

		FOR BHF USE					

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2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0042036</u></p> <p>Facility Name: <u>Alden of Waterford, LLC</u></p> <p>Address: <u>2021 Randi Drive</u> <u>Aurora</u> <u>60504-4758</u> Number City Zip Code</p> <p>County: <u>Kane</u></p> <p>Telephone Number: <u>(630) 851-7266</u> Fax # <u>(630) 851-7585</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>08/01/2001</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>773-286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td style="width:15%; padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>							
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>							

Facility Name & ID Number Alden of Waterford, LLC

0042036 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	99	Skilled (SNF)	99	36,135	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	99	TOTALS	99	36,135	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	1,092	2,974	13,033	17,099	8
9	SNF/PED					9
10	ICF	9,624	2,458	1,297	13,379	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,716	5,432	14,330	30,478	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.34%

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 12/29/2001

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 99 and days of care provided 11,670

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 of Waterford, LLC # 0042036 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	505,327	20,778	24,168	550,273	869	551,142	(4,215)	546,927		1
2	Food Purchase		264,094		264,094	(23,527)	240,567	1,083	241,650		2
3	Housekeeping	189,827	39,726		229,553	1,139	230,692	4,299	234,991		3
4	Laundry	41,594	11,335		52,929	137	53,066		53,066		4
5	Heat and Other Utilities			274,412	274,412		274,412	(2,326)	272,086		5
6	Maintenance	67,302		358,331	425,633	767	426,400	(18,759)	407,641		6
7	Other (specify):* security/related party			1,592	1,592		1,592	3,955	5,547		7
8	TOTAL General Services	804,050	335,933	658,503	1,798,486	(20,615)	1,777,871	(15,963)	1,761,908		8
	B. Health Care and Programs										
9	Medical Director			78,000	78,000		78,000		78,000		9
10	Nursing and Medical Records	2,370,385	175,214	8,192	2,553,791	(8,003)	2,545,788	31,878	2,577,666		10
10a	Therapy	57,613	3,797	10,654	72,064		72,064		72,064		10a
11	Activities	106,911	6,755	23,319	136,985	173	137,158		137,158		11
12	Social Services	51,361			51,361		51,361		51,361		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							4,055	4,055		15
16	TOTAL Health Care and Programs	2,586,270	185,766	120,165	2,892,201	(7,830)	2,884,371	35,933	2,920,304		16
	C. General Administration										
17	Administrative	141,983			141,983		141,983	122,032	264,015		17
18	Directors Fees										18
19	Professional Services			727,962	727,962		727,962	(657,083)	70,879		19
20	Dues, Fees, Subscriptions & Promotions			139,548	139,548		139,548	(120,700)	18,848		20
21	Clerical & General Office Expenses	214,107	19,486	178,398	411,991	(640)	411,351	124,892	536,243		21
22	Employee Benefits & Payroll Taxes			650,636	650,636	15,437	666,073	(7,896)	658,177		22
23	Inservice Training & Education										23
24	Travel and Seminar			182	182		182	908	1,090		24
25	Other Admin. Staff Transportation			2,429	2,429		2,429	8,576	11,005		25
26	Insurance-Prop.Liab.Malpractice			245,905	245,905		245,905	8,326	254,231		26
27	Other (specify):* bad/debt/related party			142,650	142,650		142,650	(100,370)	42,280		27
28	TOTAL General Administration	356,090	19,486	2,087,710	2,463,286	14,797	2,478,083	(621,315)	1,856,768		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,746,410	541,185	2,866,378	7,153,973	(13,648)	7,140,325	(601,345)	6,538,980		29

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

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

Facility Name & ID Number

Alden of Waterford, LLC

#0042036

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			22,006	22,006		22,006	261,534	283,540			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			57,802	57,802		57,802	370,617	428,419			32
33	Real Estate Taxes			34,666	34,666	(34,666)		44,270	44,270			33
34	Rent-Facility & Grounds			809,393	809,393	34,666	844,059	(844,059)				34
35	Rent-Equipment & Vehicles			10,910	10,910		10,910	21,284	32,194			35
36	Other (specify):* MIP							51,688	51,688			36
37	TOTAL Ownership			934,777	934,777		934,777	(94,666)	840,111			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,011,027	1,692,351	2,703,378	13,648	2,717,026	(25,292)	2,691,734			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			165,278	165,278		165,278		165,278			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,011,027	1,857,629	2,868,656	13,648	2,882,304	(25,292)	2,857,012			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,746,410	1,552,212	5,658,784	10,957,406		10,957,406	(721,303)	10,236,103			45

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

004-2036
 Period Beginning: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 36-4322410001

