



Facility Name & ID Number Alden Poplar Creek Reh & HCC

# 0032896 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	79,205	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	79,205	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	10,935	5,122	12,212	28,269	8
9	SNF/PED					9
10	ICF	29,466	4,311	2,692	36,469	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	40,401	9,433	14,904	64,738	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.73%

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 11,320

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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name &amp; ID Number

Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

**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	463,593	28,255	25,768	517,616	3,521	521,137	(9,613)	511,524		1
2	Food Purchase		477,496		477,496	(43,507)	433,989	(16,013)	417,976		2
3	Housekeeping	259,431	45,750		305,181	1,507	306,688	12,080	318,768		3
4	Laundry	69,567	20,748		90,315	665	90,980		90,980		4
5	Heat and Other Utilities			246,331	246,331		246,331	393	246,724		5
6	Maintenance	58,122	161	233,329	291,612	558	292,170	60,750	352,920		6
7	Other (specify):* security/related party			200	200		200	12,613	12,813		7
8	<b>TOTAL General Services</b>	850,713	572,410	505,628	1,928,751	(37,256)	1,891,495	60,210	1,951,705		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	4,049,390	306,623	6,652	4,362,665	(30,011)	4,332,654	60,916	4,393,570		10
10a	Therapy	148,241	7,116	20,515	175,872		175,872		175,872		10a
11	Activities	71,097	3,891	5,518	80,506	848	81,354		81,354		11
12	Social Services	47,600			47,600		47,600		47,600		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							10,568	10,568		15
16	<b>TOTAL Health Care and Programs</b>	4,316,328	317,630	56,685	4,690,643	(29,163)	4,661,480	71,484	4,732,964		16
	<b>C. General Administration</b>										
17	Administrative	207,249			207,249		207,249	169,372	376,621		17
18	Directors Fees										18
19	Professional Services			1,342,990	1,342,990	(331)	1,342,659	(1,230,429)	112,230		19
20	Dues, Fees, Subscriptions & Promotions			43,004	43,004		43,004	(19,197)	23,807		20
21	Clerical & General Office Expenses	267,104	27,462	128,956	423,522	331	423,853	399,616	823,469		21
22	Employee Benefits & Payroll Taxes			952,501	952,501	25,020	977,521	(13,069)	964,452		22
23	Inservice Training & Education										23
24	Travel and Seminar			220	220		220	2,241	2,461		24
25	Other Admin. Staff Transportation			13,876	13,876		13,876	21,515	35,391		25
26	Insurance-Prop.Liab.Malpractice			231,043	231,043		231,043	11,889	242,932		26
27	Other (specify):* related party			67,416	67,416		67,416	26,065	93,481		27
28	<b>TOTAL General Administration</b>	474,353	27,462	2,780,006	3,281,821	25,020	3,306,841	(631,997)	2,674,844		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,641,394	917,502	3,342,319	9,901,215	(41,399)	9,859,816	(500,303)	9,359,513		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 &amp; ID Number

Alden Poplar Creek Reh &amp; HCC

#0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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			75,939	75,939		75,939	391,548	467,487			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			194,960	194,960		194,960	353,201	548,161			32
33	Real Estate Taxes							781,668	781,668			33
34	Rent-Facility & Grounds			1,418,654	1,418,654		1,418,654	(1,418,654)				34
35	Rent-Equipment & Vehicles			30,538	30,538		30,538	70,963	101,501			35
36	Other (specify):* MIP							47,169	47,169			36
37	<b>TOTAL Ownership</b>			1,720,091	1,720,091		1,720,091	225,895	1,945,986			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,037,817	1,449,281	2,487,098	41,399	2,528,497	(129,222)	2,399,275			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			441,356	441,356		441,356		441,356			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		1,037,817	1,890,637	2,928,454	41,399	2,969,853	(129,222)	2,840,631			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,641,394	1,955,319	6,953,047	14,549,760		14,549,760	(403,630)	14,146,130			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		\$ (43,507.00)	Employee Meals
	22	\$ 43,507.00	Employee Meals
22		\$ (18,487.00)	Uniforms
	1	\$ 3,521.00	Uniforms
	3	\$ 1,507.00	Uniforms
	4	\$ 665.00	Uniforms
	6	\$ 558.00	Uniforms
	10	\$ 11,388.00	Uniforms
	11	\$ 848.00	Uniforms
	21		Uniforms
10		\$ (41,399.00)	Oxygen - to appropriate cost center
	39	\$ (41,399.00)	Oxygen - to appropriate cost center
33		\$ (738,621.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 738,621.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		\$ (331.00)	Medifax/Medcon GL 6929
	21	\$ 331.00	Medifax/Medcon GL 6929

\$ (82,798.00)

