



Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc.

# 0033800 Report Period Beginning: 01/01/2018 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	249	Skilled (SNF)	249	90,885	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	249	TOTALS	249	90,885	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	3,091	873	4,016	7,980	8
9	SNF/PED					9
10	ICF	58,514	857	3,559	62,930	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	61,605	1,730	7,575	70,910	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 78.02%

D. How many bed reserve days during this year were paid by the Department? None (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 06/15/92

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

K. Was the facility certified for Medicare during the reporting year?  
YES  NO  If YES, enter number of beds certified 249 and days of care provided 3,397

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 - Town Manor Rehabilitation and Heal # 0033800 Report Period Beginning: 01/01/2018 Ending: 12/31/2018

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	472,690	33,510	24,168	530,368	1,534	531,902	1,567	533,469		1
2	Food Purchase		535,942		535,942	(40,915)	495,027	(48,358)	446,669		2
3	Housekeeping	329,106	53,872		382,978	1,771	384,749	10,003	394,752		3
4	Laundry	93,152	32,902		126,054	173	126,227		126,227		4
5	Heat and Other Utilities			336,151	336,151		336,151	(4,859)	331,292		5
6	Maintenance	56,188		390,496	446,684	1,910	448,594	80,266	528,860		6
7	Other (specify):* related party			953	953		953	9,201	10,154		7
8	<b>TOTAL General Services</b>	951,136	656,226	751,768	2,359,130	(35,527)	2,323,603	47,820	2,371,423		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			26,400	26,400		26,400		26,400		9
10	Nursing and Medical Records	4,113,620	252,583	31,186	4,397,389	(35,121)	4,362,268	74,506	4,436,774		10
10a	Therapy	277,670	2,915	46,491	327,076		327,076		327,076		10a
11	Activities	202,137	6,672	4,829	213,638	104	213,742		213,742		11
12	Social Services	35,124			35,124		35,124		35,124		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,435	9,435		15
16	<b>TOTAL Health Care and Programs</b>	4,628,551	262,170	108,906	4,999,627	(35,017)	4,964,610	83,941	5,048,551		16
	<b>C. General Administration</b>										
17	Administrative	359,090			359,090		359,090	283,920	643,010		17
18	Directors Fees										18
19	Professional Services			1,213,346	1,213,346		1,213,346	(1,090,147)	123,199		19
20	Dues, Fees, Subscriptions & Promotions			140,766	140,766		140,766	(104,849)	35,917		20
21	Clerical & General Office Expenses	161,296	35,135	253,443	449,874	(1,267)	448,607	365,721	814,328		21
22	Employee Benefits & Payroll Taxes			1,028,461	1,028,461	23,496	1,051,957	(5,498)	1,046,459		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,563	1,563		1,563	2,112	3,675		24
25	Other Admin. Staff Transportation			2,053	2,053		2,053	19,953	22,006		25
26	Insurance-Prop.Liab.Malpractice			636,918	636,918		636,918	10,544	647,462		26
27	Other (specify):* related party			112,339	112,339		112,339	(13,971)	98,368		27
28	<b>TOTAL General Administration</b>	520,386	35,135	3,388,889	3,944,410	22,229	3,966,639	(532,215)	3,434,424		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	6,100,073	953,531	4,249,563	11,303,167	(48,315)	11,254,852	(400,454)	10,854,398		29

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

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

Facility Name &amp; ID Number Alden - Town Manor Rehabilitation and Health Care Center, #0033800

Report Period Beginning: 01/01/2018 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	
	<b>D. Ownership</b>											
30	Depreciation			38,981	38,981		38,981	436,065	475,046			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			152,632	152,632		152,632	7,092	159,724			32
33	Real Estate Taxes			780,576	780,576	(780,576)		866,196	866,196			33
34	Rent-Facility & Grounds			873,078	873,078	780,576	1,653,654	(1,653,654)				34
35	Rent-Equipment & Vehicles			29,537	29,537		29,537	49,519	79,056			35
36	Other (specify):* MIP							56,821	56,821			36
37	<b>TOTAL Ownership</b>			1,874,804	1,874,804		1,874,804	(237,961)	1,636,843			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		482,327	760,756	1,243,083	48,315	1,291,398	(166,599)	1,124,799			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			546,181	546,181		546,181		546,181			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		482,327	1,306,937	1,789,264	48,315	1,837,579	(166,599)	1,670,980			44
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	6,100,073	1,435,858	7,431,304	14,967,235		14,967,235	(805,014)	14,162,221			45

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

0033800  
 Period Beginning: 01/01/2018  
 Period Ending: 12/31/2018

IDPH License No. 36-3695814

Page 4A

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(40,915)	Employee Meals
	22	40,915	Employee Meals
22		(17,419)	Uniform Reclass
	1	1,534	Uniform Reclass
	3	1,771	Uniform Reclass
	4	173	Uniform Reclass
	6	44	Uniform Reclass
	10	13,194	Uniform Reclass
	11	104	Uniform Reclass
	21	599	Uniform Reclass
10		(48,315)	Oxygen Cost Reclass
	39	48,315	Oxygen Cost Reclass
33		(780,576)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	780,576	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(1,866)	Vendor Settlement, EMASWA Satellite
	6	1,866	Vendor Settlement, EMASWA Satellite

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	(19,809)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,451	30		9
10	Interest and Other Investment Income	(464,539)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,296)	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	(30,498)	21		17
18	Fines and Penalties	(77)	32		18
19	Entertainment				19
20	Contributions	(5,475)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,276)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(112,339)	27		24
25	Fund Raising, Advertising and Promotional	(16,316)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (650,174)		\$	30

BHF USE ONLY							
48		49		50		51	52

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)	(96,832)	Pg 6s	34
35	Other- Attach Schedule	(58,008)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (154,840)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (805,014)		37

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

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

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

Alden - Town Manor Rehabilitation and Health Care Center, Inc.

