

		FOR BHF USE					

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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: 0038000

Facility Name: Alden Town Manor Rehab & HCC

Address: 6120 West Ogden Cicero 60804
Number City Zip Code

County: Cook

Telephone Number: (708) 863 - 0500 Fax # (708) 863 - 4893

HFS ID Number:

Date of Initial License for Current Owners: 09/16/92

Type of Ownership:

☐	VOLUNTARY,NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☒	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	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 Town Manor Rehab & HCC

0038000 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	237	Skilled (SNF)	237	86,742	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	237	TOTALS	237	86,742	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	6,064	1,312	4,449	11,825	8
9	SNF/PED					9
10	ICF	51,083	1,653	2,768	55,504	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	57,147	2,965	7,217	67,329	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.62%

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 06/15/93

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

K. Was the facility certified for Medicare during the reporting year? YES X NO If YES, enter number of beds certified 237 and days of care provided 3,495

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 Town Manor Rehab & HCC # 0038000 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	467,764	41,748	27,311	536,823	1,085	537,908	(1,002)	536,906			1
2	Food Purchase		544,373		544,373	(41,952)	502,421	(69,862)	432,559			2
3	Housekeeping	289,429	56,277		345,706	1,253	346,959	9,433	356,392			3
4	Laundry	112,002	29,589		141,591	122	141,713		141,713			4
5	Heat and Other Utilities			311,207	311,207		311,207	859	312,066			5
6	Maintenance	51,051	1,741	328,732	381,524	31	381,555	71,849	453,404			6
7	Other (specify):* security/related party			311	311		311	9,514	9,825			7
8	TOTAL General Services	920,246	673,728	667,561	2,261,535	(39,461)	2,222,074	20,791	2,242,865			8
	B. Health Care and Programs											
9	Medical Director			26,400	26,400		26,400		26,400			9
10	Nursing and Medical Records	3,511,339	297,057	19,319	3,827,715	(10,136)	3,817,579	85,979	3,903,558			10
10a	Therapy	287,618	5,425	58,327	351,370	74	351,444		351,444			10a
11	Activities	131,245	9,251	3,225	143,721		143,721		143,721			11
12	Social Services	47,258			47,258		47,258		47,258			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							9,447	9,447			15
16	TOTAL Health Care and Programs	3,977,460	311,733	107,271	4,396,464	(10,062)	4,386,402	95,426	4,481,828			16
	C. General Administration											
17	Administrative	260,357			260,357		260,357	215,676	476,033			17
18	Directors Fees											18
19	Professional Services			1,132,818	1,132,818		1,132,818	(1,017,833)	114,985			19
20	Dues, Fees, Subscriptions & Promotions			98,805	98,805		98,805	(66,579)	32,226			20
21	Clerical & General Office Expenses	161,137	29,541	236,604	427,282	423	427,705	325,303	753,008			21
22	Employee Benefits & Payroll Taxes			985,380	985,380	29,633	1,015,013	(6,684)	1,008,329			22
23	Inservice Training & Education											23
24	Travel and Seminar			480	480		480	1,858	2,338			24
25	Other Admin. Staff Transportation			3,064	3,064		3,064	18,163	21,227			25
26	Insurance-Prop.Liab.Malpractice			333,778	333,778		333,778	12,220	345,998			26
27	Other (specify):* related party			252,009	252,009		252,009	(175,461)	76,548			27
28	TOTAL General Administration	421,494	29,541	3,042,938	3,493,973	30,056	3,524,029	(693,337)	2,830,692			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,319,200	1,015,002	3,817,770	10,151,972	(19,467)	10,132,505	(577,120)	9,555,385			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			61,089	61,089		61,089	426,270	487,359			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			203,132	203,132		203,132	438,166	641,298			32
33	Real Estate Taxes			957,475	957,475	(957,475)		991,768	991,768			33
34	Rent-Facility & Grounds			867,299	867,299	957,475	1,824,774	(1,824,774)				34
35	Rent-Equipment & Vehicles			14,991	14,991		14,991	54,082	69,073			35
36	Other (specify):* MIP							58,845	58,845			36
37	TOTAL Ownership			2,103,986	2,103,986		2,103,986	144,357	2,248,343			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		593,450	892,312	1,485,762	19,467	1,505,229	(228,973)	1,276,256			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			512,912	512,912		512,912		512,912			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		593,450	1,405,224	1,998,674	19,467	2,018,141	(228,973)	1,789,168			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,319,200	1,608,452	7,326,980	14,254,632		14,254,632	(661,736)	13,592,896			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		(41,952)	Employee Meals
	22	41,952	Employee Meals
22		(12,319)	Uniform Reclass
	1	1,085	Uniform Reclass
	3	1,253	Uniform Reclass
	4	122	Uniform Reclass
	6	31	Uniform Reclass
	10	9,331	Uniform Reclass
	11	74	Uniform Reclass
	21	423	Uniform Reclass
10		(19,467)	Oxygen Cost Reclass
	39	19,467	Oxygen Cost Reclass
33		(957,475)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	957,475	Rent - Real Estate Tax on associated landowner (Pg 6)

