

		FOR BHF USE					

LL1

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0040691

Facility Name: Alden Terrace of McHenry Reh

Address: 803 Royal Drive McHenry 60050
Number City Zip Code

County: McHenry

Telephone Number: (815) 344 - 2600 Fax # (815) 344 - 5414

HFS ID Number:

Date of Initial License for Current Owners: 03/01/95

Type of Ownership:

☐ VOLUNTARY,NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) _____ (Date) _____
(Type or Print Name) Randi Schlossberg-Schullo
(Title) President, Alden Management Services, Inc.

Paid
Preparer

(Signed) _____ (Date) _____
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	316	Skilled (SNF)	316	115,656	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	316	TOTALS	316	115,656	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,460	579	5,585	7,624	8
9	SNF/PED					9
10	ICF	34,440	2,657	6,998	44,095	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,900	3,236	12,583	51,719	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 44.72%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold 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 X

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

I. On what date did you start providing long term care at this location? Date started 03/01/95

J. Was the facility purchased or leased after January 1, 1978? YES X Date 03/01/95 NO

K. Was the facility certified for Medicare during the reporting year? YES X NO If YES, enter number of beds certified 316 and days of care provided 4,785

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL X CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Alden Terrace of McHenry Reh # 0040691 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	254,575	23,884	26,820	305,279	651	305,930	(5,493)	300,437			1
2	Food Purchase		399,135		399,135	(50,126)	349,009	(26,457)	322,552			2
3	Housekeeping	165,135	33,927		199,062	2,407	201,469	7,247	208,716			3
4	Laundry	53,455	23,868	72	77,395	466	77,861		77,861			4
5	Heat and Other Utilities			203,597	203,597		203,597	1,361	204,958			5
6	Maintenance	49,452		244,551	294,003	200	294,203	56,715	350,918			6
7	Other (specify):* related party							7,308	7,308			7
8	TOTAL General Services	522,617	480,814	475,040	1,478,471	(46,402)	1,432,069	40,681	1,472,750			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	3,015,101	291,519	12,379	3,318,999	(88,957)	3,230,042	70,667	3,300,709			10
10a	Therapy	72,678	2,319	36,974	111,971		111,971		111,971			10a
11	Activities	109,385	4,203	9,070	122,658	130	122,788		122,788			11
12	Social Services	45,075			45,075		45,075		45,075			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							7,257	7,257			15
16	TOTAL Health Care and Programs	3,242,239	298,041	82,423	3,622,703	(88,827)	3,533,876	77,924	3,611,800			16
	C. General Administration											
17	Administrative	130,017			130,017		130,017	236,990	367,007			17
18	Directors Fees											18
19	Professional Services			823,529	823,529		823,529	(756,985)	66,544			19
20	Dues, Fees, Subscriptions & Promotions			101,717	101,717		101,717	(64,376)	37,341			20
21	Clerical & General Office Expenses	148,295	19,284	230,333	397,912	366	398,278	233,311	631,589			21
22	Employee Benefits & Payroll Taxes			634,038	634,038	39,266	673,304	(4,035)	669,269			22
23	Inservice Training & Education											23
24	Travel and Seminar			205	205		205	1,427	1,632			24
25	Other Admin. Staff Transportation			483	483		483	13,952	14,435			25
26	Insurance-Prop.Liab.Malpractice			435,755	435,755		435,755	274	436,029			26
27	Other (specify):* related party			465,429	465,429		465,429	(406,628)	58,801			27
28	TOTAL General Administration	278,312	19,284	2,691,489	2,989,085	39,632	3,028,717	(746,070)	2,282,647			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,043,168	798,139	3,248,952	8,090,259	(95,597)	7,994,662	(627,465)	7,367,197			29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			194,808	194,808		194,808	(25,289)	169,519			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			136,618	136,618		136,618	7,120	143,738			32
33	Real Estate Taxes			120,746	120,746		120,746	5,886	126,632			33
34	Rent-Facility & Grounds			1,444,080	1,444,080		1,444,080		1,444,080			34
35	Rent-Equipment & Vehicles			18,073	18,073		18,073	41,543	59,616			35
36	Other (specify):*											36
37	TOTAL Ownership			1,914,325	1,914,325		1,914,325	29,260	1,943,585			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		541,543	635,663	1,177,206	95,597	1,272,803	(65,437)	1,207,366			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			445,566	445,566		445,566		445,566			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		541,543	1,081,229	1,622,772	95,597	1,718,369	(65,437)	1,652,932			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	4,043,168	1,339,682	6,244,506	11,627,356		11,627,356	(663,642)	10,963,714			45

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

From Line	To Line	Amount	Description
2		(50,126)	Employee Meals
	22	50,126	Employee Meals
22		(10,860)	Uniform Reclass
	1	651	Uniform Reclass
	3	2,407	Uniform Reclass
	4	466	Uniform Reclass
	6	200	Uniform Reclass
	10	6,640	Uniform Reclass
	11	130	Uniform Reclass
	21	366	Uniform Reclass
10		(95,597)	Oxygen Cost Reclass
	39	95,597	Oxygen Cost Reclass