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(23,527)	Employee Meals
	22	23,527	Employee Meals
22		(8,090)	Uniform Reclass
	1	869	Uniform Reclass
	3	1,139	Uniform Reclass
	4	137	Uniform Reclass
	6	(13)	Uniform Reclass
	10	5,645	Uniform Reclass
	11	173	Uniform Reclass
	21	140	Uniform Reclass
10		(13,648)	Oxygen Cost Reclass
	39	13,648	Oxygen Cost Reclass
33		(34,666)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	34,666	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(780)	Vendor Settlement Reclass - Cable TV Service
	6	780	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				4
5	Telephone, TV & Radio in Resident Rooms	(13,595)	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	(125,832)	30		9
10	Interest and Other Investment Income	(11,859)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,615)	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	(7,284)	21		17
18	Fines and Penalties	(210)	32		18
19	Entertainment	(5,356)	20		19
20	Contributions	(3,039)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,113)	21		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(142,650)	27		24
25	Fund Raising, Advertising and Promotional	(27,305)	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)	\$ (352,858)		\$	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)	(189,492)	Pg 6s	34
35	Other- Attach Schedule	(178,953)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (368,445)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (721,303)		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

Alden of Waterford, LLC

ID# 0042036

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (4,438)	5	1
2				2
3	Miscellaneous income (medical records)	(871)	10	3
4	Miscellaneous income (vendor discounts)	(463)	10	4
5	Miscellaneous income (vendor discounts)			5
6	Marketing personnel (g/1 670100-100-014)	(8,821)	21	6
7	Marketing personnel employee benefit deduction	(1,615)	22	7
8				8
9	Aurora Chamber of Commerce fee	(108)	20	9
10	Oswego Chamber of Commerce fee	(275)	20	10
11	Rotary Club fee	(169)	20	11
12				12
13				13
14	Back out LLC mtge int in excess of CON asset limit	(137,484)	32	14
15	Back out LLC MIP int in excess of CON asset limit	(19,571)	36	15
16				16
17	Refund real estate tax	5,024	33	17
18				18
19	Elim depr exp on Pg12 items under \$2,500 -	(855)	30	19
20	Elim depr exp on Pg13 items under \$2,500 -	(9,355)	30	20
21	Expense Pg12 items under \$2,500-curr yr purchs +		6	21
22	Expense Pg13 items under \$2,500-curr yr purchs +	1,921	6	22
23				23
24	Adj for ABC related party profit - Pg12C	262	30	24
25				25
26				26
27	Adjust YTD depreciation	(2,135)	30	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	(178,953)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden of Waterford, LLC

0042036

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	1,615	(5,830)	0	0	0	0	0	0	0	(4,215)	1
2	Food Purchase	(3,615)	0	0	4,698	0	0	0	0	0	0	0	1,083	2
3	Housekeeping	0	0	4,299	0	0	0	0	0	0	0	0	4,299	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,438)	0	2,112	0	0	0	0	0	0	0	0	(2,326)	5
6	Maintenance	(11,674)	0	14,961	0	0	0	100	(15,456)	(6,690)	0	0	(18,759)	6
7	Other (specify):*	0	0	3,955	0	0	0	0	0	0	0	0	3,955	7
8	TOTAL General Services	(19,727)	0	26,942	(1,132)	0	0	100	(15,456)	(6,690)	0	0	(15,963)	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	(1,334)	0	28,500	7,702	(2,990)	0	0	0	0	0	0	31,878	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	4,055	0	0	0	0	0	0	0	0	4,055	15
16	TOTAL Health Care and Programs	(1,334)	0	32,555	7,702	(2,990)	0	0	0	0	0	0	35,933	16
	C. General Administration													
17	Administrative	0	0	122,032	0	0	0	0	0	0	0	0	122,032	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	6,578	(663,661)	0	0	0	0	0	0	0	0	(657,083)	19
20	Fees, Subscriptions & Promotions	(36,252)	50	(84,498)	0	0	0	0	0	0	0	0	(120,700)	20
21	Clerical & General Office Expenses	(28,218)	0	153,110	0	0	0	0	0	0	0	0	124,892	21
22	Employee Benefits & Payroll Taxes	(1,615)	0	0	0	(6,281)	0	0	0	0	0	0	(7,896)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	908	0	0	0	0	0	0	0	0	908	24
25	Other Admin. Staff Transportation	0	0	8,576	0	0	0	0	0	0	0	0	8,576	25
26	Insurance-Prop.Liab.Malpractice	0	8,147	179	0	0	0	0	0	0	0	0	8,326	26
27	Other (specify):*	(142,650)	0	42,280	0	0	0	0	0	0	0	0	(100,370)	27
28	TOTAL General Administration	(208,735)	14,775	(421,074)	0	(6,281)	0	0	0	0	0	0	(621,315)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(229,796)	14,775	(361,577)	6,570	(9,271)	0	100	(15,456)	(6,690)	0	0	(601,345)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden of Waterford, LLC