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	(14,892)	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	(3,889)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,328)	2		13
14	Non-Care Related Interest	(38,734)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(30,593)	21		17
18	Fines and Penalties	(16,000)	32		18
19	Entertainment	(1,184)	20		19
20	Contributions	(7,382)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,048)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(252,009)	27		24
25	Fund Raising, Advertising and Promotional	(19,892)	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)	\$ (378,500)		\$	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)	(136,118)		34
35	Other- Attach Schedule	(147,118)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (283,236)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (661,736)		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		Amount	Sch. V Line Reference	
1		\$		1
2	Late Fees on Utilities	(3,831)	5	2
3	Intercompany interests GL 7031 (Midcap)	(144,470)	32	3
4				4
5				5
6	back out Bank Charges - TM LLC		21	6
7				7
8	Elim Deprec Exp on Pg12 - <\$2,500 TM/Cicero	(3,061)	30	8
9	Elim Deprec Exp on Pg13 - <\$2,500 TM/Cicero	(29,291)	30	9
10	Exp Capital items, Pg13 curr year purch <\$2,500 TM/Ci	43,936	6	10
11	Exp Capital items, Pg13 Related Party AMS	1,768	6	11
12	adj for ABC related party profits -Pg 12	81	30	12
13	adj for ABC related party profits -Pg 12	0	30	13
14	adjustment on Depreciation exp	(1,021)	30	14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23	Miscellaneous Income - Medical Records	(3,468)	10	23
24	Miscellaneous Income - Food Rebate	(9,861)	2	24
25	Miscellaneous Income - Jury Duty	(25)	21	25
26	Add back Refund of 2004 real estate Taxes	2,161	33	26
27	Vendor discount GL 4984	(36)	2	27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(147,118)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	3,829	(4,831)	0	0	0	0	0	0	0	(1,002)	1
2	Food Purchase	(12,225)	0	0	(57,637)	0	0	0	0	0	0	0	(69,862)	2
3	Housekeeping	0	0	9,433	0	0	0	0	0	0	0	0	9,433	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,831)	0	4,690	0	0	0	0	0	0	0	0	859	5
6	Maintenance	30,812	0	41,160	0	0	0	(132)	9	0	0	0	71,849	6
7	Other (specify):*	0	0	9,514	0	0	0	0	0	0	0	0	9,514	7
8	TOTAL General Services	14,756	0	68,626	(62,468)	0	0	(132)	9	0	0	0	20,791	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	(3,468)	0	78,504	12,675	(1,732)	0	0	0	0	0	0	85,979	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	9,447	0	0	0	0	0	0	0	0	9,447	15
16	TOTAL Health Care and Programs	(3,468)	0	87,951	12,675	(1,732)	0	0	0	0	0	0	95,426	16
	C. General Administration													
17	Administrative	0	0	215,676	0	0	0	0	0	0	0	0	215,676	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,048)	15,269	(1,027,054)	0	0	0	0	0	0	0	0	(1,017,833)	19
20	Fees, Subscriptions & Promotions	(28,458)	0	(38,121)	0	0	0	0	0	0	0	0	(66,579)	20
21	Clerical & General Office Expenses	(30,618)	307	355,614	0	0	0	0	0	0	0	0	325,303	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(6,684)	0	0	0	0	0	0	(6,684)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,858	0	0	0	0	0	0	0	0	1,858	24
25	Other Admin. Staff Transportation	0	0	18,163	0	0	0	0	0	0	0	0	18,163	25
26	Insurance-Prop.Liab.Malpractice	0	11,863	357	0	0	0	0	0	0	0	0	12,220	26
27	Other (specify):*	(252,009)	0	76,548	0	0	0	0	0	0	0	0	(175,461)	27
28	TOTAL General Administration	(317,133)	27,439	(396,959)	0	(6,684)	0	0	0	0	0	0	(693,337)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(305,845)	27,439	(240,382)	(49,793)	(8,416)	0	(132)	9	0	0	0	(577,120)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 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	(18,841)	428,189	16,922	0	0	0	0	0	0	0	0	426,270	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(203,093)	485,988	155,271	0	0	0	0	0	0	0	0	438,166	32
33	Real Estate Taxes	2,161	957,475	32,132	0	0	0	0	0	0	0	0	991,768	33
34	Rent-Facility & Grounds	0	(1,824,774)	0	0	0	0	0	0	0	0	0	(1,824,774)	34
35	Rent-Equipment & Vehicles	0	0	54,082	0	0	0	0	0	0	0	0	54,082	35
36	Other (specify):*	0	58,845	0	0	0	0	0	0	0	0	0	58,845	36
37	TOTAL Ownership	(219,773)	105,723	258,407	0	0	0	0	0	0	0	0	144,357	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	(47,989)	(22,319)	(158,665)	0	0	0	0	0	(228,973)	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	(47,989)	(22,319)	(158,665)	0	0	0	0	0	(228,973)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(525,618)	133,162	18,025	(97,782)	(30,735)	(158,665)	(132)	9	0	0	0	(661,736)	45