Net (Should be zero) \$ -

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 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	(11,465)	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				9
10	Interest and Other Investment Income	(1,177)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,465)	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	(41,341)	21		17
18	Fines and Penalties				18
19	Entertainment	(220)	20		19
20	Contributions	(9,009)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,621)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(465,429)	27		24
25	Fund Raising, Advertising and Promotional	(15,542)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (553,269)		\$	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 Amount	2 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)	27,295		34
35	Other- Attach Schedule	(137,668)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (110,373)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (663,642)		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 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44			x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Sch. V Line	
	Amount	Reference	
1	Elim Deprec exp on Pg12<\$2,500	\$ (6,570)	301
2	Elim Deprec exp on Pg13<\$2,500	(20,874)	302
3	Exp Pg12 items<\$2,500-current year purchases	0	63
4	Exp Pg13 items<\$2,500-current year purchases	28,815	64
5		30	5
6	adj ABC Rel Party profit Pg 12 (2008-2016)	102	306
7	adjustment on Depreciation	(1,484)	307
8	Late Fees on utilities	(2,242)	58
9	Intercompany interests (Midcap GL 7031)	(131,632)	329
10	back out Chambers of Commerce (GL 6825)	(615)	2010
11	Misc Exp - Medical Records	(247)	2111
12	Misc Exp - Food Rebate	(2,352)	212
13	Misc Exp - Donation	(550)	2113
14	Vendor Discount	(19)	1014
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			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	(137,668)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,942	(8,435)	0	0	0	0	0	0	0	(5,493)	1
2	Food Purchase	(3,817)	0	0	(22,640)	0	0	0	0	0	0	0	(26,457)	2
3	Housekeeping	0	0	7,247	0	0	0	0	0	0	0	0	7,247	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,242)	0	3,603	0	0	0	0	0	0	0	0	1,361	5
6	Maintenance	17,350	0	39,450	0	0	0	(94)	9	0	0	0	56,715	6
7	Other (specify):*	0	0	7,308	0	0	0	0	0	0	0	0	7,308	7
8	TOTAL General Services	11,291	0	60,550	(31,075)	0	0	(94)	9	0	0	0	40,681	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(19)	0	64,318	9,027	(2,659)	0	0	0	0	0	0	70,667	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	7,257	0	0	0	0	0	0	0	0	7,257	15
16	TOTAL Health Care and Programs	(19)	0	71,575	9,027	(2,659)	0	0	0	0	0	0	77,924	16
	C. General Administration													
17	Administrative	0	0	236,990	0	0	0	0	0	0	0	0	236,990	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,621)	0	(749,364)	0	0	0	0	0	0	0	0	(756,985)	19
20	Fees, Subscriptions & Promotions	(25,386)	0	(38,990)	0	0	0	0	0	0	0	0	(64,376)	20
21	Clerical & General Office Expenses	(42,138)	0	275,449	0	0	0	0	0	0	0	0	233,311	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,035)	0	0	0	0	0	0	(4,035)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,427	0	0	0	0	0	0	0	0	1,427	24
25	Other Admin. Staff Transportation	0	0	13,952	0	0	0	0	0	0	0	0	13,952	25
26	Insurance-Prop.Liab.Malpractice	0	0	274	0	0	0	0	0	0	0	0	274	26
27	Other (specify):*	(465,429)	0	58,801	0	0	0	0	0	0	0	0	(406,628)	27
28	TOTAL General Administration	(540,574)	0	(201,461)	0	(4,035)	0	0	0	0	0	0	(746,070)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(529,302)	0	(69,336)	(22,048)	(6,694)	0	(94)	9	0	0	0	(627,465)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Terrace of McHenry Reh # 0040691 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(28,826)	0	3,537	0	0	0	0	0	0	0	0	(25,289)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(132,809)	0	139,929	0	0	0	0	0	0	0	0	7,120	32
33	Real Estate Taxes	0	0	5,886	0	0	0	0	0	0	0	0	5,886	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	41,543	0	0	0	0	0	0	0	0	41,543	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(161,635)	0	190,895	0	0	0	0	0	0	0	0	29,260	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(27,328)	(27,012)	(11,097)	0	0	0	0	0	(65,437)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(27,328)	(27,012)	(11,097)	0	0	0	0	0	(65,437)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(690,937)	0	121,559	(49,376)	(33,706)	(11,097)	(94)	9	0	0	0	(663,642)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Tha Alden Group	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			\$		0.00%	\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,603	\$ 3,603 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,427	1,427 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		13,952	13,952 17
18	V	26 Insurance		Alden Management Services, Inc.		274	274 18
19	V	20 Dues & Subscriptions	41,868	Alden Management Services, Inc.		2,878	(38,990) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537	3,537 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,886	5,886 21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		41,543	41,543 22
23	V	32 Interest		Alden Management Services, Inc.		139,929	139,929 23
24	V	1 Dietary		Alden Management Services, Inc.		2,942	2,942 24
25	V	3 Housekeeping		Alden Management Services, Inc.		7,247	7,247 25
26	V	7 Employee Benefits - Gen Serv		Alden Management Services, Inc.		7,308	7,308 26
27	V	10 Nurse & Med Records Salaries		Alden Management Services, Inc.		64,318	64,318 27
28	V	15 Employee Benefits - HealthCare		Alden Management Services, Inc.		7,257	7,257 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		236,990	236,990 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		58,801	58,801 30
31	V	19 Professional Fees	788,066	Alden Management Services, Inc.		38,702	(749,364) 31
32	V	21 General and Administrative	42,036	Alden Management Services, Inc.		317,485	275,449 32
33	V	6 Repairs and Maintenance	83,347	Alden Management Services, Inc.		122,797	39,450 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 955,317			\$ 1,076,876	\$ * 121,559 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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2	Tube Feeding	56,672	Prism Health Care Services, Inc.		19,106	(37,566)	17
18	V	10	Equip Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary Supplies	96,807	Prism Health Care Services, Inc.		40,335	(56,472)	19
20	V	1	Gen & Admin & Benefits		Prism Health Care Services, Inc.		4,256	4,256	20
21	V	2	Gen & Admin & Benefits		Prism Health Care Services, Inc.		14,926	14,926	21
22	V	10	Gen & Admin & Benefits		Prism Health Care Services, Inc.		4,307	4,307	22
23	V	39	Gen & Admin & Benefits		Prism Health Care Services, Inc.		29,144	29,144	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			\$ 186,539			\$ 137,163	\$ * (49,376)	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	39	Drugs	\$ 397,470	Forum Extended Care Services II, Inc.	0.00%	\$ 369,746	\$ (27,724)	15
16	V	39	IV	30,486	Forum Extended Care Services II, Inc.		28,360	(2,126)	16
17	V	39	Wound Care Products	13,131	Forum Extended Care Services II, Inc.		12,215	(916)	17
18	V	10	House Stock	30,538	Forum Extended Care Services II, Inc.		28,408	(2,130)	18
19	V	10	Pharmacy Consultant	7,584	Forum Extended Care Services II, Inc.		7,055	(529)	19
20	V	22	Employee Vaccin.	4,035	Forum Extended Care Services II, Inc.			(4,035)	20
21	V	39	Employee Vaccin.		Forum Extended Care Services II, Inc.		3,754	3,754	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			\$ 483,244			\$ 449,538	\$ * (33,706)	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	39	Therapy	\$ 646,980	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 635,883	\$ (11,097)	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			\$ 646,980			\$ 635,883	\$ * (11,097)	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 and Maintenance	\$ 49,596	Alden Bennett Construction Company, Inc.	0.00%	\$ 49,502	\$ (94)	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			\$ 49,596			\$ 49,502	\$ * (94)	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 and Maintenance	\$ 4,904	Alden Design Group, Inc.	0.00%	\$ 4,913	\$ 9	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			\$ 4,904			\$ 4,913	\$ * 9	39