0042036

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 (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(137,915)	393,364	6,085	0	0	0	0	0	0	0	0	261,534	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(149,553)	513,794	6,376	0	0	0	0	0	0	0	0	370,617	32
33	Real Estate Taxes	5,024	34,666	4,580	0	0	0	0	0	0	0	0	44,270	33
34	Rent-Facility & Grounds	0	(844,059)	0	0	0	0	0	0	0	0	0	(844,059)	34
35	Rent-Equipment & Vehicles	0	0	21,284	0	0	0	0	0	0	0	0	21,284	35
36	Other (specify):*	(19,571)	71,259	0	0	0	0	0	0	0	0	0	51,688	36
37	TOTAL Ownership	(302,015)	169,024	38,325	0	0	0	0	0	0	0	0	(94,666)	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	(54,143)	(64,638)	93,489	0	0	0	0	0	(25,292)	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	(54,143)	(64,638)	93,489	0	0	0	0	0	(25,292)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(531,811)	183,799	(323,252)	(47,573)	(73,909)	93,489	100	(15,456)	(6,690)	0	0	(721,303)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental income	\$ 844,059	Waterford Rehab and Courts, LLC	0.00%	\$	\$ (844,059)	1
2	V	32 Interest Inn - R/R	57	Waterford Rehab and Courts, LLC			(57)	2
3	V	19 Accounting fees		Waterford Rehab and Courts, LLC		4,772	4,772	3
4	V	20 Corporate annual report		Waterford Rehab and Courts, LLC		50	50	4
5	V	33 Real estate taxes		Waterford Rehab and Courts, LLC		34,666	34,666	5
6	V	26 Property & liability insurance		Waterford Rehab and Courts, LLC		8,147	8,147	6
7	V	36 Mortgage insurance		Waterford Rehab and Courts, LLC		71,259	71,259	7
8	V	32 Mortgage interest		Waterford Rehab and Courts, LLC		506,717	506,717	8
9	V	30 Depreciation		Waterford Rehab and Courts, LLC		393,364	393,364	9
10	V	32 Amortization		Waterford Rehab and Courts, LLC		7,134	7,134	10
11	V	19 Professional fees		Waterford Rehab and Courts, LLC		1,806	1,806	11
12	V							12
13	V							13
14	Total		\$ 844,116			\$ 1,027,915	\$ * 183,799	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%	\$ 2,112	\$	2,112	15
16	V	24 Travel / Seminar		Alden Management Services, Inc.		908		908	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		8,576		8,576	17
18	V	26 Insurance		Alden Management Services, Inc.		179		179	18
19	V	20 Dues / Subscriptions	85,584	Alden Management Services, Inc.		1,086		(84,498)	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085		6,085	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		4,580		4,580	21
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		21,284		21,284	22
23	V	32 Interest		Alden Management Services, Inc.		6,376		6,376	23
24	V	1 Dietary Salary		Alden Management Services, Inc.		1,615		1,615	24
25	V	3 Housekeeping		Alden Management Services, Inc.		4,299		4,299	25
26	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		3,955		3,955	26
27	V	10 Nursing & Medical records salaries		Alden Management Services, Inc.		28,500		28,500	27
28	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		4,055		4,055	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		122,032		122,032	29
30	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		42,280		42,280	30
31	V	19 Professional Fees	701,753	Alden Management Services, Inc.		38,092		(663,661)	31
32	V	21 Gen'l & Admin	42,252	Alden Management Services, Inc.		195,362		153,110	32
33	V	6 Repair & Maintenance	38,944	Alden Management Services, Inc.		53,905		14,961	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 868,533			\$ 545,281	\$ *	(323,252)	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	17,490	Prism Health Care Services, Inc.		9,776	(7,714)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Supplies	110,647	Prism Health Care Services, Inc.		31,963	(78,684)
20	V	39 Vent Rental		Prism Health Care Services, Inc.		288	288
21	V	1 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		4,012	4,012
22	V	2 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		12,412	12,412
23	V	10 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		3,365	3,365
24	V	39 Gen'l & Admin 'EE Benefit Costs		Prism Health Care Services, Inc.		24,253	24,253
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		\$ 158,965			\$ 111,392	\$ * (47,573)

