



Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center

# 0032896 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	217	Skilled (SNF)	217	79,422	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	217	TOTALS	217	79,422	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				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	11,052	4,566	10,876	26,494	8
9	SNF/PED					9
10	ICF	36,190	2,948	785	39,923	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,242	7,514	11,661	66,417	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 83.63%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

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 05/01/88

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

YES  Date 11/12/95 NO

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

YES  NO  If YES, enter number of beds certified 217 and days of care provided 10,815

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

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

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

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

Facility Name & ID Number Alden Poplar Creek Rehab & Health Care C # 0032896 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	452,165	33,227	22,800	508,192	4,527	512,719	(2,783)	509,936		1
2	Food Purchase		452,757		452,757	(41,239)	411,518	(16,345)	395,173		2
3	Housekeeping	255,264	47,492		302,756	1,938	304,694	7,485	312,179		3
4	Laundry	64,536	33,243	37	97,816	856	98,672		98,672		4
5	Heat and Other Utilities			220,474	220,474	(1,963)	218,511	2,612	221,123		5
6	Maintenance	54,958		251,750	306,708	717	307,425	80,033	387,458		6
7	Other (specify):* related party							9,521	9,521		7
8	<b>TOTAL General Services</b>	826,923	566,719	495,061	1,888,703	(35,164)	1,853,539	80,523	1,934,062		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,900,934	397,310	6,344	4,304,588	(112,209)	4,192,379	56,126	4,248,505		10
10a	Therapy	158,391	5,470	11,400	175,261		175,261		175,261		10a
11	Activities	78,750	3,079	7,284	89,113	1,091	90,204		90,204		11
12	Social Services	36,950			36,950		36,950		36,950		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,791	7,791		15
16	<b>TOTAL Health Care and Programs</b>	4,175,025	405,859	49,028	4,629,912	(111,118)	4,518,794	63,917	4,582,711		16
	<b>C. General Administration</b>										
17	Administrative	177,973			177,973		177,973	145,463	323,436		17
18	Directors Fees										18
19	Professional Services			1,126,211	1,126,211		1,126,211	(1,040,229)	85,982		19
20	Dues, Fees, Subscriptions & Promotions			100,102	100,102		100,102	(81,715)	18,387		20
21	Clerical & General Office Expenses	267,041	30,596	107,407	405,044	1,963	407,007	343,582	750,589		21
22	Employee Benefits & Payroll Taxes			994,784	994,784	17,469	1,012,253	(13,637)	998,616		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,542	1,542		1,542	1,172	2,714		24
25	Other Admin. Staff Transportation			14,633	14,633		14,633	21,635	36,268		25
26	Insurance-Prop.Liab.Malpractice			228,552	228,552		228,552	11,112	239,664		26
27	Other (specify):* related party			182,613	182,613		182,613	(107,370)	75,243		27
28	<b>TOTAL General Administration</b>	445,014	30,596	2,755,844	3,231,454	19,432	3,250,886	(719,987)	2,530,899		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,446,962	1,003,174	3,299,933	9,750,069	(126,850)	9,623,219	(575,547)	9,047,672		29

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

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

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			72,680	72,680		72,680	442,469	515,149			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			205,145	205,145		205,145	344,998	550,143			32
33	Real Estate Taxes			572,016	572,016	(572,016)		580,793	580,793			33
34	Rent-Facility & Grounds			670,803	670,803	572,016	1,242,819	(1,242,819)				34
35	Rent-Equipment & Vehicles			34,764	34,764		34,764	65,396	100,160			35
36	Other (specify):* MIP							48,546	48,546			36
37	<b>TOTAL Ownership</b>			1,555,408	1,555,408		1,555,408	239,383	1,794,791			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		932,932	1,293,145	2,226,077	126,850	2,352,927	(86,935)	2,265,992			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			458,598	458,598		458,598		458,598			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		932,932	1,751,743	2,684,675	126,850	2,811,525	(86,935)	2,724,590			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,446,962	1,936,106	6,607,084	13,990,152		13,990,152	(423,099)	13,567,053			45

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

Alden Poplar Creek Rehab & Health Care Center  
 Report Period Beginning: 01/01/2012  
 Report Period Ending: 12/31/2012

IDPH Facility No. 0032896

**Reclassifications - Pages 3 & 4, Column 5**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(41,239.00)	Employee Meals
	22	41,239.00	Employee Meals
22		(23,770.00)	Uniforms
	1	4,527.00	Uniforms
	3	1,938.00	Uniforms
	4	856.00	Uniforms
	6	717.00	Uniforms
	10	14,641.00	Uniforms
	11	1,091.00	Uniforms
	21		Uniforms
10		(126,850.00)	Oxygen - to appropriate cost center
	39	126,850.00	Oxygen - to appropriate cost center
6		(1,963.00)	Vendor Settlements
	21	1,963.00	Vendor Settlements



Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center

# 0032896

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,047)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(25,809)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,616)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(25,769)	21		17
18	Fines and Penalties		32		18
19	Entertainment	(388)	20		19
20	Contributions	(14,945)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,195)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(182,613)	27		24
25	Fund Raising, Advertising and Promotional	(26,573)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (291,955)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	159,110	Various	34
35	Other- Attach Schedule	(290,254)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (131,144)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (423,099)		37

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

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

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

## Alden Poplar Creek Rehab &amp; Health Care Center

ID# 0032896

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (7,056)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(19,971)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,043	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	38,828	6	4
5	adj for ABC related party profit - Pg 12D	23	30	5
6				6
7	Late fees on utilities	(1,642)	5	7
8	Intercompany interest	(201,872)	32	8
9	Misc. Income - Jury duty	(34)	21	9
10	Misc. Income - Food rebate	(2,843)	2	10
11	Misc. Income - Donations	(230)	20	11
12	Misc. Income - Record copies	(605)	10	12
13	Marketing Manager & Aides	(74,672)	21	13
14	Elim portion of Employee Benefits for Marketing	(13,637)	22	14
15	Back out 30% of PAC Fees IHCA	(3,954)	20	15
16	Back out Group MidCap Legal Fees	(1,806)	19	16
17	Back out Group MidCap Accounting Fees	(2,826)	19	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(290,254)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## 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	6,695	(9,478)	0	0	0	0	0	0	0	(2,783)	1
2	Food Purchase	(6,459)	0	0	(9,886)	0	0	0	0	0	0	0	(16,345)	2
3	Housekeeping	0	0	7,485	0	0	0	0	0	0	0	0	7,485	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,642)	0	4,254	0	0	0	0	0	0	0	0	2,612	5
6	Maintenance	29,824	14,505	33,556	0	0	0	2,148	0	0	0	0	80,033	6
7	Other (specify):*	0	0	8,313	1,208	0	0	0	0	0	0	0	9,521	7
8	<b>TOTAL General Services</b>	<b>21,723</b>	<b>14,505</b>	<b>60,303</b>	<b>(18,156)</b>	<b>0</b>	<b>0</b>	<b>2,148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80,523</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(605)	0	53,393	84	3,254	0	0	0	0	0	0	56,126	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	7,791	0	0	0	0	0	0	0	0	7,791	15
16	<b>TOTAL Health Care and Programs</b>	<b>(605)</b>	<b>0</b>	<b>61,184</b>	<b>84</b>	<b>3,254</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>63,917</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	145,463	0	0	0	0	0	0	0	0	145,463	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,827)	29,041	(1,063,443)	0	0	0	0	0	0	0	0	(1,040,229)	19
20	Fees, Subscriptions & Promotions	(46,090)	334	(35,959)	0	0	0	0	0	0	0	0	(81,715)	20
21	Clerical & General Office Expenses	(100,475)	0	338,898	21,772	83,387	0	0	0	0	0	0	343,582	21
22	Employee Benefits & Payroll Taxes	(13,637)	0	0	0	0	0	0	0	0	0	0	(13,637)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,172	0	0	0	0	0	0	0	0	1,172	24
25	Other Admin. Staff Transportation	0	0	21,635	0	0	0	0	0	0	0	0	21,635	25
26	Insurance-Prop.Liab.Malpractice	0	10,785	327	0	0	0	0	0	0	0	0	11,112	26
27	Other (specify):*	(182,613)	0	66,701	2,481	6,061	0	0	0	0	0	0	(107,370)	27
28	<b>TOTAL General Administration</b>	<b>(348,642)</b>	<b>40,160</b>	<b>(525,206)</b>	<b>24,253</b>	<b>89,448</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(719,987)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(327,524)</b>	<b>54,665</b>	<b>(403,719)</b>	<b>6,181</b>	<b>92,702</b>	<b>0</b>	<b>2,148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(575,547)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center

# 0032896

Report Period Beginning:

01/01/2012 Ending:

12/31/2012

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(27,004)	459,863	9,610	0	0	0	0	0	0	0	0	442,469	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(227,681)	407,890	164,227	0	562	0	0	0	0	0	0	344,998	32
33	Real Estate Taxes	0	572,016	7,955	0	822	0	0	0	0	0	0	580,793	33
34	Rent-Facility & Grounds	0	(1,242,819)	0	0	0	0	0	0	0	0	0	(1,242,819)	34
35	Rent-Equipment & Vehicles	0	0	65,396	0	0	0	0	0	0	0	0	65,396	35
36	Other (specify):*	0	48,546	0	0	0	0	0	0	0	0	0	48,546	36
37	<b>TOTAL Ownership</b>	<b>(254,685)</b>	<b>245,496</b>	<b>247,188</b>	<b>0</b>	<b>1,384</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>239,383</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(39,254)	(217,040)	169,359	0	0	0	0	0	(86,935)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(39,254)</b>	<b>(217,040)</b>	<b>169,359</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(86,935)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(582,209)</b>	<b>300,161</b>	<b>(156,531)</b>	<b>(33,073)</b>	<b>(122,954)</b>	<b>169,359</b>	<b>2,148</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(423,099)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,242,819	Alden Nursing Center of Poplar Creek, LLC		\$	\$ (1,242,819)	1
2	V	32 Interest Income Repl Reserve	175	Alden Nursing Center of Poplar Creek, LLC			(175)	2
3	V	32 Interest Income	1,355	Alden Nursing Center of Poplar Creek, LLC			(1,355)	3
4	V	6 R&M - Replacement Reserve		Alden Nursing Center of Poplar Creek, LLC		14,505	14,505	4
5	V	19 Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		8,875	8,875	5
6	V	19 Legal Fees:Non-collections		Alden Nursing Center of Poplar Creek, LLC		20,166	20,166	6
7	V	20 Licen&Inspect/Annual Rep		Alden Nursing Center of Poplar Creek, LLC		334	334	7
8	V	33 Real Estate Tax Expense		Alden Nursing Center of Poplar Creek, LLC		572,016	572,016	8
9	V	26 General Insurance Expense		Alden Nursing Center of Poplar Creek, LLC		10,785	10,785	9
10	V	36 Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		48,546	48,546	10
11	V	32 Interest - Mortgage		Alden Nursing Center of Poplar Creek, LLC		404,874	404,874	11
12	V	30 Depreciation Expense		Alden Nursing Center of Poplar Creek, LLC		459,863	459,863	12
13	V	32 Amortization Expense		Alden Nursing Center of Poplar Creek, LLC		4,546	4,546	13
14	Total		\$ 1,244,349			\$ 1,544,510	\$ * 300,161	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,254	\$ 4,254
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,172	1,172
17	V	25 Other Admin Travel		Alden Management Services, Inc.		21,635	21,635
18	V	26 Insurance		Alden Management Services, Inc.		327	327
19	V	20 Dues and Subscription	39,348	Alden Management Services, Inc.		3,389	(35,959)
20	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610
21	V	33 Real Estate taxes		Alden Management Services, Inc.		7,955	7,955
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		65,396	65,396
23	V	32 Interest		Alden Management Services, Inc.		164,227	164,227
24	V	1 Dietary		Alden Management Services, Inc.		6,695	6,695
25	V	3 Housekeeping		Alden Management Services, Inc.		7,485	7,485
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		8,313	8,313
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		53,393	53,393
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		7,791	7,791
29	V	17 Administrative Salary		Alden Management Services, Inc.		145,463	145,463
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		66,701	66,701
31	V	19 Professional Fee	1,113,932	Alden Management Services, Inc.		50,489	(1,063,443)
32	V	21 General and Administrative		Alden Management Services, Inc.		338,898	338,898
33	V	6 Repairs and Maintenance	38,742	Alden Management Services, Inc.		72,298	33,556
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,192,022			\$ 1,035,491	\$ * (156,531)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)
16	V	1 Diet Salary		Prism Health Care Sevices, Inc.		13,225	13,225
17	V	2 Tube Feeding	34,699	Prism Health Care Sevices, Inc.		24,813	(9,886)
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84
19	V	39 Ancillary Supplies	82,033	Prism Health Care Sevices, Inc.		42,779	(39,254)
20	V	21 Salary - G & A		Prism Health Care Sevices, Inc.		15,136	15,136
21	V	27 Employee Benefit		Prism Health Care Sevices, Inc.		2,481	2,481
22	V	7 Employee Benefit		Prism Health Care Sevices, Inc.		1,208	1,208
23	V	21 General and Administrative		Prism Health Care Sevices, Inc.		6,636	6,636
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		\$ 146,192			\$ 113,119	\$ * (33,073)

\* 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	\$ 440,228	Forum Extended Care Services II, Inc.	0.00%	\$ 562,401	\$ 122,173
16	V	39 IV	382,896	Forum Extended Care Services II, Inc.		47,556	(335,340)
17	V	39 Wound Care	18,833	Forum Extended Care Services II, Inc.		14,960	(3,873)
18	V	10 House Stock	26,165	Forum Extended Care Services II, Inc.		24,202	(1,963)
19	V	10 Pharmacy Consultant	5,208	Forum Extended Care Services II, Inc.		10,425	5,217
20	V	27 Employee Vaccination	2,099	Forum Extended Care Services II, Inc.		1,666	(433)
21	V	27 Employee Benefit: G & A		Forum Extended Care Services II, Inc.		6,494	6,494
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		47,437	47,437
23	V	21 General and Administrative		Forum Extended Care Services II, Inc.		35,950	35,950
24	V	32 Interest		Forum Extended Care Services II, Inc.		562	562
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		822	822
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		\$ 875,429			\$ 752,475	\$ * (122,954)