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

Facility Name & ID Number

Alden Terrace of McHenry Reh

0040691

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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 Profession	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden Terrace of McHenry Reh # 0040691 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	177,573	1.604	4.01	Salary	\$ 7,427	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,986	1.604	4.01	Salary	4,014	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,986	1.604	4.01	Salary	4,014	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,813	1.604	4.01	Salary	4,676	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,767	1.604	4.01	Salary	2,500	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	142,643	1.1629	4.01	Salary	5,966	6-7	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. She is the President of Alden Management Services, Inc.										12
13								TOTAL	\$ 28,597		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

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3		4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense			
		YES	NO				Original	Balance						
	A. Directly Facility Related													
	Long-Term													
1							\$		\$			\$	1	
2													2	
3													3	
4													4	
5	Insurance Interest (GL7053)		x	Malpractice Insurance								4,986	5	
	Working Capital													
6	Related party-AMS		x	Working Capital								139,929	6	
7													7	
8													8	
9	TOTAL Facility Related						\$		\$			\$ 144,915	9	
	B. Non-Facility Related*													
10	Interest Income (GL 4975)		x									(1,177)	10	
11													11	
12													12	
13													13	
14	TOTAL Non-Facility Related						\$		\$			\$ (1,177)	14	
15	TOTALS (line 9+line14)						\$		\$			\$ 143,738	15	

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

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	296,300	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.)			\$	205,446	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(90,854)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	211,600	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. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		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. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	120,746	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax	\$	5,886	
		Total Real Estate Tax Expense, Sch V, Line 33	\$	126,632	
Real Estate Tax Bill for Calendar Year:		FOR BHF USE ONLY			
2011	257,987	8	13	FROM R. E. TAX STATEMENT FOR 2015 \$	13
2012	272,669	9	14	PLUS APPEAL COST FROM LINE 5 \$	14
2013	280,604	10	15	LESS REFUND FROM LINE 6 \$	15
2014	287,639	11	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
2015	205,446	12			
The current year accrual is based on an estimated 3% increase of the prior year tax.					
126,632					

- 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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Terrace of McHenry Reh COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0040691

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 2015 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 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party-Alden Management	\$ 146,629.00	\$ 5,886.00
2.		\$	\$
3. 09-34-177-006	Nursing Facility	\$ 5,437.58	\$ 5,437.58
4. 09-34-177-009	Nursing Facility	\$ 199,609.68	\$ 199,609.68
5. 09-34-177-010	Nursing Facility	\$ 399.10	\$ 399.10
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 352,075.36	\$ 211,332.36

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

A. Square Feet: 9,000

B. General Construction Type: Exterior Masonry Frame

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

E. Does this cost report reflect any organization or pre-operating costs which are being amortized?
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				\$	1
2					2
3	TOTALS			\$	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5										5
6										6
7										7
8										8
	Improvement Type**									
9	Climate Service (Ventilation)			1995	1,828		15			1,828
10	Climate Service (Ventilation)			1995	1,915		15			1,915
11	Climate Service _Controls			1995	2,885		15			2,885
12	Climate Service-Controls			1995	1,251		15			1,251
13	Climate Service (A?C Motors,Transfomer)			1995	1,840		15			1,840
14	climate Services _Controls			1995	1,200		15			1,200
15	JD & Sons-Roofing			1995	7,500		10			7,500
16	Grat Lakes Plumbing _Discahrge Pump			1995	3,563		15			3,563
17	Midwest Wlectrical			1995	3,332		5			3,332
18	Climate Services, Inc.-Ventilation			1995	2,295		15			2,295
19	CSI-New Pump			1995	1,483		10			1,483
20	Eagle Flag & Banner			1995	680		12			680
21	Equipment International _Repair Dishwasher			1996	1,793		5			1,793
22	JD & Sons-Roofing			1996	7,700		10			7,700
23	ABC_Roof top Condensor			1996	8,668		10			8,668
24	Install Walk in refrigerator			1997	2,177		5			2,177
25	Install Ceramic Tile			1997	1,535		5			1,535
26	Engine/generator repaired			1997	3,099		5			3,099
27	New Cylinder			1997	12,800		5			12,800
28	Instill new condenser			1997	8,166		5			8,166
29	Install new cylinder			1997	15,300		5			15,300
30	Install Floor tile			1997	4,102		5			4,102
31	HVAC Boiler			1997	5,888		5			5,888
32	Custom wall plates			1997	386		10			386
33	A&B Custom Cable Wall plates			1997	1,918		10			1,918
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Terrace of McHenry Reh

