

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	300	Skilled (SNF)	300	109,500	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	300	TOTALS	300	109,500	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	17,998	453	3,965	22,416	8
9	SNF/PED					9
10	ICF	46,154	1,014	1,378	48,546	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	64,152	1,467	5,343	70,962	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 64.81%

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 01/01/72

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 300 and days of care provided 3,934

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name & ID Number

Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	279,639	32,079	22,800	334,518	12,897	347,415	(6,035)	341,380		1
2	Food Purchase		609,290		609,290	(35,867)	573,423	(121,950)	451,473		2
3	Housekeeping	258,381	70,121		328,502	2,473	330,975	10,632	341,607		3
4	Laundry	109,423	41,083		150,506	432	150,938		150,938		4
5	Heat and Other Utilities			312,882	312,882		312,882	3,416	316,298		5
6	Maintenance	57,362		265,171	322,533	115	322,648	(109,141)	213,507		6
7	Other (specify):* Related Party/Securit	106,769			106,769		106,769	14,896	121,665		7
8	TOTAL General Services	811,574	752,573	600,853	2,165,000	(19,950)	2,145,050	(208,182)	1,936,868		8
	B. Health Care and Programs										
9	Medical Director			18,500	18,500		18,500	24,000	42,500		9
10	Nursing and Medical Records	2,737,861	453,668	14,435	3,205,964	(193,971)	3,011,993	56,684	3,068,677		10
10a	Therapy	172,410	2,240	11,788	186,438		186,438		186,438		10a
11	Activities	261,694	16,660	6,497	284,851	721	285,572		285,572		11
12	Social Services	91,394			91,394		91,394		91,394		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Related Party							9,843	9,843		15
16	TOTAL Health Care and Programs	3,263,359	472,568	51,220	3,787,147	(193,250)	3,593,897	90,527	3,684,424		16
	C. General Administration										
17	Administrative	142,167			142,167		142,167	279,261	421,428		17
18	Directors Fees										18
19	Professional Services			1,098,621	1,098,621	(34,837)	1,063,784	(957,096)	106,688		19
20	Dues, Fees, Subscriptions & Promotions			93,591	93,591		93,591	(71,043)	22,548		20
21	Clerical & General Office Expenses	270,302	24,082	154,030	448,414	1,283	449,697	437,646	887,343		21
22	Employee Benefits & Payroll Taxes			1,141,846	1,141,846	7,499	1,149,345	(10,355)	1,138,990		22
23	Inservice Training & Education										23
24	Travel and Seminar			255	255		255	1,535	1,790		24
25	Other Admin. Staff Transportation			5,856	5,856		5,856	22,587	28,443		25
26	Insurance-Prop.Liab.Malpractice			454,478	454,478		454,478	14,279	468,757		26
27	Other (specify):* Related Party			179,122	179,122		179,122	(88,925)	90,197		27
28	TOTAL General Administration	412,469	24,082	3,127,799	3,564,350	(26,055)	3,538,295	(372,111)	3,166,184		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,487,402	1,249,223	3,779,872	9,516,497	(239,255)	9,277,242	(489,766)	8,787,476		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 Lakeland Rehab & HCC

#0017319

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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			143,060	143,060		143,060	326,008	469,068			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			232,574	232,574		232,574	491,754	724,328			32
33	Real Estate Taxes			324,985	324,985	(324,985)		350,183	350,183			33
34	Rent-Facility & Grounds			818,068	818,068	324,985	1,143,053	(1,143,053)				34
35	Rent-Equipment & Vehicles			47,823	47,823		47,823	74,659	122,482			35
36	Other (specify):* M.I.P.							53,570	53,570			36
37	TOTAL Ownership			1,566,510	1,566,510		1,566,510	153,121	1,719,631			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	773,636	816,077	1,266,690	2,856,403	239,255	3,095,658	59,362	3,155,020			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		22		22		22	(22)				41
42	Provider Participation Fee			587,026	587,026		587,026		587,026			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	773,636	816,099	1,853,716	3,443,451	239,255	3,682,706	59,340	3,742,046			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,261,038	2,065,322	7,200,098	14,526,458		14,526,458	(277,305)	14,249,153			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, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(35,867)	Employee Meals
	22	35,867	Employee Meals
22		(28,368)	Uniforms
	1	2,885	Uniforms
	3	2,473	Uniforms
	4	432	Uniforms
	6	115	Uniforms
	10	20,459	Uniforms
	11	721	Uniforms
	21	1,283	Uniforms
10		(239,255)	Oxygen - to appropriate cost center
	39	239,255	Oxygen - to appropriate cost center
33		(324,985)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	324,985	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(24,825)	Clinical Coordinators to Ln 10 (Pathways)
	10	24,825	Clinical Coordinators to Ln 10 (Pathways)
19		(10,012)	Reclass Linda Roberts 2013 YTD costs
	1	10,012	Reclass Linda Roberts 2013 YTD costs

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	(9,008)	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	(50,586)	30		9
10	Interest and Other Investment Income	(9,453)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(565)	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	(35,079)	21		17
18	Fines and Penalties	5	32		18
19	Entertainment	(302)	20		19
20	Contributions	(9,088)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,510)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(179,122)	27		24
25	Fund Raising, Advertising and Promotional	(30,889)	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)	\$ (328,597)		\$	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)	271,073	Various	34
35	Other- Attach Schedule	(219,781)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 51,292		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (277,305)		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
						52

