

		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.

<p>I. IDPH License ID Number: <u>0042192</u></p> <p>Facility Name: <u>Alden Estates of Orland Park</u></p> <p>Address: <u>16450 South 97th Ave</u> <u>Orland Park</u> <u>60462</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 403-6500</u> Fax # <u>(708) 873-9774</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>01/08/98</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td style="width:33%"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%"> <tr> <td rowspan="3" style="width:15%; text-align: center; vertical-align: middle;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Randi Schlossberg-Schullo</u></td> </tr> <tr> <td>(Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td rowspan="5" style="width:15%; text-align: center; vertical-align: middle;">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name & Address) _____</td> </tr> <tr> <td>(Telephone) <u>() ()</u> Fax # () ()</td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Randi Schlossberg-Schullo</u>	(Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>() ()</u> Fax # () ()
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																	
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	(Telephone) <u>() ()</u> Fax # () ()																																		

Facility Name & ID Number Alden Estates of Orland Park

0042192 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	200	Skilled (SNF)	200	73,200	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	200	TOTALS	200	73,200	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	336	5,704	24,718	30,758	8
9	SNF/PED					9
10	ICF	12,725	5,515	1,370	19,610	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	13,061	11,219	26,088	50,368	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.81%

D. How many bed-hold days during this year were paid by the Department?

0 (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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 01/19/98

J. Was the facility purchased or leased after January 1, 1978?

YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 200 and days of care provided 24,524

Medicare Intermediary National Government Services, Inc

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES 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 Estates of Orland Park # 0042192 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	701,337	57,168	2,562	761,067	2,426	763,493	7,918	771,411		1
2	Food Purchase		447,614		447,614	(24,177)	423,437	(24,729)	398,708		2
3	Housekeeping	255,612	71,208		326,820	1,366	328,186	7,057	335,243		3
4	Laundry	73,284	49,866		123,150	979	124,129		124,129		4
5	Heat and Other Utilities			231,081	231,081		231,081	3,508	234,589		5
6	Maintenance	73,299		342,620	415,919	2,203	418,122	40,357	458,479		6
7	Other (specify):* security/related party			1,068	1,068		1,068	7,117	8,185		7
8	TOTAL General Services	1,103,532	625,856	577,331	2,306,719	(17,203)	2,289,516	41,228	2,330,744		8
	B. Health Care and Programs										
9	Medical Director			33,500	33,500		33,500		33,500		9
10	Nursing and Medical Records	4,207,384	289,209	18,717	4,515,310	16,684	4,531,994	58,111	4,590,105		10
10a	Therapy	120,292	8,157	42,332	170,781		170,781		170,781		10a
11	Activities	159,177	9,497	14,585	183,259	147	183,406		183,406		11
12	Social Services	53,439			53,439		53,439		53,439		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,067	7,067		15
16	TOTAL Health Care and Programs	4,540,292	306,863	109,134	4,956,289	16,831	4,973,120	65,178	5,038,298		16
	C. General Administration										
17	Administrative	209,374			209,374		209,374	161,344	370,718		17
18	Directors Fees										18
19	Professional Services			1,735,491	1,735,491		1,735,491	(1,649,386)	86,105		19
20	Dues, Fees, Subscriptions & Promotions			119,328	119,328		119,328	(82,392)	36,936		20
21	Clerical & General Office Expenses	364,058	32,973	218,711	615,742	(1,382)	614,360	92,044	706,404		21
22	Employee Benefits & Payroll Taxes			1,143,165	1,143,165	1,754	1,144,919	(34,068)	1,110,851		22
23	Inservice Training & Education										23
24	Travel and Seminar			430	430		430	1,390	1,820		24
25	Other Admin. Staff Transportation			430	430		430	13,588	14,018		25
26	Insurance-Prop.Liab.Malpractice			276,231	276,231		276,231	14,228	290,459		26
27	Other (specify):* related party			288,089	288,089		288,089	(230,824)	57,265		27
28	TOTAL General Administration	573,432	32,973	3,781,875	4,388,280	372	4,388,652	(1,714,076)	2,674,576		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,217,256	965,692	4,468,340	11,651,288		11,651,288	(1,607,670)	10,043,618		29

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

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

Facility Name & ID Number

Alden Estates of Orland Park

#0042192

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			28,949	28,949		28,949	421,580	450,529			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			233,840	233,840		233,840	450,943	684,783			32
33	Real Estate Taxes			902,571	902,571	(902,571)		909,258	909,258			33
34	Rent-Facility & Grounds			845,568	845,568	902,571	1,748,139	(1,748,139)				34
35	Rent-Equipment & Vehicles			14,629	14,629		14,629	40,458	55,087			35
36	Other (specify):* MIP							69,193	69,193			36
37	TOTAL Ownership			2,025,557	2,025,557		2,025,557	143,293	2,168,850			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,802,937	2,987,086	4,790,023		4,790,023	(266,422)	4,523,601			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee				256,457		256,457		256,457			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,802,937	2,987,086	5,046,480		5,046,480	(266,422)	4,780,058			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,217,256	2,768,629	9,480,983	18,723,325		18,723,325	(1,730,799)	16,992,526			45

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

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(24,177)	Employee Meals
	22	24,177	Employee Meals
22		(22,423)	Uniform Reclass
	1	2,426	Uniform Reclass
	3	1,366	Uniform Reclass
	4	979	Uniform Reclass
	6	133	Uniform Reclass
	10	16,684	Uniform Reclass
	11	147	Uniform Reclass
	21	688	Uniform Reclass
10			Oxygen Cost Reclass
	39		Oxygen Cost Reclass
33		(902,571)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	902,571	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(2,070)	Vendor Settlements [Kone, Inc]
	6	2,070	Vendor Settlements [Kone, Inc]
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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(46)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,692)	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	2,145	30		9
10	Interest and Other Investment Income	(1,495)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(7,125)	2		13
14	Non-Care Related Interest	(3,787)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(4,066)	21		17
18	Fines and Penalties	(2,860)	32		18
19	Entertainment	(6,440)	20		19
20	Contributions	(6,670)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,393)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(288,089)	27		24
25	Fund Raising, Advertising and Promotional	(28,503)	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)	\$ (366,021)		\$	30