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	Wigdahl Electric (install new fixtures, relocate outlets)	1998	\$ 1,759	\$	5	\$	\$	\$ 1,759	37
38	Wigdahl Electric (repair lighting, timeclock)	1998	1,853		5			1,853	38
39	Climate Service (repaired boiler)	1998	16,029		10			16,029	39
40	Atash (repair spinkler system)	1998	1,558		10			1,558	40
41	J.D. & Son (roof repair)	1998	10,000		10			10,000	41
42	CSI (dietary refrigerator)	1998	1,670		10			1,670	42
43	CSI (sump cover)	1998	4,900		10			4,900	43
44	Patten (generator repairs)	1998	3,856	193	20	193		3,553	44
45	CSI (insulate duct on air handler)	1998	2,750		15			2,750	45
46	CSI (repair air conditioner)	1998	1,698		10			1,698	46
47	CSI (replace gaskets on hot water coil)	1998	3,934	197	20	197		3,577	47
48	North Town Food Service (repair dish machine)	1999	1,861		10			1,861	48
49	Alden Bennet Construction (tank replacement)	1999	8,649	346	25	346		6,170	49
50	Patten (Fuel Tank Repairs, need invoice)	1999	1,724		10			1,724	50
51	Chicago Cooling Corp. (repair of unit 5, and inspection)6/99	1999	2,367		10			2,367	51
52	Climate Service, Inc. (replace 15 ton condenser)	1999	9,374		15			9,374	52
53	Climate Service, Inc.(replace 10 ton condenser)	1999	7,100		15			7,100	53
54	Climate Service, Inc. (compressor)	1999	7,466		15			7,466	54
55	Climate Service, Inc.(vac pump)	1999	1,644		15			1,644	55
56	Climate Service, Inc.(compressor maintenance)	1999	1,728		15			1,728	56
57	Capps Plumbing & Sewer(install trap & rodded pipes)	1999	1,835		10			1,835	57
58	Climate Service, Inc.(tank repair and maintenance)	1999	2,380	95	25	95		1,624	58
59	Shine Rite Maintenance(refinish tile floors)	1999	4,805		10			4,805	59
60	Alden Bennet Construction (tile/roofing)	2000	8,214		10			8,214	60
61	Alden Bennet Construction (tile/roofing)	2000	11,459		10			11,459	61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 223,917	\$ 831		\$ 831	\$	\$ 220,022	70