Alden Lakeland Rehab & HCC

ID# 0017319

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,491)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(21,302)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	5,564	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	50,052	6	4
5	Depreciation adjustment to detail	704	30	5
6	Elim ABC Deprec Exp from Pg 12 series -	3	30	6
7	Late Fees on Utilities	(992)	5	7
8	Gift Shop	(22)	41	8
9	Intercompany Interest	(227,531)	32	9
10	Misc Income - Record copies	(1,615)	10	10
11	Misc Income - Jury Duty	(17)	21	11
12	Misc Income - Donations	(50)	21	12
13	Marketing Manager & Aides	(47,711)	21	13
14	Eliminate portion of marketing salary benefits	(10,355)	22	14
15	Adjustment to Travel and Seminar	369	24	15
16	Back out 30% of PAC Fees IHCA	(2,042)	20	16
17	Add Back R/E tax Refund	16,767	33	17
18	Other nursing income	(112)	21	18
19	Add back prior year credits	24,000	9	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(219,781)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,793	(9,828)	0	0	0	0	0	0	0	(6,035)	1
2	Food Purchase	(565)	0	0	(121,385)	0	0	0	0	0	0	0	(121,950)	2
3	Housekeeping	0	0	10,632	0	0	0	0	0	0	0	0	10,632	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(992)	0	4,408	0	0	0	0	0	0	0	0	3,416	5
6	Maintenance	46,608	1,355	(157,580)	0	0	0	476	0	0	0	0	(109,141)	6
7	Other (specify):*	0	0	10,074	4,822	0	0	0	0	0	0	0	14,896	7
8	TOTAL General Services	45,051	1,355	(128,673)	(126,391)	0	0	476	0	0	0	0	(208,182)	8
	B. Health Care and Programs													
9	Medical Director	24,000	0	0	0	0	0	0	0	0	0	0	24,000	9
10	Nursing and Medical Records	(1,615)	0	63,881	1,351	(6,933)	0	0	0	0	0	0	56,684	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,843	0	0	0	0	0	0	0	0	9,843	15
16	TOTAL Health Care and Programs	22,385	0	73,724	1,351	(6,933)	0	0	0	0	0	0	90,527	16
	C. General Administration													
17	Administrative	0	0	279,261	0	0	0	0	0	0	0	0	279,261	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,510)	19,954	(972,540)	0	0	0	0	0	0	0	0	(957,096)	19
20	Fees, Subscriptions & Promotions	(42,321)	0	(28,722)	0	0	0	0	0	0	0	0	(71,043)	20
21	Clerical & General Office Expenses	(82,969)	321	390,077	101,451	28,766	0	0	0	0	0	0	437,646	21
22	Employee Benefits & Payroll Taxes	(10,355)	0	0	0	0	0	0	0	0	0	0	(10,355)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	369	0	1,166	0	0	0	0	0	0	0	0	1,535	24
25	Other Admin. Staff Transportation	0	0	22,587	0	0	0	0	0	0	0	0	22,587	25
26	Insurance-Prop.Liab.Malpractice	0	13,959	320	0	0	0	0	0	0	0	0	14,279	26
27	Other (specify):*	(179,122)	0	77,589	10,369	2,239	0	0	0	0	0	0	(88,925)	27
28	TOTAL General Administration	(318,908)	34,234	(230,262)	111,820	31,005	0	0	0	0	0	0	(372,111)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(251,472)	35,589	(285,211)	(13,220)	24,072	0	476	0	0	0	0	(489,766)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2013 Ending:

Summary B

12/31/2013

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)	
	D. Ownership													
30	Depreciation	(76,672)	393,604	9,076	0	0	0	0	0	0	0	0	326,008	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(236,979)	487,844	240,120	0	769	0	0	0	0	0	0	491,754	32
33	Real Estate Taxes	16,767	324,985	8,127	0	304	0	0	0	0	0	0	350,183	33
34	Rent-Facility & Grounds	0	(1,143,053)	0	0	0	0	0	0	0	0	0	(1,143,053)	34
35	Rent-Equipment & Vehicles	0	0	74,659	0	0	0	0	0	0	0	0	74,659	35
36	Other (specify):*	0	53,570	0	0	0	0	0	0	0	0	0	53,570	36
37	TOTAL Ownership	(296,884)	116,950	331,982	0	1,073	0	0	0	0	0	0	153,121	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	(4,730)	(53,130)	117,222	0	0	0	0	0	59,362	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(22)	0	0	0	0	0	0	0	0	0	0	(22)	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	(22)	0	0	(4,730)	(53,130)	117,222	0	0	0	0	0	59,340	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(548,378)	152,539	46,771	(17,950)	(27,985)	117,222	476	0	0	0	0	(277,305)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent Income	\$ 1,143,053	Lawrence Avenue Building, LLC		\$	\$ (1,143,053)	1
2	V	32 Interest Income Repl Reserve	97	Lawrence Avenue Building, LLC			(97)	2
3	V	32 Interest Income	3,670	Lawrence Avenue Building, LLC			(3,670)	3
4	V	6 Repairs & Maintenance		Lawrence Avenue Building, LLC		1,355	1,355	4
5	V	19 Acct Fees/Legal Fees: Non-coll		Lawrence Avenue Building, LLC		(864)	(864)	5
6	V	21 Misc Administrative Expenses		Lawrence Avenue Building, LLC		321	321	6
7	V	19 Professional Fees		Lawrence Avenue Building, LLC		20,818	20,818	7
8	V	33 Real Estate Tax Expense		Lawrence Avenue Building, LLC		324,985	324,985	8
9	V	26 General Insurance Expense		Lawrence Avenue Building, LLC		13,959	13,959	9
10	V	36 Mortgage Insurance Premium		Lawrence Avenue Building, LLC		53,570	53,570	10
11	V	32 Interest- Mortgage		Lawrence Avenue Building, LLC		487,768	487,768	11
12	V	30 Depreciation Expense		Lawrence Avenue Building, LLC		393,604	393,604	12
13	V	32 Amortization Expense		Lawrence Avenue Building, LLC		3,843	3,843	13
14	Total		\$ 1,146,820			\$ 1,299,359	\$ * 152,539	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%	\$ 4,408	\$	4,408	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,166		1,166	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		22,587		22,587	17
18	V	26 Insurance		Alden Management Services, Inc.		320		320	18
19	V	20 Dues & Subscriptions	32,562	Alden Management Services, Inc.		3,840		(28,722)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076		9,076	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		8,127		8,127	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		74,659		74,659	22
23	V	32 Interest		Alden Management Services, Inc.		240,120		240,120	23
24	V	1 Dietary		Alden Management Services, Inc.		3,793		3,793	24
25	V	3 Houskeeping		Alden Management Services, Inc.		10,632		10,632	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		10,074		10,074	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		63,881		63,881	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		9,843		9,843	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		279,261		279,261	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		77,589		77,589	30
31	V	19 Professional Fees	1,040,584	Alden Management Services, Inc.		68,044		(972,540)	31
32	V	21 General & Administrative		Alden Management Services, Inc.		390,077		390,077	32
33	V	6 Repairs & Maintenance	230,845	Alden Management Services, Inc.		73,265		(157,580)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,303,991			\$ 1,350,762	\$ *	46,771	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consultant	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 71	\$ (22,729)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		12,901	12,901	16
17	V	2 Tube Feeding	258,993	Prism Health Care Services, Inc.		137,608	(121,385)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351	18
19	V	39 Ancillary Supplies	331,294	Prism Health Care Services, Inc.		178,358	(152,936)	19
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.		148,206	148,206	20
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		59,771	59,771	21
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		10,369	10,369	22
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		4,822	4,822	23
24	V	21 General & Administrative		Prism Health Care Services, Inc.		41,680	41,680	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		\$ 619,747			\$ 601,797	\$ * (17,950)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 145,406	Forum Extended Care Services II, Inc.	0.00%	\$ 120,002	\$ (25,404)
16	V	39 I.V.	113,301	Forum Extended Care Services II, Inc.		93,506	(19,795)
17	V	39 Wound Care	45,395	Forum Extended Care Services II, Inc.		37,464	(7,931)
18	V	10 House Stock	32,487	Forum Extended Care Services II, Inc.		26,812	(5,675)
19	V	10 Pharmacy Consultant	7,200	Forum Extended Care Services II, Inc.		5,942	(1,258)
20	V	27 Employee Vaccination	2,735	Forum Extended Care Services II, Inc.		2,257	(478)
21	V	27 Employee Benefits: G & A		Forum Extended Care Services II, Inc.		2,717	2,717
22	V	21 Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		18,144	18,144
23	V	21 Gen'l & Admin.		Forum Extended Care Services II, Inc.		10,622	10,622
24	V	32 Interest		Forum Extended Care Services II, Inc.		769	769
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		304	304
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		\$ 346,524			\$ 318,539	\$ * (27,985)

* 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	\$ 526,670	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 643,892	\$ 117,222	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		\$ 526,670			\$ 643,892	\$ * 117,222	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	\$ 35,378	Alden Bennett Construction Company, Inc.	0.00%	\$ 35,854	\$	476	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		\$ 35,378			\$ 35,854	\$ *	476	39

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

Facility Name & ID Number

Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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				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			Alden Estates of Greenville, Inc.	Greenville, IL				30

Facility Name & ID Number Alden Lakeland Rehab & HCC # 0017319 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg	President	CEO	100.00	175,048	2.152	5.38	Salary	\$ 9,952	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	89,890	2.152	5.38	Salary	5,110	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	89,890	2.152	5.38	Salary	5,110	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	99,558	2.152	5.38	Salary	5,660	17-7	4
5	Audra Elisco	Training Coordinator	Train employees	0.00	54,267	2.152	5.38	Salary	3,086	21-7	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	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.										11
12											12
13								TOTAL	\$ 28,918		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 Lakeland Rehab & HCC

0017319 Report Period Beginning: 01/01/2013

Ending: 2/31/2013

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	1,319,137	35	\$ 81,942	\$ 70,962	\$ 4,408	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681	70,962	1,166	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	70,962	22,587	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	70,962	320	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386	70,962	3,840	5
6	30	Depreciation	No of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/usage	1,319,137	35	171,267	70,962	8,127	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861	70,962	74,659	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	70,962	240,120	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	3,793	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	10,632	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	187,265	70,962	10,074	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	63,881	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	182,984	70,962	9,843	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	279,261	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,442,333	70,962	77,589	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	68,044	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,251,269	6,199,389	390,077	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,361,952	1,077,972	73,265	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 1,350,762	25