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(1,192,563)	Various	34
35	Other- Attach Schedule	(172,215)	Pg5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,364,778)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,730,799)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Alden Estates of Orland Park

ID# 0042192

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (5,494)	21	1
2				2
3	Miscellaneous income (medical records)	(7,050)	10	3
4				4
5				5
6	Vendor discounts	(626)	10	6
7				7
8	Marketing personnel (g/1 6701-100-009 & 014)	(139,668)	21	8
9	Marketing personnel employee benefit deduction	(25,150)	22	9
10				10
11	Bank charges (Orland Associates Pg6)	(234)	21	11
12				12
13				13
14				14
15	Elim Deprec Exp on Pg12 items under \$2,500 -	(14,490)	30	15
16	Elim Deprec Exp on Pg13 items under \$2,500 -	(3,085)	30	16
17	Expense Pg12 items under \$2,500-curr yr purch +	18,891	6	17
18	Expense Pg13 items under \$2,500-curr yr purch +	4,788	6	18
19	Adj for ABC related party profit '08- '15- Pg12	142	30	19
20				20
21	Adjust YTD depreciation	(1,194)	30	21
22				22
23				23
24				24
25	2004 Real estate tax refund	955	33	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	(172,215)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	2,865	5,053	0	0	0	0	0	0	0	7,918	1
2	Food Purchase	(7,171)	0	0	(17,558)	0	0	0	0	0	0	0	(24,729)	2
3	Housekeeping	0	0	7,057	0	0	0	0	0	0	0	0	7,057	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	3,508	0	0	0	0	0	0	0	0	3,508	5
6	Maintenance	7,987	0	31,324	0	0	0	(236)	1,282	0	0	0	40,357	6
7	Other (specify):*	0	0	7,117	0	0	0	0	0	0	0	0	7,117	7
8	TOTAL General Services	816	0	51,871	(12,505)	0	0	(236)	1,282	0	0	0	41,228	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	(7,676)	0	58,728	9,834	(2,775)	0	0	0	0	0	0	58,111	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	7,067	0	0	0	0	0	0	0	0	7,067	15
16	TOTAL Health Care and Programs	(7,676)	0	65,795	9,834	(2,775)	0	0	0	0	0	0	65,178	16
	C. General Administration													
17	Administrative	0	0	161,344	0	0	0	0	0	0	0	0	161,344	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,393)	8,603	(1,654,596)	0	0	0	0	0	0	0	0	(1,649,386)	19
20	Fees, Subscriptions & Promotions	(41,613)	307	(41,086)	0	0	0	0	0	0	0	0	(82,392)	20
21	Clerical & General Office Expenses	(149,462)	234	241,272	0	0	0	0	0	0	0	0	92,044	21
22	Employee Benefits & Payroll Taxes	(25,150)	0	0	0	(8,918)	0	0	0	0	0	0	(34,068)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,390	0	0	0	0	0	0	0	0	1,390	24
25	Other Admin. Staff Transportation	0	0	13,588	0	0	0	0	0	0	0	0	13,588	25
26	Insurance-Prop.Liab.Malpractice	0	13,961	267	0	0	0	0	0	0	0	0	14,228	26
27	Other (specify):*	(288,089)	0	57,265	0	0	0	0	0	0	0	0	(230,824)	27
28	TOTAL General Administration	(507,707)	23,105	(1,220,556)	0	(8,918)	0	0	0	0	0	0	(1,714,076)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(514,567)	23,105	(1,102,890)	(2,671)	(11,693)	0	(236)	1,282	0	0	0	(1,607,670)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	(16,482)	434,525	3,537	0	0	0	0	0	0	0	0	421,580	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(8,142)	451,005	8,080	0	0	0	0	0	0	0	0	450,943	32
33	Real Estate Taxes	955	902,571	5,732	0	0	0	0	0	0	0	0	909,258	33
34	Rent-Facility & Grounds	0	(1,748,139)	0	0	0	0	0	0	0	0	0	(1,748,139)	34
35	Rent-Equipment & Vehicles	0	0	40,458	0	0	0	0	0	0	0	0	40,458	35
36	Other (specify):*	0	69,193	0	0	0	0	0	0	0	0	0	69,193	36
37	TOTAL Ownership	(23,669)	109,155	57,807	0	0	0	0	0	0	0	0	143,293	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	(57,176)	(105,104)	(104,142)	0	0	0	0	0	(266,422)	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	(57,176)	(105,104)	(104,142)	0	0	0	0	0	(266,422)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(538,236)	132,260	(1,045,083)	(59,847)	(116,797)	(104,142)	(236)	1,282	0	0	0	(1,730,799)	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 Lease Revenue	\$ 1,748,139	Orland Associates, LLC	0.00%	\$	\$ (1,748,139)	1
2	V	32 Interest Inc-R/R & Int Inc	318	Orland Associates, LLC			(318)	2
3	V	32 Interest Income-Intercompany	133,355	Orland Associates, LLC			(133,355)	3
4	V	20 Annual Report Fee		Orland Associates, LLC		307	307	4
5	V	19 Accounting Fees		Orland Associates, LLC		8,375	8,375	5
6	V	21 Bank Charges		Orland Associates, LLC		234	234	6
7	V	33 Real Estate Taxes		Orland Associates, LLC		902,571	902,571	7
8	V	26 Insurance Expense		Orland Associates, LLC		13,961	13,961	8
9	V	36 Mortgage Insurance Expense		Orland Associates, LLC		69,193	69,193	9
10	V	32 Interest Expense		Orland Associates, LLC		577,105	577,105	10
11	V	30 Depreciation		Orland Associates, LLC		434,525	434,525	11
12	V	32 Amortization		Orland Associates, LLC		7,573	7,573	12
13	V	19 Legal Fees		Orland Associates, LLC		228	228	13
14	Total		\$ 1,881,812			\$ 2,014,072	\$ * 132,260	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%	\$ 3,508	\$ 3,508 15
16	V	24 Travel / Seminar		Alden Management Services, Inc.		1,390	1,390 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		13,588	13,588 17
18	V	26 Insurance		Alden Management Services, Inc.		267	267 18
19	V	20 Dues / Subscriptions	43,889	Alden Management Services, Inc.		2,803	(41,086) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537	3,537 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,732	5,732 21
22	V	35 Rent-Equip/Vehicle		Alden Management Services, Inc.		40,458	40,458 22
23	V	32 Interest		Alden Management Services, Inc.		8,080	8,080 23
24	V	1 Dietary salary		Alden Management Services, Inc.		2,865	2,865 24
25	V	3 Housekeeping salary		Alden Management Services, Inc.		7,057	7,057 25
26	V	7 Employee Benef-Gen'l Servs		Alden Management Services, Inc.		7,117	7,117 26
27	V	10 Nursing & Medical records salary		Alden Management Services, Inc.		58,728	58,728 27
28	V	15 Employee Benef-Health Care		Alden Management Services, Inc.		7,067	7,067 28
29	V	17 Administrative salary		Alden Management Services, Inc.		161,344	161,344 29
30	V	27 Employee Benef-Administrative		Alden Management Services, Inc.		57,265	57,265 30
31	V	19 Professional Fees & salary	1,693,075	Alden Management Services, Inc.		38,479	(1,654,596) 31
32	V	21 Gen'l & Admin	67,920	Alden Management Services, Inc.		309,192	241,272 32
33	V	6 Repair & Maintenance	43,876	Alden Management Services, Inc.		75,200	31,324 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,848,760			\$ 803,677	\$ * (1,045,083) 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	2 Tube Feed	\$ 58,155	Prism Health Care Services, Inc.	0.00%	\$ 22,873	\$ (35,282)
16	V	10 Equip Rent	6,660	Prism Health Care Services, Inc.		11,380	4,720
17	V	39 Supplies	156,688	Prism Health Care Services, Inc.		64,905	(91,783)
18	V	1 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Services, Inc.		5,053	5,053
19	V	2 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Services, Inc.		17,724	17,724
20	V	10 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Services, Inc.		5,114	5,114
21	V	39 Gen'l&Admin&'EE Benefit Costs		Prism Health Care Services, Inc.		34,607	34,607
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 221,503			\$ 161,656	\$ * (59,847)