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

Facility Name & ID Number Alden Terrace of McHenry Reh

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 223,917	\$ 831		\$ 831		\$ 220,022	1
2	Fox Valley Fire & Safety (replace smoke detectors)	2000	3,731		10			3,731	2
3	CSI Coker Service (repair dishwasher)	2000	3,299		10			3,299	3
4	Welding Supply Inc (repair alarm system)	2000	9,399		10			9,399	4
5									5
6	System Electric Inc (new controls for oxygen system)	2000	1,785		8			1,785	6
7	GT Mechanical (repair laundry compressor)	2000	2,700		10			2,700	7
8	CSI Coker Service (repair dishwasher)	2000	1,536		10			1,536	8
9	Equipment International (repair laundry equipment)	2000	1,670		10			1,670	9
10	GT Mechanical (repair pneumatic system compressor)	2000	2,431		10			2,431	10
11	Advanced Parts & Service (repair food processor)	2000	2,026		10			2,026	11
12	CSI Coker Service (repair boiler)	2000	5,985		10			5,985	12
13									13
14									14
15	Capps -Plumbing & 2670 (install new bolt flange checkvalve)	2001	1,865	4	15	4		1,865	15
16	Sentry Protection Systems (annual maintenance on the fire alarm)	2001	2,151	28	15	28		2,151	16
17	CSI- Coker Service, 039721	2001	1,523		10			1,523	17
18	Patten (replace with updated phase monitor)	2001	1,898		10			1,898	18
19	Rockford Steam (hvac work)	2001	6,562		10			6,562	19
20									20
21	GT Mechanical (replace compressor)	2001	4,947	163	15	163		4,947	21
22	Alden Bennett Const. (lock install./repair)	2001	2,017		10			2,017	22
23	GT Mechanical, Inc (replace high pressure switch)	2001	2,516	95	15	95		2,516	23
24	CSI Coker (bldng. Improvement)	2001	1,708	46	15	46		1,708	24
25	Alden Bennett Const. (invoice to follow)	2001	20,742		10			20,742	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 304,409	\$ 1,167		\$ 1,167		\$ 300,513	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 304,409	\$ 1,167		\$ 1,167		\$ 300,513	1
2	<u>EQUINT Equipment International (gas dryer)</u>	2002	3,240		10			3,240	2
3	<u>AQUSER .REBUILD 2 WATER SOFTNE</u>	2002	4,990		10			4,990	3
4	<u>ALDBEN Alden Bennett Construct (need invoice)</u>	2002	18,173	1,206	15	1,206		18,173	4
5	<u>ENGSEC Engineered Security Sys</u>	2002	3,091	206	15	206		2,970	5
6	<u>ALDBEN Alden Bennett Construct</u>	2002	25,143	1,676	15	1,676		24,303	6
7	<u>ALDBEN Alden Bennett Construct (building improvement)</u>	2002	3,391	226	15	226		3,315	7
8	<u>TTIRRI T & T Irrigation Inc.(lawn sprinkler system)</u>	2002	15,000	600	25	600		8,750	8
9	<u>PATTEN (replace batteries of radiator & install crank case)</u>	2002	1,517	101	15	101		1,490	9
10	<u>FEMORA (REPLACED 50 SMOKE DETEC)</u>	2002	8,364		10			8,364	10
11	<u>FEMORA (REPAIR FIRE ALARM)</u>	2002	3,374		10			3,374	11
12	<u>GTMECH Gt Mechanical Inc (install new shaft & bearing).</u>	2002	2,216	148	15	148		2,207	12
13	<u>ALDBEN Alden Bennett Construct(install radar,painting & fire d</u>	2002	12,850	857	15	857		12,140	13
14									14
15									15
16	<u>ABC various repairs</u>	2002	54,669	2,733	20	2,733		38,951	16
17	<u>ABC-various reopairs</u>	2002	23,660	1,577	15	1,577		22,345	17
18	<u>Aurora Tri State Fire-smoke detectors</u>	2002	4,322		10			4,322	18
19	<u>Aurora Tri State Fire-smoke detectors</u>	2002	6,200		10			6,200	19
20	<u>Aurora Tri State Fire-install alarms</u>	2002	6,559		10			6,559	20
21	<u>Simplex Grinnell-remove old andsul dry clean unit</u>	2002	2,987		10			2,987	21
22	<u>A&B Custom Cable-install cable/outlets</u>	2003	4,908		10			4,908	22
23	<u>GT Mechanical-boiler repair</u>	2003	4,892		11			4,892	23
24	<u>ABC-receiving door/sensor</u>	2003	6,623		10			6,623	24
25	<u>ABC-ceiling heaters installed</u>	2003	4,570		10			4,570	25
26	<u>ABC-aluminum outdoor fencing</u>	2003	5,137	342	15	342		4,737	26
27	<u>Real Green sprinkler maintenance</u>	2003	3,730		5			3,730	27
28	<u>GT Mechanical- HVAC air handler repairs</u>	2003	1,533		5			1,533	28
29	<u>Action Fence Contractor-rail pipe railings</u>	2003	1,875		10			1,875	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 537,422	\$ 10,839		\$ 10,839		\$ 508,061	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 537,422	\$ 10,839		\$ 10,839		\$ 508,061	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 628,335	\$ 11,704		\$ 11,704		\$ 594,399	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 628,335	\$ 11,704		\$ 11,704	\$	\$ 594,399	1
2								2
3 Adjust for ABC Related Party Profit	2008	(168)	(21)		(21)		(168)	3
4 Adjust for ABC Related Party Profit	2009	(230)	(30)		(30)		(210)	4
5 Adjust for ABC Related Party Profit	2010	(1,118)	(52)		(52)		(338)	5
6 Adjust for ABC Related Party Profit	2011	206	2		2		11	6
7 Adjust for ABC Related Party Profit	2012	2,176	134		134		603	7
8 Adjust for ABC Related Party Profit	2013	2,434	66		66		231	8
9 Adjust for ABC Related Party Profit	2014	12	1		1		1	9
10 Adjust for ABC Related Party Profit	2015	40	2		2		3	10
11 Adjust for ABC Related Party Profit	2016	20						11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 631,707	\$ 11,806		\$ 11,806	\$	\$ 594,532	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 631,707	\$ 11,806		\$ 11,806		\$ 594,532	1
2	Alden Bennett Const.-Roof repair	2004	16,439		10			16,439	2
3	Alden Bennett Const.-Floor repair	2004	2,429		10			2,429	3
4	Alden Bennett Const.-Roof repair	2004	1,854		10			1,854	4
5	CSI Coker-install thermostats	2004	1,853		5			1,853	5
6	GT Mechanical-replace motor pump	2004	1,362		5			1,362	6
7	Alden Bennett Const. Repair control valves	2004	2,643		5			2,643	7
8	GT Mechanical-receiver,controller/gauge	2004	2,165		10			2,165	8
9	Capps Plumbing-repair toilets,dishwasher	2004	1,635		10			1,635	9
10	Capps Plumbing-repair/rod main kitchen	2004	4,375		10			4,375	10
11	Alden Bennett Cons.lock sets	2004	5,110		5			5,110	11
12	CSI Coker-replace A/C system	2004	5,103		10			5,103	12
13	Insinc Tellnet-DSL cable	2004	1,334		10			1,334	13
14	Alden Bennett Cons. Bathroom upgrades	2004	10,405		10			10,405	14
15	Alden Bennett Cons.-fire exit	2004	6,638	332	20	332		4,178	15
16	Alden Bennett Cons.-fire exit,stairwell,locks	2004	11,234	562	20	562		7,025	16
17	Alden Bennett Cons. Bathroom upgrades	2004	7,281		10			7,281	17
18	ABC - New window casement	2005	2,820		10			2,820	18
19	ABC - Time & Material Job# 8020	2005	1,756		10			1,756	19
20	GT Mechanical - Boiler repairs (Bearing assembly, Coupler, 3/4 h	2005	2,242		10			2,242	20
21	ABC - Time & Material Job# 8020	2005	5,676		10			5,676	21
22	EWS Welding - Equip Repair (Repair Oxygen back up system)	2005	3,429		8			3,429	22
23	New Horizons - (34) Install Cable/Jacks Connect CO Lines	2005	3,314		10			3,314	23
24	ABC - Time & Material Job# 8020	2005	19,770		10			19,770	24
25	EWS Welding - Equip Repair (Rebuilt wall oxygen units in 4 room	2005	2,317		8			2,317	25
26	Patten CAT - Paid thru AMS Repair Generator	2005	1,313	66	20	66		770	26
27	GT Mechanical - Replace Compressor	2005	6,460	431	15	431		5,028	27
28	ABC - Time & Material Job# 8020	2005	14,550		10			14,550	28
29	GT Mechanical - Condenser Fan Motor, Capacitor 705 mfd, Fan H	2005	2,054	137	15	137		1,587	29
30	A&B Custom Cable - 103 rms Cable TV Svc and Install master an	2005	10,094		10			10,094	30
31	AMS Generator Repairs	2006	5,006		5			5,006	31
32	TOPNOT Replace Freezer Door 1 of 2	2006	4,100	171	10	171		4,100	32
33	TOPNOT Replace Freezer Door 2 of 2	2006	4,100	171	10	171		4,100	33
34	TOTAL (lines 1 thru 33)		\$ 802,567	\$ 13,676		\$ 13,676		\$ 756,282	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 802,567	\$ 13,676		\$ 13,676		\$ 756,282	1
2	A&B Custom Cable - 33 rms new cable TV Svc installed	2005	3,328		10			3,328	2
3	AMS - (Patten) Remove/Install Voltage Regulator	2005	2,650		10			2,650	3
4	A&B Custom Cable - paid by LG	2005	6,250		10			6,250	4
5	Oak Fire - Repaired System	2005	2,715	172	10	172		2,715	5
6	GTMECH Replace Shaft and Bearings	2006	2,646	129	10	129		2,646	6
7	MG Mechincal - Heat Pump Mini-split system	2006	4,850	364	10	364		4,850	7
8	ABC - raise floor	2006	2,750	252	10	252		2,750	8
9	ABC - flooring and paint	2006	2,652	265	10	265		2,650	9
10	Water Filter Steamer	2007	16,815	1,682	10	1,682		15,558	10
11	New Blacktop Paving and seal coat	2007	66,518	6,652	10	6,652		60,977	11
12	ABC Concrete and steel work-fire protection	2006	20,329	1,863	10	1,863		20,329	12
13	ABC Fire Protection	2006	25,647	1,282	20	1,282		12,820	13
14	New Plumbing Fixture Concrete	2007	5,811	581	10	581		5,230	14
15	ABC New roof	2008	29,424	2,942	10	2,942		24,762	15
16	GTMECH Repaired boiler2	2008	6,034	603	10	603		4,874	16
17	ABC - New MI Unit - Carpentry/Hardware/Painting/Plumbing	2009	39,557	2,637	15	2,637		21,096	17
18	ABC - New MI Unit - Carpentry/HVAC/Resilient Flooring/Door & Fr	2009	55,975	3,732	15	3,732		27,679	18
19	ABC - install sprinkler extention	2009	10,728	429	25	429		3,361	19
20	ABC - install sprinkler extension due to Life safety code	2009	37,230	1,489	25	1,489		11,416	20
21	ABC - replace damaged sidewalk	2009	7,505	500	15	500		3,792	21
22	Pattern - Repair generator	2009	2,695		5			2,695	22
23	Top Notch - 1 cooler compressor	2009	4,735	316	15	316		2,475	23
24	Equipment Int'l - Repair washer	2009	3,587		5			3,587	24
25	Equipment Int'l - Repair washer	2009	2,519		5			2,519	25
26	Top Notch - 1 new booster	2009	5,596	560	10	560		4,293	26
27	ABC - New MI Unit - Medical Gas/Doors & Frames/Security Cameras	2009	23,516	1,568	15	1,568		12,544	27
28	ABC - fire panel	2010	31,162	3,116	10	3,116		19,216	28
29	ABC - asphalt	2010	35,721	4,465	8	4,465		28,278	29
30	ABC - Residents Bathroom Rebuild (supply lines, plumbing, accessori	2010	24,470	1,631	15	1,631		9,922	30
31	TopNotch - freezer repair	2010	3,533		5			3,533	31
32	Belec - electric breakers	2010	3,389		5			3,389	32
33	EWS - oxygen wall outlet	2010	3,199	320	10	320		2,053	33
34	TOTAL (lines 1 thru 33)		\$ 1,296,103	\$ 51,226		\$ 51,226		\$ 1,090,519	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

