

		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: 0038455

Facility Name: Alden Village Hlth Facility

Address: 267 East Lake Street Bloomingdale 60108
Number City Zip Code

County: Du Page

Telephone Number: (630)529-3350 Fax # (630)529-9866

HFS ID Number:

Date of Initial License for Current Owners: 11/02/1992

Type of Ownership:

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

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

☐ GOVERNMENTAL
☐ State
☐ County
☐ Other

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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

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

Officer or
Administrator
of Provider

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

Paid
Preparer

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

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

Facility Name & ID Number Alden Village Hlth Facility

0038455 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		Skilled (SNF)		0	1
2	126	Skilled Pediatric (SNF/PED)	126	46,116	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	126	TOTALS	126	46,116	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					8
9	SNF/PED	43,895	152	353	44,400	9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,895	152	353	44,400	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.28%

D. How many bed-hold days during this year were paid by the Department? 191 (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 11/01/92

J. Was the facility purchased or leased after January 1, 1978? YES x Date 11/01/92 NO

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

Medicare Intermediary Not applicable

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 Village Hlth Facility # 0038455 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	203,623	20,700	26,750	251,072	7,359	258,431	4,309	262,740			1
2	Food Purchase		730,952		730,952	(30,155)	700,797	(300,750)	400,047			2
3	Housekeeping	165,336	30,983		196,319	6,544	202,863	6,221	209,084			3
4	Laundry	59,685	20,856		80,541		80,541		80,541			4
5	Heat and Other Utilities			179,450	179,450		179,450	(1,459)	177,991			5
6	Maintenance	56,944		168,837	225,781		225,781	37,706	263,487			6
7	Other (specify):* related party							6,274	6,274			7
8	TOTAL General Services	485,588	803,490	375,036	1,664,114	(16,252)	1,647,862	(247,699)	1,400,163			8
	B. Health Care and Programs											
9	Medical Director			3,600	3,600		3,600		3,600			9
10	Nursing and Medical Records	3,039,005	308,823	11,618	3,359,446	(37,317)	3,322,129	69,723	3,391,853			10
10a	Therapy			121,032	121,032	51,893	172,925	(5,208)	167,717			10a
11	Activities	185,491	3,579	7,785	196,854		196,854		196,854			11
12	Social Services											12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							6,230	6,230			15
16	TOTAL Health Care and Programs	3,224,496	312,402	144,035	3,680,932	14,576	3,695,508	70,745	3,766,254			16
	C. General Administration											
17	Administrative	201,591			201,591		201,591	142,227	343,818			17
18	Directors Fees											18
19	Professional Services			539,074	539,074		539,074	(472,771)	66,303			19
20	Dues, Fees, Subscriptions & Promotions			35,448	35,448		35,448	(13,882)	21,566			20
21	Clerical & General Office Expenses	142,404	8,501	131,881	282,786	1,221	284,007	187,988	471,995			21
22	Employee Benefits & Payroll Taxes			680,634	680,634	11,202	691,836	(4,193)	687,643			22
23	Inservice Training & Education											23
24	Travel and Seminar			1,717	1,717		1,717	1,225	2,942			24
25	Other Admin. Staff Transportation			10,455	10,455		10,455	11,978	22,433			25
26	Insurance-Prop.Liab.Malpractice			172,410	172,410		172,410	10,467	182,877			26
27	Other (specify):* related party			13,215	13,215		13,215	37,265	50,480			27
28	TOTAL General Administration	343,995	8,501	1,584,834	1,937,330	12,423	1,949,753	(99,695)	1,850,058			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,054,079	1,124,393	2,103,905	7,282,376	10,747	7,293,123	(276,649)	7,016,474			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			25,099	25,099		25,099	450,699	475,798			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			78,684	78,684		78,684	367,555	446,239			32
33	Real Estate Taxes			122,440	122,440	(122,440)	0	128,793	128,793			33
34	Rent-Facility & Grounds			752,958	752,958	122,440	875,398	(874,183)	1,215			34
35	Rent-Equipment & Vehicles			20,300	20,300		20,300	35,664	55,964			35
36	Other (specify):* MIP							71,519	71,519			36
37	TOTAL Ownership			999,482	999,482		999,482	180,047	1,179,529			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,330	175,127	51,893	228,349	(10,747)	217,602	50,957	268,559			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			551,182	551,182		551,182		551,182			42
43	Other (specify):* DD Day Training			1,726,636	1,726,636		1,726,636		1,726,636			43
44	TOTAL Special Cost Centers	1,330	175,127	2,329,711	2,506,167	(10,747)	2,495,420	50,957	2,546,377			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,055,408	1,299,519	5,433,098	10,788,026		10,788,026	(45,645)	10,742,380			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		(30,155)	Employee Meals
	22	30,155	Employee Meals
22		(18,953)	Uniform Reclass
	1	7,359	Uniform Reclass
	3	6,544	Uniform Reclass
	4		Uniform Reclass
	6		Uniform Reclass
	10	3,829	Uniform Reclass
	11		Uniform Reclass
	21	1,221	Uniform Reclass
10		(41,146)	Oxygen Cost Reclass
	39	41,146	Oxygen Cost Reclass
33		(122,440)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	122,440	Rent - Real Estate Tax on associated landowner (Pg 6)
<u>DD Providers Only:</u>			
39		\$ (51,893.00)	RT CPT Therapy Costs
10A		\$ 51,893.00	RT CPT Therapy Costs