* 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	\$ 1,446,814	Forum Extended Care Services II, Inc.	0.00%	\$ 1,345,898	\$ (100,916)
16	V	39 I.V.	171,178	Forum Extended Care Services II, Inc.		159,238	(11,940)
17	V	39 Wound care products	7,802	Forum Extended Care Services II, Inc.		7,258	(544)
18	V	10 House stock	34,988	Forum Extended Care Services II, Inc.		32,548	(2,440)
19	V	10 Pharm consult.	4,800	Forum Extended Care Services II, Inc.		4,465	(335)
20	V	22 Employee vaccin	8,918	Forum Extended Care Services II, Inc.			(8,918)
21	V	39 Employee vaccin		Forum Extended Care Services II, Inc.		8,296	8,296
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,674,500			\$ 1,557,703	\$ * (116,797)

* 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	\$ 2,886,529	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 2,782,387	\$ (104,142)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 2,886,529			\$ 2,782,387	\$ * (104,142)

* 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	\$ 37,359	Alden Bennett Construction Company, Inc.	0.00%	\$ 37,123	\$	(236)	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		\$ 37,359			\$ 37,123	\$ *	(236)	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	\$ 4,495	Alden Design Group, Inc.	0.00%	\$ 5,777	\$ 1,282	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		\$ 4,495			\$ 5,777	\$ *	1,282	39

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

Facility Name & ID Number

Alden Estates of Orland Park

0042192

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 Estates of Orland Park

0042192

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	177,767	1.564	3.91	Salary	\$ 7,233	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,091	1.564	3.91	Salary	3,909	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,091	1.564	3.91	Salary	3,909	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,935	1.564	3.91	Salary	4,554	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,833	1.564	3.91	Salary	2,434	21-7	5
6	Randi Schlossberg-Schullo F.	President	President	0.00	148,609	1.134	3.91	Salary	5,810	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	\$ 27,849		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 Estates of Orland Park

0042192

Report Period Beginning:

01/01/2016

Ending: 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	1,288,358	34	\$ 89,742	\$ 50,368	\$ 3,508	1	
2	24	Trav & Seminar	Patient Days	1,288,358	34	35,559	50,368	1,390	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	50,368	13,588	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	50,368	267	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	50,368	2,803	5	
6	30	Depreciation	No of Providers	34	34	140,451	1	3,537	6	
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398	50,368	5,732	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	50,368	40,458	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	50,368	8,080	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	50,368	2,865	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	50,368	7,057	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,288,358	34	182,054	50,368	7,117	12	
13	10	Nurs & Med Records Salary	Patient Days/usage	1,288,358	34	1,519,466	1,519,466	50,368	58,728	13
14	15	Employee Benefits -Health Care	Patient Days	1,288,358	34	180,775	50,368	7,067	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	50,368	161,344	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	50,368	57,265	16	
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	50,368	38,479	17
18	21	Gen'I & Admin	Patient Days/usage	1,288,358	34	7,908,785	6,929,587	50,368	309,192	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	50,368	75,200	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 803,677	25	

Facility Name & ID Number

Alden Estates of Orland Park

0042192

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	Name of Lender	2 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge Realty		X	Mortgage	\$62,864.41	3/30/11	\$ 14,668,300	\$ 13,757,879	4/1/2051	4.1700	\$ 577,105	1
2	Bank Leumi		X	Line of credit	varies	8/29/12	1,717,920	1,966,757	3/6/2017	5.0000	89,583	2
3	Amortization		X	Refinancing fee							8,673	3
4												4
5	Insurance Interest (GL7053)		X	Malpractice Insurance							3,155	5
Working Capital												
6	Related party-AMS		X	Working Capital							8,080	6
7												7
8												8
9	TOTAL Facility Related				\$62,864.41		\$ 16,386,220	\$ 15,724,636			\$ 686,596	9
B. Non-Facility Related*												
10	Interest Income on R/R		X								(96)	10
11	Interest-Leumi LLC acct		X								(222)	11
12	Interest Income (GL 4975)		X								(1,495)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (1,813)	14
15	TOTALS (line 9+line14)						\$ 16,386,220	\$ 15,724,636			\$ 684,783	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 69,193 Line # 36