\* 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	\$ 1,256,550	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,425,909	\$	169,359	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	<b>Total</b>		\$ 1,256,550			\$ 1,425,909	\$ *	169,359	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs and Maintenance	\$ 34,786	Alden Bennett Construction Company, Inc.	0.00%	\$ 36,934	\$	2,148	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		\$ 34,786			\$ 36,934	\$ *	2,148	39

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

Facility Name &amp; ID Number

Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

## 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	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	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								30

Facility Name & ID Number Alden Poplar Creek Rehab & Health Care C # 0032896 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

## 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	President	CEO	100.00	175,831	1.984	4.96	Salary	\$ 9,169	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,238			Salary	3,402	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,561			Salary	1,959	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of 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											10
11											11
12											12
13								TOTAL	\$ 14,530		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 Poplar Creek Rehab & Health Care Center # 0032896 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

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

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

B. Show the allocation of costs below. If necessary, please attach worksheets.

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	1,340,098	35	\$ 85,836	\$ 66,417	\$ 4,254	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644	66,417	1,172	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530	66,417	21,635	3
4	26	Insurance	Patient Days	1,340,098	35	6,589	66,417	327	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371	66,417	3,389	5
6	30	Depreciation	No of Providers/usage	35	35	340,112	1	9,610	6
7	33	Real Estate Tax	Patient Days/ysage	1,340,098	35	184,769	66,417	7,955	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497	66,417	65,396	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912	66,417	164,227	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	6,695	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	7,485	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731	66,417	8,313	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	53,393	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190	66,417	7,791	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	145,463	15
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837	66,417	66,701	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	50,489	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	338,898	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	72,298	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 20,606,226	\$ 12,612,696	\$ 1,035,491	25

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

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

1	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense				
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO										Original	Balance		
<b>A. Directly Facility Related</b>																
<b>Long-Term</b>																
1	Cambridge Realty		x	Mortgage	\$44,737.00	2/2011	\$ 9,875,000	\$ 9,648,482	03/2046	4.1700	\$ 404,875	1				
2												2				
3												3				
4	Insurance interest			Medical malpractice							3,271	4				
5	Amortization of finance fees			Refinancing							4,546	5				
<b>Working Capital</b>																
6	Related party-AMS		x	Working capital							164,227	6				
7	Related party-FECII		x	Working capital							562	7				
8												8				
9	<b>TOTAL Facility Related</b>				<b>\$44,737.00</b>		<b>\$ 9,875,000</b>	<b>\$ 9,648,482</b>			<b>\$ 577,481</b>	<b>9</b>				
<b>B. Non-Facility Related*</b>																
10	Interest-replacement reserve										(175)	10				
11	Patient interest income										(1,354)	11				
12	interest class action lawsuit										(3,972)	12				
13	IDPA late payments										(21,837)	13				
14	<b>TOTAL Non-Facility Related</b>						<b>\$</b>	<b>\$</b>			<b>(27,338)</b>	<b>14</b>				
15	<b>TOTALS (line 9+line14)</b>						<b>\$ 9,875,000</b>	<b>\$ 9,648,482</b>			<b>\$ 550,143</b>	<b>15</b>				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 48,546 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.)



## 2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden-Poplar Creek Rehabiliaiton and Health Care Center, In COUNTY Cook

FACILITY IDPH LICENSE NUMBER 303-2896

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 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>303,210.00</u>	\$ <u>7,955.00</u>
2. <u>See attached (Supplement)</u>	<u>Related party-Forum Extended Care,II</u>	\$ <u>37,853.00</u>	\$ <u>822.00</u>
3. <u>07-07-300-012-0000</u>	<u>Nursing Home Facility</u>	\$ <u>575,306.00</u>	\$ <u>575,306.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>916,369.00</u></u>	\$ <u><u>584,083.00</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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

**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.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 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).

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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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>	<u>62,115</u>	<u>1978</u>	<u>\$ 90,580</u>	1
2					2
3	<b>TOTALS</b>	<b>62,115</b>		<b>\$ 90,580</b>	<b>3</b>