Facility Name & ID Number Alden Poplar Creek Reh & HCC

# 0032896

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

**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	(12,205)	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	(3,346)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,899)	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	(26,831)	21		17
18	Fines and Penalties	(53,894)	32		18
19	Entertainment				19
20	Contributions	15,642	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,603)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(67,416)	27		24
25	Fund Raising, Advertising and Promotional	(8,958)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (166,510)		\$	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)	(59,641)		34
35	Other- Attach Schedule	(177,479)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (237,120)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (403,630)		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

BHF USE ONLY						
48		49		50		51
						52

## Alden Poplar Creek Reh &amp; HCC

ID# 0032896

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg12 items under \$2,500	\$ (7,113)	30	1
2	Elim Deprec Exp on Pg13 items under \$2,500	(22,109)	30	2
3	Exp Pg12 items under \$2,500- current yr purch	10,314	6	3
4	Exp Pg13 items under \$2,500- current yr purch	51,122	6	4
5	adj for depreciation	(933)	30	5
6	adj for ABC related party profits - Pg12-D	131	30	6
7				7
8				8
9	Late Fees on utilities	(4,079)	5	9
10	Intercompany interests (Midcap Int Alloc GL 7031)	(137,339)	32	10
11				11
12	Misc income - Jury duty	(16)	21	12
13	Misc income - Food rebate	(2,671)	2	13
14	Misc income - Medical Records	(889)	10	14
15	Marketing Manager & Aides (GL 6701-100-009)	(78,873)	21	15
16	Elim portion of Empl Benefit for Marketing Mgr	(13,069)	22	16
17				17
18	add back: refund of RE Taxes	35,662	33	18
19	Back out: Midcap Accounting Fees	(3,552)	19	19
20	Back out Hoffman Est Chamber of Comm GL 6825	(650)	20	20
21	Bank Charges - Poplar Creek LLC	(12)	21	21
22	Vendor discounts	(287)	10	22
23	Collection Fees	(3,116)	19	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>		(177,479)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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	3,604	(13,217)	0	0	0	0	0	0	0	(9,613)	1
2	Food Purchase	(7,570)	0	0	(8,443)	0	0	0	0	0	0	0	(16,013)	2
3	Housekeeping	0	0	12,080	0	0	0	0	0	0	0	0	12,080	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,079)	0	4,472	0	0	0	0	0	0	0	0	393	5
6	Maintenance	49,231	0	10,216	0	0	0	(55)	1,358	0	0	0	60,750	6
7	Other (specify):*	0	0	10,986	1,627	0	0	0	0	0	0	0	12,613	7
8	<b>TOTAL General Services</b>	<b>37,582</b>	<b>0</b>	<b>41,358</b>	<b>(20,033)</b>	<b>0</b>	<b>0</b>	<b>(55)</b>	<b>1,358</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60,210</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	(1,176)	0	68,330	(58)	(6,180)	0	0	0	0	0	0	60,916	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	10,568	0	0	0	0	0	0	0	0	10,568	15
16	<b>TOTAL Health Care and Programs</b>	<b>(1,176)</b>	<b>0</b>	<b>78,898</b>	<b>(58)</b>	<b>(6,180)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>71,484</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	169,372	0	0	0	0	0	0	0	0	169,372	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(11,271)	20,381	(1,239,539)	0	0	0	0	0	0	0	0	(1,230,429)	19
20	Fees, Subscriptions & Promotions	6,034	0	(25,231)	0	0	0	0	0	0	0	0	(19,197)	20
21	Clerical & General Office Expenses	(105,732)	321	390,853	43,009	71,165	0	0	0	0	0	0	399,616	21
22	Employee Benefits & Payroll Taxes	(13,069)	0	0	0	0	0	0	0	0	0	0	(13,069)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,241	0	0	0	0	0	0	0	0	2,241	24
25	Other Admin. Staff Transportation	0	0	21,515	0	0	0	0	0	0	0	0	21,515	25
26	Insurance-Prop.Liab.Malpractice	0	11,582	307	0	0	0	0	0	0	0	0	11,889	26
27	Other (specify):*	(67,416)	0	83,954	4,228	5,299	0	0	0	0	0	0	26,065	27
28	<b>TOTAL General Administration</b>	<b>(191,454)</b>	<b>32,284</b>	<b>(596,528)</b>	<b>47,237</b>	<b>76,464</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(631,997)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(155,048)</b>	<b>32,284</b>	<b>(476,272)</b>	<b>27,146</b>	<b>70,284</b>	<b>0</b>	<b>(55)</b>	<b>1,358</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(500,303)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(30,024)	417,582	3,990	0	0	0	0	0	0	0	0	391,548	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(194,579)	397,753	148,492	0	1,535	0	0	0	0	0	0	353,201	32
