

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	300	Skilled (SNF)	300	109,500	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	15,191	746	2,061	17,998	8
9	SNF/PED					9
10	ICF	28,648	1,057	279	29,984	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	43,839	1,803	2,340	47,982	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 43.82%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 01/01/72

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

YES Date _____ NO

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

YES NO If YES, enter number of beds certified 300 and days of care provided 1,556

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: 12/31/15 Fiscal Year: 12/31/15

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	219,049	24,318	27,780	271,147	1,624	272,771	6,795	279,566		1
2	Food Purchase		574,206		574,206	(24,265)	549,941	(175,481)	374,460		2
3	Housekeeping	214,900	56,239		271,139	1,392	272,531	9,308	281,839		3
4	Laundry	49,410	26,018		75,428	243	75,671		75,671		4
5	Heat and Other Utilities			304,250	304,250		304,250	1,920	306,170		5
6	Maintenance	50,636		237,469	288,105	6,562	294,667	46,439	341,106		6
7	Other (specify):* related party							8,330	8,330		7
8	TOTAL General Services	533,995	680,781	569,499	1,784,275	(14,444)	1,769,831	(102,689)	1,667,142		8
	B. Health Care and Programs										
9	Medical Director			36,000	36,000		36,000		36,000		9
10	Nursing and Medical Records	2,191,805	423,322	29,402	2,644,529	(92,704)	2,551,825	67,276	2,619,101		10
10a	Therapy	99,618	275	102,079	201,972		201,972		201,972		10a
11	Activities	113,671	2,092	3,852	119,615	406	120,021		120,021		11
12	Social Services	34,033			34,033		34,033		34,033		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,365	8,365		15
16	TOTAL Health Care and Programs	2,439,127	425,689	171,333	3,036,149	(92,298)	2,943,851	75,641	3,019,492		16
	C. General Administration										
17	Administrative	160,589			160,589		160,589	165,021	325,610		17
18	Directors Fees										18
19	Professional Services			986,850	986,850		986,850	(907,320)	79,530		19
20	Dues, Fees, Subscriptions & Promotions			88,506	88,506		88,506	(49,576)	38,930		20
21	Clerical & General Office Expenses	226,501	18,390	152,546	397,437	721	398,158	177,661	575,819		21
22	Employee Benefits & Payroll Taxes			794,459	794,459	8,297	802,756	(16,783)	785,973		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,059	1,059		1,059	1,235	2,294		24
25	Other Admin. Staff Transportation			4,899	4,899		4,899	14,391	19,290		25
26	Insurance-Prop.Liab.Malpractice			449,463	449,463		449,463	13,049	462,512		26
27	Other (specify):* related party			232,444	232,444		232,444	(168,259)	64,185		27
28	TOTAL General Administration	387,090	18,390	2,710,226	3,115,706	9,018	3,124,724	(770,581)	2,354,143		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,360,212	1,124,860	3,451,058	7,936,130	(97,724)	7,838,406	(797,629)	7,040,777		29

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

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

Facility Name & ID Number Alden Lakeland Rehab & HCC

#0017319

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

12/31/2015

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			132,596	132,596	(6,497)	126,099	357,174	483,273			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			207,033	207,033		207,033	481,721	688,754			32
33	Real Estate Taxes			337,785	337,785	(337,785)		343,675	343,675			33
34	Rent-Facility & Grounds			819,443	819,443	337,785	1,157,228	(1,157,228)				34
35	Rent-Equipment & Vehicles			35,633	35,633		35,633	47,950	83,583			35
36	Other (specify):* MIP							57,148	57,148			36
37	TOTAL Ownership			1,532,490	1,532,490	(6,497)	1,525,993	130,440	1,656,433			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	851,578	940,400	975,278	2,767,256	104,221	2,871,477	80,789	2,952,266			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			444,041	444,041		444,041		444,041			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	851,578	940,400	1,419,319	3,211,297	104,221	3,315,518	80,789	3,396,307			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,211,790	2,065,260	6,402,867	12,679,917		12,679,917	(586,400)	12,093,517			45

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

Alden Lakeland Rehab & HCC
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0017319