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent Income	\$ 1,824,774	Town Manor Associates, LLC	0.00%	\$	\$ (1,824,774)	1
2	V	32	Investment Income - RR	172	Town Manor Associates, LLC			(172)	2
3	V	19	Accounting/Professional Fees		Town Manor Associates, LLC		8,375	8,375	3
4	V	33	Real Estate Tax		Town Manor Associates, LLC		957,475	957,475	4
5	V	26	Property and Liability Insurance		Town Manor Associates, LLC		11,863	11,863	5
6	V	32	Interest on Mortgage		Town Manor Associates, LLC		473,178	473,178	6
7	V	19	Legal Fees - Non Collections		Town Manor Associates, LLC		6,894	6,894	7
8	V	30	Depreciation		Town Manor Associates, LLC		428,189	428,189	8
9	V	32	Amortization		Town Manor Associates, LLC		12,982	12,982	9
10	V	36	Mortgage Insurance Premium		Town Manor Associates, LLC		58,845	58,845	10
11	V	21	Misc Administrative Expenses		Town Manor Associates, LLC		307	307	11
12	V	6	R & M - Replacement Reserve		Town Manor Associates, LLC				12
13	V								13
14	Total			\$ 1,824,946			\$ 1,958,108	\$ * 133,162	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%	\$ 4,690	\$ 4,690	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		1,858	1,858	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		18,163	18,163	17
18	V	26	Insurance		Alden Management Services, Inc.		357	357	18
19	V	20	Dues and Subscription	41,868	Alden Management Services, Inc.		3,747	(38,121)	19
20	V	30	Depreciation		Alden Management Services, Inc.		16,922	16,922	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		32,132	32,132	21
22	V	35	Rent - Equipment and Vehicle		Alden Management Services, Inc.		54,082	54,082	22
23	V	32	Interest		Alden Management Services, Inc.		155,271	155,271	23
24	V	1	Dietary		Alden Management Services, Inc.		3,829	3,829	24
25	V	3	Housekeeping		Alden Management Services, Inc.		9,433	9,433	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		9,514	9,514	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		78,504	78,504	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		9,447	9,447	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		215,676	215,676	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		76,548	76,548	30
31	V	19	Professional Fees	1,068,336	Alden Management Services, Inc.		41,282	(1,027,054)	31
32	V	21	General and Administrative	57,696	Alden Management Services, Inc.		413,310	355,614	32
33	V	6	Repairs and Maintenance	54,899	Alden Management Services, Inc.		96,059	41,160	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,222,799			\$ 1,240,824	\$ * 18,025	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	137,691	Prism Health Care Services, Inc.		52,487	(85,204)	17
18	V	10	Equip Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary Supplies	173,770	Prism Health Care Services, Inc.		71,954	(101,816)	19
20	V	1	Gen & Admin & Benefits		Prism Health Care Services, Inc.		7,860	7,860	20
21	V	2	Gen & Admin & Benefits		Prism Health Care Services, Inc.		27,567	27,567	21
22	V	10	Gen & Admin & Benefits		Prism Health Care Services, Inc.		7,955	7,955	22
23	V	39	Gen & Admin & Benefits		Prism Health Care Services, Inc.		53,827	53,827	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			\$ 344,521			\$ 246,739	\$ * (97,782)	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	\$ 343,767	Forum Extended Care Services II, Inc.	0.00%	\$ 319,789	\$ (23,978)	15
16	V	39	IV	15,878	Forum Extended Care Services II, Inc.		14,771	(1,107)	16
17	V	39	Wound Care Products	49,501	Forum Extended Care Services II, Inc.		46,048	(3,453)	17
18	V	10	House Stock	18,846	Forum Extended Care Services II, Inc.		17,531	(1,315)	18
19	V	10	Pharmacy Consultant	5,976	Forum Extended Care Services II, Inc.		5,559	(417)	19
20	V	22	Employee Vaccin.	6,684	Forum Extended Care Services II, Inc.			(6,684)	20
21	V	39	Employee Vaccination		Forum Extended Care Services II, Inc.		6,219	6,219	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			\$ 440,652			\$ 409,917	\$ * (30,735)	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	\$ 927,031	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 768,366	\$ (158,665)	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			\$ 927,031			\$ 768,366	\$ * (158,665)	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	Repaired and Maintenance	\$ 69,765	Alden Bennett Construction Company, Inc.	0.00%	\$ 69,633	\$ (132)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 69,765			\$ 69,633	\$ * (132)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	\$ 4,940	Alden Design Group, Inc.	0.00%	\$ 4,949	\$ 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			\$ 4,940			\$ 4,949	\$ * 9	39

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

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

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 Ca	Long Grove				30

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 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	175,332	2.092	5.23	Salary	\$ 9,668	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,774	2.092	5.23	Salary	5,226	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,774	2.092	5.23	Salary	5,226	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,401	2.092	5.23	Salary	6,088	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,013	2.092	5.23	Salary	3,254	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	140,843	1.5167	5.23	Salary	7,766	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	\$ 37,228		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 Rehab & HCC# 0038000

Report Period Beginning:

01/01/2016Ending: 2/31/2016

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	34	\$ 89,742	\$	67,329	\$ 4,690	1
2	24	Travel & Seminar	Patient Days	34	35,559		67,329	1,858	2
3	25	Other Admin Travel	Patient Days	34	347,560		67,329	18,163	3
4	26	Insurance	Patient Days	34	6,826		67,329	357	4
5	20	Dues & Subscriptions	Patient Days	34	71,705		67,329	3,747	5
6	30	Depreciation	No of Providers	34	140,451		1	16,922	6
7	33	Real Estate Tax	Patient Days/usage	34	172,398		67,329	32,132	7
8	35	Rent-Equip/Vehicle	Patient Days	34	1,034,867		67,329	54,082	8
9	32	Interest	Patient Days/usage	34	1,892,273		67,329	155,271	9
10	1	Dietary Aide Coordinator Salary	Patient Days	34	73,278	73,278	67,329	3,829	10
11	3	Housekeeping Coordinator Salary	Patient Days	34	180,508	180,508	67,329	9,433	11
12	7	Employee Benef % -Gen'I Servs	Patient Days	34	182,054		67,329	9,514	12
13	10	Nurs/Med Records Salary	Patient Days/usage	34	1,519,466	1,519,466	67,329	78,504	13
14	15	Employee Benef % -Health Care	Patient Days	34	180,775		67,329	9,447	14
15	17	Administrative Salary	Patient Days/usage	34	4,500,263	4,500,263	67,329	215,676	15
16	27	Employee Benef % -Administrati	Patient Days	34	1,464,772		67,329	76,548	16
17	19	Professional fees	Patient Days	34	1,094,912	881,977	67,329	41,282	17
18	21	Gen'I & Admin	Patient Days/usage	34	7,908,785	6,929,587	67,329	413,310	18
19	6	Repair & Maint.	Patient Days/usage	34	1,864,177	1,276,432	67,329	96,059	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 22,760,371	\$ 15,361,511		\$ 1,240,824	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Cambridge (GL 7055/2505/2021)				\$56,147.00	02/2011	\$ 12,722,300	\$ 11,689,052	03/2046	3.9400	\$ 473,178	1
2												2
3												3
4												4
5	Insurance Interest (GL7053)		x	Malpractice Insurance							3,928	5
	Working Capital											
6	Related party-AMS		x	Working Capital							155,271	6
7												7
8	Capital Lease Obligation (GL 7105)		x	Capital Lease							12,982	8
9	TOTAL Facility Related				\$56,147.00		\$ 12,722,300	\$ 11,689,052			\$ 645,359	9
	B. Non-Facility Related*											
10	Int Income - R.R. (GL 4972)		x								(172)	10
11	Int Income (GL#4975 Oper/LLC)		x								(3,889)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (4,061)	14
15	TOTALS (line 9+line14)						\$ 12,722,300	\$ 11,689,052			\$ 641,298	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 58,845 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.		\$	758,239	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.)				\$	924,936	2
3. Under or (over) accrual (line 2 minus line 1).				\$	166,697	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	792,939	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.				\$	959,636	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	32,132	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	991,768	
Real Estate Tax Bill for Calendar Year:		2011	785,126	8	FOR BHF USE ONLY	
		2012	795,724	9		
		2013	834,842	10	13	FROM R. E. TAX STATEMENT FOR 2015 \$ 13
		2014	891,289	11		
		2015	924,936	12	14	PLUS APPEAL COST FROM LINE 5 \$ 14
The current year accrual is based on an estimated 3% increase of the prior year tax.					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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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	\$	\$ 32,132.00
2.		\$	\$
3. 16-32-115-017-0000	Nursing Home Facility	\$ 3,524.68	\$ 3,524.68
4. 16-32-115-018-0000	Nursing Home Facility	\$ 3,524.68	\$ 3,524.68
5. 16-32-115-019-0000	Nursing Home Facility	\$ 77,366.85	\$ 77,366.85
6. 16-32-115-020-0000	Nursing Home Facility	\$ 107,609.43	\$ 107,609.43
7. 16-32-115-026-0000	Nursing Home Facility	\$ 394,684.67	\$ 394,684.67
8. 16-32-116-020-0000	Nursing Home Facility	\$ 175,838.06	\$ 175,838.06
9. 16-32-116-021-0000	Nursing Home Facility	\$ 73,870.60	\$ 73,870.60
10. 16-32-116-022-0000	Nursing Home Facility	\$ 73,870.60	\$ 73,870.60
TOTALS		\$ 910,289.57	\$ 942,421.57

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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

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.	Total from Page 10a	\$	\$ 942,421.57
2.	16-32-116-023-0000	\$ 7,659.23	\$ 7,659.23
3.	16-32-116-024-0000	\$ 6,866.83	\$ 6,866.83
4.	16-32-116-006-0000	\$ 3,122.01	\$ 3,122.01
5.	16-32-116-007-0000	\$ 2,710.46	\$ 2,710.46
6.	16-32-116-008-0000	\$ 4,341.74	\$ 4,341.74
7.	16-32-116-009-0000	\$ 6,256.46	\$ 6,256.46
8.	16-32-116-010-0000	\$ 4,570.27	\$ 4,570.27
9.	16-32-116-011-0000	\$ 2,568.30	\$ 2,568.30
10.		\$	\$
TOTALS		\$ 38,095.30	\$ 980,516.87

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.