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	(2,245)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(178)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(15,747)	21		17
18	Fines and Penalties				18
19	Entertainment	(444)	20		19
20	Contributions	(4,956)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(233)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(13,215)	27		24
25	Fund Raising, Advertising and Promotional	(5,639)	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)	\$ (42,657)		\$	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)	99,699		34
35	Other- Attach Schedule	(102,688)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (2,988)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (45,645)		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	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,117)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2,500 -	(13,779)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	0	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	11,002	6	4
5				5
6	Adj ABC Deprec Exp from Pg 12 series -	36	30	6
7	Late Fees on Utilities	(4,552)	5	7
8	Other Nursing Income	(30)	21	8
9	Intercompany Interest	(76,807)	32	9
10	Misc Income- Record Copies	(60)	21	10
11				11
12	Misc Income- Donations	(300)	21	12
13	Marketing Manager & Aides	(12,785)	21	13
14	Eliminate portion of market benefits	(2,146)	22	14
15	Back Out Bloomingdale Chamber Comm.			15
16	Deprecation adjustment to detail	(150)	30	16
17	Record Depreciation for Deferred Maint.			17
18	AMS Depreciation Adj.			18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(102,688)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Village Hlth Facility # 0038455 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,525	1,784	0	0	0	0	0	0	0	4,309	1
2	Food Purchase	(178)	0	0	(300,572)	0	0	0	0	0	0	0	(300,750)	2
3	Housekeeping	0	0	6,221	0	0	0	0	0	0	0	0	6,221	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,552)	0	3,093	0	0	0	0	0	0	0	0	(1,459)	5
6	Maintenance	8,757	3,007	25,294	0	0	0	(143)	791	0	0	0	37,706	6
7	Other (specify):*	0	0	6,274	0	0	0	0	0	0	0	0	6,274	7
8	TOTAL General Services	4,027	3,007	43,407	(298,788)	0	0	(143)	791	0	0	0	(247,699)	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	0	0	51,770	19,370	(1,417)	0	0	0	0	0	0	69,723	10
10a	Therapy	0	0	0	0	0	(5,208)	0	0	0	0	0	(5,208)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	6,230	0	0	0	0	0	0	0	0	6,230	15
16	TOTAL Health Care and Programs	0	0	58,000	19,370	(1,417)	(5,208)	0	0	0	0	0	70,745	16
	C. General Administration													
17	Administrative	0	0	142,227	0	0	0	0	0	0	0	0	142,227	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(233)	6,975	(479,513)	0	0	0	0	0	0	0	0	(472,771)	19
20	Fees, Subscriptions & Promotions	(11,039)	0	(2,843)	0	0	0	0	0	0	0	0	(13,882)	20
21	Clerical & General Office Expenses	(28,922)	154	216,756	0	0	0	0	0	0	0	0	187,988	21
22	Employee Benefits & Payroll Taxes	(2,146)	0	0	0	(2,047)	0	0	0	0	0	0	(4,193)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,225	0	0	0	0	0	0	0	0	1,225	24
25	Other Admin. Staff Transportation	0	0	11,978	0	0	0	0	0	0	0	0	11,978	25
26	Insurance-Prop.Liab.Malpractice	0	10,232	235	0	0	0	0	0	0	0	0	10,467	26
27	Other (specify):*	(13,215)	0	50,480	0	0	0	0	0	0	0	0	37,265	27
28	TOTAL General Administration	(55,554)	17,361	(59,455)	0	(2,047)	0	0	0	0	0	0	(99,695)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(51,527)	20,368	41,952	(279,418)	(3,463)	(5,208)	(143)	791	0	0	0	(276,649)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Village Hlth Facility # 0038455 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	(17,010)	457,357	10,352	0	0	0	0	0	0	0	0	450,699	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(76,807)	360,432	83,930	0	0	0	0	0	0	0	0	367,555	32