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (24,265.00)	Employee Meals
	22	\$ 24,265.00	Employee Meals
22		\$ (15,968.00)	Uniform Reclass
	1	\$ 1,624.00	Uniform Reclass
	3	\$ 1,392.00	Uniform Reclass
	4	\$ 243.00	Uniform Reclass
	6	\$ 65.00	Uniform Reclass
	10	\$ 11,517.00	Uniform Reclass
	11	\$ 406.00	Uniform Reclass
	21	\$ 721.00	Uniform Reclass
10		\$ (104,221.00)	Oxygen Cost Reclass
	39	\$ 104,221.00	Oxygen Cost Reclass
33		-337785	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	337785	Rent - Real Estate Tax on associated landowner (Pg 6)
30		\$ (6,497.00)	Reclass Depreciation on Painting
	6	\$ 6,497.00	Reclass Depreciation on Painting

Net (Should be zero)

\$ -

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(7,257)	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	(58,916)	30		9
10	Interest and Other Investment Income	(5,822)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,295)	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	(36,424)	21		17
18	Fines and Penalties	(540)	32		18
19	Entertainment	(2,210)	20		19
20	Contributions	(6,180)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,667)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(232,444)	27		24
25	Fund Raising, Advertising and Promotional	(18,909)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(28)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (377,692)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	89,914		34
35	Other- Attach Schedule	(298,622)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (208,708)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (586,400)		37

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

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

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

Alden Lakeland Rehab & HCC

ID# 0017319

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Late Fees on Utilities	\$ (1,739)	5	1
2	Other Nursing Income			2
3	Intercompany Interest	(201,376)	32	3
4	Misc Income- Record Copies	(398)	10	4
5	Misc Income- Polling	(150)	21	5
6	Misc Income- Donations	(200)	21	6
7	Misc Income- Jury Duty	(400)	21	7
8	Marketing Manager & Aides	(77,259)	21	8
9	Vendor Discounts	(20)	10	9
10	Elim portion of benefits for marketing 'ees	(14,539)	22	10
11				11
12	Elim deprec on Pg 13 items less than \$2500	(24,296)	30	12
13	Expense pg 13 items less than \$2500	22,871	6	13
14	Elim deprec on Pg 12 items less than \$2500	(5,289)	30	14
15	Expense pg 12 items less than \$2500	3,431	6	15
16	Adj depreciation to actual - 2015	1,381	30	16
17	Chamber of Commerce fee-not allowed	(600)	20	17
18				18
19	Adj for ABC related Party Profit 2008-2015	202	30	19
20	AMS Depreciation Adj.	(241)	30	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(298,622)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	2,799	3,996	0	0	0	0	0	0	0	6,795	1
2	Food Purchase	(1,295)	0	0	(174,186)	0	0	0	0	0	0	0	(175,481)	2
3	Housekeeping	0	0	9,308	0	0	0	0	0	0	0	0	9,308	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,739)	0	3,659	0	0	0	0	0	0	0	0	1,920	5
6	Maintenance	19,045	3,515	21,196	0	0	0	(38)	2,721	0	0	0	46,439	6
7	Other (specify):*	0	0	8,330	0	0	0	0	0	0	0	0	8,330	7
8	TOTAL General Services	16,011	3,515	45,292	(170,190)	0	0	(38)	2,721	0	0	0	(102,689)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(418)	0	52,732	16,359	(1,397)	0	0	0	0	0	0	67,276	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	8,365	0	0	0	0	0	0	0	0	8,365	15
16	TOTAL Health Care and Programs	(418)	0	61,097	16,359	(1,397)	0	0	0	0	0	0	75,641	16
	C. General Administration													
17	Administrative	0	0	165,021	0	0	0	0	0	0	0	0	165,021	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,667)	5,466	(905,119)	0	0	0	0	0	0	0	0	(907,320)	19
20	Fees, Subscriptions & Promotions	(27,927)	0	(21,649)	0	0	0	0	0	0	0	0	(49,576)	20
21	Clerical & General Office Expenses	(114,433)	262	291,832	0	0	0	0	0	0	0	0	177,661	21
22	Employee Benefits & Payroll Taxes	(14,539)	0	0	0	(2,244)	0	0	0	0	0	0	(16,783)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,235	0	0	0	0	0	0	0	0	1,235	24
25	Other Admin. Staff Transportation	0	0	14,391	0	0	0	0	0	0	0	0	14,391	25
26	Insurance-Prop.Liab.Malpractice	0	12,785	264	0	0	0	0	0	0	0	0	13,049	26
27	Other (specify):*	(232,444)	0	64,185	0	0	0	0	0	0	0	0	(168,259)	27
28	TOTAL General Administration	(397,010)	18,513	(389,840)	0	(2,244)	0	0	0	0	0	0	(770,581)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(381,417)	22,028	(283,451)	(153,831)	(3,641)	0	(38)	2,721	0	0	0	(797,629)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(87,159)	440,129	4,204	0	0	0	0	0	0	0	0	357,174	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(207,738)	480,332	209,127	0	0	0	0	0	0	0	0	481,721	32
33	Real Estate Taxes	0	337,785	5,890	0	0	0	0	0	0	0	0	343,675	33
34	Rent-Facility & Grounds	0	(1,157,228)	0	0	0	0	0	0	0	0	0	(1,157,228)	34
35	Rent-Equipment & Vehicles	0	0	47,950	0	0	0	0	0	0	0	0	47,950	35
36	Other (specify):*	0	57,148	0	0	0	0	0	0	0	0	0	57,148	36
37	TOTAL Ownership	(294,897)	158,166	267,171	0	0	0	0	0	0	0	0	130,440	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	1,958	(7,603)	86,434	0	0	0	0	0	80,789	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	1,958	(7,603)	86,434	0	0	0	0	0	80,789	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(676,314)	180,194	(16,280)	(151,873)	(11,244)	86,434	(38)	2,721	0	0	0	(586,400)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG 6-Supp		See PG 6-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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent Income	\$ 1,157,228	Lawrence Avenue Building, LLC		\$	\$ (1,157,228)	1
2	V	32 Interest Income Repl Reserve	63	Lawrence Avenue Building, LLC			(63)	2
3	V	32 Interest Income		Lawrence Avenue Building, LLC				3
4	V	6 Repairs & Maintenance		Lawrence Avenue Building, LLC		3,515	3,515	4
5	V	19 Acct Fees/Legal Fees: Non-coll		Lawrence Avenue Building, LLC		8,575	8,575	5
6	V	21 Misc Administrative Expenses		Lawrence Avenue Building, LLC		262	262	6
7	V	19 Professional Fees		Lawrence Avenue Building, LLC		(3,109)	(3,109)	7
8	V	33 Real Estate Tax Expense		Lawrence Avenue Building, LLC		337,785	337,785	8
9	V	26 General Insurance Expense		Lawrence Avenue Building, LLC		12,785	12,785	9
10	V	36 Mortgage Insurance Premium		Lawrence Avenue Building, LLC		57,148	57,148	10
11	V	32 Interest- Mortgage		Lawrence Avenue Building, LLC		476,639	476,639	11
12	V	30 Depreciation Expense		Lawrence Avenue Building, LLC		440,129	440,129	12
13	V	32 Amortization Expense		Lawrence Avenue Building, LLC		3,756	3,756	13
14	Total		\$ 1,157,291			\$ 1,337,485	\$ * 180,194	14

