1,108		5			1,108	5
6	GT Mechanical - Replace CFM & contactor	2004	1,126		10			1,126	6
7	Replace condenser fan motor	2004	1,204		10			1,204	7
8	Building Repairs	2004	5,871	391	15	391		5,605	8
9	A&B Custom Cable TV Service, Inc. - Inst cable jacks	2004	8,120		10			8,120	9
10	GTMECH-Replace Gas Valve in the RTU	2005	2,165	144	15	144		2,017	10
11	TOPNOT Commercial Kitchen	2005	1,735	116	15	116		1,623	11
12	New Horizons Phone Repair	2005	2,461		10			2,461	12
13	Dryer and Condensing Unit	2005	1,309		10			1,309	13
14									14
15	ABC Installed Cabinets and Drawers	2005	5,332	355	15	355		4,793	15
16	New Horizons CRD 6 Circuit	2005	2,285		10			2,285	16
17	New Furnance	2005	2,299		5			2,299	17
18	12 New Phones	2005	3,559		10			3,559	18
19	ABC repair work on entry ramp and ramp walls	2005	5,211	347	15	347		4,511	19
20									20
21	Asphalt the Parking Lot	2005	1,806		10			1,806	21
22	Asphalt the Parking Lot	2005	1,787		10			1,787	22
23									23
24	Parking Lot	2006	217,356		8			217,356	24
25	Installed new seal and started on HP-1	2006	2,528		10			2,528	25
26	Installed new power supply	2006	4,274	214	20	214		2,764	26
27	Removed and replaced carpet	2006	3,848		5			3,848	27
28	Repair Generator	2006	2,819		5			2,819	28
29	Installed new vanity countertop	2006	3,277		10			3,277	29
30	Installed sewage ejector pump	2006	4,453	297	15	297		3,613	30
31	Carpet for the second floor	2006	31,104		5			31,104	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,190,398	\$ 318,542		\$ 320,687	\$ 2,145	\$ 7,145,171	34