33	Real Estate Taxes	0	122,440	6,353	0	0	0	0	0	0	0	0	128,793	33
34	Rent-Facility & Grounds	0	(874,183)	0	0	0	0	0	0	0	0	0	(874,183)	34
35	Rent-Equipment & Vehicles	0	0	35,664	0	0	0	0	0	0	0	0	35,664	35
36	Other (specify):*	0	71,519	0	0	0	0	0	0	0	0	0	71,519	36
37	TOTAL Ownership	(93,817)	137,565	136,299	0	0	0	0	0	0	0	0	180,047	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	54,782	(3,825)	0	0	0	0	0	0	50,957	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	54,782	(3,825)	0	0	0	0	0	0	50,957	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(145,345)	157,933	178,251	(224,636)	(7,289)	(5,208)	(143)	791	0	0	0	(45,645)	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	\$ 874,183	Village II, Inc.	0.00%	\$	\$(874,183)	1
2	V	32	Interest Income Repl Reserve	61	Village II, Inc.			(61)	2
3	V	19	Accounting Fees		Village II, Inc.		6,975	6,975	3
4	V	21	Misc Administrative Expenses		Village II, Inc.		154	154	4
5	V	33	Real Estate Tax Expense		Village II, Inc.		122,440	122,440	5
6	V	26	General Insurance Expense		Village II, Inc.		10,232	10,232	6
7	V	36	Mortgage Insurance Premium		Village II, Inc.		71,519	71,519	7
8	V	32	Interest- Mortgage		Village II, Inc.		357,609	357,609	8
9	V	30	Depreciation Expense		Village II, Inc.		457,357	457,357	9
10	V	32	Amortization Expense		Village II, Inc.		2,884	2,884	10
11	V	6	Maintenance		Village II, Inc.		3,007	3,007	11
12	V				Village II, Inc.				12
13	V				Village II, Inc.				13
14	Total			\$ 874,244			\$ 1,032,177	\$ * 157,933	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,093	\$ 3,093	15
16	V	24	Trav & Seminar		Alden Management Services, Inc.		1,225	1,225	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		11,978	11,978	17
18	V	26	Insurance		Alden Management Services, Inc.		235	235	18
19	V	20	Dues & Subscriptions	5,314	Alden Management Services, Inc.		2,471	(2,843)	19
20	V	30	Depreciation		Alden Management Services, Inc.		10,352	10,352	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		6,353	6,353	21
22	V	35	Rent -Equip & Vehicles		Alden Management Services, Inc.		35,664	35,664	22
23	V	32	Interest		Alden Management Services, Inc.		83,930	83,930	23
24	V	1	Dietary		Alden Management Services, Inc.		2,525	2,525	24
25	V	3	Housekeeping		Alden Management Services, Inc.		6,221	6,221	25
26	V	7	Employee Benefits -Gen'L Servs		Alden Management Services, Inc.		6,274	6,274	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		51,770	51,770	27
28	V	15	Employee Benefits -Health Care		Alden Management Services, Inc.		6,230	6,230	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		142,227	142,227	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		50,480	50,480	30
31	V	19	Professional Fees	517,006	Alden Management Services, Inc.		37,493	(479,513)	31
32	V	21	Gen'l & Admin	55,800	Alden Management Services, Inc.		272,556	216,756	32
33	V	6	Repair & Maint.	26,488	Alden Management Services, Inc.		51,782	25,294	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 604,608			\$ 782,859	\$ * 178,251	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary 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	508,431	Prism Health Care Services, Inc.		157,091	(351,340)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary Supplies	92,983	Prism Health Care Services, Inc.		48,637	(44,346)	19
20	V	39	Ventilator Rental		Prism Health Care Services, Inc.				20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		14,475	14,475	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		50,768	50,768	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		14,650	14,650	23
24	V	39	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		99,128	99,128	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			\$ 634,474			\$ 409,838	\$ * (224,636)	39