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

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

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

B. Real Estate Taxes

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

1. Real Estate Tax accrual used on 2015 report.		\$	<u>908,700</u>	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.)		\$	<u>892,726</u>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(15,974)</u>	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>919,500</u>	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.		\$	<u>903,526</u>	7
Real Estate Tax History:			Plus: Related Party Taxes - See Pg RE_Tax	\$ 5,732
			Total Real Estate Tax Expense, Sch V, Line 33	\$ <u>909,258</u>
Real Estate Tax Bill for Calendar Year:	2011	<u>753,283</u>	8	
	2012	<u>791,302</u>	9	
	2013	<u>816,703</u>	10	
	2014	<u>882,219</u>	11	
	2015	<u>892,726</u>	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.				
				FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2015	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Orland Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042192

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) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>146,629.00</u>	\$ <u>5,732.00</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. <u>27-21-401-003-000</u>	<u>Nursing facility</u>	\$ <u>902,571.00</u>	\$ <u>902,571.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>1,049,200.00</u></u>	\$ <u><u>908,303.00</u></u>

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

Attach a copy of the original 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 provide copies of their original **second installment tax bill.**

Facility Name & ID Number Alden Estates of Orland Park

0042192

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 92,048 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	350,871	1997	\$ 584,920	1
2					2
3	TOTALS	350,871		\$ 584,920	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	200	1998	1997	\$ 12,679,210	\$ 314,835	40	\$ 316,980	\$ 2,145	\$ 6,021,139	4
5										5
6										6
7										7
8										8
Improvement Type**										
9			1998	2,975		10			2,975	9
10			1998	1,648		10			1,648	10
11			1998	2,158		5			2,158	11
12			1998	4,446		10			4,446	12
13			1998	6,236		10			6,236	13
14			1998	4,608		5			4,608	14
15			1999	14,529	726	20	726		13,071	15
16			1999	5,400		15			5,400	16
17			1999	2,070		15			2,070	17
18			1999	3,400		5			3,400	18
19			1999	2,000		5			2,000	19
20			1999	2,625		15			2,625	20
21			2000	9,767		10			9,767	21
22			2000	7,765		10			7,765	22
23			2000	1,384	69	20	69		1,174	23
24			2000	1,674	84	20	84		1,426	24
25			2000	1,689	84	20	84		1,431	25
26			2000	1,684	84	20	84		1,429	26
27			2000	2,376	119	20	119		2,022	27
28			2000	5,079		10			5,079	28
29			2000	7,765		10			7,765	29
30			2000	2,073		10			2,073	30
31			2000	2,798		10			2,798	31
32			2000	4,437		10			4,437	32
33			2000	2,290		15			2,290	33
34			2000	2,915		10			2,915	34
35			2001	1,977	31	15	31		1,977	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 Estates of Orland Park

0042192

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	Capps Plumbing (repair pump)	2002	7,214		15			7,214	37
38	Med-Con (alarm system)	2002	813		10			813	38
39	Alden Bennett Construction (time & material)	2002	4,008	267	15	267		3,917	39
40	Alden Bennett Construction (time & material)	2002	2,809	187	15	187		2,759	40
41	Alden Bennett Construction (time & material)	2002	2,365	158	15	158		2,342	41
42									42
43	Alden Bennett Cons..auto. Door opener	2003	3,915		10			3,915	43
44	Alden Bennet Cons. laundry press/gas/ellec	2003	6,825	455	15	455		6,370	44
45	GT Mechanical-repair heat pump	2003	1,797		5			1,797	45
46	CSI Coker-rebuild dishwasher	2003	4,333		10			4,333	46
47	Real Green-sprinkler system repair	2003	3,600		5			3,600	47
48	Real Green-sprinkler system repair	2003	1,750		5			1,750	48
49	CSI Coker kitchen exhaust pipe repair	2003	1,728		5			1,728	49
50	CSI Coker-walk in freezer repair	2003	1,560		5			1,560	50
51	Alden Bennett Cons.-ejector pump repair	2003	1,182		5			1,182	51
52	Controlled Irrigation-sprinkler system repair	2003	2,552		5			2,552	52
53	Alden Bennett Cons-ejector pump repairs	2003	2,991		5			2,991	53
54	B&K Landscaping-crushed stone walkway base	2003	1,400		10			1,400	54
55									55
56	Alden Bennett - Repairs	2004	1,700	113	15	113		1,366	56
57	Top Notch - Repairs	2004	2,189	146	15	146		1,764	57
58	Alden Bennett Construction - laundry press/gas/electric/pipe	2004	4,062	203	20	203		2,588	58
59	GT Mechanical-repair heat pump	2004	1,083	54	20	54		689	59
60	GT Mechanical-replace A/C compressor unit	2004	8,600	573	15	573		7,163	60
61	Insurance refund on above asset	2004	(3,600)	(240)	15	(240)		(3,000)	61
62	GT Mechanical-repair heater leak	2004	583		5			583	62
63	GT Mechanical-repair valve leak	2004	718		5			718	63
64	GT Mechanical-heater repair	2004	753		5			753	64
65	New Horizons - Phone line repair	2004	2,793		10			2,793	65
66	B & K Landscaping- crushedstone walkway base	2004	2,420	161	15	161		2,040	66
67	Alden Bennett - Plumbing Repair	2004	866		5			866	67
68	GT Mechanical - Repair compressor leak	2004	700		5			700	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,860,685	\$ 318,111		\$ 320,256	\$ 2,145	\$ 6,195,372	70