ID# 0033800

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1		\$		1
2	Late Fees on Utilities	(9,773)	5	2
3	Intercompany interests GL 7031 (Midcap)	(149,960)	32	3
4				4
5				5
6				6
7				7
8	Elim Deprec Exp on Pg12 - <\$2,500 TM/Cicero	(700)	30	8
9	Elim Deprec Exp on Pg13 - <\$2,500 TM/Cicero	(30,249)	30	9
10	Exp Capital items, Pg13 curr year purch <\$2,500 TM/Ci	53,899	6	10
11	Exp Capital items, Pg13 Related Party AMS	26,914	6	11
12	adj for ABC related party profits -Pg 12	97	30	12
13	adj for ABC related party profits -Pg 12	2	30	13
14	adjustment on Depreciation exp	1,528	30	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23	Miscellaneous Income - Medical Records	(1,183)	21	23
24	Miscellaneous Income - Food Rebate	(1,463)	2	24
25	Miscellaneous Income - Jury Duty	(34)	22	25
26				26
27	Vendor discount GL 4984	(33)	2	27
28	Add back Refund of 2015 Real Estate Taxes	53,067	33	28
29	Bank Charges (LLC)	(120)	21	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(58,008)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center

# 0033800

Report Period Beginning:

01/01/2018

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	3,758	(2,191)	0	0	0	0	0	0	0	1,567	1
2	Food Purchase	(2,792)	0	0	(45,566)	0	0	0	0	0	0	0	(48,358)	2
3	Housekeeping	0	0	10,003	0	0	0	0	0	0	0	0	10,003	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(9,773)	0	4,914	0	0	0	0	0	0	0	0	(4,859)	5
6	Maintenance	61,004	0	30,668	0	0	0	443	(11,849)	0	0	0	80,266	6
7	Other (specify):*	0	0	9,201	0	0	0	0	0	0	0	0	9,201	7
8	<b>TOTAL General Services</b>	<b>48,439</b>	<b>0</b>	<b>58,544</b>	<b>(47,757)</b>	<b>0</b>	<b>0</b>	<b>443</b>	<b>(11,849)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>47,820</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	66,308	10,753	(2,555)	0	0	0	0	0	0	74,506	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	9,435	0	0	0	0	0	0	0	0	9,435	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>75,743</b>	<b>10,753</b>	<b>(2,555)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>83,941</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	283,920	0	0	0	0	0	0	0	0	283,920	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,276)	33,621	(1,109,492)	0	0	0	0	0	0	0	0	(1,090,147)	19
20	Fees, Subscriptions & Promotions	(21,791)	0	(83,058)	0	0	0	0	0	0	0	0	(104,849)	20
21	Clerical & General Office Expenses	(31,801)	197	397,325	0	0	0	0	0	0	0	0	365,721	21
22	Employee Benefits & Payroll Taxes	(34)	0	0	0	(5,464)	0	0	0	0	0	0	(5,498)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,112	0	0	0	0	0	0	0	0	2,112	24
25	Other Admin. Staff Transportation	0	0	19,953	0	0	0	0	0	0	0	0	19,953	25
26	Insurance-Prop.Liab.Malpractice	0	10,127	417	0	0	0	0	0	0	0	0	10,544	26
27	Other (specify):*	(112,339)	0	98,368	0	0	0	0	0	0	0	0	(13,971)	27
28	<b>TOTAL General Administration</b>	<b>(180,241)</b>	<b>43,945</b>	<b>(390,455)</b>	<b>0</b>	<b>(5,464)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(532,215)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(131,802)</b>	<b>43,945</b>	<b>(256,168)</b>	<b>(37,004)</b>	<b>(8,019)</b>	<b>0</b>	<b>443</b>	<b>(11,849)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(400,454)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center # 0033800 Report Period Beginning: 01/01/2018 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	(14,871)	431,465	19,471	0	0	0	0	0	0	0	0	436,065	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(614,576)	456,874	164,794	0	0	0	0	0	0	0	0	7,092	32
33	Real Estate Taxes	53,067	780,576	32,553	0	0	0	0	0	0	0	0	866,196	33
34	Rent-Facility & Grounds	0	(1,653,654)	0	0	0	0	0	0	0	0	0	(1,653,654)	34
35	Rent-Equipment & Vehicles	0	0	49,519	0	0	0	0	0	0	0	0	49,519	35
36	Other (specify):*	0	56,821	0	0	0	0	0	0	0	0	0	56,821	36
37	<b>TOTAL Ownership</b>	<b>(576,380)</b>	<b>72,082</b>	<b>266,337</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(237,961)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(54,063)	(20,412)	(92,124)	0	0	0	0	0	(166,599)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(54,063)</b>	<b>(20,412)</b>	<b>(92,124)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(166,599)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(708,182)</b>	<b>116,027</b>	<b>10,169</b>	<b>(91,067)</b>	<b>(28,431)</b>	<b>(92,124)</b>	<b>443</b>	<b>(11,849)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(805,014)</b>	<b>45</b>

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 1,653,654	Town Manor Associates, LLC		\$	\$ (1,653,654)	1
2	V	32 Interest Income - RR	136	Town Manor Associates, LLC			(136)	2
3	V	19 Accounting/Professional Fees		Town Manor Associates, LLC		8,800	8,800	3
4	V	33 Real Estate Tax		Town Manor Associates, LLC		780,576	780,576	4
5	V	26 Property and Liability Insurance		Town Manor Associates, LLC		10,127	10,127	5
6	V	32 Interest on Mortgage		Town Manor Associates, LLC		447,204	447,204	6
7	V	19 Legal Fees - Non Collections		Town Manor Associates, LLC		24,821	24,821	7
8	V	30 Depreciation		Town Manor Associates, LLC		431,465	431,465	8
9	V	32 Amortization		Town Manor Associates, LLC		9,806	9,806	9
10	V	36 Mortgage Insurance Premium		Town Manor Associates, LLC		56,821	56,821	10
11	V	21 Misc Administrative Expenses		Town Manor Associates, LLC		197	197	11
12	V							12
13	V							13
14	Total		\$ 1,653,790			\$ 1,769,817	\$ * 116,027	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,914	\$	4,914	15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		2,112		2,112	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		19,953		19,953	17
18	V	26 Insurance		Alden Management Services, Inc.		417		417	18
19	V	20 Dues and Subscription	85,584	Alden Management Services, Inc.		2,526		(83,058)	19
20	V	30 Depreciation		Alden Management Services, Inc.		19,471		19,471	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		32,553		32,553	21
22	V	35 Rent - Equipment and Vehicle		Alden Management Services, Inc.		49,519		49,519	22
23	V	32 Interest		Alden Management Services, Inc.		164,794		164,794	23
24	V	1 Dietary		Alden Management Services, Inc.		3,758		3,758	24
25	V	3 Housekeeping		Alden Management Services, Inc.		10,003		10,003	25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		9,201		9,201	26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		66,308		66,308	27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		9,435		9,435	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		283,920		283,920	29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		98,368		98,368	30
31	V	19 Professional Fees	1,155,247	Alden Management Services, Inc.		45,755		(1,109,492)	31
32	V	21 General and Administrative	57,204	Alden Management Services, Inc.		454,529		397,325	32
33	V	6 Repairs and Maintenance	31,756	Alden Management Services, Inc.		62,424		30,668	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,329,791			\$ 1,339,960	\$ *	10,169	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet. Consultant	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$(24,168)
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube Feeding	117,835	Prism Health Care Services, Inc.		48,598	(69,237)
18	V	10 Equip Rental	6,660	Prism Health Care Services, Inc.		10,996	4,336
19	V	39 Ancillary Supplies	154,493	Prism Health Care Services, Inc.		54,178	(100,315)
20	V	1 Gen & Admin & Benefits		Prism Health Care Services, Inc.		7,651	7,651
21	V	2 Gen & Admin & Benefits		Prism Health Care Services, Inc.		23,671	23,671
22	V	10 Gen & Admin & Benefits		Prism Health Care Services, Inc.		6,417	6,417
23	V	39 Gen & Admin & Benefits		Prism Health Care Services, Inc.		46,252	46,252
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		\$ 303,156			\$ 212,089	\$ * (91,067)