33	Real Estate Taxes	35,662	738,621	7,575	0	(190)	0	0	0	0	0	0	781,668	33
34	Rent-Facility & Grounds	0	(1,418,654)	0	0	0	0	0	0	0	0	0	(1,418,654)	34
35	Rent-Equipment & Vehicles	0	0	70,963	0	0	0	0	0	0	0	0	70,963	35
36	Other (specify):*	0	47,169	0	0	0	0	0	0	0	0	0	47,169	36
37	<b>TOTAL Ownership</b>	<b>(188,941)</b>	<b>182,471</b>	<b>231,020</b>	<b>0</b>	<b>1,345</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>225,895</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	(93,539)	(133,845)	98,162	0	0	0	0	0	(129,222)	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>(93,539)</b>	<b>(133,845)</b>	<b>98,162</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(129,222)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(343,989)</b>	<b>214,755</b>	<b>(245,252)</b>	<b>(66,393)</b>	<b>(62,216)</b>	<b>98,162</b>	<b>(55)</b>	<b>1,358</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(403,630)</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	\$ 1,418,654	Alden Nursing Center of Poplar Creek, LLC	0.00%	\$	\$ (1,418,654)	1
2	V	32 Interest Income Repl Reserve	82	Alden Nursing Center of Poplar Creek, LLC			(82)	2
3	V	6 R&M - Replacement Reserve		Alden Nursing Center of Poplar Creek, LLC				3
4	V	19 Professional Fee		Alden Nursing Center of Poplar Creek, LLC				4
5	V	19 Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		7,750	7,750	5
6	V	19 Legal Fees:Non-collections		Alden Nursing Center of Poplar Creek, LLC		12,631	12,631	6
7	V	21 Annual Report/Gen Office Exp		Alden Nursing Center of Poplar Creek, LLC		321	321	7
8	V	33 Real Estate Tax Expense		Alden Nursing Center of Poplar Creek, LLC		738,621	738,621	8
9	V	26 General Insurance Expense		Alden Nursing Center of Poplar Creek, LLC		11,582	11,582	9
10	V	36 Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		47,169	47,169	10
11	V	32 Interest - Mortgage		Alden Nursing Center of Poplar Creek, LLC		393,417	393,417	11
12	V	30 Depreciation Expense		Alden Nursing Center of Poplar Creek, LLC		417,582	417,582	12
13	V	32 Amortization Expense		Alden Nursing Center of Poplar Creek, LLC		4,418	4,418	13
14	Total		\$ 1,418,736			\$ 1,633,491	\$ * 214,755	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%	\$ 4,472	\$ 4,472 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		2,241	2,241 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		21,515	21,515 17
18	V	26 Insurance		Alden Management Services, Inc.		307	307 18
19	V	20 Dues and Subscription	30,550	Alden Management Services, Inc.		5,319	(25,231) 19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990 20
21	V	33 Real Estate taxes		Alden Management Services, Inc.		7,575	7,575 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		70,963	70,963 22
23	V	32 Interest		Alden Management Services, Inc.		148,492	148,492 23
24	V	1 Dietary		Alden Management Services, Inc.		3,604	3,604 24
25	V	3 Housekeeping		Alden Management Services, Inc.		12,080	12,080 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		10,986	10,986 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		68,330	68,330 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		10,568	10,568 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		169,372	169,372 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		83,954	83,954 30
31	V	19 Professional Fee	1,294,281	Alden Management Services, Inc.		54,742	(1,239,539) 31
32	V	21 General and Administrative		Alden Management Services, Inc.		390,853	390,853 32
33	V	6 Repairs and Maintenance	36,996	Alden Management Services, Inc.		47,212	10,216 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,361,827			\$ 1,116,575	\$ * (245,252) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 25,500	Prism Health Care Services, Inc.	0.00%	\$ 61	\$ (25,439)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		12,222	12,222
17	V	2 Tube Feeding	41,647	Prism Health Care Services, Inc.		33,204	(8,443)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)
19	V	39 Ancillary Supplies	153,323	Prism Health Care Services, Inc.		59,784	(93,539)
20	V	21 Salary - G & A		Prism Health Care Services, Inc.		25,426	25,426
21	V	27 Employee Benefit		Prism Health Care Services, Inc.		4,228	4,228
22	V	7 Employee Benefit		Prism Health Care Services, Inc.		1,627	1,627
23	V	21 General and Administrative		Prism Health Care Services, Inc.		17,583	17,583
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		\$ 227,130			\$ 160,737	\$ * (66,393)