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

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192

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	Totals from Page 12B, Carried Forward		\$ 13,190,398	\$ 318,542		\$ 320,687	\$ 2,145	\$ 7,145,171	1
2	<u>New Carpet at Orland</u>	2007	38,166		5			38,166	2
3									3
4	<u>New Park Benches</u>	2007	2,606		5			2,606	4
5	<u>Install intercom system</u>	2007	5,825		10			5,825	5
6	<u>replaced worn and broken locksets</u>	2007	6,137		5			6,137	6
7	<u>Modifications to irrigation system</u>	2007	22,716		5			22,716	7
8	<u>Major repair to Dryer</u>	2007	5,088		10			5,088	8
9	<u>Porch repair</u>	2007	2,695		5			2,695	9
10	<u>new carpet</u>	2007	19,420		5			19,420	10
11	<u>Topnot Booster Heater</u>	2007	5,462		10			5,462	11
12	<u>Replaced damaged parking lot with new material</u>	2007	6,020		8			6,020	12
13	<u>Additional work on parking lot</u>	2007	7,771		8			7,771	13
14	<u>Fence around parking lot</u>	2007	6,996		8			6,996	14
15	<u>New Door and concrete around area-ABC</u>	2008	5,215	348	15	348		3,625	15
16	<u>Laundry chute Door-ABC</u>	2008	8,803	516	10	516		8,803	16
17	<u>New Receiving Door and new motor-ABC</u>	2008	6,271	419	10	419		6,271	17
18	<u>Replace receiving door-ABC</u>	2008	2,521	232	10	232		2,521	18
19	<u>Replace laundry chute, ceiling tile, broken plumbing & electrical f</u>	2009	7,028	703	10	703		6,561	19
20	<u>Asphalt paving-ABC</u>	2009	22,465		8			22,465	20
21	<u>Coating EIFS installation of control joint-ABC</u>	2009	3,275		5			3,275	21
22	<u>Concrete & EIFS coating repairs - J.S. Goray</u>	2009	8,670	578	15	578		5,491	22
23	<u>Repair railings & exterior EIFS entrance-ABC</u>	2009	8,665	578	15	578		5,443	23
24	<u>Oxygen suction system repaired air hoses-Medical Gas Mngmt</u>	2010	11,467		5			11,467	24
25	<u>Elevator: CPU repairs/parts-Long Elevator Co.</u>	2010	5,675		5			5,675	25
26	<u>Paving-Asphalt cleaned sealcoat applied-Garelli Pavement</u>	2010	3,450	289	8	289		3,450	26
27	<u>Engineering Fees, rebuilding-Therapy Room-ABC</u>	2010	6,796	453	15	453		3,737	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,419,601	\$ 322,658		\$ 324,803	\$ 2,145	\$ 7,362,856	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,419,601	\$ 322,658		\$ 324,803	\$ 2,145	\$ 7,362,856	1
2	Carpentry Accoustical work - ABC	2011	17,521	1,168	15	1,168		8,955	2
3	Carpentry drywall accoustical demoli. work - ABC	2011	57,595	3,840	15	3,840		29,440	3
4	Carpentry electrical work - ABC	2011	48,742	3,249	15	3,249		24,909	4
5	Framing/drywall fire protection work - ABC	2011	19,334	1,289	15	1,289		9,882	5
6	HVAC/Plumbing - ABC	2011	32,533	2,169	15	2,169		16,629	6
7	Plumbing fire protection work - ABC	2011	18,840	1,256	15	1,256		9,629	7
8	Pier construction (3) - JMALLE	2011	19,637	982	20	982		7,119	8
9	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	33,117	1,656	20	1,656		11,730	9
10	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	55,850	2,793	20	2,793		19,861	10
11	Pier construction - fence/electrical fixtures - ABC	2011	5,005	250	20	250		1,771	11
12	Pier construction - landscaping - ABC	2011	26,077	1,304	20	1,304		9,237	12
13									13
14	Generator transfer switch/install - ABC	2011	12,578		5			12,578	14
15	Upholstery - Design	2011	2,905		5			2,905	15
16									16
17	Sprinkley heads & pressure gauges (11) - US Fire	2012	5,856		5			5,856	17
18	Fire damper replacement and repairs labor - GT Mechanical	2012	12,585	1,259	10	1,259		7,764	18
19	Pier construction - landscaping - Sebert	2012	6,215	311	20	311		1,995	19
20									20
21	Paving, parking lot, sealcoat/re-stripe-ABC	2013	26,195	1,746	15	1,746		9,421	21
22	Asphalt walking path, excavate/install-ABC	2013	16,194	2,024	8	2,024		10,626	22
23	Washer motor-Washtown Equipment	2013	2,617	132	5	132		2,617	23
24	Sprinkler heads, dry pendants (4, cooler & freezer)-Valley Fire	2013	2,664	488	5	488		2,664	24
25									25
26	Fireproof sprav-on toilet shafts and main ducts-ABC	2014	9,997	1,000	10	1,000		4,083	26
27	Resurface stair and ramp walls, top patio and stair landing (w/CT	2014	4,188	838	5	838		3,422	27
28									28
29	Fire damper - ABC	2015	8,157	816	10	816		2,856	29
30	Fire damper - ABC	2015	13,276	1,328	10	1,328		4,648	30
31	Pump, Heat, repair - ABC	2015	5,188	1,038	5	1,038		3,979	31
32									32
33	Fire damper (room 211) - ABC	2016	2,567	257	10	257		771	33
34	TOTAL (lines 1 thru 33)		\$ 13,885,034	\$ 353,851		\$ 355,996	\$ 2,145	\$ 7,588,203	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		\$ 13,885,034	\$ 353,851		\$ 355,996	\$ 2,145	\$ 7,588,203	1
2	Railing, Entrance ramp - ABC	2018	83,928	933	15	933		933	2
3									3
4	Adjustment Alden bennett 2002 costs	2007	(4,558)	(304)	15	(304)		(3,547)	4
5	Adj for ABC related party profit	2008	(130)	(8)		(8)		(84)	5
6	Adj for ABC related party profit	2009	(547)	(30)		(30)		(285)	6
7	Adj for ABC related party profit	2010	(83)	(2)		(2)		(17)	7
8	Adj for ABC related party profit	2011	2,545	170		170		1,122	8
9									9
10	Adj for ABC related party profit	2013	571	16		16		96	10
11	Adj for ABC related party profit	2014	(19)	(1)		(1)		(3)	11
12									12
13	Adj for ABC related party profit	2015	(50)	(4)		(4)		(16)	13
14									14
15	GT Mechanical-replace A/C compressor unit	2004	8,600	573	15	573		8,309	15
16	Insurance refund on above asset	2004	(3,600)	(240)	15	(240)		(3,480)	16
17	Millcar Milliken Carpets	2005	18,160		10			18,160	17
18	Millcar Milliken Carpets	2005	(15,609)		10			(15,609)	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,974,242	\$ 354,954		\$ 357,099	\$ 2,145	\$ 7,593,783	34