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	nursing facility	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	3

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	249		1992	192	\$ 9,104,204	\$ 289,022	30	\$ 303,473	\$ 14,451	\$ 7,265,899	4
5											5
6											6
7											7
8											8
	Improvement Type**										
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	2,021	20	2,021		69,300	23
24	Alden Bennett construction - sanitary sewer lift station			1996	23,921	698	20	698		23,921	24
25	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor			1996	10,931	271	20	271		10,931	25
26	Misco shawnee, Inc. - tile			1996	9,232	267	20	267		9,232	26
27	Misco shawnee, Inc. - tile			1996	9,020	263	20	263		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	1,019	20	1,019		24,366	33
34	ABC - hvac repairs			1998	39,300	1,965	20	1,965		36,844	34
35	ABC - sanitary sewer lift station			1998	1,259	63	20	63		1,181	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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	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		2,210	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 roooftop exhaust	1999	1,864		10			1,864	47
48	System electric - underground pipes, new wires	1999	6,998	350	20	350		5,979	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		1,233	60
61	Patten (water pump)	2001	2,325	116	20	116		1,847	61
62	CSI coker services (speed reduction unit)	2001	3,779		10			3,779	62
63	DBS contracting - (lawn sprinkler system)	2001	2,121	75	15	75		2,121	63
64	Simplex time (fire alarm)	2001	3,675	82	15	82		3,675	64
65	Simplex time (fire pump)	2001	1,800	90	20	90		1,410	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	\$ 296,504		\$ 310,955	\$ 14,451	\$ 7,675,397	70

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,518,731	\$ 296,504		\$ 310,955	\$ 14,451	\$ 7,675,397	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	110	15	110		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 are	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 Mechincal (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		1,333	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		6,397	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		3,885	32
33	Oak Fire and Security Systems (Clean,Test and Replacing Fusible	2004	2,851	190	15	190		2,312	33
34	TOTAL (lines 1 thru 33)		\$ 9,631,392	\$ 297,742		\$ 312,193	\$ 14,451	\$ 7,784,555	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,631,392	\$ 297,742		\$ 312,193	\$ 14,451	\$ 7,784,555	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		3,525	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	98	10	98		6,086	16
17	ABC - Tarkett vinyl sheeting	2006	17,176	569	10	569		17,176	17
18	ABC - exhaust fan	2006	5,662	426	10	426		5,662	18
19	ABC - paints and repairs	2006	5,171		5			5,171	19
20	ABC - insulation	2006	5,880	539	10	539		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	361	10	361		3,580	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	457	10	457		4,380	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	TOTAL (lines 1 thru 33)		\$ 9,778,511	\$ 300,492		\$ 314,943	\$ 14,451	\$ 7,930,466	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,778,511	\$ 300,492		\$ 314,943	\$ 14,451	\$ 7,930,466	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)		\$ 9,869,423	\$ 301,357		\$ 315,808	\$ 14,451	\$ 8,016,804	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		\$ 9,869,423	\$ 301,357		\$ 315,808	\$ 14,451	\$ 8,016,804	1
2								2
3 Adjust for ABC Related Party Profit	2008	(111)	(11)		(11)		(111)	3
4 Adjust for ABC Related Party Profit	2009	(139)	(6)		(6)		(42)	4
5 Adjust for ABC Related Party Profit	2010	(157)	(5)		(5)		(40)	5
6 Adjust for ABC Related Party Profit	2011	294	2		2		11	6
7 Adjust for ABC Related Party Profit	2012	1,362	24		24		108	7
8 Adjust for ABC Related Party Profit	2013	582	64		64		224	8
9 Adjust for ABC Related Party Profit	2014	174	12		12		30	9
10 Adjust for ABC Related Party Profit	2015	20	1		1		1	10
11 Adjust for ABC Related Party Profit	2016	5						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)		\$ 9,871,453	\$ 301,438		\$ 315,889	\$ 14,451	\$ 8,016,985	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 9,871,453	\$ 301,438		\$ 315,889	\$ 14,451	\$ 8,016,985	1
2	Capps Plumbing - drainage on the kitchen	2008	2,785	139	20	139		1,228	2
3	GT Mech - repaired cooling tower	2008	12,812	1,281	10	1,281		10,995	3
4	ABC - new tiles	2008	4,802	480	10	480		4,120	4
5	Oak Fire - fire alarm fuseable links	2009	7,561	756	10	756		5,355	5
6	ABC - masonry work for patio piers	2009	5,256	526	10	526		4,032	6
7	ABC - replaced patio door	2009	2,852	285	10	285		2,185	7
8	ABC - receiving door	2009	6,451	645	10	645		4,945	8
9									9
10	In-patient hospice unit (12 beds decertified)	2009	(1,066)	(107)		(107)		(749)	10
11	ABC - Asphalt	2010	12,834	1,604	8	1,604		8,421	11
12	In-patient hospice unit (12 beds decertified)	2010	(618)	(77)		(77)		(539)	12
13	In-patient hospice unit (12 beds decertified)	2011	(4,883)	(589)		(589)		(3,295)	13
14	In-patient hospice unit (12 beds decertified)	2012	(1,727)	(117)		(117)		(470)	14
15	In-patient hospice unit (12 beds decertified)	2013	(2,578)	(161)		(161)		(644)	15
16	ABC - emergency repair HVAC	2011	4,794	320	15	320		1,840	16
17	ABC - Fire exit devices	2011	24,417	977	25	977		5,129	17
18	ABC - handrail for the patio	2011	5,560	556	10	556		2,826	18
19	ABC - damaged hardware repair	2011	2,989	49	5	49		2,989	19
20	ADG - furniture fabrics	2011	3,933	393	10	393		2,293	20
21	ABC - thermal units/lights repairs	2011	6,624	220	5	220		6,624	21
22	GT Mechanical - laundry room repair	2011	8,341	418	5	418		8,341	22
23	ABC - plumbing repairs	2011	5,800	483	5	483		5,800	23
24	TopNotch - motor assembly	2011	2,600	347	5	347		2,600	24
25	ABC - handrail for the patio	2011	7,740	1,161	5	1,161		7,740	25
26	ABC - motor for the A/C unit	2011	25,424	2,542	10	2,542		13,557	26
27	US Fire Protection - fire pump contactor repairs	2011	3,100	413	5	413		3,100	27
28	Oak Fire - fire security master switchboard	2012	2,950	295	10	295		1,377	28
29	ABC - sprinkler system fire protection	2012	5,585	223	25	223		1,022	29
30	ABC - boiler repair	2012	16,491	825	20	825		3,369	30
31	GT Mechanical - laundry room damper repair	2012	7,273	727	10	727		3,029	31
32	Des Plaines Glass - flexiglass tabletops	2012	3,546	355	10	355		1,716	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,053,101	\$ 316,407		\$ 330,858	\$ 14,451	\$ 8,125,921	34