* 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	\$ 779,117	Forum Extended Care Services II, Inc.	0.00%	\$ 717,226	\$ (61,891)
16	V	39 I.V.	104,075	Forum Extended Care Services II, Inc.		95,808	(8,267)
17	V	39 Wound care products	3,293	Forum Extended Care Services II, Inc.		3,031	(262)
18	V	10 House stock	35,261	Forum Extended Care Services II, Inc.		32,460	(2,801)
19	V	10 Pharmacy consult.	2,376	Forum Extended Care Services II, Inc.		2,187	(189)
20	V	22 Employee vaccination	6,281	Forum Extended Care Services II, Inc.			(6,281)
21	V	39 Employee vaccination		Forum Extended Care Services II, Inc.		5,782	5,782
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		\$ 930,403			\$ 856,494	\$ * (73,909)

* 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	\$ 1,641,985	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,735,474	\$	93,489	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		\$ 1,641,985			\$ 1,735,474	\$ *	93,489	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	\$ 32,960	Alden Bennett Construction Company, Inc.	0.00%	\$ 33,060	\$ 100	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		\$ 32,960			\$ 33,060	\$ *	100	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	\$ 23,452	Alden Design Group, Ltd.	0.00%	\$ 7,996	\$ (15,456)
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		\$ 23,452			\$ 7,996	\$ * (15,456)

* 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 Grounds Maintenance	\$ 118,800	Waterford Management Services, Inc	0.00%	\$ 112,110	\$ (6,690)
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		\$ 118,800			\$ 112,110	\$ * (6,690)

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

Facility Name & ID Number

Alden of Waterford, LLC

0042036

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 of Waterford, LLC # 0042036 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	180,808	0.908	2.27	Salary	\$ 4,192	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	97,734	0.908	2.27	Salary	2,266	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	97,734	0.908	2.27	Salary	2,266	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	114,188	0.908	2.27	Salary	2,647	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	61,702	0.908	2.27	Salary	1,431	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	180,808	0.795	2.27	Salary	4,192	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	\$ 16,994		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 of Waterford, LLC

0042036

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	\$ 30,478	\$ 2,112	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	30,478	908	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	30,478	8,576	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	30,478	179	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	30,478	1,086	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	30,478	4,580	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	30,478	21,284	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	30,478	6,376	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	30,478	1,615	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	30,478	4,299	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	30,478	3,955	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	30,478	28,500	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	30,478	4,055	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	30,478	122,032	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	30,478	42,280	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	30,478	38,092	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	30,478	195,362	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	30,478	53,905	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 545,281	25	

Facility Name & ID Number

Alden of Waterford, LLC

0042036

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	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	\$54,288.00	4/29/2011	\$ 12,667,104	\$ 11,568,140	5/1/2051	3.5200	\$ 410,251	1								
2	Int related to f/a > CON limit		X	Mortgage							(137,484)	2								
3	Cambridge Realty		X	Operating loss loan	\$12,727.00	5/31/2012	2,870,233	2,546,347	1/1/2045	3.7500	96,466	3								
4	Amortization		X	Operating loss loan/Mortgage							7,134	4								
5	Insurance Interest (GL7053)		X	Medical Malpractice							1,057	5								
Working Capital																				
6	Bank Leumi		X	Line of credit	varies	1/11/2012	1,100,000	845,000	1/6/2019	varies	55,725	6								
7	Ailco Equipment Finance		X	Capital lease	\$1,411.00	8/1/2018	22,281	18,151	6/1/2021	9.8200	810	7								
8	Related party - AMS		X	Working Capital							6,376	8								
9	TOTAL Facility Related				\$68,426.00		\$ 16,659,618	\$ 14,977,638			\$ 440,335	9								
B. Non-Facility Related*																				
10	Interest income of LLC (GL 4975)		X	Patient interest income							(11,859)	10								
11	Waterford Rehab&Courts LLC		X	Replacement Reserve interest							(57)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (11,916)	14								
15	TOTALS (line 9+line14)						\$ 16,659,618	\$ 14,977,638			\$ 428,419	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 51,688 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 of Waterford, LLC COUNTY Kane

FACILITY IDPH LICENSE NUMBER 0042036

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>4,580.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>15-36-202-005</u>	<u>Nursing facility</u>	\$ <u>73,550.00</u>	\$ <u>44,130.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>275,675.00</u></u>	\$ <u><u>48,710.00</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 of Waterford, LLC

0042036

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,206 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