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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		\$ 12,860,685	\$ 318,111		\$ 320,256	\$ 2,145	\$ 6,195,372	1
2	GT Mechanical - Repair cooling fan	2004	1,256		5			1,256	2
3	GT Mechanical - Repairs	2004	679		5			679	3
4	Top Notch - Repairs	2004	839		5			839	4
5	GT Mechanical - AC maintenance/repair	2004	1,108		5			1,108	5
6	GT Mechanical - Replace CFM & contactor	2004	1,126		10			1,126	6
7	Replace condenser fan motor	2004	1,204		10			1,204	7
8	Building Repairs	2004	5,871	391	15	391		4,823	8
9	A&B Custom Cable TV Service, Inc. - Inst cable jacks	2004	8,120		10			8,120	9
10	GTMECH-Replace Gas Valve in the RTU	2005	2,165	144	15	144		1,728	10
11	TOPNOT Commercial Kitchen	2005	1,735	116	15	116		1,392	11
12	New Horizons Phone Repair	2005	2,461		10			2,461	12
13	Dryer and Condensing Unit	2005	1,309		10			1,309	13
14									14
15	ABC Installed Cabinets and Drawers	2005	5,332	355	15	355		4,083	15
16	New Horizons CRD 6 Circuit	2005	2,285		10			2,285	16
17	New Furnance	2005	2,299		5			2,299	17
18	12 New Phones	2005	3,559		10			3,559	18
19	ABC repair work on entry ramp and ramp walls	2005	5,211	347	15	347		3,817	19
20	Millcar Milliken Carpets	2005	18,160		10			18,160	20
21	Asphalt the Parking Lot	2005	1,806		10			1,806	21
22	Asphalt the Parking Lot	2005	1,787		10			1,787	22
23	Millcar Milliken Carpets	2005	(15,609)		10			(15,609)	23
24	Parking Lot	2006	217,356		8			217,356	24
25	Installed new seal and started on HP-1	2006	2,528	19	10	19		2,528	25
26	Installed new power supply	2006	4,274	214	20	214		2,336	26
27	Removed and replaced carpet	2006	3,848		5			3,848	27
28	Repair Generator	2006	2,819		5			2,819	28
29	Installed new vanity countertop	2006	3,277	80	10	80		3,277	29
30	Installed sewage ejector pump	2006	4,453	297	15	297		3,019	30
31	Carpet for the second floor	2006	31,104		5			31,104	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,183,047	\$ 320,074		\$ 322,219	\$ 2,145	\$ 6,509,891	34

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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		\$ 13,183,047	\$ 320,074		\$ 322,219	\$ 2,145	\$ 6,509,891	1
2	New Carpet at Orland	2007	38,166		5			38,166	2
3	Adjustment Alden bennett 2002 costs	2007	(4,558)	(304)	15	(304)		(2,939)	3
4	New Park Benches	2007	2,606		5			2,606	4
5	Install intercom system	2007	5,825	583	10	583		5,538	5
6	replaced worn and broken locksets	2007	6,137		5			6,137	6
7	Modifications to irrigation system	2007	22,716		5			22,716	7
8	Major repair to Dryer	2007	5,088	509	10	509		4,751	8
9	Porch repair	2007	2,695		5			2,695	9
10	new carpet	2007	19,420		5			19,420	10
11	Topnot Booster Heater	2007	5,462	546	10	546		4,960	11
12	Replaced damaged parking lot with new material	2007	6,020		8			6,020	12
13	Additional work on parking lot	2007	7,771		8			7,771	13
14	Fence around parking lot	2007	6,996		8			6,996	14
15	New Door and concrete around area-ABC	2008	5,215	348	15	348		2,929	15
16	Laundry chute Door-ABC	2008	8,803	880	10	880		7,407	16
17	New Receiving Door and new motor-ABC	2008	6,271	627	10	627		5,225	17
18	Replace receiving door-ABC	2008	2,521	252	10	252		2,037	18
19	Replace laundry chute, ceiling tile, broken plumbing & electrical f	2009	7,028	703	10	703		5,155	19
20	Asphalt paving-ABC	2009	22,465	2,808	8	2,808		20,124	20
21	Coating EIFS installation of control joint-ABC	2009	3,275		5			3,275	21
22	Concrete & EIFS coating repairs - J.S. Goray	2009	8,670	578	15	578		4,335	22
23	Repair railings & exterior EIFS entrance-ABC	2009	8,665	578	15	578		4,287	23
24	Oxygen suction system repaired air hoses-Medical Gas Mngmt	2010	11,467	389	5	389		11,467	24
25	Elevator: CPU repairs/parts-Long Elevator Co.	2010	5,675		5			5,675	25
26	Paving-Asphalt cleaned sealcoat applied-Garelli Pavement	2010	3,450	431	8	431		2,730	26
27	Engineering Fees, rebuilding-Therapy Room-ABC	2010	6,796	453	15	453		2,831	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,407,693	\$ 329,455		\$ 331,600	\$ 2,145	\$ 6,712,205	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 13,407,693	\$ 329,455		\$ 331,600	\$ 2,145	\$ 6,712,205	1
2	Carpentry Accoustical work - ABC	2011	17,521	1,168	15	1,168		6,619	2
3	Carpentry drywall accoustical demoli. work - ABC	2011	57,595	3,840	15	3,840		21,760	3
4	Carpentry electrical work - ABC	2011	48,742	3,249	15	3,249		18,411	4
5	Framing/drywall fire protection work - ABC	2011	19,334	1,289	15	1,289		7,304	5
6	HVAC/Plumbing - ABC	2011	32,533	2,169	15	2,169		12,291	6
7	Plumbing fire protection work - ABC	2011	18,840	1,256	15	1,256		7,117	7
8	Pier construction (3) - JMALLE	2011	19,637	982	20	982		5,155	8
9	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	33,117	1,656	20	1,656		8,418	9
10	Pier construction - concrete/carpentry/finish hardware/electrical f	2011	55,850	2,793	20	2,793		14,275	10
11	Pier construction - fence/electrical fixtures - ABC	2011	5,005	250	20	250		1,271	11
12	Pier construction - landscaping - ABC	2011	26,077	1,304	20	1,304		6,629	12
13									13
14	Generator transfer switch/install - ABC	2011	12,578	837	5	837		12,578	14
15	Upholstery - Design	2011	2,905	194	5	194		2,905	15
16									16
17	Sprinkley heads & pressure gauges (11) - US Fire	2012	5,856	1,171	5	1,171		4,996	17
18	Fire damper replacement and repairs labor - GT Mechanical	2012	12,585	1,259	10	1,259		5,246	18
19	Pier construction - landscaping - Sebort	2012	6,215	311	20	311		1,373	19
20									20
21	Paving, parking lot, sealcoat/re-stripe-ABC	2013	26,195	1,746	15	1,746		5,929	21
22	Asphalt walking path, excavate/install-ABC	2013	16,194	2,024	8	2,024		6,578	22
23	Washer motor-Washtown Equipment	2013	2,617	523	5	523		1,962	23
24	Sprinkler heads, dry pendants (4, cooler & freezer)-Valley Fire	2013	2,664	533	5	533		1,643	24
25									25
26	Adj for ABC related party profit	2008	(130)	(8)		(8)		(68)	26
27	Adj for ABC related party profit	2009	(547)	(30)		(30)		(225)	27
28	Adj for ABC related party profit	2010	(83)	(2)		(2)		(13)	28
29	Adj for ABC related party profit	2011	2,545	170		170		782	29
30									30
31	Adj for ABC related party profit	2013	571	16		16		64	31
32	Adj for ABC related party profit	2014	(19)	(0)		(0)		(0)	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,832,090	\$ 358,155		\$ 360,300	\$ 2,145	\$ 6,865,204	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 13,832,090	\$ 358,155		\$ 360,300	\$ 2,145	\$ 6,865,204	1
2	Fireproof spray-on toilet shafts and main ducts-ABC	2014	9,997	1,000	10	1,000		2,083	2
3	Resurface stair and ramp walls, top patio and stair landing (w/CT)	2014	4,188	838	5	838		1,746	3
4									4
5	Fire damper - ABC	2015	8,157	816	10	816		1,224	5
6	Fire damper - ABC	2015	13,276	1,328	10	1,328		1,992	6
7	Pump, Heat, repair - ABC	2015	5,188	1,038	5	1,038		1,903	7
8									8
9	Adj for ABC related party profit	2015	(50)	(4)		(4)		(8)	9
10									10
11	Fire damper (room 211) - ABC	2016	2,567	257	10	257		257	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)		\$ 13,875,413	\$ 363,428		\$ 365,573	\$ 2,145	\$ 6,874,401	34