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	217	1995	1988	9,202,500	230,062	40	230,062		3,943,075	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10	Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11	Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12	Replace boiler/replace a/c unit/replace condensor		1991	11,622		5-15			11,622	12
13	Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458	199	5-25	199		14,648	13
14	HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195	1,181	5-20	1,181		68,482	14
15	HVAC/prior credits applied		1994	(5,559)		10-15			(5,559)	15
16	A/C work/electricity repair/HVAC repairs		1995	23,105		5-15			23,105	16
17	Increase lighting levels on first floor		1996	8,838		15			8,838	17
18	Repair and epoxy all shower bases		1996	7,164		15			7,164	18
19	Clean coils to existing NU-AHL		1996	7,166		10			7,166	19
20	Laundry-enclose dryer area, door etc.		1996	7,763	388	20	388		6,306	20
21	Redesign PT,OT, activity area		1996	11,943	597	20	597		9,852	21
22	Repair restucco 2 entrance monuments		1996	5,016		10			5,016	22
23	Remove & replace roof with new		1996	89,573	4,479	20	4,479		72,781	23
24	Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801		15			41,801	24
25	Add alternate biler phasing standby/back		1996	5,972		15			5,972	25
26	Change roof exhausts		1996	13,137		15			13,137	26
27	Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28	Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492	6,125	20	6,125		99,528	28
29	Siegert (sprinkler system)		1996	29,000		15			29,000	29
30	Tri-star install cooler assec.		1997	1,864		5			1,864	30
31	Cummis/onan -install pump		1997	4,959		5			4,959	31
32	Network environment -repair pipe		1997	8,000		5			8,000	32
33	Network environment -repair pipe		1997	6,800		5			6,800	33
34	A&B install cable in all rooms		1997	4,680		10			4,680	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	37
38	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	38
39	CSI-maint. On choller and clean condensor valves	1998	8,400		10			8,400	39
40	CSI -repair compressor and freon	1998	2,330	155	15	155		2,223	40
41	CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42	ABC	1998	1,748,376	47,254	5-20	47,254		704,257	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881	494	20	494		6,710	44
45	CSI-repair condensor	1999	1,528		10			1,528	45
46	Fos valley fire & safety-smoke detectors	1999	6,502		10			6,502	46
47	CSI-repair boiler	1999	1,875	125	15	125		1,646	47
48	CSI - compressor	1999	1,531	102	15	102		1,335	48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735	849	15	849		11,108	50
51	Climate Services, -replace coil/thermostat	1999	5,425		10			5,425	51
52	DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		1,551	52
53	New Horizons	2000	525		3			525	53
54	New Horizons	2000	667		3			667	54
55	New Horizons	2000	714		3			714	55
56	New Horizons	2000	824		3			824	56
57	Alden Design	2000	4,440	222	20	222		2,738	57
58	Alden Design	2000	5,500	275	20	275		3,369	58
59	Walter Mayer -interior finishes	2000	4,000	267	15	267		3,425	59
60	CSI-window treatment	2000	19,411		5			19,411	60
61	DBS contracting - Alden sign	2000	1,500		5			1,500	61
62	Equipment Int.-repair dryer	2000	1,864		3			1,864	62
63	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,756,210	\$ 292,898		\$ 292,898	\$	\$ 5,394,789	70

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

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

## 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		\$ 11,756,210	\$ 292,898		\$ 292,898	\$	\$ 5,394,789	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washdown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565		10			5,565	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		3,600	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650		10			1,650	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398		5			2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		31,432	19
20	ABC - Misc. Repairs	2002	3,734		10			3,734	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885		5			1,885	22
23	Capps Plumbing (install new drain)	2002	1,685		5			1,685	23
24	GT Mechanical (condenser pump motor)	2002	2,505	100	10	100		2,505	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769	388	10	388		7,769	25
26	GT Mechanical (replaced motor)	2002	3,112		5			3,112	26
27	Alden Bennett Construction(chain link gate)	2002	2,565		5			2,565	27
28	GT Mechanical (replace motor)	2002	2,287		5			2,287	28
29	GT Mechanical (taco pump)	2002	3,808	252	10	252		3,808	29
30	Capps Plumbing & Sewer (handicapped accesible fountains)	2002	2,500	208	10	208		2,500	30
31	New Horizons Communication (phone & jacks instal)	2002	3,651	335	10	335		3,651	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,889,202	\$ 297,471		\$ 297,471	\$	\$ 5,498,616	34

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

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 11,889,202	\$ 297,471		\$ 297,471	\$	\$ 5,498,616	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785	578	10	578		5,491	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731	573	10	573		5,491	3
4	Alden Bennett Construction(elevator)	2003	2,595		5			2,595	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283		5			5,283	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833		5			2,833	6
7	Patten CAT (AMS Billings)(engine reapiers)	2003	1,598		5			1,598	7
8	GT Mechanical (plumbing reapiers)	2003	2,544		5			2,544	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437		3			1,437	9
10	GT Mechanical (plumbing reapiers)	2004	2,810		5			2,810	10
11	GT Mechanical (plumbing reapiers)	2004	1,267		5			1,267	11
12	GT Mechanical (plumbing reapiers)	2004	4,055	270	15	270		2,340	12
13	GT Mechanical (plumbing reapiers)	2004	4,469		5			4,469	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		892	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550		5			2,550	15
16	System Electric (electrical work)	2005	1,080		5			1,080	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426		5			1,426	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541	154	10	154		1,179	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185		5			2,185	19
20	Door alarm	2005	2,508		5			2,508	20
21	CSI Coker (Dishwasher repair)	2005	3,467		5			3,467	21
22	Equipment International (tumbler weldment)	2005	3,656	366	10	366		2,775	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769		5			3,769	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800		5			3,800	24
25	GT Mechanical (replace lower motor)	2005	4,558		5			4,558	25
26	ABC (windows)	2005	4,756		5			4,756	26
27	GT Mechanical (major repair to AC)	2005	6,216	622	10	622		4,768	27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854		5			2,854	29
30	ABC (Flagpole, aerator, shower)	2006	2,838		5			2,838	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167		5			3,167	31
32	Capps Plumbing (new tempering and IP valves)	2006	4,388	293	15	293		1,880	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,986,501	\$ 300,433		\$ 300,433	\$	\$ 5,587,226	34