\* 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>	\$ 283,978	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 261,419	\$ (22,559)
16	V	39 <u>IV</u>	13,749	<u>Forum Extended Care Services II, Inc.</u>		12,657	(1,092)
17	V	39 <u>Wound Care Products</u>	22,557	<u>Forum Extended Care Services II, Inc.</u>		20,765	(1,792)
18	V	10 <u>House Stock</u>	26,179	<u>Forum Extended Care Services II, Inc.</u>		24,099	(2,080)
19	V	10 <u>Pharmacy Consultant</u>	5,976	<u>Forum Extended Care Services II, Inc.</u>		5,501	(475)
20	V	22 <u>Employee Vaccin.</u>	5,464	<u>Forum Extended Care Services II, Inc.</u>			(5,464)
21	V	39 <u>Employee Vaccination</u>		<u>Forum Extended Care Services II, Inc.</u>		5,031	5,031
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 357,903			\$ 329,472	\$ * (28,431)

\* 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	\$ 794,475	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 702,351	\$ (92,124)
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		\$ 794,475			\$ 702,351	\$ * (92,124)

\* 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	\$ 146,160	Alden Bennett Construction Company, Inc.	0.00%	\$ 146,603	\$	443	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		\$ 146,160			\$ 146,603	\$ *	443	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	\$ 17,978	Alden Design Group, Ltd.	0.00%	\$ 6,129	\$	(11,849)	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		\$ 17,978			\$ 6,129	\$ *	(11,849)	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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	0	\$ *

\* 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: 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		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$			\$	0	\$ *

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc. # 0033800 Report Period Beginning: 01/01/2018 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 - Town Manor Rehabilitation and Health # 0033800 Report Period Beginning: 01/01/2018 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 Directors	Chairman	100.00	175,247	2.108	5.27	Salary	\$ 9,753	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Services	Technical Nursing	0.00	94,728	2.108	5.27	Salary	5,272	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Maintenance	0.00	94,728	2.108	5.27	Salary	5,272	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,676	2.108	5.27	Salary	6,159	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,805	2.108	5.27	Salary	3,328	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,247	1.8445	5.27	Salary	9,753	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	\$ 39,537		13

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

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

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Cent # 0033800 Report Period Beginning: 01/01/2018 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	\$ 70,910	\$ 4,914	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	70,910	2,112	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	70,910	19,953	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	70,910	417	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	70,910	2,526	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	19,471	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	70,910	32,553	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	70,910	49,519	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	70,910	164,794	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	3,758	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	10,003	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	70,910	9,201	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	66,308	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	70,910	9,435	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	70,910	283,920	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	98,368	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	45,755	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	454,529	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	62,424	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,339,960	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		
					Original	Balance						
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										
<b>A. Directly Facility Related</b>												
<b>Long-Term</b>												
1	Cambridge (GL 7055/2505/2021)		x		\$56,147.00	02/2011	\$ 12,722,300	\$ 11,246,116	03/2046	3.9400	\$ 447,204	1
2												2
3												3
4	Insurance Interest (GL7053)		x	Medical Malpractice							2,596	4
5												5
<b>Working Capital</b>												
6	Related party - AMS		x	Working Capital							164,794	6
7												7
8	Capital Lease Obligation (GL 7105/7030)			Capital Lease							9,805	8
9	TOTAL Facility Related				\$56,147.00		\$ 12,722,300	\$ 11,246,116			\$ 624,399	9
<b>B. Non-Facility Related*</b>												
10	Int Income - R.R. (GL 4972)		x								(136)	10
11	Int Income (GL#4975 Oper/LLC)		x								(7,247)	11
12	Transfer Shareholders Interest Inc (G)		x								(457,292)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (464,675)	14
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 11,246,116			\$ 159,724	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 56,821 Line # 36

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

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

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

**B. Real Estate Taxes**

**Important, please see the next worksheet, "RE\_Tax". The real estate tax statement and bill must accompany the cost report.**

1. Real Estate Tax accrual used on 2017 report.		\$	<b>804,239</b>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<b>885,543</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>81,304</b>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>752,339</b>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>833,643</b>	7
Real Estate Tax History:			<b>Plus: Related party taxes - See Pg RE_Tax page</b>	
			<b>Total Real Estate Tax Expense, Sch V, Line 33</b>	
				<b>32,553</b>
				<b>866,196</b>
Real Estate Tax Bill for Calendar Year:	2013	<b>834,842</b>		<b>8</b>
	2014	<b>891,289</b>		<b>9</b>
	2015	<b>924,936</b>		<b>10</b>
	2016	<b>935,908</b>		<b>11</b>
	2017	<b>885,543</b>		<b>12</b>
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>				
			<b>FOR BHF USE ONLY</b>	
	13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

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

## 2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden - Town Manor Rehabilitation and Health Care Center, COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0033800