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

Facility Name & ID Number Alden Estates of Orland Park

0042192

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		\$ 13,875,413	\$ 363,428		\$ 365,573	\$ 2,145	\$ 6,874,401	1
2	Forum Prof Ctr: Build Improv - multiple	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Tennant Improv	1980	30,457		15			30,457	3
4	Forum Prof Ctr: AMS remodel	1986	961		13			961	4
5	Forum Prof Ctr: Roof	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Build Improv-multiple	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Asphalt/Design/etc.	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Remodel/electrical	2000	1,919		10			1,919	8
9	Forum Prof Ctr: bathroom remodel	2001	748		7			748	9
10	Forum Prof Ctr: remodel suites/etc.	2002	661		5			661	10
11	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2003	850		9			850	11
12	Forum Prof Ctr: Suite renovation	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Superior installations, etc.	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2006	126		4			126	14
15	Forum Prof Ctr: Park. Lot/glass/maj hvac	2007	508		7			508	15
16	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2008	436		7			436	16
17	Forum Prof Ctr: Building Renovations	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: Elect Install/sewer excavation	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2014	440	44	10	44		100	22
23	Alden Mgt Servs: Remodel suites	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		13			290	25
26	Alden Mgt Servs: Motor Controller PC Board	2003	6,295		11			6,295	26
27		2014	86	17	5	17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,966,326	\$ 364,293		\$ 366,438	\$ 2,145	\$ 6,960,739	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	\$ 665,010	\$ 66,196	\$ 66,196	\$	varies	\$ 293,073	71
72	Current Year Purchases	112,188	6,564	6,564		varies	6,196	72
73	Fully Depreciated Assets	1,786,445	11,331	11,331		varies	1,786,445	73
74								74
75	TOTALS	\$ 2,563,643	\$ 84,091	\$ 84,091	\$		\$ 2,085,714	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	Car Engine/Bus/Van	Various/Dodge	'98-'04	\$ 8,164	\$	\$	\$		\$ 8,164	76
77	Midwest Transit	Ford Eldorado	2000	49,826					49,826	77
78	Water hoses replace on auto	Various	2005	1,537					1,537	78
79	Related party-AMS	Various	1998-2004	4,026				3	4,026	79
80	TOTALS			\$ 63,553	\$	\$	\$		\$ 63,553	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)	\$ 17,178,442	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 448,384	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 450,529	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 2,145	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,110,006	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 Estates of Orland Park

0042192

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

10. Effective dates of current rental agreement:

Beginning 04/01/1996

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2017</u>	\$ <u>varies</u>
13.	<u>12/31/2018</u>	\$ <u>varies</u>
14.	<u>12/31/2019</u>	\$ <u>varies</u>

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

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

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

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 29,910 Description: copy machine lease 13,505 (6861); postage meter 1,123 (6850); equipment lease 15,282 (6859)

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>15,891</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>15,891</u>	21

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

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 1,340,444	\$		\$ 1,340,444	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			174,807			174,807	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,344,005			1,344,005	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				1,354,193		1,354,193	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								12
13	Other (specify): See Pg 16A					(104,142)	414,294		310,152	13
14	TOTAL			\$		\$ 2,755,114	\$ 1,768,487		\$ 4,523,601	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	-	\$1,340,443.90	
2.	ST	39-3	To Col 5	-	174,806.90	
3.						
4.	PT	39-3	To Col 5	-	1,344,004.60	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	1,446,813.56	
	Manual Input from Related Party- Forum Drugs				(92,620.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	1,354,193.56	
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		(104,142.00)	From Page 6D
	Other			-	483,954.07	
	Manual Input: Related Party - Prism				(57,176.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.				(11,940.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products				(544.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				-	
13.	Col 6: Supplies Total		To Col 6	-	414,294.07	
13.	Total Line 13, Column 8			-	310,152.07	
14.	Total			-	4,523,601.03	