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

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192

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	Totals from Page 12E, Carried Forward		\$ 13,974,242	\$ 354,954		\$ 357,099	\$ 2,145	\$ 7,593,783	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	TOTAL (lines 1 thru 33)		\$ 14,119,418	\$ 357,702		\$ 359,847	\$ 2,145	\$ 7,680,051	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	\$ 917,709	\$ 92,809	\$ 92,809	\$	varies	\$ 360,186	71
72	Current Year Purchases	168,292	11,604	11,604		varies	11,604	72
73	Fully Depreciated Assets	1,908,732	4,748	4,748		varies	1,908,732	73
74								74
75	TOTALS	\$ 2,994,733	\$ 109,161	\$ 109,161	\$		\$ 2,280,522	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Midwest Transit	Ford Eldorado	2000	\$ 49,826	\$	\$			\$ 49,826	76
77	Car Engine/Bus/Van	Various/Dodge	'98-'04	8,164					8,164	77
78	Water hoses replace on auto	Various	2005	1,537					1,537	78
79	Related Party-AMS	Various	'98-'04	3,802				3	3,802	79
80	TOTALS			\$ 63,329	\$	\$	\$		\$ 63,329	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)	\$ 17,762,400	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 466,863	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 469,008	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,145	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,023,902	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	TOTAL				\$			7

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: \$ 29,360 Description: copy machine lease 15,818 (GL 686100) and equipment lease 13,542 (GL 685900)

(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>20,395</u>	17
18					18
19	<u>Auto lease-GL 689000</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>14,436</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>34,831</u>	21

10. Effective dates of current rental agreement:

Beginning 04/01/1996

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12. 12/31/2019 \$ varies

13. 12/31/2020 \$ varies

14. 12/31/2021 \$ varies

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 981,220	\$		\$ 981,220	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			143,176			143,176	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,018,060			1,018,060	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG 16A	# of prescrpts				1,265,336		1,265,336	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):						18,516		18,516	12
13	Other (specify): See PG 16A	39-1, 39-3, if any				(23,149)	966,652		943,503	13
14	TOTAL			\$		\$ 2,119,307	\$ 2,250,504		\$ 4,369,811	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)

<u>Line</u>	<u>Service</u>	<u>Col. 1: Ref. No.</u>	<u>To Pg 16: Col. No.</u>	
1.	OT	39-3	To Col. 5	981,220.31
2.	ST	39-3	To Col. 5	143,175.69
4.	PT	39-2	To Col. 5	1,018,060.50
	Pharmacy Supplies Per GL			1,365,765.51
	Manual Input From Related Party - FECSII - DRUGS	(From Page 6C)		(100,430.00)
9.	Pharmacy	See Pg 16A	To Col. 6	<u>1,265,335.51</u>
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3	
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 6	<u>18,516.48</u>
	12. Total Exceptional Care Check (Line 12, Col. 8)			<u>18,516.48</u>
13.	Other	See Pg 16A		
13.	Col. 3: Transportation Specialist			
13.	Col 5: Manual Input: From Related Party - CPT WS	(From Page 6D)	To Col. 5	(23,149.00)
	Other (various GL accounts)			1,182,111.61
	Manual Input: Related Party - Prism WS	(From Page 6B)		(197,388.00)
	Manual Input: Related Party - FECII - I.V.	(From Page 6C)		(16,392.00)
	Manual Input: Related Party - FECII - Wound Care Products	(From Page 6C)		(1,680.00)
	Oxygen - From Reclass WP	(FromPg 4A)		0.00
13.	Col. 6: Supplies Total		To Col. 6	<u>966,651.61</u>
13.	Total Line 13, Column 8 Check			<u>943,502.61</u>
14.	Total			<u><u>4,369,811.10</u></u>