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Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 1,296,103	\$ 51,226		\$ 51,226	\$	\$ 1,090,519	1
2	Focus Fire Protection - sprinkler	2010	6,305		5			6,305	2
3	Wing remodel - Part 1 of 2 -ADG	2010	15,038	752	20	752		5,338	3
4	Wing remodel - Part 2 of 2 -ADG	2010	42,345	2,823	15	2,823		17,173	4
5									5
6	Boiler parts replaced - TopNotch	2011	4,567	457	10	457		2,742	6
7	cove base in 200 Wing - ABC	2011	5,617	562	10	562		3,278	7
8	Fire alarm repair - NAC panel - AFFCUS	2011	5,155	773	5	773		5,155	8
9									9
10	Roof repairs - JD & Sons	2012	14,000	2,800	5	2,800		13,067	10
11	Dampers, fire protection - GT Mechanical	2012	7,009	701	10	701		2,979	11
12	Dampers, fire protection - GT Mechanical	2012	16,931	1,693	10	1,693		7,054	12
13	Fire alarm - AFFCUS	2012	3,017	603	5	603		2,513	13
14	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								14
15	cabinet, carpentry, accoustical, painting, electrical, direct super	2012	17,821	1,188	15	1,188		5,544	15
16	Dining room remodeled-ABC-floor leveling, drywall, doors, frames								16
17	cabinet, carpentry, accoustical, painting, electrical, direct super	2012	17,431	1,162	15	1,162		4,939	17
18									18
19	sprinkler system - ABC	2013	16,805	1,120	15	1,120		3,360	19
20	Concrete sidewalk - Upland Concrete Inc	2013	5,625	375	15	375		1,313	20
21	motor compressor - GT Mechanical	2013	2,510	502	5	502		1,631	21
22	motor cooling unit - GT Mechanical	2013	3,198	640	5	640		2,027	22
23	Boiler parts - ABC	2013	11,589	773	15	773		2,898	23
24	sprinkler system - ABC	2013	42,710	2,847	15	2,847		9,490	24
25	sprinkler system - ABC	2013	26,884	1,792	15	1,792		5,824	25
26	sprinkler system - ABC	2013	82,880	5,525	15	5,525		17,035	26
27	Remodeled the 200-400 wing , which included: wall rebuilds,								27
28	electrical outlet work & painting the affected areas:								28
29	Painting, carpenty and electricals - AMS	2014	12,486	832	15	832		2,427	29
30	Fence/Guard rails - ABC	2014	6,285	419	15	419		873	30
31	Motor blower - GT Mech	2014	5,195	1,039	5	1,039		2,078	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,667,506	\$ 80,604		\$ 80,604	\$	\$ 1,215,562	34