Facility Name & ID Number Alden Estates of Orland Park

0042192

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 325,246	\$ 353,084	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 260,000)	3,046,942	3,046,942	3
4	Supply Inventory (priced at)	5,916	5,916	4
5	Short-Term Investments			5
6	Prepaid Insurance		11,663	6
7	Other Prepaid Expenses	15,740	38,707	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Deposits</u>	85,555	111,480	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,479,399	\$ 3,567,792	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		584,920	13
14	Buildings, at Historical Cost		12,593,418	14
15	Leasehold Improvements, at Historical Cost	498,209	1,133,716	15
16	Equipment, at Historical Cost	538,986	2,796,858	16
17	Accumulated Depreciation (book methods)	(873,366)	(9,013,829)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		586,774	21
22	Other Long-Term Assets (spe <u>financing fees</u>)	28,970	188,127	22
23	Other(specify): <u>Due from Affiliates</u>	34,974,953	35,060,735	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 35,167,752	\$ 43,930,719	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 38,647,151	\$ 47,498,511	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 960,819	\$ 960,818	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	174,191	174,191	28
29	Short-Term Notes Payable		184,163	29
30	Accrued Salaries Payable	749,451	749,451	30
31	Accrued Taxes Payable (excluding real estate taxes)	34,233	34,233	31
32	Accrued Real Estate Taxes(Sch.IX-B)		919,500	32
33	Accrued Interest Payable	109,390	157,199	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins/d/t/PA, Sale tax, etc</u>	137,693	137,693	36
37	<u>Due to Affiliates</u>	3,618,427	3,618,427	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,784,204	\$ 6,935,675	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,966,757	1,966,757	39
40	Mortgage Payable		13,573,716	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>			43
44	<u>Shareholder loan</u>	79,728	79,728	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,046,485	\$ 15,620,201	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,830,689	\$ 22,555,876	46
47	TOTAL EQUITY(page 18, line 24)	\$ 30,816,462	\$ 24,942,635	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 38,647,151	\$ 47,498,511	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 26,828,538	1
2	Restatements (describe):		2
3	Write off operating loss loan liability to R/E at 12/31/2016	2,244,006	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 29,072,544	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,743,918	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,743,918	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)	\$ 30,816,462	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Orland Park

0042192

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	\$ 20,380,564	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 20,380,564	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	66,680	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 66,680	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	180	12
13	Barber and Beauty Care	(74)	13
14	Non-Patient Meals	46	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	66	20
21	Other Medical Services	535	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 753	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,495	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,495	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	17,751	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 17,751	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 20,467,243	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,306,719	31
32	Health Care	4,956,289	32
33	General Administration	4,388,280	33
B. Capital Expense			
34	Ownership	2,025,557	34
C. Ancillary Expense			
35	Special Cost Centers	4,790,023	35
36	Provider Participation Fee	256,457	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,723,325	40
41	Income before Income Taxes (line 30 minus line 40)**	1,743,918	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,743,918	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,371,840	44
45	Private Pay - Net Inpatient Revenue	1,784,312	45
46	Medicare - Net Inpatient Revenue	13,319,891	46
47	Other-(specify) <u>Hospice</u>	264,237	47
48	Other-(specify) <u>Insurance/Sales Allowance</u>	2,640,284	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 20,380,564	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Estates of Orland Park

0042192

Report Period Beginning 01/01/2016 Ending:

12/31/2016

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income g/l 4977 medical records	7,050
Misc. Income g/l 4977	8
Vendor discounts	626
Gain on sale of assets	1,397
Adjustment to prior year expense (related to prior year)	8,670