\* 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	\$ 467,624	Forum Extended Care Services II, Inc.	0.00%	\$ 396,182	\$ (71,442)
16	V	39 IV	391,148	Forum Extended Care Services II, Inc.		331,390	(59,758)
17	V	39 Wound Care	17,315	Forum Extended Care Services II, Inc.		14,670	(2,645)
18	V	10 House Stock	34,276	Forum Extended Care Services II, Inc.		29,040	(5,236)
19	V	10 Pharmacy Consultant	6,177	Forum Extended Care Services II, Inc.		5,233	(944)
20	V	27 Employee Vaccination	3,948	Forum Extended Care Services II, Inc.		3,344	(604)
21	V	27 Employee Benefit: G & A		Forum Extended Care Services II, Inc.		5,903	5,903
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		39,138	39,138
23	V	21 General and Administrative		Forum Extended Care Services II, Inc.		32,027	32,027
24	V	32 Interest		Forum Extended Care Services II, Inc.		1,535	1,535
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(190)	(190)
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		\$ 920,488			\$ 858,272	\$ * (62,216)

\* 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	\$ 1,416,948	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,515,110	\$ 98,162	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		\$ 1,416,948			\$ 1,515,110	\$ * 98,162	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	\$ 29,485	Alden Bennett Construction Company, Inc.	0.00%	\$ 29,430	\$	(55)	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>		\$ 29,485			\$ 29,430	\$ *	(55)	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	\$ 6,471	Alden Design Group, Inc.	0.00%	\$ 7,829	\$ 1,358	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		\$ 6,471			\$ 7,829	\$ *	1,358	39

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

Facility Name & ID Number

Alden Poplar Creek Reh & HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC # 0032896 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	President	CEO	100.00	175,629	2.028	5.07	Salary	\$ 9,371	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	90,188	2.028	5.07	Salary	4,812	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	90,188	2.028	5.07	Salary	4,812	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	95,163	2.028	5.07	Salary	5,078	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	57,842	2.028	5.07	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 Program.										11
12											12
13								TOTAL	\$ 27,159		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 Reh & HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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	1,278,025	35	\$ 88,281	\$ 64,738	\$ 4,472	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	64,738	2,241	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	64,738	21,515	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	64,738	307	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	64,738	5,319	5
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	64,738	7,575	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	64,738	70,963	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	64,738	148,492	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	64,738	3,604	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	64,738	12,080	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	64,738	10,986	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	64,738	68,330	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	64,738	10,568	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	64,738	169,372	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	64,738	83,954	16
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	64,738	54,742	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	64,738	390,853	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	64,738	47,212	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 1,116,575	25

Facility Name & ID Number

Alden Poplar Creek Reh & HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	11						
		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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge Realty (GL7055)		X	Mortgage	\$44,737.00	02/2011	\$ 9,875,000	\$ 9,368,447	03/2046	4.1700	\$ 393,416	1						
2												2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,728	4						
5	Amort of Fin Fees (GL 7105)		X	Refinancing							4,418	5						
<b>Working Capital</b>																		
6	Related party-AMS		X	Working Capital							148,492	6						
7	Related party-FECII		X	Working Capital							1,535	7						
8												8						
9	<b>TOTAL Facility Related</b>				\$44,737.00		\$ 9,875,000	\$ 9,368,447			\$ 551,589	9						
<b>B. Non-Facility Related*</b>																		
10	Int Income - R.R. GL 4972		X								(82)	10						
11	Int Income (GL#4975 - PC)		X								(3,346)	11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			(3,428)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 9,875,000	\$ 9,368,447			\$ 548,161	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,169 Line # 36

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2013 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$	<b>623,300</b>	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.)		\$	<b>688,483</b>			2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>65,183</b>			3
4. Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>709,100</b>			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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$				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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$				6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>774,283</b>			7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<b>7,385.00</b>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<b>781,668</b>	
Real Estate Tax Bill for Calendar Year:		2009	<b>488,395</b>	8	<b>FOR BHF USE ONLY</b>	
		2010	<b>578,498</b>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$ 13
		2011	<b>575,316</b>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
		2012	<b>605,194</b>	11	15	LESS REFUND FROM LINE 6 \$ 15
		2013	<b>688,508</b>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>						

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.**

## 2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Poplar Creek Reh & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

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 2013 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 2013.