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

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12H, Carried Forward		\$ 1,667,506	\$ 80,604		\$ 80,604	\$	\$ 1,215,562	1
2								2
3 Pole lights, parking lot - ABC	2015	10,203	680	15	680		1,304	3
4 Roof - JD & Sons	2015	14,000	1,400	10	1,400		1,633	4
5 Remodel 2nd floor; med/utility rooms - ABC	2015	4,297	286	15	286		286	5
6 Motor blower - GT Mechanical	2015	2,622	524	5	524		568	6
7 boiler tubes replacement - ABC	2015	6,919	461	15	461		499	7
8 Motor, pump repair - ABC	2016	5,588		5				8
9 Remodel bathrooms Wing 500 - ABC	2016	5,051	224	15	224		224	9
10 Renovated Wing 500 - AMS	2016	108,738		15				10
11 Motor, install W/I/F - Topnotch	2016	3,687	676	5	676		676	11
12 Fire dampers - GT Mech	2016	2,860	238	10	238		238	12
13 Roof repair, Wing 500 - JD & Sons	2016	2,675	178	5	178		178	13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 1,834,146	\$ 85,271		\$ 85,271	\$	\$ 1,221,168	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	\$602,747	\$73,533	\$73,533	\$	varies	\$280,830	71
72	Current Year Purchases	140,561	9,263	9,263		varies	9,262	72
73	Fully Depreciated Assets	485,772	1,452	1,452		varies	485,772	73
74								74
75	TOTALS	\$1,229,080	\$84,248	\$84,248	\$		\$775,864	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	\$4,026	\$	\$	\$	3	\$4,026
77									
78									
79									
80	TOTALS			\$4,026	\$	\$	\$		\$4,026

E. Summary of Care-Related Assets					1	2
		Reference			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)			\$	3,067,252
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	169,519
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	169,519
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	2,001,058

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T.L. Enterprises

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:		316		\$ 1,444,080	4	6	3
4	Additions							4
5								5
6								6
7	TOTAL		316		\$ 1,444,080			7

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

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

9. Option to Buy: ☒ YES ☐ NO Terms: Purchase Option *

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

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 29,383 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	related party-PG 6A	various	\$ #####	\$ 16,317	17
18					18
19					19
20					20
21	TOTAL		\$ #####	\$ 16,317	21

10. Effective dates of current rental agreement:

Beginning 12/26/2012

Ending 02/28/2017

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

	Fiscal Year Ending	Annual Rent
12.	02/2017	\$ 240,680
13.		\$
14.		\$

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

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

- (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.

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

		1	2	3	4	5	6	7	8	
	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	\$		\$ 252,127	\$		\$ 252,127	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			109,413			109,413	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			261,547			261,547	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				373,499		373,499	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any				(11,097)	221,877		210,780	12
13	Other (specify):	See Pg 16A								13
14	TOTAL			\$		\$ 611,990	\$ 595,376		\$ 1,207,366	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	
XIV. Special Services (Direct Cost)				Col 6: Supplies	
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	252,127.00	
2.	ST	39-3	To Col 5	109,413.00	
3.					
4.	PT	39-3	To Col 5	261,547.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			397,469.00	
	Manual Input from Related Party- Forum Drugs			(23,970.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	373,499.00	996,586.00
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00
	Total Exceptional Care (Line 12, Col 8)			-	0.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(11,097.00)	From Page 6D
	Other			156,650.00	
	Manual Input: Related Party - Prism			(27,327.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(2,126.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(917.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			95,597.00	
13.	Col 6: Supplies Total		To Col 6	221,877.00	221,877.00
13.	Total Line 13, Column 8			-	210,780.00
14.	Total			-	1,207,366.00

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>192,000</u>)	2,329,344		3
4	Supply Inventory (priced at)	5,342		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,957		6
7	Other Prepaid Expenses	20,371		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due to 3rd Party</u>	1,544		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,363,558	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	1,937,292		15
16	Equipment, at Historical Cost	1,360,700		16
17	Accumulated Depreciation (book methods)	(2,109,243)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	97,822		21
22	Other Long-Term Assets (specify: <u>Purchase Option</u>	948,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,234,571	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,598,129	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 813,654	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	384,253		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	533,049		30
31	Accrued Taxes Payable (excluding real estate taxes)	24,305		31
32	Accrued Real Estate Taxes(Sch.IX-B)	211,600		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/ Ins, d/t PA, Sales Tax, etc</u>	79,434		36
37	<u>Due to Affiliates</u>	1,274,683		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,320,978	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	24,201,153		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 24,201,153	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 27,522,131	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (22,924,002)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,598,129	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (21,760,545)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (21,760,545)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,163,457)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,163,457)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (22,924,002)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Terrace of McHenry Reh

0040691

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1			
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 10,287,084	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,287,084	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	140,844	6
7	Oxygen	18,701	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 159,545	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	977	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(473)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	473	19
20	Radiology and X-Ray		20
21	Other Medical Services	11,948	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 12,925	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	1,177	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,177	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A; Food Rebate, Medical Records, Vendor Discon	3,168	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,168	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,463,899	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,478,471	31
32	Health Care	3,622,703	32
33	General Administration	2,989,085	33
	B. Capital Expense		
34	Ownership	1,914,325	34
	C. Ancillary Expense		
35	Special Cost Centers	1,177,206	35
36	Provider Participation Fee	445,566	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,627,356	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,163,457)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,163,457)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,670,375	44
45	Private Pay - Net Inpatient Revenue	591,294	45
46	Medicare - Net Inpatient Revenue	2,522,043	46
47	Other-(specify) Hospice	1,229,840	47
48	Other-(specify) Insurance	273,532	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,287,084	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.

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	2,018	2,018	\$ 93,950	\$ 46.56	1
2	Assistant Director of Nursing	731	731	29,017	39.69	2
3	Registered Nurses	21,669	23,403	830,776	35.50	3
4	Licensed Practical Nurses	27,298	28,654	770,449	26.89	4
5	CNAs & Orderlies	68,367	73,056	1,080,568	14.79	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,796	1,959	35,637	18.19	8
9	Activity Director	1,672	1,692	37,874	22.38	9
10	Activity Assistants	5,548	6,213	71,511	11.51	10
11	Social Service Workers	2,072	2,072	45,075	21.75	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,000	39,454	19.73	13
14	Head Cook					14
15	Cook Helpers/Assistants	19,081	20,190	215,121	10.65	15
16	Dishwashers					16
17	Maintenance Workers	1,880	1,926	49,452	25.68	17
18	Housekeepers	11,044	11,740	165,135	14.07	18
19	Laundry	5,788	5,978	53,455	8.94	19
20	Administrator	1,200	1,200	47,571	39.64	20
21	Assistant Administrator	2,560	2,560	82,446	32.21	21
22	Other Administrative	4,640	4,676	121,543	25.99	22
23	Office Manager					23
24	Clerical	6,221	6,353	63,793	10.04	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,283	97,213	42.58	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Memory Care Coor</u>	7,571	7,867	113,128	14.38	33
34	TOTAL (lines 1 - 33)	195,236	206,571	\$ 4,043,168 *	\$ 19.57	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	2200/month	\$ 26,820	1-3	35
36	Medical Director	2000/month	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	632/month	7,584	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	20 hours	4,985	11-3	44
45	Social Service Consultant	16 hours	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 64,509		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	96 hours	\$ 4,795	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$ 4,795		53