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

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,986,501	\$ 300,433		\$ 300,433	\$	\$ 5,587,226	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26	Adj for ABC related party profit	2008	(801)	(44)		(44)		(143)	26
27	Adj for ABC related party profit	2009	(283)	(12)		(12)		(36)	27
28	Adj for ABC related party profit	2010	(432)	(5)		(5)		(15)	28
29	Adj for ABC related party profit	2011	293	2		2		3	29
30	Adj for ABC related party profit	2012	2,543	82		82		82	30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,074,111	\$ 301,957		\$ 301,957	\$	\$ 5,665,780	34

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

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12D, Carried Forward</b>		\$ 12,074,111	\$ 301,957		\$ 301,957	\$	\$ 5,665,780	1
2	Lee's Carpet - office carpet	2007	3,153	315	10	315		1,838	2
3	ABC - Parking Lot repair	2007	5,165	516	10	516		2,666	3
4	ABC - new smoke detectors	2007	7,883	789	10	789		4,668	4
5	ABC - new door	2007	2,626	263	10	263		1,534	5
6	ABC - new carpet	2007	17,048	1,705	10	1,705		9,804	6
7	ABC - new door operator	2007	2,559	216	5	216		2,559	7
8	ABC - new carpet	2007	42,573	4,257	10	4,257		23,768	8
9	ABC - new carpet	2007	23,548	2,355	10	2,355		12,952	9
10	ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		14,591	10
11	ABC - new piping condenser	2007	27,385	2,738	10	2,738		15,059	11
12	ABC - new carpet	2007	10,740	1,074	10	1,074		5,907	12
13	ABC - Parking Lot repair	2007	9,393	939	10	939		4,773	13
14	ABC - new carpet	2007	12,809	1,281	10	1,281		7,045	14
15	ABC - new elevator rails	2007	6,633	663	10	663		3,370	15
16	ABC - new evac signage	2007	4,201	420	10	420		2,135	16
17	ABC - push button security lock	2008	3,050	610	5	610		2,643	17
18	Oak Fire - 1st FI Nurse call system & annunciator repairs	2008	3,150	315	10	315		1,470	18
19	ABC - new door hardware	2008	4,267	427	10	427		1,957	19
20									20
21	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		738	21
22	American Backflow - 1.25 hot laundry RPZ repair	2008	3,480	348	10	348		1,537	22
23	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		7,425	23
24	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		1,241	24
25	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		2,600	25
26	ABC - new window, sun shades, 2nd & 3rd FL	2008	2,644	264	10	264		1,276	26
27	RB Higgins - 30 pressure relief mattresses	2008	4,335	867	5	867		3,974	27
28	ABC - new door hardware - alzheimer unit residents	2008	8,225	823	10	823		3,361	28
29	ABC - sewage pump	2008	16,242	1,624	10	1,624		6,496	29
30	ABC - new HVAC motors	2008	6,058	606	10	606		2,424	30
31	White Way Sign - signage	2008	17,495	1,749	10	1,749		6,996	31
32	ABC - new asphalt	2008	9,944	1,243	8	1,243		4,972	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,408,671	\$ 333,844		\$ 333,844	\$	\$ 5,827,559	34