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>32,553.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>16-32-115-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,560.07</u>	\$ <u>3,560.07</u>
4. <u>16-32-115-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,560.07</u>	\$ <u>3,560.07</u>
5. <u>16-32-115-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>74,033.75</u>	\$ <u>74,033.75</u>
6. <u>16-32-115-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>102,945.25</u>	\$ <u>102,945.25</u>
7. <u>16-32-115-026-0000</u>	<u>Nursing Home Facility</u>	\$ <u>377,660.06</u>	\$ <u>377,660.06</u>
8. <u>16-32-116-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>168,257.83</u>	\$ <u>168,257.83</u>
9. <u>16-32-116-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>70,685.12</u>	\$ <u>70,685.12</u>
10. <u>16-32-116-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>70,685.12</u>	\$ <u>70,685.12</u>
<b>TOTALS</b>		\$ <u><u>1,073,512.27</u></u>	\$ <u><u>903,940.27</u></u>

**B. Real Estate Tax Cost Allocations**

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

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

**C. Tax Bills**

Attach a copy of the original 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.**

## 2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden - Town Manor Rehabilitation and Health Care Center, COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0033800

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. _____	Total from PG10a	\$ _____	\$ _____
2. <u>16-32-116-023-0000</u>	<u>Nursing Home Facility</u>	\$ <u>7,445.88</u>	\$ <u>7,445.88</u>
3. <u>16-32-116-024-0000</u>	<u>Nursing Home Facility</u>	\$ <u>6,709.62</u>	\$ <u>6,709.62</u>
4. <u>16-32-116-006-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>3,104.29</u>	\$ <u>3,104.29</u>
5. <u>16-32-116-007-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>2,732.22</u>	\$ <u>2,732.22</u>
6. <u>16-32-116-008-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>4,205.67</u>	\$ <u>4,205.67</u>
7. <u>16-32-116-009-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>5,933.51</u>	\$ <u>5,933.51</u>
8. <u>16-32-116-010-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>4,434.11</u>	\$ <u>4,434.11</u>
9. <u>16-32-116-011-0000</u>	<u>Nursing Home Fac - Parking Lot</u>	\$ <u>2,487.88</u>	\$ <u>2,487.88</u>
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>37,053.18</u></u>	\$ <u><u>37,053.18</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 - Town Manor Rehabilitation and Health Care Center, Inc.

# 0033800

Report Period Beginning:

01/01/2018 Ending:

12/31/2018

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 94,195 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

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

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

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

None

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

If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_

3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs:

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>66,775</u>	<u>1991</u>	<u>\$ 1,137,260</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<b>66,775</b>		<b>\$ 1,137,260</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	249		1992	1992	9,104,204	289,022	30	303,473	14,451	7,872,845	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9		Window glass repair	1992		1,600		10			1,600	9
10		CSI - boiler repair	1994		3,268		3			3,268	10
11		Tower cleaners - drapery	1995		1,557		5			1,557	11
12		Bartlett heating -pipe insulation	1995		3,700		15			3,700	12
13		CSI - a/c repair	1995		4,093		10			4,093	13
14		CSI - a/c repair	1995		4,027		10			4,027	14
15		CSI - pipe insulation	1995		1,981		15			1,981	15
16		CSI - chiller HVAC	1996		6,042		10			6,042	16
17		The floor source - carpet installation	1996		5,345		10			5,345	17
18		Ward door specialist, Inc. - metal door	1996		1,385		15			1,385	18
19		Shalom landscaping - planting	1996		8,000		10			8,000	19
20		The floor source - carpet installation	1996		6,049		10			6,049	20
21		Bartlett heating -pipe insulation	1996		18,526		15			18,526	21
22		Over charged by Bartlett	1996		(10,500)		15			(10,500)	22
23		Alden Bennett const. - heating, vent , a/c	1996		69,300		20			69,300	23
24		Alden Bennett construction - sanitary sewer lift station	1996		23,921		20			23,921	24
25		Arrigo enterprises, Inc. - heating and cooling sys. Corridor	1996		10,931		20			10,931	25
26		Misco shawnee, Inc. - tile	1996		9,232		20			9,232	26
27		Misco shawnee, Inc. - tile	1996		9,020		20			9,020	27
28		General parts - repair dishwasher	1997		2,139		5			2,139	28
29		System Electric - 120 volt circuit installed and replaced	1997		2,085		5			2,085	29
30		Climate - freeon into a/c	1997		6,221		5			6,221	30
31		Long elevator - install new eyes on elevator door	1997		3,180		5			3,180	31
32		A&B cable - outlets installation	1997		11,520		5			11,520	32
33		Arrigo enterprises, Inc. - corridor renovation	1997		24,366		20			24,366	33
34		ABC - hvac repairs	1998		39,300	491	20	491		39,300	34
35		ABC - sanitary sewer lift station	1998		1,259	15	20	15		1,259	35
36		Coit drapery	1998		12,976		5			12,976	36

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

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

See Page 12A, Line 70 for total

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	CSI - replaced fuse and cleaned ice machine	1998	3,267		10			3,267	37
38	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703		10			3,703	38
39	CSI - replace diffusers, bower motor	1998	7,571		10			7,571	39
40	Kraft paper - extractor	1998	2,071		15			2,071	40
41	Kraft paper - extractor	1999	10,000		10			10,000	41
42	New horizons - phone system	1999	3,332		10			3,332	42
43	Advanced parts & services - replace boiler	1999	2,504	125	20	125		2,460	43
44	Chicago cooling corp - cleaned condensor	1999	1,483		10			1,483	44
45	Chicago cooling corp - serviced cond. Water pump	1999	2,230		5			2,230	45
46	DBS contracting - sprinkler system maint.	1999	1,726		15			1,726	46
47	Climater service - repair rooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		6,679	48
49	ABC - excavation work	1999	2,571		10			2,571	49
50	Alden design	2000	9,940		10			9,940	50
51	ABC	2000	8,502		10			8,502	51
52	Fox valley fire & safety	2000	1,887		10			1,887	52
53	Switching sys. - replace ATS	2000	3,343		15			3,343	53
54	ABC reverse accruals	2000	(2,571)		10			(2,571)	54
55	Tower cleaner - clean & repair drapes & sheers	2000	3,190		3			3,190	55
56	Chicago backflow, Inc - replace backflow valves	2000	1,806		15			1,806	56
57	Alden Bennett Const - seal & stripe parking lot	2000	3,109		10			3,109	57
58									58
59	Alden Bennett Construction (wall coverings)	2001	15,529		10			15,529	59
60	Patten (service elevator)	2001	1,547	77	20	77		1,387	60
61	Patten (water pump)	2001	2,325	116	20	116		2,079	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121		15			2,121	63
64	Simplex time (fire alarm)	2001	3,675		15			3,675	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,590	65
66	GT mech (boiler repairs)	2001	4,701		5			4,701	66
67	CSI coker services (kitchen steamer)	2001	3,037		5			3,037	67
68	CSI coker services (pump assembly motor)	2001	3,784		10			3,784	68
69	The Floor Source (new carpet + labor cost)	2001	13,180		5			13,180	69
70	TOTAL (lines 4 thru 69)		\$ 9,518,731	\$ 290,286		\$ 304,737	\$ 14,451	\$ 8,286,393	70