Facility Name & ID Number

Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Cambridge Realty Capital, Ltd of Illin	x		Mortgage	\$51,330.00	2/25/11	\$ 11,977,000	\$ 11,638,092	2/24/51	4.1700	\$ 487,768						
2																	
3																	
4																	
5	Amortization of Mortg Fin Fees	x									3,845						
Working Capital																	
6	Related party-AMS		x								240,120						
7	Related party-FECII		x								769						
8	Medical Malpractice		x								5,047						
9	TOTAL Facility Related				\$51,330.00		\$ 11,977,000	\$ 11,638,092			\$ 737,549						
B. Non-Facility Related*																	
10	Interest Income on R.R.		x								(97)						
11	Int Income (GL#4975)		x								(13,124)						
12																	
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (13,221)						
15	TOTALS (line 9+line14)						\$ 11,977,000	\$ 11,638,092			\$ 724,328						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,570 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 2012 report.		\$	<u>274,900</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>303,753</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>28,853</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>312,900</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>341,753</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>8,430.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>350,183</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>299,908</u>			8
	2009	<u>257,009</u>			9
	2010	<u>268,191</u>			10
	2011	<u>266,919</u>			11
	2012	<u>303,752</u>			12
<u>the current year accrual is based on an estimated 3% increase of the prior year tax</u>					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		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.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Lakeland Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0017319

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 2012 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 2012.

(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>285,389.00</u>	\$ <u>8,127.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>303.00</u>
3. <u>14-08-419-040-0000</u>	<u>Nursing Home Facility</u>	\$ <u>303,752.00</u>	\$ <u>303,752.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>624,822.00</u></u>	\$ <u><u>312,182.00</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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

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: 89,500 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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).

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	<u>nursing facility</u>		<u>1995</u>	<u>\$ 1,040,000</u>	1
2					2
3	TOTALS			\$ 1,040,000	3

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300		1978		\$ 8,882,363	\$ 221,780	40	\$ 222,059	\$ 279	\$ 4,336,406	4
5			1995		577		40	14	14	260	5
6			1995		245		40	6	6	111	6
7			1996		13,250	331	40	331		5,270	7
8											8
	Improvement Type**										
9		Richard G. Radke-color rendering-ll 3 '93 assets	1993		\$ 6,620	\$	5	\$	\$	\$ 6,620	9
10		GENERAL REMODELING-law av \$2368595.54	1994		1,640,753	46,074	15		(46,074)	1,640,753	10
11		NEW AIR CONDITIONER-law av \$2368595.54	1994		185,718	4,827	15	5,530	703	185,718	11
12		OXYGEN AND SUCTION SYSTEM-law av \$2368595.54	1994		89,080	2,315	15	332	(1,983)	89,080	12
13		3RD FLOOR NURSES STATION-law av \$2368595.54	1994		14,234	370	15	329	(41)	14,234	13
14		REBUILD SHOWERS AND STALL-law av \$2368595.54	1994		47,131	1,225	15	651	(574)	47,131	14
15		PATIENT ROOM LIGHTING-law av \$2368595.54	1994		34,763	903	15	801	(102)	34,763	15
16		CARPETING-law av \$2368595.54	1994		20,688		10			20,688	16
17		NEW DOOR LOCK AND HARDWARE-law av \$2368595.54	1994		25,312		10			25,312	17
18		VARIOUS OTHER ITEMS-law av \$2368595.54	1994		85,896		10			85,896	18
19		VARIOUS OTHER ITEMS-law av \$2368595.54	1994		225,021	3,501	15		(3,501)	225,021	19
20		DECORATING	1986		5,000		3			5,000	20
21		DOCORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR	1987		15,543		3-5			15,543	21
22		ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR	1988		15,804		5			15,804	22
23		PUMP REPAIR	1989		2,510		5			2,510	23
24		REPAIR: PUMPS AND COMPRESSOR	1990		32,782		5-10			32,782	24
25		REPAIR: PUMPS, FANS, HEATER,ROOF	1991		16,753		5			16,753	25
26		REPAIR: BOILER,FANS, THERMOSTAT	1992		32,033	24	5-20		(24)	32,033	26
27		COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER,	1993		8,916		5-15			8,916	27
28		DRAPERIES AND CUBICLES; COMPRESSOR REPAIR	1994		45,438	139	5-20		(139)	45,438	28
29		REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO	1995		415,705	16,108	5-20	16,958	850	399,653	29
30		NEW ELECTRIC GENERATOR, NEW COOLING TOWER	1996		191,725	9,510	5-20	9,510		171,116	30
31		INSTALL NEW CIRCUITS	1997		2,176		5			2,176	31
32		CLEAN FAN COILS	1997		4,622		5			4,622	32
33		REPAIR LIGHTING CIRCUIT & BALLAST	1997		2,327		5			2,327	33
34		REBUILD COMPRESSOR	1997		4,268		5			4,268	34
35		REPAIR CALL LIGHTS	1997		2,350		5			2,350	35
36		INSTALL NEW SMOKE DETECTOR	1997		2,661		5			2,661	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	SPRAYED FIREPROOFING	1997	3,965		5			3,965	37
38	Climate Service, Inc (replace fans)	1998	4,725		5			4,725	38
39	**Wigdahl(replaced outlets)	1998	2,300		10			2,300	39
40	Wigdahl(replaced outlets)	1998	334		10			334	40
41	Long Elevator(modify restrictors)	1998	2,200	110	20	110		1,742	41
42	Incorporation(kickplates & correr guards)	1998	2,309		5			2,309	42
43	Incorporation(kickplates & larone)	1998	4,547		5			4,547	43
44	Shine Rite Maintenance (strip and refinish 30 rooms)	1998	6,480		5			6,480	44
45	Star Contractors (install locks)	1998	5,581		10			5,581	45
46	Supreme Sheet Metal (Fire dampers)	1998	10,000	333	15	333		10,000	46
47	CSI (replace fan coil units)	1998	6,340	281	15	281		6,340	47
48	Atash Fire & Safety (install annunciator panel)	1998	5,890	113	15	113		5,840	48
49	CSI (rebuild compressor)	1998	7,056	314	15	314		7,056	49
50	Supreme Sheet Metal (install fire dampers)	1998	11,680		10			11,680	50
51	Alden Bennett Construction (plan of correction)	1998	2,222		10			2,222	51
52	Supreme Sheet Metal (install fire dampers)	1998	7,750		10			7,750	52
53									53
54	Patton (repair generator)	1999	1,702	114	15	114		1,702	54
55	Alden Bennett Construction(general)	1999	11,471		10			11,471	55
56	Welding Supply(oxygen piping installed)	1999	13,176	659	20	659		9,388	56
57	ISS/Chicago Sound & Comm.(call system)	1999	28,500	1,900	15	1,900		26,917	57
58	Alden Bennett Construction(general)	1999	23,560		15			23,560	58
59	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		6,633	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		24,657	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		3,384	62
63	A&B custom cable-install cable tv	2000	13,824		10			13,824	63
64	Fox Valley-install new fire safety pump	2000	4,423	221	20	221		3,041	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,681	\$ 313,622		\$ 263,036	\$ (50,586)	\$ 7,688,662	70