Line 28 Total: 17,751

Facility Name & ID Number Alden Estates of Orland Park

0042192

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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	\$ 115,632	\$ 55.59	1
2	Assistant Director of Nursing	2,696	2,696	143,371	53.18	2
3	Registered Nurses	44,749	48,012	1,631,756	33.99	3
4	Licensed Practical Nurses	20,718	22,333	627,801	28.11	4
5	CNAs & Orderlies	96,239	103,494	1,289,032	12.46	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,898	4,393	63,754	14.51	8
9	Activity Director	2,816	3,015	90,527	30.03	9
10	Activity Assistants	5,326	5,836	68,651	11.76	10
11	Social Service Workers	2,920	2,920	70,994	24.31	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	52,286	25.14	13
14	Head Cook	9,528	9,805	181,116	18.47	14
15	Cook Helpers/Assistants	41,420	44,151	467,936	10.60	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	73,299	35.24	17
18	Housekeepers	18,362	20,093	255,612	12.72	18
19	Laundry	6,406	7,128	73,284	10.28	19
20	Administrator	2,080	2,220	100,488	45.26	20
21	Assistant Administrator	3,360	3,360	108,886	32.41	21
22	Other Administrative	12,991	13,108	354,549	27.05	22
23	Office Manager	408	574	9,372	16.33	23
24	Clerical	3,650	3,739	39,120	10.46	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	6,256	6,530	248,149	38.00	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Mgr	3,258	3,258	52,637	16.16	32
33	Other(specify) Memory Care	6,051	6,553	99,004	15.11	33
34	TOTAL (lines 1 - 33)	299,372	319,458	\$ 6,217,256 *	\$ 19.46	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	213/month	\$ 2,562	1-3	35
36	Medical Director	3,000/month	33,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	400/month	4,800	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	880	11-3	44
45	Social Service Consultant	6	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	22	\$ 42,022		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	175	\$ 12,400	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	175	\$ 12,400		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				Ownership			D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount					
Ashley Bolyn	Administrator	0	\$ 22,107	Workers' Compensation Insurance	\$ 227,209	IDPH License Fee	\$					
Christina Murdoch	Administrator	0	4,020	Unemployment Compensation Insurance	87,031	Advertising: Employee Recruitment	419					
Katherine Gillman	Administrator	0	74,361	FICA Taxes	456,780	Health Care Worker Background Check	1,835					
Catalin Dragomire	Assist Admin	0	43,554	Employee Health Insurance	94,995	(Indicate # of checks performed <u>53</u>)						
Christina Murdoch	Assist Admin	0	48,999	Employee Meals	24,177	Patient Background Checks	<u>91</u> 10,010					
Katherine Gillman	Assist Admin	0	16,333	Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of IL	19,200					
				Union Health & Welfare	142,637	Chicago Sun-times/Tribune	2,168					
				Pension	36,231	Surety bond/Annual report fee	501					
				Dental/Life/Relations/Misc	25,455	Related Party-AMS	2,803					
				Drug tests/401K Match/Vaccinations	16,871							
				Tuition reimbursement	33,533	Less: Public Relations Expense	()					
				Marketing staff benefit deduction	(25,150)	Non-allowable advertising	()					
				Related Party-FECSII	(8,918)	Yellow page advertising	()					
TOTAL (agree to Schedule V, line 17, col. 1)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)						
(List each licensed administrator separately.)			\$ 209,374	\$ 1,110,851		\$ 36,936						
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**					
Description			Amount	Description	Line #	Amount	Description	Amount				
			\$			\$	Out-of-State Travel	\$				
							In-State Travel					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL		\$	Related Party - AMS	1,390				
(Attach a copy of any management service agreement)							Seminar Expense					
C. Professional Services				G. Schedule of Travel and Seminar**			G. Schedule of Travel and Seminar**					
Vendor/Payee	Type			Description	Line #	Amount	Description	Amount				
Alden Management Services, Inc.	Consulting fees	\$	1,647,883				IL Council Long-Term Care	205				
BDO/Virchow Krause/KPMG	Accounting fees		18,782				IL Recreational Therapy Conference	225				
First Advantage Corp	Tax consulting		1,833									
Achieve Accreditation	Billing consulting		5,795				Entertainment Expense	()				
Mix Solutions Inc	Case mgmt audit		11,936				(agree to Sch. V,					
AMS (eliminated)	Allocated legal fees		45,192				line 24, col. 8)					
Gozdecki, Del Giudice et al LP	Legal fees: non-collections		677									
Sheriffs/Clerks/Markley/Stone	Legal fees: collections		3,393									
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	TOTAL	\$ 1,820				
(For legal fee disclosure, see page 39 of instructions)			\$ 1,735,491									

* Attach copy of IMRF notifications

**See instructions.

Alden-Orland Park Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2016

Legal Fees Reported on Pg 21, Section C:	\$ 49,261.33
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(3,392.55)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	<u> </u>
Allowable Legal Fees	<u>\$ 676.78</u>

In Detail:		680600-100-000
Vendor Name	Invoice Date	Amount
Gozdecki, Del Giudice, et al LP [GOZDEL]	12/24/2015	159.96
Gozdecki, Del Giudice, et al LP [GOZDEL]	12/24/2015	144.08
Gozdecki, Del Giudice, et al LP [GOZDEL]	2/10/2016	372.74

TOTAL ALLOWABLE LEGAL FEES 676.78

		696600-100-000
Vendor Name	Invoice Date	Amount
Clerk of the Circuit Court - Cook County [CLEOCU]	1/22/2016	269.00
Clerk of the Circuit Court - Cook County [CLEOCU]	2/29/2016	249.00
Clerk of the Circuit Court - Cook County [CLEOCU]	3/17/2016	50.00
Clerk of the Circuit Court - Cook County [CLEOCU]	4/11/2016	(50.00)
Clerk of the Circuit Court - Cook County [CLEOCU]	6/28/2016	269.00
Clerk of the Circuit Court - Cook County [CLEOCU]	8/30/2016	269.00
Sheriff of Cook County [SHEOCO]	1/22/2016	60.00
Sheriff of Cook County [SHEOCO]	2/29/2016	60.00
Sheriff of Cook County [SHEOCO]	6/28/2016	60.00
Sheriff of Cook County [SHEOCO]	8/30/2016	60.00
Kankakee County Circuit Court [KANKCOC]	1/22/2016	153.00
Kankakee County Sheriff's Department [SHEOKK]	1/22/2016	64.00
Leonard Smith dba ABC Accounts Corp [ABCACC]	1/22/2016	43.00
Ariana Fisch [ARIFIS]	12/31/2015	5.00
Ariana Fisch [ARIFIS]	12/31/2015	5.00
Ariana Fisch [ARIFIS]	12/31/2015	50.00
Markley Investigations, Inc [MARINV]	3/29/2016	78.00
Markley Investigations, Inc [MARINV]	3/25/2016	78.00
Markley Investigations, Inc [MARINV]	5/11/2016	78.00
Markley Investigations, Inc [MARINV]	5/26/2016	78.00
Markley Investigations, Inc [MARINV]	10/19/2016	78.00
Markley Investigations, Inc [MARINV]	10/19/2016	78.00
Recorder of Deeds - Cook County [RECCOO]	7/27/2016	40.00
Stone, Pogrund & Korey LLC	10/31/2016	281.91
Stone, Pogrund & Korey LLC	11/30/2016	986.64

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 3,392.55

		680600-100-003
Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Allocation 2016	1/31/2015	3,766.00
AMS Corp Legal Cost Allocation 2016	2/28/2015	3,766.00
AMS Corp Legal Cost Allocation 2016	3/31/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	4/27/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	5/31/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	6/30/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	7/28/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	8/26/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	9/26/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	10/28/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	11/29/2016	3,766.00
AMS Corp Legal Cost Allocation 2016	12/28/2016	3,766.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost 49,261.33

Facility Name & ID Number Alden Estates of Orland Park

0042192

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA-yes; others-no
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL \$19,200
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 47,091 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. _____
- (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. \$ 256,457
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 benefits on Schedule V. \$ 24,177 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