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

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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		\$ 10,053,101	\$ 316,407		\$ 330,858	\$ 14,451	\$ 8,125,921	1
2	ABC - railing stairwell	2013	43,240	2,883	15	2,883		11,051	2
3	Topnotch - freezer compressor	2013	5,525	1,105	5	1,105		3,868	3
4	Topnotch - motor dishwasher	2013	4,727	945	5	945		3,229	4
5									5
6									6
7	TM - Parking Lot	1994	334,637	13,385	25	13,385		307,865	7
8	ABC - motor pump	2014	3,640	728	5	728		1,881	8
9	ABC - heating and vent	2014	7,503	1,501	5	1,501		3,877	9
10	ABC - asphalt	2014	63,275	7,909	8	7,909		17,136	10
11	ABC - asphalt	2014	5,934	742	8	742		1,669	11
12	ABC - radiation dampers	2014	11,537	1,154	10	1,154		2,500	12
13	OakFire - damper	2014	10,160	2,032	5	2,032		5,080	13
14	ADG - window	2014	13,742	1,374	10	1,374		3,206	14
15									15
16	Belec Electric - Repair kitchen for Osha	2015	3,659	732	5	732		1,037	16
17	JD & Sons - Roof repair	2015	2,850	570	5	570		760	17
18	ABC - paving, asphalt	2015	5,276	660	8	660		825	18
19	ABC - pump repair	2015	5,233	1,919	5	1,919		2,006	19
20	GT Mech - reinsulate piping & repair	2015	3,500	817	5	817		875	20
21									21
22	Suburban Elevator - elevator repair	2016	6,907	921	5	921		921	22
23	Topnotch - kitchen, motor assembly	2016	3,723	496	5	496		496	23
24	GT Mech - Fire Dampers	2016	4,241	212	10	212		212	24
25	GT Mech - pump and valve at water tower leakage	2016	6,369	212	5	212		212	25
26	JD Sons - roof repair	2016	2,955	99	5	99		99	26
27	GT Mech - HVAC repair leak, piping materials	2016	5,384	90	5	90		90	27
28	ABC - fence/gate repair	2016	2,805	210	10	210		210	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,609,923	\$ 357,103		\$ 371,554	\$ 14,451	\$ 8,495,026	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	\$1,355,006	\$100,464	\$100,464	\$	varies	\$626,559	71
72	Current Year Purchases	36,810	2,981	2,981		varies	1,593	72
73	Fully Depreciated Assets	1,602,602	9,954	9,954		varies	1,602,602	73
74								74
75	TOTALS	\$2,994,418	\$113,399	\$113,399	\$		\$2,230,754	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	98-'04	\$4,026	\$	\$	\$	3	\$4,026
77	Midwest Transit	bus/passenger	2001	49,967					49,967
78									
79	Van	2000 Ford Super Duty	2013	2,829	2,406	2,406			2,829
80	TOTALS			\$56,822	\$2,406	\$2,406	\$		\$56,822

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)			\$	14,798,423
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	472,908
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	487,359
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	14,451
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	10,782,602

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.