None

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

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Nursing facility, 152,896, 1994, \$ 662,733, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 152,896, (blank), \$ 662,733, 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	99		2001	\$ 11,880,012	\$ 297,000	40	\$ 171,168	\$ (125,832)	\$ 3,131,947	4
5	Adjustment to correct to CON costs (net=6,846,713)			(5,033,299)						5
6										6
7										7
8										8
	Improvement Type**									
9	storm/sewer-ltd p/s		2001	218,336	8,733	25	8,733		151,373	9
10	concrete/curbs/gutters-ltd p/s		2001	21,491		15			21,491	10
11	concrete walks-ltd p/s		2001	46,391		15			46,391	11
12	asphalt paving-ltd p/s		2001	40,929		10			40,929	12
13	street lighting-ltd p/s		2001	129,677		15			129,677	13
14	wrought iron fencing-ltd p/s		2001	60,821	2,433	25	2,433		42,172	14
15	piers-ltd p/s		2001	64,296		15			64,296	15
16	exterior signs-ltd p/s		2001	20,853		12			20,853	16
17	brick pavers-ltd p/s		2001	5,213		10			5,213	17
18	waterfalls-ltd p/s		2001	53,870	2,693	20	2,693		46,679	18
19	gate house-ltd p/s		2001	26,066		15			26,066	19
20	retaining walls-ltd p/s		2001	19,115	956	20	956		16,570	20
21	external roads-ltd p/s		2001	261,213		10			261,213	21
22										22
23	storm/sewer-ltd p/s		2003	16,853	674	25	674		10,784	23
24	concrete/curbs/gutters-ltd p/s		2003	1,659	105	15	105		1,764	24
25	concrete walks-ltd p/s		2003	3,581	235	15	235		3,816	25
26	asphalt paving-ltd p/s		2003	3,159		10			3,159	26
27	street lighting-ltd p/s		2003	10,009	667	15	667		10,672	27
28	wrought iron fencing-ltd p/s		2003	4,695	188	25	188		3,006	28
29	piers-ltd p/s		2003	4,963		15			4,963	29
30	exterior signs-ltd p/s		2003	1,610		12			1,610	30
31	brick pavers-ltd p/s		2003	402		10			402	31
32	waterfalls-ltd p/s		2003	4,158	208	20	208		3,328	32
33	gate house-ltd p/s		2003	2,012	2	15	2		2,012	33
34	retaining walls-ltd p/s		2003	1,475	74	20	74		1,184	34
35	external roads-ltd p/s		2003	20,163		10			20,163	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 of Waterford, LLC

0042036

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	Mech. Projects- install exhaust,gas line, electric to steamer-corp	2002	\$ 4,254	\$ 213	20	\$ 213	\$	\$ 3,619	37
38	Long elevator- correct elevator problem-corp	2001	882		10			882	38
39	Affcus- repair fire alarm-corp	2002	1,552		5			1,552	39
40	GT Mech- chiller repair-corp	2002	1,924		5			1,924	40
41	ISS replace nurses station	2003	1,956		5			1,956	41
42	CSI Coker-filter system (boiler)	2004	1,723	86	20	86		1,283	42
43	ABC-medical gas repair	2004	2,291		10			2,291	43
44	CSI Coker-filter system (boiler)	2004	2,050	103	20	103		1,526	44
45	ABC-sod yards/parkway/etc	2004	9,189		10			9,189	45
46	ISS/Chicago Sound-power supply call light	2004	2,084	139	15	139		1,992	46
47	Central States-Adapters/valve caps	2005	1,243	83	15	83		1,211	47
48	ABC [Stripe-It-Right] - Sealcoat, crackfill & stripe asphalt	2005	3,079		10			3,079	48
49	Cybor Fire Protection - Sprinkler head replacement	2005	2,900	193	15	193		2,590	49
50	ABC [ISS/Chicago Sound]-8 Jeron provider 680 vent alarms	2005	3,381	225	15	225		3,001	50
51	GT Mechanical - Compressor & chiller circuit	2005	8,600	573	15	573		7,545	51
52	ABC - Replace ceiling tiles	2005	952	4	12	4		952	52
53	ABC - Emergency outlets vent	2007	4,268	213	20	213		2,556	53
54	Wtrfd Inv - Montgomery Road expansion	2006	16,186	405	40	405		4,894	54
55	ABC-[Cobra Concrete&Stripe It]-Replace walk/curb concrete wit	2007	1,694	113	15	113		1,299	55
56	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325		10			4,325	56
57	ABC [Amer Bldg Serv]-Replace worn locksets	2007	4,325		10			4,325	57
58	GT Mechanical-HVAC parts(bearing assembliescouplemotor)	2008	5,171	421	10	421		5,171	58
59	GT Mechanical - Replace bearing assembly/seal/motor	2009	0		5				59
60	GT Mechanical - HVAC bearing assembly seal & coupler	2009	0		5				60
61	GT Mechanical - Pump elect. (bearing assembly)	2009	0		5				61
62	Top Notch - Compressor for freezer	2010	2,464		5			2,464	62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,976,217	\$ 316,739		\$ 190,907	\$ (125,832)	\$ 4,141,359	70