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 174,331	\$ 200,969	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>298,000</u>)	3,485,204	3,485,204	3
4	Supply Inventory (priced at _____)	5,917	5,917	4
5	Short-Term Investments			5
6	Prepaid Insurance		11,253	6
7	Other Prepaid Expenses	20,248	42,591	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	32,958	32,958	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,718,658	\$ 3,778,892	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	497,159	1,219,043	15
16	Equipment, at Historical Cost	737,095	3,198,971	16
17	Accumulated Depreciation (book methods)	(930,276)	(9,952,524)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		609,550	21
22	Other Long-Term Assets (spe <u>Financing fees</u>	26,770	171,082	22
23	Other(specify): <u>Due from affiliates</u>	32,570,632	32,731,376	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 32,901,380	\$ 41,155,836	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 36,620,038	\$ 44,934,728	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,088,720	\$ 1,088,720	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	399,352	399,352	28
29	Short-Term Notes Payable		200,152	29
30	Accrued Salaries Payable	829,652	829,652	30
31	Accrued Taxes Payable (excluding real estate taxes)	44,044	44,044	31
32	Accrued Real Estate Taxes(Sch.IX-B)		1,043,300	32
33	Accrued Interest Payable	7,381	53,882	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr exp/ins/idpa/sales tax/401k/etc</u>	300,557	300,557	36
37	<u>Due to affiliates</u>	2,344,524	2,344,524	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,014,230	\$ 6,304,183	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,019,652	2,019,652	39
40	Mortgage Payable		13,181,574	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,019,652	\$ 15,201,226	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,033,882	\$ 21,505,409	46
47	TOTAL EQUITY(page 18, line 24)	\$ 29,586,156	\$ 23,429,319	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 36,620,038	\$ 44,934,728	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 31,053,812	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 31,053,812	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,547,384)	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)	\$ (1,547,384)	17
	B. Transfers (Itemize):		
18	Transfer Shareholder Loan to Equity	79,728	18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 79,728	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 29,586,156	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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 18,633,254	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 18,633,254	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	265,207	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 265,207	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	646	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	10	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	280	19
20	Radiology and X-Ray		20
21	Other Medical Services	32,851	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 33,787	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	118,572	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 118,572	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	16,106	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 16,106	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 19,066,926	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,387,495	31
32	Health Care	5,612,587	32
33	General Administration	5,266,323	33
B. Capital Expense			
34	Ownership	2,316,504	34
C. Ancillary Expense			
35	Special Cost Centers	4,708,850	35
36	Provider Participation Fee	322,551	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 20,614,310	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,547,384)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,547,384)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 4,807,215	44
45	Private Pay - Net Inpatient Revenue	1,886,591	45
46	Medicare - Net Inpatient Revenue	8,835,137	46
47	Other-(specify) <u>Hospice/Insurance</u>	3,112,448	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(8,137)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 18,633,254	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-Orland Park Rehabilitation and Health Care, Inc. # 004-2192 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL 497700	\$ 194
Misc Income G/L 497700-100-001 Record Copies	\$ 4,850
Misc Income G/L 497700-100-002 Jury Duty	\$ 263
Misc Income GL 497700 Palos Community Hosp (Rebate/Incentive)	\$ 2,849
Vendor Discount	\$ 219
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 6,578
Write Off Old A/P (related to prior yr, not offset on Sch#V)	\$ 1,153
Line 28 Total:	<u>\$ 16,106</u>

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192

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	1,893	1,917	\$ 83,150	\$ 43.38	1
2	Assistant Director of Nursing	3,434	3,469	141,478	40.78	2
3	Registered Nurses	42,270	45,708	1,651,256	36.13	3
4	Licensed Practical Nurses	30,032	31,963	969,642	30.34	4
5	CNAs & Orderlies	95,059	101,956	1,492,623	14.64	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,614	4,130	68,807	16.66	8
9	Activity Director	1,952	1,960	43,559	22.22	9
10	Activity Assistants	4,990	5,744	68,172	11.87	10
11	Social Service Workers	3,757	3,925	79,130	20.16	11
12	Dietician					12
13	Food Service Supervisor	2,392	2,424	75,011	30.95	13
14	Head Cook	5,216	5,301	80,959	15.27	14
15	Cook Helpers/Assistants	43,910	47,510	594,927	12.52	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	75,168	36.14	17
18	Housekeepers	19,654	21,201	312,389	14.73	18
19	Laundry	5,875	6,210	72,398	11.66	19
20	Administrator	2,072	2,080	121,797	58.56	20
21	Assistant Administrator	3,568	3,671	115,812	31.55	21
22	Other Administrative	12,802	12,955	393,034	30.34	22
23	Office Manager					23
24	Clerical	4,245	4,487	49,740	11.09	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	6,179	6,263	238,271	38.04	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: <u>Unit Mgr</u>	6,599	6,949	113,917	16.39	32
33	Other(specify) <u>Memory Care</u>	5,560	6,185	94,356	15.26	33
34	TOTAL (lines 1 - 33)	307,137	328,088	\$ 6,935,596 *	\$ 21.14	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	\$1,390/mo	\$ 16,860	1-3	35
36	Medical Director	\$4,125/mo	49,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$400/mo	4,800	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,640	11-3	44
45	Social Service Consultant	6	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	54	\$ 74,080		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	\$387/visit	\$ 26,746	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$ 26,746		53

Alden Orland Park Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C: \$ 87,803.16

Less: Collection, estates, & other non-allowable legal fees (42,601.87)
 listed on Pg 5, Line 22

Non-allowable legal fees, if any, deducted on (45,192.00)
 - Pg 6A (AMS Allocated Legal Fees)
 + Add Back voided invoice of prior year, if any