**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 12A, Carried Forward		\$ 12,301,681	\$ 313,622		\$ 263,036	\$ (50,586)	\$ 7,688,662	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		1,353	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		1,613	3
4	System electric-emergency lighting	2000	5,190	346	15	346		4,700	4
5	System Electric-install circuits	2000	1,570	78	20	78		1,058	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		947	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		1,821	7
8	ABC-fireproofing	2000	2,503	125	20	125		1,668	8
9	ABC-seal & stripe parking lot	2000	977		10			977	9
10									10
11									11
12	ABC-oxygen tank wiring	2000	26,715		3			26,715	12
13	ABC-wallpapering	2000	3,543		3			3,543	13
14	EWS - Oxygen tank repairs	2001	2,157		8			2,157	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810	121	15	121		1,519	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		1,283	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		14,834	17
18	Long Elevator-repair elevator	2001	757		10			757	18
19	Long Elevator-replace boards	2001	4,659		10			4,659	19
20	Alden Bennett - various	2001	1,720		10			1,720	20
21	Alden Bennett - various	2001	8,688	579	15	579		7,191	21
22	Alden Bennett - various	2001	11,481	765	15	765		9,375	22
23	Medline Industries	2002	1,205		10			1,205	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		1,300	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		4,160	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		2,631	26
27	Alden Bennett -building improvement	2002	2,478		10			2,478	27
28	Alden Bennett -building improvement	2002	3,161		10			3,161	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,418,698	\$ 318,032		\$ 267,446	\$ (50,586)	\$ 7,791,489	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 12B, Carried Forward		\$ 12,418,698	\$ 318,032		\$ 267,446	\$ (50,586)	\$ 7,791,489	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433		4,730	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225	34	10	34		4,225	3
4	Simplex Grinnell-repair fire pump	2003	2,094	70	10	70		2,094	4
5	Simplex Grinnell fire system connection	2003	1,710	57	10	57		1,710	5
6	CSI Coker-Hobart dishwasher	2003	1,522		5			1,522	6
7	Simplex Grinnell-2 duct smoke detectors	2003	1,620	108	10	108		1,620	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961	147	10	147		1,961	8
9	GT Mechanical-repair boiler	2003	1,340		5			1,340	9
10	GT Mechanical-replace boiler relief valve	2003	931		5			931	10
11	Alden Bennett Cons.-roof repair & rails installed	2003	7,517	563	10	563		7,517	11
12	GT Mchanical-back up pump bearing	2004	1,713	171	10	171		1,669	12
13	GT Mchanical-main house pump	2004	1,555	156	10	156		1,504	13
14	GT Mechanical-cooling towwe repairs	2004	1,259	126	10	126		1,207	14
15									15
16	ABC-repair kitchen,freezer doors and misc repairs	2004	8,038	804	10	804		7,771	16
17	Oak First Signal Circuit-elevator repair	2004	2,075	208	10	208		1,972	17
18	ABC misc repairs	2004	6,005	600	10	600		5,754	18
19	GT Mechanical-laundry motor replacement	2004	2,966	297	10	297		2,818	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181	418	10	418		3,971	20
21	ISS/chicao Sound/ repair address sound	2004	2,092	209	10	209		1,952	21
22	ABC misc repairs	2004	5,832	583	10	583		5,443	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007	101	10	101		940	23
24	System Electric-walk in cooler lights	2004	904	60	15	60		562	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500	650	10	650		6,013	25
26	Top Notch-repaired faucet/drains	2004	1,627	163	10	163		1,465	26
27	ABC-Medical Gas Revisions	2004	27,009	2,701	10	2,701		26,334	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2005	1,320	66	20	66		495	28
29	Cybor Fire Protection Fire Sprinkler	2005	3,195		7			3,195	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		65,403	30
31	ABC New water cooling system	2005	12,097	605	20	605		5,000	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,691,046	\$ 335,040		\$ 284,454	\$ (50,586)	\$ 7,962,607	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		\$ 12,691,046	\$ 335,040		\$ 284,454	\$ (50,586)	\$ 7,962,607	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		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26	Adjust for ABC Related Party Profit	2008	(782)	(130)		(130)		(715)	26
27	Adjust for ABC Related Party Profit	2009	(415)	(18)		(18)		(81)	27
28	Adjust for ABC Related Party Profit	2010	(311)					(311)	28
29	Adjust for ABC Related Party Profit	2011	138	8		8		20	29
30	Adjust for ABC Related Party Profit	2012	3,018	65		65		130	30
31	Adjust for ABC Related Party Profit	2013	1,754	79		79		79	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,781,215	\$ 336,354		\$ 285,768	\$ (50,586)	\$ 8,041,679	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		\$ 12,781,215	\$ 336,354		\$ 285,768	\$ (50,586)	\$ 8,041,679	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528	853	10	853		6,254	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368	437	10	437		3,387	3
4	New Motor Blower	2007	3,295	330	10	330		2,255	4
5	Roof Repair	2007	7,020	702	10	702		4,680	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006	3,601	10	3,601		23,706	6
7	Cleaned Tower	2007	3,023	302	10	302		1,990	7
8									8
9	Chiller Room Exhaust	2007	33,741	3,374	10	3,374		21,650	9
10	Chiller	2007	4,075	408	10	408		2,618	10
11	Suction System	2007	19,666	1,967	10	1,967		12,458	11
12	Electrical and Plumbing Replacement	2007	3,303	330	10	330		2,090	12
13	Replaced broken plumbing	2007	3,177	318	10	318		1,987	13
14	Replaced broken plumbing	2007	2,965	297	10	297		1,856	14
15	New Concrete Pad	2007	7,076	708	10	708		4,366	15
16	New parts for motors roof fans	2007	4,644	464	10	464		2,861	16
17	New Floor Drain New Supply Lines	2007	8,564	856	10	856		5,207	17