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

Facility Name & ID Number	Alden Village Hlth Facility
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0038455

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 44,682	Forum Extended Care Services II, Inc.	0.00%	\$ 41,565	\$ (3,117)	15
16	V	39	I.V.	0	Forum Extended Care Services II, Inc.		0		16
17	V	39	Wound Care Products	37,461	Forum Extended Care Services II, Inc.		34,848	(2,613)	17
18	V	10	House Stock	17,693	Forum Extended Care Services II, Inc.		16,459	(1,234)	18
19	V	10	Pharm Consult.	2,616	Forum Extended Care Services II, Inc.		2,434	(182)	19
20	V	22	Employ. Vaccin.	2,047	Forum Extended Care Services II, Inc.			(2,047)	20
21	V	39	Employ. Vaccin.		Forum Extended Care Services II, Inc.		1,904	1,904	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			\$ 104,499			\$ 97,210	\$ * (7,289)	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	10a	Therapy	\$ 165,365	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 160,157	\$ (5,208)	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			\$ 165,365			\$ 160,157	\$ * (5,208)	39

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

VII. RELATED PARTIES (continued)

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 22,621	Alden Bennett Construction Company, Inc.	0.00%	\$ 22,479	\$ (143)	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			\$ 22,621			\$ 22,479	\$ * (143)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 2,773	Alden Design Group, Inc.	0.00%	\$ 3,563	\$ 791	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			\$ 2,773			\$ 3,563	\$ * 791	39

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

Facility Name & ID Number

Alden Village Hlth Facility

0038455

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

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

Facility Name & ID Number Alden Village Hlth Facility # 0038455 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	178,624	1.38	3.45	Salary	\$ 6,376	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,554	1.38	3.45	Salary	3,446	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,554	1.38	3.45	Salary	3,446	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,475	1.38	3.45	Salary	4,014	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,121	1.38	3.45	Salary	2,146	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	143,488	1.0005	3.45	Salary	5,121	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. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 24,549		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

Ending: 2/31/2016

(773-286-8038

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge Realty		x	Mortgage	\$50,072.54	9/1/2012	\$ 15,183,700	\$ 14,192,579	9/1/2052	2.5000	\$ 357,609	1	
2												2	
3												3	
4	Insurance Interest (GL07053)		x	Medical Malpractice							1,877	4	
5	Amort of Fin Fees (GL 1918)		x	Refinancing							2,884	5	
	Working Capital												
6	Related party-AMS		x	Working Capital							83,930	6	
7												7	
8												8	
9	TOTAL Facility Related				\$50,072.54		\$ 15,183,700	\$ 14,192,579			\$ 446,300	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		x								(61)	10	
11	Int Income (GL#4975)		x									11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (61)	14	
15	TOTALS (line 9+line14)						\$ 15,183,700	\$ 14,192,579			\$ 446,239	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 71,519 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.	\$	133,800	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.)			\$	126,240	2	
3. Under or (over) accrual (line 2 minus line 1).			\$	(7,560)	3	
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	130,000	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.			\$	122,440	7	
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax	\$	6,353		
		Total Real Estate Tax Expense, Sch V, Line 33	\$	128,793		
Real Estate Tax Bill for Calendar Year:		FOR BHF USE ONLY				
2011	118,677	8	13	FROM R. E. TAX STATEMENT FOR 2015	\$	13
2012	122,946	9	14	PLUS APPEAL COST FROM LINE 5	\$	14
2013	128,125	10	15	LESS REFUND FROM LINE 6	\$	15
2014	129,912	11	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
2015	126,240	12				
The current year accrual is based on an estimated 3% increase of the prior year tax.						

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 Village Hlth Facility COUNTY Du Page

FACILITY IDPH LICENSE NUMBER 0038455

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party-Alden Management	\$ 146,629.00	\$ 6,353.00
2. 02-14-107-038	Nursing Home Facility	\$ 126,240.44	\$ 126,240.44
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 272,869.44	\$ 132,593.44

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

A. Square Feet: 68,462

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 1

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		1992	\$ 580,000	1
2					2
3	TOTALS			\$ 580,000	3