Facility Name & ID Number	Alden Town Manor Rehab & HCC	#	0038000	Report Period Beginning:	01/01/2016	Ending:	12/31/2016
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XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: **Related party - cost was backed out**

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

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

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

9. Option to Buy: ☐ YES ☒ NO Terms: *

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

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 31,960 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	\$ #####	\$ 21,242	17
18					18
19					19
20					20
21	TOTAL		\$ #####	\$ 21,242	21

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. 12/2017 \$ varies

13. 12/2018 \$ varies

14. 12/2019 \$ varies

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

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

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	\$		\$ 352,805	\$		\$ 352,805	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			45,002			45,002	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			484,322			484,322	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				326,007		326,007	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				(158,665)	226,785		68,120	12
13	Other (specify):	See Pg 16A								13
14	TOTAL			\$		\$ 723,464	\$ 552,792		\$ 1,276,256	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	352,805.00	
2.	ST		39-3	To Col 5	45,002.00	
3.						
4.	PT		39-3	To Col 5	484,322.00	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL				343,767.00	
	Manual Input from Related Party- Forum Drugs				(17,760.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6	326,007.00	1,208,136.00
					- - - - -	
10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3	-	-
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6	-	-
					- - - - -	
	Total Exceptional Care (Line 12, Col 8)				-	-
					- - - - -	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT			To Col 5	(158,665.00)	From Page 6D
	Other				259,866.00	
	Manual Input: Related Party - Prism				(47,988.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.				(1,107.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products				(3,453.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				19,467.00	
13.	Col 6: Supplies Total			To Col 6	226,785.00	226,785.00
					- - - - -	
13.	Total Line 13, Column 8				-	68,120.00
					- - - - -	
14.	Total				-	1,276,256.00
					= = = = =	

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,603,607	\$ 1,727,624	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 147,000)	2,111,723	2,111,723	3
4	Supply Inventory (priced at)	5,695	5,695	4
5	Short-Term Investments			5
6	Prepaid Insurance		24,481	6
7	Other Prepaid Expenses	29,356	29,356	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Parties/Escrows	4,313	429,126	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,754,694	\$ 4,328,005	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	196,209	196,209	12
13	Land		1,155,166	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	831,437	888,470	15
16	Equipment, at Historical Cost	717,865	3,182,322	16
17	Accumulated Depreciation (book methods)	(1,383,288)	(10,251,938)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds		219,920	21
22	Other Long-Term Assets (specify) Refinancing Fee		175,535	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 362,223	\$ 4,669,888	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,116,917	\$ 8,997,893	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 469,383	\$ 469,383	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	383,151	383,151	28
29	Short-Term Notes Payable		217,113	29
30	Accrued Salaries Payable	654,949	654,949	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	30,035	30,035	31
32	Accrued Real Estate Taxes(Sch.IX-B)		952,700	32
33	Accrued Interest Payable		38,379	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,d/t PA, SalesTac, etc	209,374	209,374	36
37	Due to Affiliates	1,736,173	1,736,173	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,483,065	\$ 4,691,257	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,471,939	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	7,192,839	7,076,968	43
44	Shareholders Loan, others	1,226,939	1,226,939	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 8,419,778	\$ 19,775,846	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 11,902,843	\$ 24,467,103	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,785,926)	\$ (15,469,210)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,116,917	\$ 8,997,893	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (7,135,669)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (7,135,669)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(650,257)	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)	\$ (650,257)	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)	\$ (7,785,926)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

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	\$ 13,186,568	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,186,568	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	386,614	6
7	Oxygen	8,275	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 394,889	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,889	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,889	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Gain on Sale of Assets/Miscellaneous Income		28
28a	See PG19A	19,029	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,029	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,604,375	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,261,535	31
32	Health Care	4,396,464	32
33	General Administration	3,493,973	33
	B. Capital Expense		
34	Ownership	2,103,986	34
	C. Ancillary Expense		
35	Special Cost Centers	1,485,762	35
36	Provider Participation Fee	512,912	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,254,632	40
41	Income before Income Taxes (line 30 minus line 40)**	(650,257)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (650,257)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 9,614,204	44
45	Private Pay - Net Inpatient Revenue	454,076	45
46	Medicare - Net Inpatient Revenue	1,927,077	46
47	Other-(specify) <u>Hospice</u>	630,734	47
48	Other-(specify) <u>Insurance</u>	560,477	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,186,568	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.

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Medical records	\$ 3,468
Food Rebate	\$ 9,861
Jury Duty	\$ 25
Gain on Sale of Fixed Assets	\$ 5,639
Vendors Discount	\$ 36

Line 28 Total: 19,029

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,970	2,114	\$ 101,623	\$ 48.07	1
2	Assistant Director of Nursing	1,912	2,179	86,725	39.80	2
3	Registered Nurses	21,547	22,939	720,377	31.40	3
4	Licensed Practical Nurses	44,407	47,390	1,254,077	26.46	4
5	CNAs & Orderlies	82,649	89,220	1,061,799	11.90	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	10,159	10,747	190,375	17.71	8
9	Activity Director	1,888	2,080	47,742	22.95	9
10	Activity Assistants	4,845	5,207	58,485	11.23	10
11	Social Service Workers	2,329	2,425	51,142	21.09	11
12	Dietician					12
13	Food Service Supervisor	1,488	1,593	41,492	26.05	13
14	Head Cook	2,928	3,040	58,843	19.36	14
15	Cook Helpers/Assistants	28,998	32,019	367,430	11.48	15
16	Dishwashers					16
17	Maintenance Workers	1,808	1,926	51,051	26.51	17
18	Housekeepers	23,318	25,623	289,429	11.30	18
19	Laundry	6,513	7,300	112,002	15.34	19
20	Administrator	1,888	2,080	125,965	60.56	20
21	Assistant Administrator	3,720	3,920	134,392	34.28	21
22	Other Administrative	5,198	5,598	161,729	28.89	22
23	Office Manager	1,912	2,080	52,794	25.38	23
24	Clerical	4,948	5,167	64,991	12.58	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,872	4,160	150,366	36.15	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Memory Care Coo	7,655	8,518	136,371	16.01	33
34	TOTAL (lines 1 - 33)	265,952	287,325	\$ 5,319,200 *	\$ 18.51	34