18	New concrete pad and trough basin	2007	5,247	525	10	525		3,194	18
19									19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		1,059	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		7,958	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527	853	10	853		4,905	22
23	Laundry Cart Hardware-ABC	2008	4,301	216	5	216		4,301	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		2,639	24
25	Generator	2008	2,842	191	5	191		2,842	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		8,574	26
27	Carpet on 2nd & 3rd Floors-ABC	2008	48,802	3,255	5	3,255		48,802	27
28	Oxygen Wall Outlets-ABC	2008	8,380	419	20	419		2,374	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480	1,048	10	1,048		5,764	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		1,397	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		4,555	31
32	Replace Ceiling Tile-ABC	2008	2,916	292	10	292		1,484	32
33	Boiler Tube-ABC	2008	11,140	1,114	10	1,114		6,313	33
34	TOTAL (lines 1 thru 33)		\$ 13,102,766	\$ 363,842		\$ 313,256	\$ (50,586)	\$ 8,245,203	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 12E, Carried Forward		\$ 13,102,766	\$ 363,842		\$ 313,256	\$ (50,586)	\$ 8,245,203	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606	461	10	461		2,074	2
3	Top Notch-Repair Dish Machine	2009	5,075	1,015	5	1,015		5,075	3
4	Central States-Repair Sprinkler System	2009	5,300	1,060	5	1,060		5,300	4
5	GT Mechanical-Repair A/C Fill Pump & Chiller Circuits	2009	5,208	1,042	5	1,042		4,776	5
6	GT Mechanical-Replace & Insulate Leaking Riser	2009	15,164	3,033	5	3,033		13,396	6
7	ABC-Vaccum Pump & Motor for Medical Gas	2009	12,139	1,517	8	1,517		6,321	7
8									8
9	Elevator hydraulics: emerg replacement-ABC	2010	36,912	1,846	20	1,846		7,230	9
10	Concrete Delivery Ramp replaced-ABC	2010	8,876	592	15	592		2,171	10
11	Elevator repair emerg - ABC	2010	74,470	3,724	20	3,724		13,344	11
12	Elevator repair emerg - ABC	2010	33,689	1,684	20	1,684		5,894	12
13	Dish machine repair motor & speed reduc-TopNot	2010	3,595	719	5	719		2,816	13
14	Laundry chute repair - ABC	2010	8,241	824	10	824		3,090	14
15	Brick work at front entrance - ABC	2010	9,911	496	20	496		1,818	15
16	Kitchen ejector pump repair-ABC	2010	5,788	1,158	5	1,158		4,149	16
17	Fan repair tower motor on AC	2010	5,211	521	10	521		1,824	17
18	Compressor repair and flare fitting on AC	2010	5,225	1,045	5	1,045		3,570	18
19	Motors and patient station repair & HVAC motors	2010	11,066	2,213	5	2,213		7,377	19
20	Wall base in res room with new cove base-ABC	2011	3,176	212	15	212		600	20
21	Water cooled condenser repair-GTMECH	2011	4,751	950	5	950		2,533	21
22	Roof repair-JD&SONS	2011	3,650	730	5	730		1,825	22
23	Sprinkler heads added to elevator-USFIRE	2011	2,988	299	10	299		673	23
24	Asphalt paving-ABC	2011	9,333	1,167	8	1,167		2,626	24
25	Elevator repair/control system PC board-KONINC	2011	2,934	587	5	587		1,223	25
26	Repair rite boiler-ABC	2011	5,281	1,056	5	1,056		2,200	26
27	Fire dampers-OAKFIR	2011	9,900	1,980	5	1,980		4,125	27
28	Sanding sleeve-elevator-LONELE	2011	5,680	1,136	5	1,136		3,219	28
29	Railings, stairs-ALDBEN	2012	28,720	1,915	15	1,915		1,915	29
30	Repair leaks on boiler-ALDBEN	2012	5,213	521	10	521		955	30
31	Dampers (fire) in 2 ducts utility room-ALDBEN	2012	6,214	621	10	621		880	31
32	Repair fire protective tents on recessed light fixtures-ABC	2012	2,584	517	5	517		668	32
33	Repair fire (smoke) damper-ABC	2012	6,146	615	10	615		820	33
34	TOTAL (lines 1 thru 33)		\$ 13,449,810	\$ 399,095		\$ 348,509	\$ (50,586)	\$ 8,359,689	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 12F, Carried Forward		\$ 13,449,810	\$ 399,095		\$ 348,509	\$ (50,586)	\$ 8,359,689	1
2	Vacuum pump, motor assembly-MEDGAS	2012	5,991	599	10	599		1,098	2
3	Drywall, enclose damper shaft walls-ALDBEN	2013	3,822	170	15	170		170	3
4	Drywall, oxygen room ducts-ALDBEN	2013	2,544	99	15	99		99	4
5	Firestopping material, Foil (4)-ALDBEN	2013	4,022	235	10	235		235	5
6	Ductless split installation, HVAC-ALDBEN (GT Mech)	2013	10,793	240	15	240		240	6
7	Common area labor flr 2&3-AMS	2013	211,765		15				7
8	Cooler, compressor malfunction, valve control burnout-TOPNOT	2013	5,908	541	10	541		541	8
9	Washer, machine #3-EQUINT	2013	3,728	683	5	683		683	9
10	Actuators & Transformers on smoke dampers- GTMECH	2013	2,687	358	5	358		358	10
11	Dryer-EQUINT	2013	4,522	603	5	603		603	11
12	Dampers, Fire-ALDBEN	2013	13,660	569	10	569		569	12
13	Railings, stairs-ALDBEN	2013	28,720	1,595	15	1,595		1,595	13
14	Kick guards: 2nd & 3rd floor corridor and dining rooms- ALDBEN	2013	19,371	807	10	807		807	14
15	Flooring, laminate: 2nd & 3rd floor corridor and dining rooms-ALDBE	2013	42,181	1,172	15	1,172		1,172	15
16	Leaks on boiler-ALDBEN	2013	5,213	956	5	956		956	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)		\$ 13,814,737	\$ 407,722		\$ 357,136	\$ (50,586)	\$ 8,368,816	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	\$ 624,741	\$ 66,234	\$ 66,234	\$	Various	\$ 279,064	71
72	Current Year Purchases	537,775	38,088	38,088		Various	38,088	72
73	Fully Depreciated Assets	2,068,550	7,610	7,610		Various	2,068,550	73
74								74
75	TOTALS	\$ 3,231,066	\$ 111,932	\$ 111,932	\$		\$ 2,385,702	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					3,911	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)	\$ 18,089,714	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 519,654	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 469,068	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (50,586)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,758,429	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	Building	\$ 14,671	92
93			93
94			94
95		\$ 14,671	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 Lakeland Rehab & HCC