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

Facility Name & ID Number Alden of Waterford, LLC

0042036

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		\$ 7,976,217	\$ 316,739		\$ 190,907	\$ (125,832)	\$ 4,141,359	1
2	Fish tank modification and repair	2012	1,955		5			1,955	2
3	GT Mechanical - HVAC program repairs	2012	3,118	312	10	312		2,080	3
4	Elevator panels in service elevator	2012	1,998	200	10	200		1,300	4
5	Patio slab caulking - ABC	2012	6,596	660	10	660		4,125	5
6	Sprinkler system pipe leak repair	2012	2,988		5			2,988	6
7	GT Mechanical - fire damper replacement	2012	8,541	712	10	712		4,489	7
8	Accessories / Artwork / Window treatments PT/OT room remodel	2013	9,493	475	20	475		2,731	8
9	Acoustical ceiling PT/OT room remodel-ABC	2013	5,355	268	20	268		1,541	9
10	Cabinetry and solid surface / Countertops PT/OT room remodel-ABC	2013	36,110	1,805	20	1,805		10,379	10
11	Drywall, PT / Soffits, wall, column PT/OT room remodel-ABC	2013	3,597	180	20	180		1,035	11
12	Electrical PT/OT room remodel-ABC	2013	28,189	1,409	20	1,409		8,102	12
13	Finish Carpentry PT/OT room remodel-ABC	2013	26,901	1,345	20	1,345		7,734	13
14	Flooring demo and installation / Carpet Base PT/OT room remodel-ABC	2013	43,080	2,154	20	2,154		12,385	14
15	Furniture & fixtures PT/OT room remodel-ABC	2013	14,401	720	20	720		4,140	15
16	HVAC / Plumbing PT/OT room remodel-ABC	2013	23,296	1,165	20	1,165		6,699	16
17	Light fixtures / Can lighting/outlet PT/OT room remodel-ABC	2013	3,989	199	20	199		1,145	17
18	Painting/wallpaper PT/OT room remodel-ABC	2013	17,966	898	20	898		5,164	18
19	PT/OT island renovation PT/OT room remodel-ABC	2013	6,102	305	20	305		1,754	19
20	Therapy Equipment PT/OT room remodel-ABC	2013	26,064	1,303	20	1,303		7,492	20
21	Wall, chair rail PT/OT room remodel-ABC	2013	1,477	74	20	74		425	21
22	Railings at entrance-Rockford Ornamental	2013	7,132	475	15	475		2,613	22
23	Permit-therapy room remodel-City of Aurora	2013	4,132	207	20	207		1,121	23
24	Washer inverter-Equipment International	2013	3,601	260	5	260		3,601	24
25	Brackets for HVAC duct support-ABC	2013	4,050	202	20	202		1,355	25
26	Resurface activity patio-Superior Installations	2013	20,452	2,557	8	2,557		13,817	26
27	Landscaping, replace infested ash trees - ABC	2014	39,389	2,626	15	2,626		11,598	27
28	Landscaping, replace infested ash trees - ABC	2014	2,984	199	15	199		846	28
29	Light pole repair - ABC	2014	3,965	397	10	397		1,819	29
30	Paving, parking lot, sealcoat/restripe - ABC	2014	25,034	3,129	8	3,129		13,820	30
31	Paving, parking lot, sealcoat/restripe - ABC	2014	10,723	1,340	8	1,340		5,695	31
32	Fireproofing, elevator beam - ABC	2014	1,972	197	10	197		837	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,370,867	\$ 342,512		\$ 216,680	\$ (125,832)	\$ 4,286,144	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 12B, Carried Forward		\$ 8,370,867	\$ 342,512		\$ 216,680	\$ (125,832)	\$ 4,286,144	1
2	HVAC, carpet, wallpaper, sprinkler, etc - ABC	2015	6,295	630	10	630		2,467	2
3	Muffler MEI for elevator-Schindler Elevator	2015	1,832	366	5	366		1,393	3
4									4
5									5
6									6
7									7
8	Adj for ABC related party profit	2012	407	10		10		70	8
9	Adj for ABC related party profit	2013	3,366	258		258		1,419	9
10	Adj for ABC related party profit	2014	(159)	(6)		(6)		(30)	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)		\$ 8,382,608	\$ 343,770		\$ 217,938	\$ (125,832)	\$ 4,291,463	34

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

Facility Name & ID Number Alden of Waterford, LLC

0042036

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 12C, Carried Forward		\$ 8,382,608	\$ 343,770		\$ 217,938	\$ (125,832)	\$ 4,291,463	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)		\$ 8,527,784	\$ 346,517		\$ 220,685	\$ (125,832)	\$ 4,377,732	34