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4					\$	\$		\$	\$	4
5			1998		2,216,218	56,839	varies	56,839		1,038,629
6	119		2009	2009	11,600,002	297,436	varies	297,436		2,354,702
7										7
8										8
	Improvement Type**									
9	Repair Heater pump, replace temp controller			1992	2,131		10			2,131
10	Water heater moyor;valve repair			1993	9,288		5-15			9,288
11	Carpentry work, water heater repair			1994	63,064		3-15			63,064
12	Fire alarm repairs; brickwork; install circuits			1995	185,123	5,475	3-25	5,475		169,714
13	Village construction			1996	14,046	562	25	562		12,222
14	Install fire door			1996	2,977		15			2,977
15	Replace compressor			1997	1,825		5			1,825
16	Roof patching			1998	1,700		10			1,700
17	Replace condensing unit			1998	4,810		15			4,810
18	install damper motor &detector			1998	2,104		15			2,104
19	Replace furnace equipment			1999	1,827		15			1,827
20	install automatic door			1999	8,107		10			8,107
21	Install display and digital phones			2000	1,726		10			1,726
22	Replace HVAC burners			2000	1,607		3			1,607
23	Replace 5 ton condensing unit			2000	1,950		5			1,950
24	Install 100 amp disconnect and cable			2000	1,920		5			1,920
25	Roof repair			2000	1,583		5			1,583
26	Door Alarms			2001	19,015		10			19,015
27	Display phone and digital phone			2001	1,609		10			1,609
28	ABC (misc. repairs)			2002	2,362		5			2,362
29	Capps Plumbing (gas regulators for main gas to building)			2002	4,375		10			4,375
30	GT Mechanical (semi - hermetic compressor on RTU)			2002	5,350		10			5,350
31	ABC (wall mounted eye wash)			2002	2,507		10			2,507
32	ABC (misc. repairs)			2002	1,800		5			1,800
33										33
34										34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	ABC=-Parking lot repairs	2003	\$ 20,730	\$	10	\$	\$	\$ 20,730	37
38	ABC- misc constrction	2003	7,580		10			7,580	38
39	Capps basemetn sewers repairs	2003	2,970		3			2,970	39
40	ABC-roof repairs	2003	3,200		10			3,200	40
41	GT Mechanical-A/C repair	2003	1,773		5			1,773	41
42	Capps- install new shower drain	2003	1,215	61	20	61		802	42
43	ABC- roof repair	2003	10,121		10			10,121	43
44	ABC - Electrical repairs	2004	9,474	632	15	632		8,163	44
45	Patton Ind-gernerator repair	2004	2,050		10			2,050	45
46	ABC - roof repairs	2004	1,918		10			1,918	46
47	GT Mechanical-heater repair	2004	1,506		10			1,506	47
48	GT Mechanical-heater repair	2004	1,878		10			1,878	48
49	ABC-roof repairs	2004	3,356		10			3,356	49
50	ABC-new tile	2004	9,043		10			9,043	50
51	ABC-doors	2004	3,293	220	15	220		2,822	51
52	ABC-roof canopy	2004	3,581		10			3,581	52
53	INS, Inc-rewire for DSL	2004	1,512		10			1,512	53
54	ABC-various remodeling	2004	4,661		5			4,661	54
55	ABC-new water heater for kitchen	2004	14,644	976	15	976		12,201	55
56	ABC-bathroom remodel	2004	1,641		5			1,641	56
57	ABC-install metal door	2004	1,227		10			1,227	57
58	Capps Plumbing-install 2 discharge lines	2005	865		5			865	58
59	Patton Ind-gernerator repair	2005	1,747		5			1,747	59
60	Oak Fire-change out 30 detectors	2005	1,885		5			1,885	60
61	Equipment International-washer repairs	2005	1,905		5			1,905	61
62	ABC-firestop installation	2005	3,213		10			3,213	62
63	GT Mechanical-replace 5 ton York RTU	2005	6,160		10			6,160	63
64	GT Mechanical-replace storage tank	2005	8,935		10			8,935	64
65	ABC-diswasher repairs	2006	6,824	60	10	60		6,824	65
66	ABC - elevator pump	2006	10,042	502	20	502		5,105	66
67	ABC - elevator power supply	2006	4,974	249	20	249		2,511	67
68	Oak Fire - replace smoke detectors	2006	2,655	240	10	240		2,655	68
69	ABC-Repave parking lot	2006	3,600		8			3,600	69
70	TOTAL (lines 4 thru 69)		\$ 14,319,203	\$ 363,252		\$ 363,252	\$	\$ 3,867,044	70

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

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		\$ 14,319,203	\$ 363,252		\$ 363,252	\$	\$ 3,867,044	1
2	ABC -firewalls to existing bldg	2007	29,867	2,987	10	2,987		27,878	2
3	ABC -replace hand rails	2007	17,618	1,175	15	1,175		11,259	3
4	Oak Fire & Security - install new smoke detectors	2007	4,850	485	10	485		4,446	4
5	Top Notch Commercial- Install new compressor, filter dryer, Refr	2008	2,703	270	10	270		2,295	5
6	JulAMS IC-WRIEXP T.Mag -Capps Plumbing "15-20" backPitch	2008	4,000	200	20	200		1,683	6
7	ABC-Replace Asphalt in east Lot	2008	5,010	419	8	419		5,010	7
8	ABC- Installed new railings	2009	4,540	303	15	303		2,297	8
9	ABC -Roof Installation	2009	14,288	1,429	10	1,429		10,081	9
10	ABC- RoofTop Screening fire protect	2009	8,436	844	10	844		5,908	10
11	Skirmont Mech. Contral -Sewage Repairs	2009	4,106		5			4,106	11
12	ABC- Instll plastic thermostat, interior & Extr Archit.	2009	2,504	250	10	250		1,938	12
13	ABC- Install heater pipe in boiler room	2011	5,874	294	20	294		1,519	13
14	GARPAV-Re-stripe exsisting lay out with new seal coat in parking	2011	3,000	444	5	444		3,000	14
15	GTMPRO- Radiation Dampers & Fire Blankets	2011	4,150	519	8	519		2,733	15
16	GTMECH-Damper(fire),Ceiling redation damper repair	2012	9,099	910	10	910		3,867	16
17	ABC-Emergency hot water heater replace	2012	23,395	2,340	10	2,340		10,139	17
18	AprAMS IC-AMEEXP Floyd-Patten: Generator repairs	2013	4,885	977	5	977		3,338	18
19	ABC-dampers, fire radiation	2013	2,674	535	5	535		2,051	19
20	ABC-Wall protection: dining, activity 5 & 7, room C114, C116, C1	2013	5,481	548	10	548		1,781	20
21	ABC-dampers, fire radiation	2013	12,440	2,488	5	2,488		8,086	21
22	Tile Replacement-ALDBEN	2014	3,320	166	20	166		360	22
23	Dampers,fire radiation replace-ABC	2014	5,481	548	10	548		1,507	23
24									24
25	Flooring (new base), shower area -ALDBEN	2015	21,940	1,097	20	1,097		1,371	25
26	Belts, for dryer & washer-EQUINT	2015	3,117	623	5	623		675	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,521,981	\$ 383,103		\$ 383,103	\$	\$ 3,984,372	34