(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>317,349.00</u>	\$ <u>7,575.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(190.00)</u>
3. <u>07-07-300-012-0000</u>	<u>Nursing Home Facility</u>	\$ <u>688,507.00</u>	\$ <u>688,507.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>996,690.00</u></u>	\$ <u><u>695,892.00</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

**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).  
none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>62,115</u>		<u>\$ 310,554</u>	1
2					2
3	TOTALS	<u>62,115</u>		<u>\$ 310,554</u>	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	217	1995	1988	\$ 9,202,500	\$ 230,062	40	\$ 230,062	\$	\$ 4,403,199	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		15,046	13
14	HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195		5-20			72,195	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		7,082	20
21	Redesign PT,OT, activity area		1996	11,943	597	20	597		11,046	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		81,739	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		111,778	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

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

## 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		15			2,330	40
41	CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42	Build Improve: \$1,523,876.33 & 224,500 2 on internal - ABC	1998	1,748,376	47,254	37	47,254		798,765	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881	494	20	494		7,698	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	104	15	104		1,875	47
48	CSI - compressor	1999	1,531	94	15	94		1,531	48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735	778	15	778		12,735	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		1,799	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		3,182	57
58	Alden Design	2000	5,500	275	20	275		3,919	58
59	Walter Mayer -interior finishes	2000	4,000	267	15	267		3,959	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	\$ 291,462		\$ 291,462	\$	\$ 5,981,633	70

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

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

## 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 12A, Carried Forward</b>		\$ 11,756,210	\$ 291,462		\$ 291,462	\$	\$ 5,981,633	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		4,240	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		37,372	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		10			2,505	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769		10			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		10			3,808	29
30	Capps Plumbing & Sewer (handicapped accesible fountains)	2002	2,500		10			2,500	30
31	New Horizons Communication (phone & jacks instal)	2002	3,651		10			3,651	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,889,202	\$ 294,752		\$ 294,752	\$	\$ 6,092,040	34

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

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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	\$ 294,752		\$ 294,752	\$	\$ 6,092,040	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785		10			5,785	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731		10			5,731	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 reapears)	2003	1,598		5			1,598	7
8	GT Mechanical (plumbing reapirs)	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 repairs)	2004	2,810		5			2,810	10
11	GT Mechanical (plumbing repairs)	2004	1,267		5			1,267	11
12	GT Mechanical (plumbing repairs)	2004	4,055	270	15	270		2,880	12
13	GT Mechanical (plumbing repairs)	2004	4,469		5			4,469	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		1,104	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		1,487	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		3,507	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	456	10	456		3,418	25
26	ABC (windows)	2005	4,756		5			4,756	26
27	GT Mechanical (major repair to AC)	2005	6,216	622	10	622		6,012	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	284	10	284		2,199	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167		5			3,167	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,982,113	\$ 297,010		\$ 297,010	\$	\$ 6,180,561	34

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

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

## 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>		\$ 11,982,113	\$ 297,010		\$ 297,010	\$	\$ 6,180,561	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27	Adj for ABC related party profit	2008	(801)	(44)		(44)		(231)	27
28	Adj for ABC related party profit	2009	(283)	(12)		(12)		(60)	28
29	Adj for ABC related party profit	2010	(432)	(5)		(5)		(25)	29
30	Adj for ABC related party profit	2011	293	2		2		7	30
31	Adj for ABC related party profit	2012	2,543	164		164		410	31
32	Adj for ABC related party profit	2013	413	18		18		27	32
33	Adj for ABC related party profit	2014	(82)	(3)		(3)		(3)	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,074,219	\$ 298,434		\$ 298,434	\$	\$ 6,262,720	34

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

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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>		\$ 12,074,219	\$ 298,434		\$ 298,434	\$	\$ 6,262,720	1
2									2
3	ABC - Parking Lot repair	2007	5,165	516	10	516		3,698	3
4	ABC - new smoke detectors	2007	7,883	789	10	789		6,246	4
5	ABC - new door	2007	2,626	263	10	263		2,060	5
6	ABC - new carpet	2007	17,048	1,705	10	1,705		13,214	6
7	ABC - new door operator	2007	2,559		5			2,559	7
8	ABC - new carpet	2007	42,573	4,257	10	4,257		32,282	8
9									9
10	ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		19,897	10
11	ABC - new piping condenser	2007	27,385	2,738	10	2,738		20,535	11
12	ABC - new carpet	2007	10,740	1,074	10	1,074		8,055	12
13									13
14	ABC - new carpet	2007	12,809	1,281	10	1,281		9,607	14
15	ABC - new elevator rails	2007	6,633	663	10	663		4,696	15
16									16
17	ABC - push button security lock	2008	3,050		5			3,050	17
18									18
19	ABC - new door hardware	2008	4,267	427	10	427		2,811	19
20									20
21	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		1,066	21
22									22
23	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		10,919	23
24	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		1,825	24
25	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		3,848	25
26									26
27	RB Higgins - 30 pressure relief mattresses	2008	4,335		5			4,335	27
28									28
29									29
30									30
31	White Way Sign - signage	2008	17,495	1,749	10	1,749		10,494	31
32	ABC - new asphalt	2008	9,944	1,243	8	1,243		7,458	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,328,685	\$ 320,619		\$ 320,619	\$	\$ 6,431,375	34