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

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12E, Carried Forward</b>		\$ 12,408,671	\$ 333,844		\$ 333,844	\$	\$ 5,827,559	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		4,005	2
3	Oakton Glass - 48 pcs clear acrylic	2009	7,172	717	10	717		2,450	3
4	ABC - paving parking lot	2009	16,740	2,092	8	2,092		6,450	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		5,613	5
6	TopNotch - repairs new compressor	2009	4,057	811	5	811		3,177	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627		2,038	7
8	ABC - reseal parking lot	2009	4,959	620	8	620		2,015	8
9									9
10	ABC - sewer repair	2010	7,057	1,411	5	1,411		4,116	10
11	St. Alexius - paving roadwork	2010	8,945	895	10	895		1,789	11
12	Garelli Pavement - asphalt/seal coating	2010	5,750	719	8	719		1,677	12
13									13
14	Concrete walk, south exit - ABC	2011	4,322	288	15	288		456	14
15	Acoustical/heating/vent - ABC	2011	16,023	1,602	10	1,602		2,136	15
16	concrete/automatic metal door - ABC	2011	9,385	375	25	375		406	16
17	Plumbing/piping - ABC	2011	5,564	278	20	278		301	17
18	Sprinkler system - US Fire Protection	2011	15,598	624	25	624		676	18
19	hvac motor/water valve repair - ABC	2011	8,482	1,696	5	1,696		2,968	19
20	chiller repair - GT Mechanical	2011	5,965	1,193	5	1,193		1,789	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	215	10	215		538	21
22	Tiles, door hinges - ABC	2011	4,845	215	15	215		444	22
23	paving road - St. Alexius Medical	2011	8,945	895	10	895		1,790	23
24	ashphalt - Garelli Pavement	2011	5,750	719	8	719		1,258	24
25	railings in stairwells - ABC	2011	42,805	4,281	10	4,281		7,491	25
26									26
27	Sprinkler head - ABC	2012	36,674	1,222	25	1,222		1,222	27
28	Railings, iron, resident patio replaced/fixed-ABC	2012	4,511	100	15	100		100	28
29	Freezer door - TOPNOT	2012	5,366	134	10	134		134	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,703,223	\$ 358,533		\$ 358,533	\$	\$ 5,882,599	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,299,386	\$ 119,636	\$ 119,636	\$	various	\$ 847,756	71
72	Current Year Purchases	289,461	31,648	31,648		various	28,492	72
73	Fully Depreciated Assets	823,940	5,332	5,332		various	823,508	73
74								74
75	TOTALS	\$ 2,412,787	\$ 156,616	\$ 156,616	\$		\$ 1,699,756	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related party - AMS	Various	98 - '02	3,911				3	3,911	79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 15,210,501	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 515,149	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 515,149	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 7,586,266	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	Rehab plans	\$ 1,085	92
93			93
94			94
95		\$ 1,085	95

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

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 Nov 2007

Ending Oct 2017

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

Fiscal Year Ending                      Annual Rent

12. 12/31/13                      \$ Varies

13. 12/31/14                      \$ Varies

14. 12/31/15                      \$ Varies

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: \$ 13,507 Description: copy machine rental, postage meter, office equipment

(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>32,798</u>	17
18					18
19	<u>Auto Lease GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>21,706</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>54,504</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.

Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center # 0032896 Report Period Beginning: 01/01/2012 Ending: 12/31/2012  
**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. <b>CLASSROOM PORTION:</b></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. <b>CLINICAL PORTION:</b></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		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	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**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	471,433	\$		\$	471,433	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				48,456				48,456	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				736,661				736,661	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See Pg 16A	# of prescripts					562,400			562,400	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3										12
13	Other (specify): <u>See Pg 16A</u>						169,359	277,683			447,042	13
14	<b>TOTAL</b>			\$		\$	1,425,909	\$	840,083	\$	2,265,992	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	#	471,432.86
2.	ST	39-3	To Col 5	#	48,455.78
3.					
4.	PT	39-3	To Col 5	#	736,661.35
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			#	440,225.91
	Manual Input from Related Party- Forum Drugs				122,174.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	#	562,399.91
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	#	-
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	#	-
	Total Exceptional Care (Line 12, Col 8)			#	-
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		169,359.00

Other		#	529,299.46
Manual Input: Related Party - Prism			(39,254.00)
Manual Input: Related Party FECII - I.V.			(335,339.00)
Manual Input: Related Party FECII - Wound Care			(3,873.00)
Oxygen, from reclass worksheet (Pg 4A)			126,850.00
			- - - - -
13. Col 6: Supplies Total	To Col 6	#	277,683.46
			- - - - -
13. Total Line 13, Column 8		#	447,042.46
			- - - - -
14. Total		#	2,265,992.36
			= = = = =

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 57,371	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 165,000 )	3,691,762	3,691,762	3
4	Supply Inventory (priced at )	2,173	2,173	4
5	Short-Term Investments			5
6	Prepaid Insurance		19,154	6
7	Other Prepaid Expenses	11,851	11,851	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	71,797	71,797	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,777,583	\$ 3,854,108	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,273,592	14
15	Leasehold Improvements, at Historical Cost	882,123	1,031,989	15
16	Equipment, at Historical Cost	804,349	2,698,484	16
17	Accumulated Depreciation (book methods)	(1,338,928)	(7,466,044)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		477,254	21
22	Other Long-Term Assets (specify):	1,086	93,069	22
23	Other(specify): Due from affiliates	12,831,964	12,337,591	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 13,180,594	\$ 20,756,489	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 16,958,177	\$ 24,610,597	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 708,609	\$ 712,754	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	298,934	298,934	28
29	Short-Term Notes Payable		137,104	29
30	Accrued Salaries Payable	523,383	523,383	30
31	Accrued Taxes Payable (excluding real estate taxes)	71,604	71,604	31
32	Accrued Real Estate Taxes(Sch.IX-B)		592,600	32
33	Accrued Interest Payable		33,528	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Accr Exp,Due HFS,SalesTax,Etc.	234,458	234,458	36
37	Due to affiliates	1,852,461	1,852,461	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,689,449	\$ 4,456,826	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable		9,511,378	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	Due to affiliates			43
44	S/holder loans, others			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,511,378	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,689,449	\$ 13,968,204	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 13,268,728	\$ 10,642,393	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 16,958,177	\$ 24,610,597	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 11,332,767	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	381,832	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 11,714,599	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	1,554,129	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)	\$ 1,554,129	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 13,268,728	24 *