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

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		\$ 14,521,981	\$ 383,103		\$ 383,103	\$	\$ 3,984,372	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)		\$ 14,612,893	\$ 383,968		\$ 383,968	\$	\$ 4,070,710	34

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

Facility Name & ID Number Alden Village Hlth Facility

0038455

Report Period Beginning:

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

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 14,612,893	\$ 383,968		\$ 383,968	\$	\$ 4,070,710	1
2 ABC- Adjustment for realted party profit	2008	(29)	(2)		(2)		(16)	2
3 ABC- Adjustment for realted party profit	2009	(209)	(6)		(6)		(39)	3
4 ABC- Adjustment for realted party profit	2010	(237)	(9)		(9)		(57)	4
5 ABC- Adjustment for realted party profit	2011	46	1		1		5	5
6 ABC- Adjustment for realted party profit	2012	1,444	48		48		240	6
7 ABC- Adjustment for realted party profit	2013	241	10		10		71	7
8 ABC- Adjustment for realted party profit	2014	(17)	(2)		(2)		(4)	8
9 ABC- Adjustment for realted party profit	2015	(42)	(4)		(4)		(6)	9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 14,614,091	\$ 384,005		\$ 384,005	\$	\$ 4,070,904	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	\$946,436	\$84,634	\$84,634	\$	varies	\$553,902	71
72	Current Year Purchases	17,697	1,537	1,537		varies	788	72
73	Fully Depreciated Assets	812,615	2,438	2,438		varies	812,615	73
74								74
75	TOTALS	\$1,776,748	\$88,609	\$88,609	\$		\$1,367,305	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				\$	\$	\$	\$		\$	76
77	Bus repairs, including 2 in MRs on Vlg II		2006	8,315				5	8,315	77
78	MIDTRA-Bus Repairs & Bus Engine/BILAUT-Restraint		2011/2015	21,473	3,185	3,185		3/5/4	21,176	78
79	Related party-AMS	various	1998-2004	4,026				3	4,026	79
80	TOTALS			\$33,814	\$3,185	\$3,185	\$		\$33,517	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$17,004,652	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$475,798	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$475,798	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,471,727	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number	Alden Village Hlth Facility	#	0038455	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 is 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: \$ **20,834** **Description:** **Copy machine \$14,132.85 and equipment lease \$6,701.24**

(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	\$ #####	\$ 14,008	17
18					18
19	Auto lease - gl 6890	various	513.92	6,167	19
20					20
21	TOTAL		\$ #####	\$ 20,175	21

10. Effective dates of current rental agreement:

Beginning 04/01/1999

Ending **03/31/2019**

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. **12/31/2017** **\$ varies**

13. 12/31/2018 \$ varies

14.	12/31/2019	\$ varies
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*** 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.

Info avail. upon request.

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.