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 9,518,731	\$ 290,286		\$ 304,737	\$ 14,451	\$ 8,286,393	1
2	Alden Bennett Construction (time and material billing)	2001	3,177		5			3,177	2
3	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120		15			2,120	3
4	Alden Bennett Construction (carpet material)	2001	6,636		10			6,636	4
5	Alden Bennett Construction (repair cabinets and tip in various arc	2001	6,303		5			6,303	5
6	CSI Coker -- (booster heater)	2002	1,616		3			1,616	6
7	CSI Coker -- (dishwasher repair)	2002	1,444		3			1,444	7
8	Washtown equipment(motor & valve)	2002	1,577		3			1,577	8
9	CSI Coker -- (steam table)	2002	528		5			528	9
10	CSI Coker -- (steamer)	2002	1,325		5			1,325	10
11	CSI Coker -- (dishwasher repair)	2002	2,844		10			2,844	11
12	GT Mechanical (wheel bower for air unit)	2002	2,662		5			2,662	12
13	CSI Coker (dishwasher repair)	2003	3,128		3			3,128	13
14	GT Mechanical (descaling condenser bundle)	2003	1,803		10			1,803	14
15	CSI Coker (dishwasher repair)	2003	2,248		3			2,248	15
16	Capps Plumbing (kitchen sink repairs)	2003	2,000	100	20	100		1,533	16
17	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964		10			4,964	17
18	Thybonny Wallcoverings (Design works)	2003	2,098		10			2,098	18
19	Alden Bennett Const (Hospice wing renovation)	2004	25,220		10			25,220	19
20	Alden Bennett Const (Bathroom Floors & Glass in Rooms)	2004	2,709		10			2,709	20
21	GT Mechanical (boiler/state fire violations repairs)	2004	1,222		5			1,222	21
22	GT Mechanical (boiler/valve replaced)	2004	1,915		5			1,915	22
23	CSI Coker (steamer,dishwasher,ice machine repairs)	2004	1,640		3			1,640	23
24	CSI Coker (steamer repairs)	2004	1,958		5			1,958	24
25	Alden Bennett (air filters, cleaners, EZ Flow)	2004	2,000		5			2,000	25
26	GT Mechanical (A/C repairs, repair towerfill line)	2004	2,703		5			2,703	26
27	Alden Bennett (Fusible links in the HVAC system to meet LSC)	2004	7,579	505	15	505		7,407	27
28	GT Mechanical (Refridgerator/Chiller/Chrged Centrifigal repairs)	2004	4,064		5			4,064	28
29	Patten CAT (Generator repairs) (AMS Billings)	2004	1,682		5			1,682	29
30	System Electric (Parking lot Poles repairs)	2004	3,960		5			3,960	30
31	Capps Plumbing & Sewer (Iron line leaking in basement)	2004	1,685		15			1,685	31
32	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	5,000	333	15	333		4,551	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		2,692	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,631,392	\$ 291,414		\$ 305,865	\$ 14,451	\$ 8,397,807	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,631,392	\$ 291,414		\$ 305,865	\$ 14,451	\$ 8,397,807	1
2	CSI Coker- Dishwasher repair	2004	1,887		3			1,887	2
3	The Flooring Network-Field Carpet 1st/2nd Floor	2005	23,946		5			23,946	3
4	Gt Mechanical (Laundry Exhaust Fan-Dryer Repairs)	2005	3,146		5			3,146	4
5	CSI Coker (Booster heater, Boiler,Steamer, Dishwasher, Platewar	2005	6,931		5			6,931	5
6	GT Mechanical (A/C Start up)	2005	4,508	300	15	300		4,125	6
7	GTMECH (Replace Seal Tower Pump)	2005	1,320		5			1,320	7
8	TOPNOT (replace tank heat)	2005	2,298		5			2,298	8
9	TOPNOT (replace motor)	2005	1,935		5			1,935	9
10	Oak Fire and Security (Replace nurses call station)	2005	750		5			750	10
11	ABC (new pumps, pipings and floats for Ejector Lift station)	2005	9,925		5			9,925	11
12	GT Mechanical (kitchen exhaust fan)	2005	4,856		5			4,856	12
13	ABC (replaced damaged ceiling tile with new ones)	2005	1,509		5			1,509	13
14	ABC (laundry floor sheets, self priming ejector pump)	2005	5,186		5			5,186	14
15	Patten Cat (starting systems, exhaust system, control system, cooli	2005	2,277		5			2,277	15
16	ABC - laminate base and upper cabinets w/ glass frame	2006	6,086		10			6,086	16
17	ABC - Tarkett vinyl sheeting	2006	17,176		10			17,176	17
18	ABC - exhaust fan	2006	5,662		10			5,662	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880		10			5,880	20
21									21
22	ABC - parking lot new seal/coat/stripe	2007	5,072		5			5,072	22
23	Topnotch - new motor, speed reducer	2007	3,613		10			3,613	23
24	GT - Mechanical, new misc HVAC supplies	2007	9,592		5			9,592	24
25	GT - Mechanical, new tower pump and seal	2007	4,573		10			4,573	25
26	ABC - New HVAC motor	2007	3,188		5			3,188	26
27	ABC - new ceiling tiles	2007	4,289		5			4,289	27
28	ABC - new plumbing faucet	2007	6,344		5			6,344	28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,778,511	\$ 291,714		\$ 306,165	\$ 14,451	\$ 8,544,544	34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 9,778,511	\$ 291,714		\$ 306,165	\$ 14,451	\$ 8,544,544	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,923,687	\$ 294,461		\$ 308,912	\$ 14,451	\$ 8,630,813	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	<b>Totals from Page 12D, Carried Forward</b>	\$ 9,923,687	\$ 294,461		\$ 308,912	\$ 14,451	\$ 8,630,813		1
2									2
3	Adjust for ABC Related Party Profit	2008 (111)					(111)		3
4	Adjust for ABC Related Party Profit	2009 (139)	(6)		(6)		(54)		4
5	Adjust for ABC Related Party Profit	2010 (157)	(5)		(5)		(50)		5
6	Adjust for ABC Related Party Profit	2011 294	2		2		15		6
7	Adjust for ABC Related Party Profit	2012 1,362	24		24		156		7
8	Adjust for ABC Related Party Profit	2013 582	64		64		352		8
9	Adjust for ABC Related Party Profit	2014 174	12		12		54		9
10	Adjust for ABC Related Party Profit	2015 20	2		2		5		10
11	Adjust for ABC Related Party Profit	2016 5	2		2		3		11
12	Adjust for ABC Related Party Profit	2017 98	2		2		3		12
13	Adjust for ABC Related Party Profit	2018 277	2		2		2		13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>	\$ 9,926,092	\$ 294,560		\$ 309,011	\$ 14,451	\$ 8,631,188		34