STATE OF ILLINOIS

Facility Name & ID Number

Alden Terrace of McHenry Reh

0040691

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

Ossola-Menz, Dana

Administrator

0

\$ 47,571

Jaimee Demmon

Assistant Administrator

0

37,692

Susan Nail

Assistant Administrator

0

18,846

Ossola-Menz, Dana

Assistant Administrator

0

25,908

TOTAL (agree to Schedule V, line 17, col. 1)

(List each licensed administrator separately.)

\$ 130,017

B. Administrative - Other

Description

Amount

\$

TOTAL (agree to Schedule V, line 17, col. 3)

(Attach a copy of any management service agreement)

\$

C. Professional Services

Vendor/Payee

Type

Amount

Alden Management Services

Consulting fees

\$ 742,874

Baker Tilly

Accounting Fees

6,594

BDO Seidman

Accounting Fees

2,616

AMS (Midcap)/KPMG/Change Healt

Accounting Fees

4,901

First Advantage/MB Financials

Tax Consultant/Appraisal Fees

6,536

AMS

Allocated Legal Fees

45,192

Pogrund and Kelly

Legal Fees - Collection

7,233

Markley Investigation/Silvestri Law

Legal Fees - Collection

75

Clerk of Circuit/Chicago Title/Fisch

Legal Fees - Collection

313

Midcap/Simandi Law/Gozdecki

Legal Fees - Non-Collection

1,878

Schmidt Salzman

Legal Fees - Non-Collection

5,138

Simandl Law GroupCHRNAOV

Consulting/Accounting Fees

179

TOTAL (agree to Schedule V, line 19, column 3)

(For legal fee disclosure, see page 39 of instructions)

\$ 823,529

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

\$ 144,605

Unemployment Compensation Insurance

47,517

FICA Taxes

298,454

Employee Health Insurance

109,251

Employee Meals

50,126

Illinois Municipal Retirement Fund (IMRF)*

Dental and Life

4,307

Employee Relations

9,682

401k Match

1,748

Drug Test/Employee Vaccination

6,451

Misc Payroll Costs

1,163

Vaccinations - Related Party

(4,035)

TOTAL (agree to Schedule V, line 22, col.8)

\$ 669,269

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description

Line #

Amount

\$

TOTAL

\$

F. Dues, Fees, Subscriptions and Promotions

Description

Amount

IDPH License Fee

\$

Advertising: Employee Recruitment

Health Care Worker Background Check

(Indicate # of checks performed 27)

820

Patient Background Checks

208

Surety Bond Fee

1,025

Health Care Council of IL

30,336

License Fees -elevator

155

Collaborative Healthcare/Help Wanted Ads

45

Related Party- AMS

2,878

Less: Public Relations Expense

()

Non-allowable advertising

()

Yellow page advertising

()

TOTAL (agree to Sch. V, line 20, col. 8)

\$ 37,341

G. Schedule of Travel and Seminar**

Description

Amount

Out-of-State Travel

\$

In-State Travel

Related Party - AMS

1,427

Seminar Expense

IL Council of Administrator

205

Entertainment Expense

()

(agree to Sch. V, line 24, col. 8)

TOTAL

\$ 1,632

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

Legal Fees Reported on Pg 21, Section C:	\$	59,829.00
Less: Collection, estates, & other non-allowable legal fees		(7,621.00)
Non-allowable legal fees, if any		
- Pg 21 (AMS Allocated Legal Fees)		(45,192.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	7,016.00

In Detail:		
Vendor Name - 680600-100-000	Invoice Date	Amount
Schmidt Salzman	03/31/16	5,138.00
Midcap	01/16-03/16	792.78
Simandl Law Group - union negotiati	11/16-12/16	408.09
Gozdecki, Del Giudice, Americus	01/16-03/16	676.78

TOTAL ALLOWABLE LEGAL FEES	7,015.65
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Vendor Name - 696600-100-000	Invoice Date	Amount
Pogrund and Kelly	01/16-12/16	7,233.27
Chicago Title Co	05/31/16	120.00
Markley Investigation	06/30/16	50.00
Clerk of Circuit Court	08/31/16	143.00
Silvestri Law Office	05/31/16	25.00
Ariana Fisch	08/31/16	50.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES	7,621.27
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Vendor Name - 680600-100-003	Invoice Date	Amount
AMS Allocated Legal Fees	01/31/16	3,766.00
AMS Allocated Legal Fees	02/28/16	3,766.00
AMS Allocated Legal Fees	03/31/16	3,766.00
AMS Allocated Legal Fees	04/30/16	3,766.00
AMS Allocated Legal Fees	05/31/16	3,766.00
AMS Allocated Legal Fees	06/30/16	3,766.00
AMS Allocated Legal Fees	07/31/16	3,766.00
AMS Allocated Legal Fees	08/31/16	3,766.00
AMS Allocated Legal Fees	09/30/16	3,766.00
AMS Allocated Legal Fees	10/31/16	3,766.00
AMS Allocated Legal Fees	11/30/16	3,766.00
AMS Allocated Legal Fees	12/31/16	3,766.00

TOTAL Allocated Legal Fees	45,192.00
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Total Legal Cost	59,828.92
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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs yes; RN/LPNs No

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Healthcare Council of IL \$30,336

(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. \$ 47,672 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. \$ 445,566
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. \$ 50,126 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: _____

(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