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

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

## 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		\$ 12,328,685	\$ 320,619		\$ 320,619	\$	\$ 6,431,375	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		6,469	2
3									3
4	ABC - paving parking lot	2009	16,740	2,092	8	2,092		10,634	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		9,067	5
6	TopNotch - repairs new compressor	2009	4,057	69	5	69		4,057	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627		3,292	7
8	ABC - reseal parking lot	2009	4,959	620	8	620		3,255	8
9									9
10	ABC - sewer repair	2010	7,057	1,411	5	1,411		6,938	10
11									11
12									12
13									13
14	Concrete walk, south exit - ABC	2011	4,322	288	15	288		1,032	14
15									15
16	concrete/automatic metal door - ABC	2011	8,089	539	15	539		1,438	16
17	Plumbing/piping - ABC	2011	5,564	223	20	223		631	17
18	Sprinkler system - US Fire Protection	2011	15,598	624	25	624		1,924	18
19	hvac motor/water valve repair - ABC	2011	8,482	1,696	5	1,696		6,360	19
20	chiller repair - GT Mechanical	2011	5,965	1,193	5	1,193		4,175	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	322	10	322		860	21
22	Tiles, door hinges - ABC	2011	4,845	323	15	323		1,090	22
23	paving road - St. Alexius Medical	2011	8,945	895	10	895		3,580	23
24	ashphalt - Garelli Pavement	2011	5,750	719	8	719		2,696	24
25	railings in stairwells - ABC	2011	42,805	4,281	10	4,281		16,053	25
26									26
27	Sprinkler head - ABC	2012	36,674	1,467	25	1,467		4,156	27
28	Railings, iron, resident patio replaced/fixd-ABC	2012	4,511	301	15	301		476	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,578,684	\$ 341,267		\$ 341,267	\$	\$ 6,519,558	34

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC

**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 12F, Carried Forward</b>		\$ 12,578,684	\$ 341,267		\$ 341,267	\$	\$ 6,519,558	1
2	Gutter, drain - Sebert	2013	2,500	250	10	250		271	2
3									3
4	Motor, A/C compressor - GT Mech	2013	3,337	667	5	667		1,056	4
5	Railing, iron, patio - ABC	2013	6,707	447	15	447		708	5
6	Railing, fence - ABC	2013	2,696	180	15	180		180	6
7	Asphalt - ABC	2013	17,897	2,237	8	2,237		2,610	7
8	Asphalt - ABC	2013	3,413	427	8	427		498	8
9									9
10	HVAC - ABC	2014	33,042	1,101	10	1,101		1,101	10
11	fire security system - Valley Fire	2014	4,997	833	5	833		833	11
12	motor, heating/vent - ABC	2014	3,122	468	5	468		468	12
13	paving, South Drive Lane v- Rose Paving	2014	5,962	497	5	497		497	13
14	Asphalt - ABC	2014	3,593	75	8	75		75	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,665,950	\$ 348,449		\$ 348,449	\$	\$ 6,527,855	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	\$ 965,666	\$ 112,166	\$ 112,166	\$	varies	\$ 477,242	71
72	Current Year Purchases	53,599	3,409	3,409		varies	3,374	72
73	Fully Depreciated Assets	1,497,652	3,463	3,463		varies	1,497,652	73
74								74
75	TOTALS	\$ 2,516,917	\$ 119,038	\$ 119,038	\$		\$ 1,978,268	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	related party-AMS	various	1998-2004	4,026				3	4,026	77
78	passenger bus		09/200	49,863				3	49,863	78
79										79
80	TOTALS			\$ 53,889	\$	\$	\$		\$ 53,889	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)	\$ 15,547,310	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 467,487	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 467,487	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)	\$ 8,560,012	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC

# 0032896

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: related party - cost is eliminated

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. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ 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: \$ 21,084 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>26,089</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>918.00</u>	<u>11,016</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>37,105</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 Reh & HCC # 0032896 Report Period Beginning: 01/01/2014 Ending: 12/31/2014  
**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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></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><b>2. 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><b>3. 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	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 537,723	\$		\$ 537,723	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			61,996			61,996	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			811,742			811,742	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				396,181		396,181	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify):	See Pg 16A				98,162	493,471		591,633	13
14	<b>TOTAL</b>			\$		\$ 1,509,623	\$ 889,652		\$ 2,399,275	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.