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	

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

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)										
		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	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	39-3	hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs							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				43,470		43,470	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1, 39-3, if any								12
13	Other (specify): <u>See Pg 16A</u>						225,089		225,089	13
14	TOTAL			\$		\$	\$ 268,559		\$ 268,559	14

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

Page 16

Col 5: PT,OT, & ST

Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.			
1.	OT		39-3	To Col 5		-		
2.	ST		39-3	To Col 5		-		
3.								
4.	PT		39-3	To Col 5		-		
5.								
6.								
7.								
8.	Pharmacy Supplies per GL					-	44,682.11	
	Manual Input from Related Party- Forum Drugs						(1,212.44)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		-	43,469.67	
10.								
11.								
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		-	0.00	
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		-	0.00	
	Total Exceptional Care (Line 12, Col 8)					-	0.00	
13.	Other:	See Pg 16A						
13.	Col 5: Manual Input: Related Party - CPT			To Col 5			0.00	From Page 6D
	Other					-	182,337.75	
	Less: Respiratory Therapy Costs reclassified to line 10A on Pg 4A						(51,893.28)	
	Manual Input: Related Party - Prism						54,781.61	From Page 6B
	Manual Input: Related Party FECII - I.V.						0.00	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products						(2,612.91)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)						41,146.37	
13.	Col 3: Transport. Specialist -Input to Column 3						1,329.51	
13.	Col 6: Supplies Total			To Col 6		-	225,089.05	
13.	Total Line 13, Column 8					-	225,089.05	
14.	Total					-	268,558.72	

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	\$	\$ 21,192	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 56,000)	1,230,307	1,230,307	3
4	Supply Inventory (priced at)	4,088	4,088	4
5	Short-Term Investments			5
6	Prepaid Insurance		8,729	6
7	Other Prepaid Expenses	6,792	59,743	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	2,937	91,786	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,244,124	\$ 1,415,845	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		580,000	13
14	Buildings, at Historical Cost		13,816,721	14
15	Leasehold Improvements, at Historical Cost	690,114	1,941,388	15
16	Equipment, at Historical Cost	409,313	755,238	16
17	Accumulated Depreciation (book methods)	(1,024,448)	(5,533,844)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		79,388	21
22	Other Long-Term Assets (spe Fin Fee		58,700	22
23	Other(specify): Due from Affiliate	1,262,142	1,262,142	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,337,121	\$ 12,959,734	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,581,245	\$ 14,375,579	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 870,098	\$ 870,098	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,576	16,576	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	540,038	540,038	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,915	20,915	31
32	Accrued Real Estate Taxes(Sch.IX-B)		130,000	32
33	Accrued Interest Payable		29,568	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Ins, Exps, IDPA, Sales Tax, etc.	195,948	195,948	36
37	Due to Affiliates	1,643,217	1,853,978	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,286,792	\$ 3,657,121	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		13,943,683	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 13,943,683	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,286,792	\$ 17,600,804	46
47	TOTAL EQUITY(page 18, line 24)	\$ (705,547)	\$ (3,225,225)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,581,245	\$ 14,375,579	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,003,472)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(57,605)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,061,077)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	355,530	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)	\$ 355,530	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)	\$ (705,547)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Village Hlth Facility

0038455

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	\$ 9,368,551	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,368,551	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen	26,572	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 26,572	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	18,900	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	835	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	30	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 19,764	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	1,728,668	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,728,668	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,143,556	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,664,114	31
32	Health Care	3,680,932	32
33	General Administration	1,937,330	33
	B. Capital Expense		
34	Ownership	999,482	34
	C. Ancillary Expense		
35	Special Cost Centers	1,954,986	35
36	Provider Participation Fee	551,182	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,788,026	40
41	Income before Income Taxes (line 30 minus line 40)**	355,530	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 355,530	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 9,219,986	44
45	Private Pay - Net Inpatient Revenue	11,261	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) Hospice	70,805	47
48	Other-(specify) Insurance/Charity/Sales Allow.	66,500	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,368,551	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 (describe) (is offset against Sch.# V)	
Record Copies- Backed out with line reference 22 on page 5A	\$ 60
Donations- Backed out with line reference 22 on page 5A	\$ 300
Day Training Income	\$ 1,726,636
Write off old A/P	\$ -
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	\$ -
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	1,672.01
Line 28 Total:	<u><u>1,728,668</u></u>

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,080	\$ 126,087	\$ 60.62	1
2	Assistant Director of Nursing	1,472	1,472	55,382	37.62	2
3	Registered Nurses	25,916	27,932	899,013	32.19	3
4	Licensed Practical Nurses	18,141	19,770	506,362	25.61	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,709	1,732	33,290	19.22	9
10	Activity Assistants	14,470	14,781	139,897	9.46	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,808	1,845	45,069	24.42	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,139	16,087	158,553	9.86	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	56,944	27.38	17
18	Housekeepers	14,015	15,257	165,336	10.84	18
19	Laundry	5,098	5,712	59,685	10.45	19
20	Administrator	2,080	2,080	125,146	60.17	20
21	Assistant Administrator	2,080	2,080	76,444	36.75	21
22	Other Administrative	2,413	2,413	80,468	33.35	22
23	Office Manager	2,034	2,090	37,761	18.07	23
24	Clerical	2,552	2,635	24,175	9.17	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	9,312	9,406	176,734	18.79	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	95,230	102,305	1,275,428	12.47	30
31	Medical Records					31
32	Other Health Care Behavioral Health	347	347	12,304	35.46	32
33	Other(specify) Transportation services	87	87	1,330	15.28	33
34	TOTAL (lines 1 - 33)	218,061	232,189	\$ 4,055,408 *	\$ 17.47	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	2229/month	\$ 26,750	1-3	35
36	Medical Director	300/month	3,600	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	218/month	2,616	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	10	440	11-3	44
45	Social Service Consultant	93/month	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	10	\$ 34,526		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	18	\$ 2,722	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	18	\$ 2,722		53