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

Facility Name & ID Number Alden of Waterford, LLC

0042036

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	\$ 711,485	\$ 56,435	\$ 56,435	\$	varies	\$ 295,080	71
72	Current Year Purchases	36,605	4,614	4,614		varies	3,755	72
73	Fully Depreciated Assets	658,289	1,806	1,806		varies	658,289	73
74								74
75	TOTALS	\$ 1,406,379	\$ 62,855	\$ 62,855	\$		\$ 957,124	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	Passenger Bus	Ford Eldorado 2001	2001	\$ 50,888	\$	\$	\$		\$ 50,888	76
77	Related Party-AMS	Various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 54,690	\$	\$	\$		\$ 54,690	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)	\$ 10,651,586	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 409,372	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 283,540	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (125,832)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,389,546	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden of Waterford, LLC

0042036

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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

10. Effective dates of current rental agreement:

Beginning 05/01/2001

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>varies</u>
13.	<u>12/31/2020</u>	\$ <u>varies</u>
14.	<u>12/31/2021</u>	\$ <u>varies</u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 17,471 Description: copy machine 10,044 (GL 686100) & equipment lease 7,427 (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>12,110</u>	17
18					18
19	<u>Auto lease-GL 689000</u>		<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>12,110</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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	\$		\$ 629,660	\$		\$ 629,660	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			119,961			119,961	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			879,321			879,321	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG 16A	# of prescripts				723,008		723,008	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):						460		460	12
13	Other (specify): See PG 16A	39-1, 39-3, if any				93,489	245,835		339,324	13
14	TOTAL			\$		\$ 1,722,431	\$ 969,303		\$ 2,691,734	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	629,659.92
2.	ST	39-3	To Col. 5	119,961.25
4.	PT	39-2	To Col. 5	879,321.09
	Pharmacy Supplies Per GL			779,117.21
	Manual Input From Related Party - FECSII - DRUGS	(From Page 6C)		(56,109.00)
9.	Pharmacy	See Pg 16A	To Col. 6	<u>723,008.21</u>
12.	Exceptional Care-Salaries	See Pg 16A	To Col. 3	
12.	Exceptional Care- Supplies	See Pg 16A	To Col. 6	<u>459.30</u>
	12. Total Exceptional Care Check (Line 12, Col. 8)			<u>459.30</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	93,489.00
	Other (various GL accounts)			294,859.72
	Manual Input: Related Party - Prism WS	(From Page 6B)		(54,143.00)
	Manual Input: Related Party - FECII - I.V.	(From Page 6C)		(8,268.00)
	Manual Input: Related Party - FECII - Wound Care Products	(From Page 6C)		(262.00)
	Oxygen - From Reclass WP	(FromPg 4A)		<u>13,648.00</u>
13.	Col. 6: Supplies Total		To Col. 6	<u>245,834.72</u>
13.	Total Line 13, Column 8 Check			<u>339,323.72</u>
14.	Total			<u><u>2,691,733.49</u></u>

Facility Name & ID Number Alden of Waterford, LLC

0042036

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 128,343	\$ 153,490	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>136,000</u>)	1,710,981	1,710,981	3
4	Supply Inventory (priced at)	3,409	3,409	4
5	Short-Term Investments		142,220	5
6	Prepaid Insurance		39,060	6
7	Other Prepaid Expenses	3,949	3,949	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	15,820	15,820	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,862,502	\$ 2,068,929	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		662,733	13
14	Buildings, at Historical Cost		11,880,012	14
15	Leasehold Improvements, at Historical Cost	76,877	1,622,869	15
16	Equipment, at Historical Cost	349,987	2,608,906	16
17	Accumulated Depreciation (book methods)	(249,898)	(8,394,024)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		69,280	21
22	Other Long-Term Assets (spec <u>Refinancing fees</u>		126,176	22
23	Other(specify): <u>Due from affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 176,966	\$ 8,575,952	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,039,468	\$ 10,644,881	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 736,242	\$ 736,242	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	419,491	419,491	28
29	Short-Term Notes Payable		253,440	29
30	Accrued Salaries Payable	612,402	612,402	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,616	22,616	31
32	Accrued Real Estate Taxes(Sch.IX-B)		45,480	32
33	Accrued Interest Payable	8,381	50,271	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins/IDPA/SalesTax/401k</u>	184,986	184,986	36
37	<u>Due to affiliates</u>	1,373,393	3,638,901	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,357,511	\$ 5,963,829	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	863,151	3,350,814	39
40	Mortgage Payable		11,373,384	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>	2,004,091	2,004,091	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,867,242	\$ 16,728,289	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,224,753	\$ 22,692,118	46
47	TOTAL EQUITY(page 18, line 24)	\$ (4,185,285)	\$ (12,047,237)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,039,468	\$ 10,644,881	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,591,979)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,591,979)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	406,694	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)	\$ 406,694	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (4,185,285)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden of Waterford, LLC