XIV. Special Services (Direct Cost)

Page 16  
Col 5: PT,OT, & S  
Col 6: Supplies

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
-----							
1.	OT		39-3	To Col 5		\$537,723.00	
2.	ST		39-3	To Col 5		61,996.00	
3.							
4.	PT		39-3	To Col 5		811,742.00	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					467,623.00	
	Manual Input from Related Party- Forum Drugs					(71,442.00)	
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		396,181.00	1,807,642.00
						-----	
10.							
11.							
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		0.00	
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		0.00	
						-----	
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
						-----	
13.	Other:		See Pg 16A				

13. Col 5: Manual Input: Related Party - CPT	To Col 5		98,162.00
Other		608,014.00	
Manual Input: Related Party - Prism		(93,539.00)	
Manual Input: Related Party FECII - I.V.		(59,758.00)	
Manual Input: Related Party FECII - Wound Care		(2,645.00)	
Oxygen, from reclass worksheet (Pg 4A)		41,399.00	
13. Col 6: Supplies Total	To Col 6	493,471.00	493,471.00
13. Total Line 13, Column 8		0.00	591,633.00
14. Total		0.00	2,399,275.00

Facility Name & ID Number Alden Poplar Creek Reh & HCC

# 0032896

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(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	\$	\$ 52,025	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (181,000) )	3,759,956	3,759,956	3
4	Supply Inventory (priced at )	4,492	4,492	4
5	Short-Term Investments			5
6	Prepaid Insurance		22,359	6
7	Other Prepaid Expenses	18,889	18,889	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Party	23,394	23,394	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,806,731	\$ 3,881,115	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		11,427,969	14
15	Leasehold Improvements, at Historical Cost	952,125	1,144,854	15
16	Equipment, at Historical Cost	912,131	2,720,805	16
17	Accumulated Depreciation (book methods)	(1,477,116)	(8,467,301)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		409,773	21
22	Other Long-Term Assets (spec Refinancing Fee		83,082	22
23	Other(specify): Due from Affiliates	16,651,732	16,171,496	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 17,038,872	\$ 23,801,232	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 20,845,603	\$ 27,682,347	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 632,909	\$ 632,909	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	508,956	508,956	28
29	Short-Term Notes Payable		149,007	29
30	Accrued Salaries Payable	664,399	664,399	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,993	22,993	31
32	Accrued Real Estate Taxes(Sch.IX-B)		709,100	32
33	Accrued Interest Payable		32,555	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	Accr Exp/Ins,d/t PA,SalesTax, etc	187,902	187,902	36
37	Due to Affiliates	2,032,168	2,032,168	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,049,327	\$ 4,939,989	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable		9,219,440	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 9,219,440	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,049,327	\$ 14,159,429	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 16,796,276	\$ 13,522,918	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 20,845,603	\$ 27,682,347	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 14,560,950	1
2	Restatements (describe):		2
3	rounding	(2)	3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 14,560,948	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	2,235,328	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 2,235,328	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 16,796,276	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 16,563,953	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 16,563,953	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	159,262	6
7	Oxygen	29,415	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 188,677	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	1,339	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	14,788	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 16,127	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,346	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 3,346	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See page 19A, if any	9,671	28
28a	Gain on Sale of Fixed Assets	3,314	28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 12,985	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 16,785,088	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,928,751	31
32	Health Care	4,690,643	32
33	General Administration	3,281,821	33
<b>B. Capital Expense</b>			
34	Ownership	1,720,091	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,487,098	35
36	Provider Participation Fee	441,356	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,549,760	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	2,235,328	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 2,235,328	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 6,843,115	44
45	Private Pay - Net Inpatient Revenue	1,937,927	45
46	Medicare - Net Inpatient Revenue	5,879,201	46
47	Other-(specify) <u>Hospice</u>	602,779	47
48	Other-(specify) <u>Insurance/Sales Allowance</u>	1,300,931	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 16,563,953	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Poplar Creek Reh & HCC # 0032896 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Jury Duty	\$ 16
Medical Records	\$ 889
Food Rebate	\$ 2,456
Donations	\$ 215
Write off of Old A/P	\$ 5,808
Vendors Discount	\$ 287