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	2276/mo	\$ 27,311	1-3	35
36	Medical Director	2200/mo	26,400	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	16 hours	880	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)		\$ 61,687		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	72 hours	\$ 10,416	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		\$ 10,416		53

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

** See instructions.

STATE OF ILLINOIS

Page 21

Facility Name & ID Number

Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Palao, Cynthia	Administrator	0	\$ 125,965
Matrinson, Mitchell	Assistant Administrator	0	34,900
Travis, Jami	Assistant Administrator	0	72,800
Catalin, Dragomir	Assistant Administrator	0	26,692
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 260,357

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, Inc.	Consulting fees	\$ 1,023,144
AMS	Allocated Legal Fees	45,192
First Advantage	Tax Service	2,369
Alden Group	Allocated Legal Fees	2,011
Kent Law/Monahan/DSQ/Swanson/G	Legal Fees - Non Collection	24,157
Pogrund & Kelly/Meyer	Legal Fees - Collection	6,047
Curaspan Health Care	Patient Transport Services	8,067
Achieve Accreditation	Billing/Consulting	1,914
Baker Tilly (Virchow Krause)/KPMG	Accounting Fees	5,310
Alden Group/Change Healthcare	Soh Accounting Fees	2,074
Executive Search	Consulting	10,833
James Cox/Gier	Arbitration/Consultant	1,700
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 1,132,818

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 194,683
Unemployment Compensation Insurance	77,272
FICA Taxes	394,166
Employee Health Insurance	93,704
Employee Meals	41,952
Illinois Municipal Retirement Fund (IMRF)*	
Union, Health & Welfare	149,359
Dental & Life	1,918
Pension	41,011
Empl Relations/Drug Test/Misc Payroll Costs	11,918
Vaccination/401k/Tuition Reimbursements	9,030
Vaccination - Related Party	(6,684)
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,008,329

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	92
Health Care Worker Background Check (Indicate # of checks performed 36)	1,100
Patient Background Checks 283	2,830
Surety Bond Fee	1,250
Health Care Council of IL	22,752
Corporate Annual Fee	155
Collaborative Healthcare	300
Related Party - AMS	3,747
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 32,226

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related Party - AMS	1,858
Seminar Expense	
IL Council on Long Term Care	480
Entertainment Expense	()
TOTAL (agree to Sch. V, line 24, col. 8)	\$ 2,338

* Attach copy of IMRF notifications

**See instructions.

Alden Town Manor Rehab & HCC
Legal Fee Support
2016

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	77,407.00
Less: Collection, estates, & other non-allowable legal fees		(26,168.00)
Non-allowable legal fees, if any, deducted on - Pg 21 (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	6,047.00

In Detail:

Vendor Name - 696600-100-000	Invoice Date	Amount
James Meyer	6/30/2016	1,125.00
Pogrund & Kelly (Stone Pogrun)	01/16-12/16	4,922.42

TOTAL ALLOWABLE LEGAL FEES

6,047.42

Vendor Name - 680600-100-000	Invoice Date	Amount
Alden Group (Midcap charges)	01/16-11/16	2,010.73
Law Offices at ITT Chicago - Kent College	09/16-10/16	5,525.00
Monahan Law Group	8/31/2016	975.00
DSQ Rep, Inc	9/30/2016	926.25
Swanson, Martin & Bell	02/16-07/16	15,085.20
Gozdecki, Del Giudice, Americus	01/16-03/16	676.78
Clerk of the Circuit County/Sheriff of Cook	3/31/2016	219.00
James Meyer	2/28/2016	750.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES

26,167.96

Vendor Name	Invoice Date	Amount
AMS - Alloc Corp Legal Costs	Jan-16	3,766.00
AMS - Alloc Corp Legal Costs	Feb-16	3,766.00
AMS - Alloc Corp Legal Costs	Mar-16	3,766.00
AMS - Alloc Corp Legal Costs	Apr-16	3,766.00
AMS - Alloc Corp Legal Costs	May-16	3,766.00
AMS - Alloc Corp Legal Costs	Jun-16	3,766.00
AMS - Alloc Corp Legal Costs	Jul-16	3,766.00
AMS - Alloc Corp Legal Costs	Aug-16	3,766.00
AMS - Alloc Corp Legal Costs	Sep-16	3,766.00
AMS - Alloc Corp Legal Costs	Oct-16	3,766.00
AMS - Alloc Corp Legal Costs	Nov-16	3,766.00
AMS - Alloc Corp Legal Costs	Dec-16	3,766.00

TOTAL Allocated Legal Fees

45,192.00

Total Legal Cost

77,407.38

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.

Health Care Council of IL\$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. \$

61,635

 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. \$

512,912

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. \$

41,952

 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

HFS 3745 (N-4-99)

IL478-2471