0017319

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

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 3/31/04

Ending 3/31/14

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

Fiscal Year Ending Annual Rent

12. 12/31/2014 \$ Varies

13. 12/31/2015 \$ Varies

14. 12/31/2016 \$ 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: \$ 61,792 Description: Office Equipment Lease: \$25,027; Copy machine lease: \$36,765

(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>28,973</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>921.50</u>	<u>11,058</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>40,031</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.

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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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	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	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	\$			\$ 179,350	\$		\$ 179,350	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				77,472			77,472	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				227,848			227,848	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					120,002		120,002	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any			773,636			147,711		921,347	12
13	Other (specify): <u>See Pg 16A</u>						117,222	1,511,779		1,629,001	13
14	TOTAL			\$	773,636		\$ 601,892	\$ 1,779,492		\$ 3,155,020	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		\$179,350.00
2.	ST		39-3	To Col 5		77,472.00
3.						
4.	PT		39-3	To Col 5		227,848.00
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL					145,406.00
	Manual Input from Related Party- Forum Drugs					(25,404.00)
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		----- 120,002.00 -----
10.						
11.						
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		773,636.00
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		147,711.00
	Total Exceptional Care (Line 12, Col 8)					----- 921,347.00 -----
13.	Other:		See Pg 16A			

13. Col 5: Manual Input: Related Party - CPT	To Col 5	117,221.44
Other		1,304,980.00
Manual Input: Related Party - Prism		(4,730.00)
Manual Input: Related Party FECII - I.V.		(19,795.00)
Manual Input: Related Party FECII - Wound Care		(7,931.00)
Oxygen, from reclass worksheet (Pg 4A)		239,255.00