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

**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	
<b>I. Revenue</b>		<b>Amount</b>	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 15,304,274	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 15,304,274	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	150,901	6
7	Oxygen	39,670	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 190,571	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,454	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,507	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	2,663	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 5,624	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	25,809	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 25,809	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG19A</u>	7,771	28
28a	<u>Gain on Sale of Assets</u>	10,232	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 18,003	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 15,544,281	30

		2	
<b>II. Expenses</b>		<b>Amount</b>	
<b>A. Operating Expenses</b>			
31	General Services	1,888,703	31
32	Health Care	4,629,912	32
33	General Administration	3,231,454	33
<b>B. Capital Expense</b>			
34	Ownership	1,555,408	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,226,077	35
36	Provider Participation Fee	458,598	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 13,990,152	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	1,554,129	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 1,554,129	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 7,222,100	44
45	Private Pay - Net Inpatient Revenue	1,341,925	45
46	Medicare - Net Inpatient Revenue	5,605,451	46
47	Other-(specify) <u>Charity/sales allow</u>	(2,910)	47
48	Other-(specify) <u>Hospice/Insurance</u>	1,137,708	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 15,304,274	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 done If not, please attach a reconciliation.

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

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

STATE OF ILLINOIS

Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center # 0032896 Report Period Beginning 01/01/2012 Ending:

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Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income related to medical records copies	605.00
Misc Income related to jury duty	34.00
Misc Income related to food rebate	2,843.00
Misc Income related to donations	230.00
Adjustment to prior year expense	4,059.00
Line 29 Total:	<u><u>7,771.00</u></u>



Facility Name & ID Number Alden Poplar Creek Rehab & Health Care Center

# 0032896

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

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	\$ 99,207	\$ 47.70	1
2	Assistant Director of Nursing	2,096	2,096	89,366	42.64	2
3	Registered Nurses	30,625	32,549	1,116,280	34.30	3
4	Licensed Practical Nurses	25,295	27,582	784,386	28.44	4
5	CNAs & Orderlies	108,556	114,951	1,458,185	12.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,766	5,270	82,194	15.60	8
9	Activity Director	1,720	1,720	33,109	19.25	9
10	Activity Assistants	3,840	4,353	45,641	10.48	10
11	Social Service Workers	1,600	1,600	36,950	23.09	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	63,148	30.36	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,498	35,159	389,017	11.06	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	54,958	26.42	17
18	Housekeepers	19,934	22,050	255,264	11.58	18
19	Laundry	5,562	6,234	64,536	10.35	19
20	Administrator	2,080	2,080	100,551	48.34	20
21	Assistant Administrator	2,080	2,080	77,422	37.22	21
22	Other Administrative	8,736	8,783	252,103	28.70	22
23	Office Manager	2,080	2,080	43,170	20.75	23
24	Clerical	3,978	4,189	47,966	11.45	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,952	4,968	195,213	39.29	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>AlzhSuprv/Aides</u>	8,133	8,773	158,296	18.04	33
34	TOTAL (lines 1 - 33)	274,755	292,757	\$ 5,446,962 *	\$ 18.61	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	950/month	\$ 22,800	1-3	35
36	Medical Director	2000/month	24,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	434/month	5,208	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	204/month	2,450	11-3	44
45	Social Service Consultant	70/month	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 55,018		49

C. CONTRACT NURSES

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



XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	door	5/96	1,026	15	68	68	68	68	68	68	68	68
2	hot water	12/96	3,397	15	226	226	226	226	226	226	226	226
3	a/c repair	6/96	1,891	15	126	126	126	126	126	126	126	126
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>		\$ 6,314		\$ 420	\$ 420	\$ 420	\$ 420	\$ 420	\$ 420	\$ 420	\$ 420

Facility Name &amp; ID Number Alden Poplar Creek Rehab &amp; Health Care Center

# 0032896

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. IHCA 12,978
- (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? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 66,420 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. \$ 458,598  
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. \$ 41,239 Has any meal income been offset against related costs? \_\_\_\_\_ 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) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.