Line 28 Total: 9,671



Facility Name & ID Number Alden Poplar Creek Reh & HCC

# 0032896

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	\$ 101,903	\$ 48.99	1
2	Assistant Director of Nursing	2,115	2,115	94,513	44.69	2
3	Registered Nurses	36,585	38,974	1,361,623	34.94	3
4	Licensed Practical Nurses	22,363	25,209	747,331	29.65	4
5	CNAs & Orderlies	104,479	110,764	1,446,339	13.06	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,851	4,286	74,130	17.30	8
9	Activity Director	2,176	2,248	39,488	17.57	9
10	Activity Assistants	2,947	3,183	31,609	9.93	10
11	Social Service Workers	2,160	2,160	47,600	22.04	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	65,077	31.29	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,666	35,066	398,516	11.36	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	58,122	27.94	17
18	Housekeepers	18,109	20,421	259,432	12.70	18
19	Laundry	5,401	6,124	69,567	11.36	19
20	Administrator	2,080	2,080	124,781	59.99	20
21	Assistant Administrator	2,080	2,080	82,468	39.65	21
22	Other Administrative	8,489	8,489	253,894	29.91	22
23	Office Manager	2,080	2,080	44,310	21.30	23
24	Clerical	3,102	3,517	43,009	12.23	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,992	3,992	145,716	36.50	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Alzheimer Dir/Aid	7,317	7,865	151,966	19.32	33
34	TOTAL (lines 1 - 33)	268,232	286,893	\$ 5,641,394 *	\$ 19.66	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	2147/month	\$ 25,768	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	60 hours	2,640	11-3	44
45	Social Service Consultant	10 hours	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,176		49

C. CONTRACT NURSES

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



**Alden Poplar Creek Reh & HCC  
Legal Fee Support  
2014**

Legal Fees Reported on Pg 21, Section C:	\$	73,182.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(4,603.00)
Non-allowable legal fees, if any, deducted on		
- AMS Allocated Legal Fees		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>21,671.00</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal Fees</u>
Kent College of Law	10/27/14	15,272.85	Crampton employment
Kent College of Law	09/17/14	1,613.25	Crampton employment
Kent College of Law	06/30/14	2,099.25	Crampton employment
ADR System of America	08/20/14	1,950.00	Crampton employment
Sullivan Reporting Co	04/08/14	182.00	Crampton employment
La Salle Process Servers LP	08/20/14	254.00	Crampton employment
D Squared Reporters	08/20/14	150.00	Crampton employment
D Squared Reporters	08/20/14	150.00	Crampton employment
<b>Total Allowable Legal Fees</b>		<u><b>21,671.35</b></u>	

<u>Corporate SNF Fees</u>	
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00

monthly accrual

AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00
AMS Allocated Legal Fees - 2014	3,909.00

**Total Corporate SNF Fees**

**46,908.00**

Vendor Name	Invoice Date	Amount	Legal Fees - Collections
SHEOCO lawsuit collection	12/29/14	60.00	Cashing
SHEOCO lawsuit for collection	12/29/14	60.00	Brose
SHEOCO lawsuit for collection	12/29/14	120.00	Barrera
SHEODC lawsuit for collection	12/29/14	76.00	Mack
CLEOCU lawsuit for collection	12/29/14	250.00	Mack
CLEOCU lawsuit for collection	12/29/14	247.00	Cashing
CLEOCU lawsuit for collection	12/29/14	337.00	Barrera
CLEOCU lawsuit for collection	12/29/14	337.00	Brose
CLEOCU lawsuit collection Pete	10/17/14	247.00	PETERSON
SHEOCO Peterson lawsuit collec	10/17/14	60.00	Peterson
SHEOCO Guardianship	10/20/14	60.00	Mendoza
CLEOCU Guardianship	10/20/14	137.00	Mendoza
VALENT Details in Notes	09/01/14	532.39	060114-083114
ABCACC special process collect	08/06/14	43.00	18288
MARINV Collection for Grabill	07/01/14	50.00	Grabill
CLEOCU Summons for Polimus	06/17/14	6.00	Polimus
ABCACC Leonard Smith dba ABC A	06/03/14	43.00	18241-Grabill
SHEOCO Collection Suit Desai	06/06/14	120.00	Desai
CLEOCU collection suit Desai	06/06/14	227.00	Desai
DSQREP Crampton Employment	05/16/14	336.05	2540
MCCCOU Crampton Employment	05/16/14	700.00	553580
SULREP Crampton employment	04/08/14	299.05	411945
CLEOCU collection suit Polimus	03/11/14	6.00	Polimus
CLEOCU Grabill collect suit	03/04/14	80.00	Grabill
RECCOO Kraw Chuk collect	03/04/14	50.00	Kraw Chuk
CHITIC Krawchuk collection cas	02/25/14	60.00	Krawchuk Coll
CHITIC Brunhoefer collection	01/13/14	60.00	H25332264

Total Legal Fees - Collections 4,603.49

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	1,026	15	68	68	68	68	68	68	68	68	68
2	hot water	3,397	15	226	226	226	226	226	226	226	226	226
3	a/c repair	1,891	15	126	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>	<b>\$ 6,314</b>		<b>\$ 420</b>								

Facility Name &amp; ID Number Alden Poplar Creek Reh &amp; HCC

# 0032896

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs -Yes; RN/LPNs - (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
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council of IL \$11,978
- (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. \$ 64,785 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. \$ 441,356  
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) 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.
- (14) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 43,507 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (15) 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.** \$ \_\_\_\_\_
- (16) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (17) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (18) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.