13. Col 6: Supplies Total	To Col 6	1,511,779.00

13. Total Line 13, Column 8		1,629,000.44

14. Total		3,155,019.44
		=====

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(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	\$	\$ 114,366	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 183,000)	2,286,384	2,286,384	3
4	Supply Inventory (priced at)	5,089	5,089	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	13,898	41,195	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	4,260	185,585	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,309,631	\$ 2,632,619	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		8,884,435	14
15	Leasehold Improvements, at Historical Cost	2,154,767	5,217,178	15
16	Equipment, at Historical Cost	1,254,849	3,339,536	16
17	Accumulated Depreciation (book methods)	(2,513,725)	(9,781,168)	17
18	Deferred Charges		88,999	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		138,913	21
22	Other Long-Term Assets (spec CIP, S/H loan	14,671	35,724	22
23	Other(specify): Due from Affiliate,			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 910,562	\$ 8,963,618	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,220,193	\$ 11,596,237	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,333,552	\$ 1,361,661	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	205,369	205,369	28
29	Short-Term Notes Payable		133,180	29
30	Accrued Salaries Payable	539,142	539,142	30
31	Accrued Taxes Payable (excluding real estate taxes)	37,559	37,559	31
32	Accrued Real Estate Taxes(Sch.IX-B)		312,900	32
33	Accrued Interest Payable		40,442	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	336,865	373,957	36
37	Due to Affiliates	2,434,767	2,434,767	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,887,254	\$ 5,438,977	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,504,912	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates	13,510,884	12,601,387	43
44	Sharehold.loan, other			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,510,884	\$ 24,106,299	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,398,138	\$ 29,545,276	46
47	TOTAL EQUITY(page 18, line 24)	\$ (15,177,945)	\$ (17,949,039)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,220,193	\$ 11,596,237	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (14,575,151)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(8,388)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (14,583,539)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(594,406)	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)	\$ (594,406)	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)	\$ (15,177,945)	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	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,710,031	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,710,031	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	128,733	6
7	Oxygen	72,539	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 201,272	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(52)	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(671)	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (723)	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	9,454	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,454	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Page 19A</u>	12,018	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 12,018	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,932,052	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,165,000	31
32	Health Care	3,787,147	32
33	General Administration	3,564,350	33
B. Capital Expense			
34	Ownership	1,566,510	34
C. Ancillary Expense			
35	Special Cost Centers	2,856,425	35
36	Provider Participation Fee	587,026	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,526,458	40
41	Income before Income Taxes (line 30 minus line 40)**	(594,406)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (594,406)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,023,726	44
45	Private Pay - Net Inpatient Revenue	262,009	45
46	Medicare - Net Inpatient Revenue	2,103,687	46
47	Other-(specify) <u>Hospice/Insurance</u>	320,749	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	(140)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,710,031	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income related to Illinois License Fee Penalty	\$ 4,389
Misc Income related to medical record copies	\$ 1,615
Misc Income related to jury duty	\$ 17
Misc Income related to donations	\$ 50
Gain on sales of assets	\$ 5,947

Line 28 Total: 12,018

Ending: 12/31/2013

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,632	1,742	\$ 75,120	\$ 43.12	1
2	Assistant Director of Nursing	2,896	3,050	108,392	35.54	2
3	Registered Nurses	52,594	56,175	1,713,475	30.50	3
4	Licensed Practical Nurses	22,416	24,026	562,965	23.43	4
5	CNAs & Orderlies	80,731	86,612	905,493	10.45	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,152	4,452	59,182	13.29	8
9	Activity Director	1,448	1,488	28,209	18.96	9
10	Activity Assistants	5,571	5,920	57,302	9.68	10
11	Social Service Workers	4,184	4,298	91,394	21.26	11
12	Dietician					12
13	Food Service Supervisor	1,944	2,027	42,756	21.09	13
14	Head Cook	880	880	13,802	15.68	14
15	Cook Helpers/Assistants	19,382	21,591	223,080	10.33	15
16	Dishwashers					16
17	Maintenance Workers	2,216	2,216	57,362	25.89	17
18	Housekeepers	22,714	24,918	258,381	10.37	18
19	Laundry	7,415	7,987	109,423	13.70	19
20	Administrator	640	640	25,687	40.14	20
21	Assistant Administrator	3,648	3,797	116,480	30.68	21
22	Other Administrative	11,296	11,649	332,187	28.52	22
23	Office Manager	2,080	2,080	29,475	14.17	23
24	Clerical	2,374	2,405	21,868	9.09	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,632	3,705	120,406	32.50	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,648	1,679	25,647	15.28	31
32	Other Health C: Clinical director/b	9,718	9,833	176,183	17.92	32
33	Other(specify) Security	11,135	11,931	106,769	8.95	33
34	TOTAL (lines 1 - 33)	276,346	295,101	\$ 5,261,038 *	\$ 17.83	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	1900/monthly	\$ 22,800	1-3	35
36	Medical Director	1542/monthly	18,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/monthly	7,200	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	386/monthly	4,637	11-3	44
45	Social Service Consultant	117/monthly	1,400	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 54,537		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	111	\$ 6,879	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	111	\$ 6,879		53

Alden Lakeland Rehab & HCC		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	56,156.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(4,510.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(43,992.00)
Allowable Legal Fees	\$	<u>7,654.00</u>

Total Allow. Legal Fees should be the sum of the invoices you are providing.

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	
													Amount of Expense Amortized Per Year
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015	
1	Boiler	7/95	\$ 2,054	20	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 52	
2	Boiler	6/96	1,389	20	69	69	69	69	69	69	69	69	
3	Painting	3/09	39,078	3		10,508	13,026	13,026	2,518				
4	Painting	12/10	39,145	5			2,874	7,829	7,829	7,829	7,829	4,955	
5	Painting	11/2013	1,886	3						105	629	629	
6	Painting	7/2013	2,378	3						396	793	793	
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 85,930		\$ 172	\$ 172	\$ 10,680	\$ 16,072	\$ 21,027	\$ 10,519	\$ 8,502	\$ 9,422	\$ 6,497

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? RN/LPN-No;C.NA-Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA/HCC: \$11,666
- (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. \$ 39,512 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 587,026
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. \$ 35,867 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) 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? Yes
Attach invoices and a summary of services for all architect and appraisal fees.