STATE OF ILLINOIS

Page 21

Facility Name & ID Number

Alden Village Hlth Facility

0038455

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
LONGO, LAURIE M	Administrator	0	\$ 125,146
HARRIS, YVONNE	Assistant Administrator	0	76,444
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 201,591

B. Administrative - Other

Description	Amount
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services	Consulting Fees	\$ 471,814
BDO Siedman/Virchow Krause	Accounting Fees	7,710
MidCap	Accounting Fees	725
MidCap Legal	Legal -Non Collection	1,069
Gozdecki	Legal -Non Collection	677
Michigan Peer Review Org.	Quality Control & Review	1,913
First Advantage	Tax Consultants	5,253
Advantage Govt Strat	Financial Consulting	4,000
AMS (Eliminated)	Allocated Legal Fees	45,192
Circuit Clerk/ DuPage Sheriff	Legal -Collection	233
Simandl Law	Legal -Non Collection	487
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 539,074

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 153,522
Unemployment Compensation Insurance	31,591
FICA Taxes	310,016
Employee Health Insurance	141,954
Employee Meals	30,155
Illinois Municipal Retirement Fund (IMRF)*	
Dental, Life, Relations, Pension & Misc	15,311
Employee Drug Test	2,688
401k Match	4,553
Employee Vaccinations	2,047
Tuition Reimbursement	
Related Party-Forum	(2,047)
Employee Benefit -Marketing	(2,146)
TOTAL (agree to Schedule V, line 22, col.8)	

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	3,961
Health Care Worker Background Check (Indicate # of checks performed 46)	1,495
Patient Background Checks 24	240
Surety Bond/Annual Rpt Fee	1,303
Health Care Council	12,096
Relias Learning/Costco/Chi. Tribune	
Related party- AMS	2,471
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related Party-AMS	1,225
Seminar Expense	
2016 Educational Conference	850
ID/DD Symposium	867
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 2,942

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

PG 21A	
Alden Village Health Care Facility for Children & Young Adults, Inc.	
Legal Fee Support	
2016	
Legal Fees Reported on Pg 21, Section C:	\$ 47,658.03
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(233.00)
Non-allowable legal fees, if any, deducted on	
- Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 2,233.03</u>

<u>In Detail:</u>		
Vendor Name	Invoice Date	Amount
Gozdecki , LLP	12/24/15	144.08
Gozdecki , LLP	12/24/15	159.96
Gozdecki , LLP	02/10/16	372.74
Simandl Law Group	10/10/16	79.18
Simandl Law Group	11/17/16	386.77
Simandl Law Group	12/13/16	21.31
MidCap Legal	1/1/16- 12/31/16	1,068.99
TOTAL ALLOWABLE LEGAL FEES		<u>2,233.03</u>

Vendor Name	Invoice Date	Amount
D Squared Reporters, Inc.	08/01/15-12/31/15	8.00
Clerk of the Circuit Court	07/15/16	180.00
Sheriff of DuPage County	07/15/16	45.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES	<u>233.00</u>
---	---------------

Vendor Name	Invoice Date	Amount
AMS Allocated Legal Fees	1/1/16- 12/31/16	45,192.00

TOTAL Allocated Legal Fees	<u>45,192.00</u>
----------------------------	------------------

Total Legal Cost	<u>47,658.03</u>
------------------	------------------

XX. GENERAL INFORMATION:

(1)

Are nursing employees (RN,LPN,NA) represented by a union?

Hab Aides:Yes,RN/LPN

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

Health Care Council -\$12,096

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

Yes
Yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
7.5

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 54,056 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
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.
This amount is to be recorded on line 42 of Schedule V.

\$ 551,182

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

(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?
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.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ 30,155
No
Indicate the amount. \$ N/A

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No
N/A

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?
Indicate the amount of income earned from providing such transportation during this reporting period.

No
\$ 0

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No

(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.
Attach invoices and a summary of services for all architect and appraisal fees

Yes

HFS 3745 (N-4-99)

IL478-2471