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

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 9,926,092	\$ 294,560		\$ 309,011	\$ 14,451	\$ 8,631,188	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		1,506	2
3	GT Mech - repaired cooling tower	2008	12,812	536	10	536		12,812	3
4	ABC - new tiles	2008	4,802	202	10	202		4,802	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		6,867	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		5,084	6
7	ABC - replaced patio door	2009	2,852	285	10	285		2,755	7
8	ABC - receiving door	2009	6,451	645	10	645		6,235	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)	(317)		(317)		(1,066)	10
11	ABC - Asphalt	2010	12,834	2,809	8	2,809		12,834	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)					(618)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)					(4,883)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)					(1,727)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)					(2,578)	15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		2,480	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		7,083	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		3,938	18
19	ABC - damaged hardware repair	2011	2,989		5			2,989	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		3,079	20
21	ABC - thermal units/lights repairs	2011	6,624		5			6,624	21
22	GT Mechanical - laundry room repair	2011	8,341		5			8,341	22
23	ABC - plumbing repairs	2011	5,800		5			5,800	23
24	TopNotch - motor assembly	2011	2,600		5			2,600	24
25	ABC - handrail for the patio	2011	7,740		5			7,740	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		18,641	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100		5			3,100	27
28	Oak Fire - fire security master switchboard	2012	2,950	295	10	295		1,967	28
29	ABC - sprinkler system fire protection	2012	5,585	223	25	223		1,468	29
30	ABC - boiler repair	2012	16,491	825	20	825		5,019	30
31	GT Mechanical - laundry room damper repair	2012	7,273	727	10	727		4,483	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	355	10	355		2,426	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,107,740	\$ 307,354		\$ 321,805	\$ 14,451	\$ 8,760,989	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12F, Carried Forward</b>		\$ 10,107,740	\$ 307,354		\$ 321,805	\$ 14,451	\$ 8,760,989	1
2	ABC - railing stairwell	2013	43,240	2,883	15	2,883		16,817	2
3	Topnotch - freezer compressor	2013	5,525	552	5	552		5,525	3
4	Topnotch - motor dishwasher	2013	4,727	553	5	553		4,727	4
5									5
6									6
7	TM - Parking Lot	1994	334,637	13,386	25	13,386		334,635	7
8	ABC - motor pump	2014	3,640	728	5	728		3,337	8
9	ABC - heating and vent	2014	7,503	1,501	5	1,501		6,879	9
10	ABC - asphalt	2014	63,275	7,909	8	7,909		32,954	10
11	ABC - asphalt	2014	5,934	742	8	742		3,153	11
12	ABC - radiation dampers	2014	11,537	1,154	10	1,154		4,808	12
13	OakFire - damper	2014	10,160	2,032	5	2,032		9,144	13
14	ADG - window	2014	13,742	1,374	10	1,374		5,954	14
15									15
16	Belec Electric - Repair kitchen for Osha	2015	3,659	732	5	732		2,501	16
17	JD & Sons - Roof repair	2015	2,850	570	5	570		1,900	17
18	ABC - paving, asphalt	2015	5,276	660	8	660		2,145	18
19	ABC - pump repair	2015	5,233	1,308	5	1,308		5,233	19
20	GT Mech - reinsulate piping & repair	2015	3,500	817	5	817		2,509	20
21									21
22	Suburban Elevator - elevator repair	2016	6,907	1,381	5	1,381		3,683	22
23	Topnotch - kitchen, motor assembly	2016	3,723	745	5	745		1,986	23
24	GT Mech - Fire Dampers	2016	4,241	424	10	424		1,060	24
25	GT Mech - pump and valve at water tower leakage	2016	6,369	1,274	5	1,274		2,760	25
26	JD Sons - roof repair	2016	2,955	591	5	591		1,281	26
27	GT Mech - HVAC repair leak, piping materials	2016	5,384	1,077	5	1,077		2,244	27
28	ABC - fence/gate repair	2016	2,805	281	10	281		772	28
29									29
30	Valley Fire - sprinkler system, new area	2017	2,550	102	25	102		170	30
31	FoxBuild - Masonry Bricks, North Elevation	2017	6,100	1,220	5	1,220		2,054	31
32	ABC - Firestopper for the HVAC system	2017	16,170	1,078	15	1,078		1,527	32
33	JD & Sons - Roof repair	2017	4,500	900	5	900		1,725	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,693,882	\$ 353,328		\$ 367,779	\$ 14,451	\$ 9,222,472	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	\$ 1,441,233	\$ 100,101	\$ 100,101	\$	varies	\$ 706,875	71
72	Current Year Purchases	80,003	3,650	3,650		varies	3,430	72
73	Fully Depreciated Assets	1,736,656	3,516	3,516		varies	1,736,656	73
74								74
75	TOTALS	\$ 3,257,892	\$ 107,267	\$ 107,267	\$		\$ 2,446,961	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	related party-AMS	various	1998-2004	\$ 3,802	\$	\$	\$		\$ 3,802	76
77	Midwest Transit	bus/passenger	2001	49,967					49,967	77
78	Van	2000 Ford Super Duty	2013	2,829					2,829	78
79										79
80	TOTALS			\$ 56,598	\$	\$	\$		\$ 56,598	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,145,632	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 460,595	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 475,046	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,726,031	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		475,046			88
89		(475,046)			89
90					90
91	TOTALS	\$ (0)	\$	\$	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 - Town Manor Rehabilitation and Health Care Cente# 0033800 Report Period Beginning: 01/01/2018 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	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning 02/23/2011