Allowable Legal Fees \$ 9.29

In Detail: 680600-100-000
Vendor Name Invoice Date Amount

Von Briesen & Roper S.C [VONBRI] 11/14/2017 9.29

TOTAL ALLOWABLE LEGAL FEES 9.29

686600-100-000
Vendor Name Invoice Date Amount

Stone, Pogrund & Korey LLC (through AMS)	12/31/2017	2,707.41
Stone, Pogrund & Korey LLC (through AMS)	1/31/2018	1,120.16
Stone, Pogrund & Korey LLC (through AMS)	2/28/2018	2,505.67
Stone, Pogrund & Korey LLC (through AMS)	3/31/2018	1,435.30
Stone, Pogrund & Korey LLC (through AMS)	4/30/2018	1,104.56
Stone, Pogrund & Korey LLC (through AMS)	5/31/2018	1,130.24
Stone, Pogrund & Korey LLC (through AMS)	6/30/2018	1,351.28
Stone, Pogrund & Korey LLC (through AMS)	7/31/2018	1,479.92
Stone, Pogrund & Korey LLC (through AMS)	8/31/2018	1,261.57
Stone, Pogrund & Korey LLC (through AMS)	9/30/2018	1,263.93
Stone, Pogrund & Korey LLC (through AMS)	11/1/2018	1,261.80
Stone, Pogrund & Korey LLC (through AMS)	11/30/2018	910.76
Stone, Pogrund & Korey LLC (through AMS)	12/31/2018	906.44
SB2 Inc (through AMS)	12/18/2017	295.45
SB2 Inc (through AMS)	12/31/2017	295.45
SB2 Inc (through AMS)	2/1/2018	295.45
SB2 Inc (through AMS)	3/1/2018	295.45
SB2 Inc (through AMS)	4/2/2018	295.45
SB2 Inc (through AMS)	5/1/2018	295.45
SB2 Inc (through AMS)	6/1/2018	334.16
SB2 Inc (through AMS)	7/2/2018	295.45
SB2 Inc (through AMS)	8/1/2018	295.45
SB2 Inc (through AMS)	9/4/2018	295.45
SB2 Inc (through AMS)	10/1/2018	295.45
SB2 Inc (through AMS)	12/3/2018	204.55
Arianna Fisch (through AMS)	4/5/2018	243.00
Arianna Fisch (through AMS)	4/5/2018	61.26
Arianna Fisch (through AMS)	6/7/2018	243.00
Arianna Fisch (through AMS)	6/7/2018	243.00
Arianna Fisch (through AMS)	6/7/2018	243.00
Arianna Fisch (through AMS)	7/2/2018	183.78
Arianna Fisch (through AMS)	9/25/2018	193.00
Arianna Fisch (through AMS)	9/25/2018	5.58
Adam M Stern d/b/a Stern & Associates [STEASS]	4/4/2018	7,000.00
Adam M Stern d/b/a Stern & Associates [STEASS]	9/14/2018	1,089.50
Chicago Title Company [CHITIC]	5/22/2018	60.00
Delaney, Delaney & Voom, Ltd [DELVOO]	5/22/2018	5,799.50
Delaney, Delaney & Voom, Ltd [DELVOO]	7/30/2018	2,475.00
Angelica M Felix d/b/a Law Office of Angela M Felix [LAWANG]	8/1/2018	1,150.00
Michael W Stutley d/b/a The Stutley Group, LLC [STUGRO]	9/14/2018	1,850.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 42,601.87

680600-100-003
Vendor Name Invoice Date Amount

AMS Corp Legal Cost Allocation	1/31/2018	3,766.00
AMS Corp Legal Cost Allocation	2/28/2018	3,766.00
AMS Corp Legal Cost Allocation	3/27/2018	3,766.00
AMS Corp Legal Cost Allocation	4/30/2018	3,766.00
AMS Corp Legal Cost Allocation	5/30/2018	3,766.00
AMS Corp Legal Cost Allocation	6/27/2018	3,766.00
AMS Corp Legal Cost Allocation	8/6/2018	3,766.00
AMS Corp Legal Cost Allocation	8/27/2018	3,766.00
AMS Corp Legal Cost Allocation	9/25/2018	3,766.00
AMS Corp Legal Cost Allocation	10/26/2018	3,766.00
AMS Corp Legal Cost Allocation	11/27/2018	3,766.00
AMS Corp Legal Cost Allocation	12/24/2018	3,766.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost **87,803.16**

Facility Name & ID Number ALDEN ESTATES OF ORLAND PARK

0042192

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; others-no
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL \$19,200
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 40,152 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. \$ 322,551
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 22,768 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