0042036

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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,023,202	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,023,202	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	295,666	6
7	Oxygen	6,620	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 302,286	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	183	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	300	20
21	Other Medical Services	10,113	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 10,596	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	11,859	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,859	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	16,157	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 16,157	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,364,100	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,798,486	31
32	Health Care	2,892,201	32
33	General Administration	2,463,286	33
B. Capital Expense			
34	Ownership	934,777	34
C. Ancillary Expense			
35	Special Cost Centers	2,703,378	35
36	Provider Participation Fee	165,278	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,957,406	40
41	Income before Income Taxes (line 30 minus line 40)**	406,694	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 406,694	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,933,409	44
45	Private Pay - Net Inpatient Revenue	880,732	45
46	Medicare - Net Inpatient Revenue	6,704,663	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,504,398	47
48	Other-(specify) <u>VA/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,023,202	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 of Waterford, LLC

004-2036

Report Period Beginning: 01/01/2018 Ending:

12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#497700-100-000 UHC incentive	\$ 9,471
Misc Income GL #497700-100-001 medical records	\$ 871
Misc. Income GL#497700-100-000	
Vendor Discount GL #498400-100-000)	\$ 463
Vendor Discount GL #498400-100-001)	\$ 3,388
Write Off Old Accounts Payables G/L 498300-100-000	\$ 887
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 1,077
Line 28 Total:	<u>\$ 16,157</u>

Facility Name & ID Number Alden of Waterford, LLC

0042036

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	2,064	2,080	\$ 104,790	\$ 50.38	1
2	Assistant Director of Nursing	2,072	2,080	78,529	37.75	2
3	Registered Nurses	34,938	37,947	1,194,633	31.48	3
4	Licensed Practical Nurses	1,082	1,195	26,961	22.56	4
5	CNAs & Orderlies	55,477	59,826	831,744	13.90	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	50,562	24.31	9
10	Activity Assistants	4,946	5,104	56,349	11.04	10
11	Social Service Workers	2,080	2,080	51,361	24.69	11
12	Dietician					12
13	Food Service Supervisor	1,377	1,383	27,392	19.81	13
14	Head Cook	4,129	4,161	94,013	22.59	14
15	Cook Helpers/Assistants	28,483	31,663	383,923	12.13	15
16	Dishwashers					16
17	Maintenance Workers	1,836	1,912	67,302	35.20	17
18	Housekeepers	14,625	16,553	189,827	11.47	18
19	Laundry	3,218	3,483	41,594	11.94	19
20	Administrator	2,056	2,080	114,029	54.82	20
21	Assistant Administrator	1,520	1,520	27,954	18.39	21
22	Other Administrative	7,960	8,046	219,470	27.28	22
23	Office Manager					23
24	Clerical	4,590	4,846	51,189	10.56	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,272	2,296	91,872	40.01	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,823	2,087	42,916	20.56	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	178,628	192,422	\$ 3,746,410 *	\$ 19.47	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	\$2,014/mo	\$ 24,168	1-3	35
36	Medical Director	\$6,500/mo	78,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$198/mo	2,376	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	\$1,755/mo	21,050	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 125,594		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	\$400/visit	\$ 1,774	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$ 1,774		53

Alden of Waterford LLC
 Legal Fee Support
 2018

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$ 57,314.78
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(12,113.49)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(45,192.00)
Allowable Legal Fees	<u>\$ 9.29</u>

In Detail:		
Vendor Name	Invoice Date	680600-100-000 Amount
Von Briesen & Roper S.C [VONBRI]	11/14/2017	9.29

TOTAL ALLOWABLE LEGAL FEES 9.29

Vendor Name	Invoice Date	696600-100-000 Amount
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
Stone, Poggrund & Korey LLC [through AMS]	4/30/2018	750.00
Stone, Poggrund & Korey LLC [through AMS]	5/31/2018	790.12
Stone, Poggrund & Korey LLC [through AMS]	6/30/2018	893.49
Stone, Poggrund & Korey LLC [through AMS]	7/31/2018	1,573.81
Stone, Poggrund & Korey LLC [through AMS]	8/31/2018	1,074.34
Stone, Poggrund & Korey LLC [through AMS]	9/30/2018	910.34
Stone, Poggrund & Korey LLC [through AMS]	11/1/2018	890.02
Stone, Poggrund & Korey LLC [through AMS]	11/30/2018	888.16
Stone, Poggrund & Korey LLC [through AMS]	12/31/2018	850.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 12,113.49

Vendor Name	Invoice Date	680600-100-003 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 57,314.78

Facility Name & ID Number Alden of Waterford, LLC

0042036

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 \$9,504
- (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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 21,554 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. \$ 165,278
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. \$ 23,527 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