Ending 12/31/2021

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

Fiscal Year Ending                      Annual Rent

12.	<u>12/31/2019</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: \$ 21,084 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

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

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>28,175</u>	17
18					18
19	<u>Auto lease-GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>15,789</u>	19
20					20
21	<b>TOTAL</b>		\$ <u>#####</u>	\$ <u>43,964</u>	21

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

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 312,285	\$		\$ 312,285	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			69,959			69,959	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			367,264			367,264	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				266,450		266,450	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG 16A	39-1, 39-3, if any				(92,124)	200,965		108,841	13
14	TOTAL			\$		\$ 657,384	\$ 467,415		\$ 1,124,799	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$312,285.00	
2.	ST	39-3	To Col 5	69,959.00	
3.					
4.	PT	39-3	To Col 5	367,264.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			283,978.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(17,528.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	1,015,958.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	69.00	
	Total Exceptional Care (Line 12, Col 8)			69.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(92,124.00)	From Page 6D
	Other			209,528.00	
	Manual Input: Related Party - Prism			(54,063.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(1,092.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(1,792.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			48,315.00	
13.	Col 6: Supplies Total		To Col 6	200,896.00	
13.	Total Line 13, Column 8			108,772.00	
14.	Total			1,124,799.00	

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center # 0033800 Report Period Beginning: 01/01/2018 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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,041,563	\$ 2,067,196	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>126,500</u> )	2,949,732	2,949,732	3
4	Supply Inventory (priced at )	5,695	5,695	4
5	Short-Term Investments			5
6	Prepaid Insurance		24,428	6
7	Other Prepaid Expenses	26,605	26,605	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	7,446	477,608	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 5,031,041	\$ 5,551,264	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	177,523	177,523	12
13	Land		1,155,166	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	819,356	876,389	15
16	Equipment, at Historical Cost	795,340	3,470,829	16
17	Accumulated Depreciation (book methods)	(1,432,129)	(11,166,333)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		191,179	21
22	Other Long-Term Assets (specify) <u>Refinancing Fee</u>		155,732	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 360,090	\$ 3,964,689	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 5,391,131	\$ 9,515,953	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 580,290	\$ 580,290	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	298,955	298,955	28
29	Short-Term Notes Payable		234,883	29
30	Accrued Salaries Payable	730,219	730,219	30
31	Accrued Taxes Payable (excluding real estate taxes)	28,769	28,769	31
32	Accrued Real Estate Taxes(Sch.IX-B)		912,100	32
33	Accrued Interest Payable		36,925	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	390,752	390,752	36
37	<u>Due to Affiliates</u>	1,340,076	1,340,076	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,369,061	\$ 4,552,969	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,011,233	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	9,766,716	9,688,669	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 9,766,716	\$ 20,699,902	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 13,135,777	\$ 25,252,871	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (7,744,646)	\$ (15,736,918)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 5,391,131	\$ 9,515,953	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

	1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (8,356,975) 1
<b>2</b>	Restatements (describe):	2
<b>3</b>	<b>adjustment made after 2017 cost report was submitted</b>	(67) 3
<b>4</b>	<b>This has no effect on prior year's report:</b>	4
<b>5</b>	<b>Bad Debt, Medicare revenues (non allowables).</b>	5
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (8,357,042) 6
	<b>A. Additions (deductions):</b>	
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(199,554) 7
<b>8</b>	Aquisitions of Pooled Companies	8
<b>9</b>	Proceeds from Sale of Stock	9
<b>10</b>	Stock Options Exercised	10
<b>11</b>	Contributions and Grants	11
<b>12</b>	Expenditures for Specific Purposes	12
<b>13</b>	Dividends Paid or Other Distributions to Owners	( ) 13
<b>14</b>	Donated Property, Plant, and Equipment	14
<b>15</b>	Other (describe)	15
<b>16</b>	Other (describe)	16
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (199,554) 17
	<b>B. Transfers (Itemize):</b>	
<b>18</b>	<b>Transfer Shareholders Loan</b>	811,950 18
<b>19</b>		19
<b>20</b>		20
<b>21</b>		21
<b>22</b>		22
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ 811,950 23
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (7,744,646) 24 *

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

Facility Name &amp; ID Number Alden - Town Manor Rehabilitation and Health Care # 0033800 Report Period Beginning: 01/01/2018

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

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 14,001,890	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 14,001,890	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	244,822	6
7	Oxygen	17,378	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 262,200	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		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	312	19
20	Radiology and X-Ray		20
21	Other Medical Services	5,170	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,482	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	464,539	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 464,539	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG19A - Gain on Sale of Fixed Assets and</u>		28
28a	<u>Miscellaneous Income</u>	33,570	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 33,570	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 14,767,681	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,359,130	31
32	Health Care	4,999,627	32
33	General Administration	3,944,410	33
<b>B. Capital Expense</b>			
34	Ownership	1,874,804	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,243,083	35
36	Provider Participation Fee	546,181	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,967,235	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(199,554)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (199,554)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 10,631,195	44
45	Private Pay - Net Inpatient Revenue	178,531	45
46	Medicare - Net Inpatient Revenue	2,057,018	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,135,146	47
48	Other-(specify) <u>VA/Sales Allow.</u>		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 14,001,890	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.

## STATE OF ILLINOIS

Facility Name & ID Nun Alden - Town Manor Rehabilitation and Health Care Center, Inc.# 0033800

## Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	\$ 1,183
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 34
Food rebate Ln 2	\$ 1,463
Write Off Old Accounts Payables (GL 4983)	\$ 7,689
Vendor Discount (GL 4984)	\$ 32
United Healthcare-(Rebate/Incentive) Ln 10	\$ 18,042
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 5,127
Line 28 Total:	<u>33,570</u>

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care Center # 0033800

Report Period Beginning: 01/01/2018

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	2,122	2,219	\$ 108,863	\$ 49.06	1
2	Assistant Director of Nursing	3,022	3,067	125,584	40.95	2
3	Registered Nurses	18,418	19,698	655,984	33.30	3
4	Licensed Practical Nurses	47,849	50,937	1,534,418	30.12	4
5	CNAs & Orderlies	80,367	86,779	1,337,400	15.41	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,040	8,778	194,874	22.20	8
9	Activity Director	2,096	2,104	41,452	19.70	9
10	Activity Assistants	5,567	6,030	75,733	12.56	10
11	Social Service Workers	1,557	1,655	37,998	22.96	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	58,380	28.07	13
14	Head Cook	4,152	4,160	81,755	19.65	14
15	Cook Helpers/Assistants	25,041	27,429	332,554	12.12	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	56,188	27.01	17
18	Housekeepers	22,734	25,434	329,106	12.94	18
19	Laundry	5,355	6,087	93,152	15.30	19
20	Administrator	2,080	2,080	149,909	72.07	20
21	Assistant Administrator	6,368	6,392	209,181	32.73	21
22	Other Administrative	5,765	5,867	165,205	28.16	22
23	Office Manager					23
24	Clerical	5,897	6,119	73,286	11.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,190	4,206	156,734	37.26	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care: Resident Attendant	8,200	8,486	119,103	14.04	32
33	Other(specify) Memory Care Coordinator	8,154	9,129	163,214	17.88	33
34	TOTAL (lines 1 - 33)	271,126	290,816	\$ 6,100,073 *	\$ 20.98	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	2014/mo	\$ 24,168	1-3	35
36	Medical Director	2200/mo	26,400	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	498/mo	5,976	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	47 hrs	2,599	11-3	44
45	Social Service Consultant	4 hrs	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 59,423		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	40.21 hrs	\$ 6,032	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$ 6,032		53

Facility Name & ID Number Alden - Town Manor Rehabilitation and Health Care

# 0033800

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Virgili, Tammy	Administrator	0	149,909	Workers' Compensation Insurance	\$ 165,981	IDPH License Fee	\$		
Dragomir, Catalin	Assistant Administrator	0	75,890	Unemployment Compensation Insurance	50,232	Advertising: Employee Recruitment			
Molitor, Joshua	Assistant Administrator	0	54,951	FICA Taxes	456,325	Health Care Worker Background Check			
Pientok, Jacob	Assistant Administrator	0	13,462	Employee Health Insurance	111,176	(Indicate # of checks performed 52 )	1,837		
Rodriguez, Cindy	Assistant Administrator	0	64,878	Employee Meals	40,915	Patient Background Checks	345 3,450		
		0		Illinois Municipal Retirement Fund (IMRF)*		Joint Commission/BMI	4,935		
				Union, Health & Welfare	143,977	Health Care Council of IL	22,752		
				Dental & Life	2,435	Corporate Annual Fee	102		
				Pension	44,338	Collaborative Healthcare	315		
				Empl Relations/Drug Test/Misc Payroll Costs	28,099	Related Party - AMS	2,526		
				Vaccination/401k/Tuition Reimbursements	8,446	Less: Public Relations Expense	( )		
				Related party-Forum	(5,465)	Non-allowable advertising	( )		
						Yellow page advertising	( )		
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)					\$ 359,090	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 35,917	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description			Amount	Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			\$	Related party - AMS	2,112
C. Professional Services							Seminar Expense		
Vendor/Payee	Type		Amount				IL Council on Long Term Care	500	
Alden Management Services, Inc.	Consulting fees		\$ 1,110,055				IL Health Care Council	645	
AMS	Allocated Legal Fees		45,192				WI Health Care/RCP Inc	418	
							Entertainment Expense	( )	
Alden Group	Allocated Legal Fees		5,436				(agree to Sch. V, line 24, col. 8)		
Fisch/Domenico Agency/Garcia&Assc	Legal Fees - Non Collection		3,042				TOTAL	\$ 3,675	
Pogrud & Kelly/Chicago Title/SB2 I	Legal Fees - Collection		14,276						
Curaspan Health Care/Relias Learnit	Patient Transport Services		11,343						
Achieve Accreditation	Billing/Consulting		11,457						
Baker Tilly (Virchow Krause)	Accounting Fees		5,216						
BDO Seidmann	Accounting Fees		2,169						
Baker Tilly (Virchow Krause)/KPMG	Accounting Fees		2,204						
Navihealth	Consulting/Health Systems		2,956						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			\$		
			\$ 1,213,346						

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden - Town Manor Rehabilitation and Health Care Center, Inc.  
 Legal Fee Support  
 2018

Legal Fees Reported on Pg 21, Section C:	\$ 67,946.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(8,478.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	<u>                    </u>
Allowable Legal Fees (Legal Fees - Collection only)	<u>\$ 14,276.00</u>

In Detail:

<u>Vendor Name - 696600-100-000</u>	<u>Invoice Date</u>	<u>Amount</u>
Pogrund & Kelly (Stone Pogrund & Korey)	01/18-12/18	10,707.80
SBs Inc	03/18-12/18	3,493.21
Chicago Title Search	2/18/2019	75.00
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>14,276.01</u></u>

<u>Vendor Name - 680600-100-000</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group (Midcap charges)	01/18-12/18	5,436.21
Di Domenico Agency Bond Guardianship	4/18/2019	80.00
Ruben M. Garcia & Associates	8/18/2019	2,647.25
Ariana Fisch	04/18-06/18	314.05
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<u><u>8,477.51</u></u>

<u>Vendor Name - 680600-100-003</u>	<u>Invoice Date</u>	<u>Amount</u>
Corp Legal Cost Alloc - 2018	1/31/2018	3,766.00
Corp Legal Cost Alloc - 2018	2/28/2018	3,766.00
Corp Legal Cost Alloc - 2018	03/31/18	3,766.00
Corp Legal Cost Alloc - 2018	04/30/18	3,766.00
Corp Legal Cost Alloc - 2018	05/31/18	3,766.00
Corp Legal Cost Alloc - 2018	06/30/18	3,766.00
Corp Legal Cost Alloc - 2018	07/31/18	3,766.00
Corp Legal Cost Alloc - 2018	08/31/18	3,766.00
Corp Legal Cost Alloc - 2018	09/30/18	3,766.00
Corp Legal Cost Alloc - 2018	10/31/18	3,766.00
Corp Legal Cost Alloc - 2018	11/30/18	3,766.00
Corp Legal Cost Alloc - 2018	12/31/18	3,766.00

**TOTAL Allocated Legal Fees** 45,192.00

Total Legal Cost 67,945.52

Facility Name &amp; ID Number Alden - Town Manor Rehabilitation and Health Care Center, Inc.

# 0033800

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes; RN/LPN: No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. II. Health Care Ass. \$22,752
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 50,540 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. \$ 546,181  
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. \$ 40,915 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