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

Facility Name & ID Number Alden Lakeland Rehab & HCC# 0017319Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 3,659	\$ 3,659
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,235	1,235
17	V	25 Other Admin Travel		Alden Management Services, Inc.		14,391	14,391
18	V	26 Insurance		Alden Management Services, Inc.		264	264
19	V	20 Dues & Subscriptions	26,003	Alden Management Services, Inc.		4,354	(21,649)
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		5,890	5,890
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		47,950	47,950
23	V	32 Interest		Alden Management Services, Inc.		209,127	209,127
24	V	1 Dietary		Alden Management Services, Inc.		2,799	2,799
25	V	3 Housekeeping		Alden Management Services, Inc.		9,308	9,308
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		8,330	8,330
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		52,732	52,732
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		8,365	8,365
29	V	17 Administrative Salary		Alden Management Services, Inc.		165,021	165,021
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		64,185	64,185
31	V	19 Professional Fees	950,332	Alden Management Services, Inc.		45,213	(905,119)
32	V	21 General & Administrative		Alden Management Services, Inc.		291,832	291,832
33	V	6 Repairs & Maintenance	43,419	Alden Management Services, Inc.		64,615	21,196
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,019,754			\$ 1,003,474	\$ * (16,280)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consultatant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietary Salary				13,230	13,230
17	V	2 Tube Feeding	362,640			134,453	(228,187)
18	V	10 Equipment Rental	6,660			8,809	2,149
19	V	39 Ancilliary Supplies	441,969			225,729	(216,240)
20	V	39 Vent Rental				106,478	106,478
21	V	1 Gen'l & Admin & Benefits				17,022	17,022
22	V	2 Gen'l & Admin & Benefits				54,001	54,001
23	V	10 Gen'l & Admin & Benefits				14,210	14,210
24	V	39 Gen'l & Admin & Benefits				111,720	111,720
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		\$ 837,669			\$ 685,796	\$ * (151,873)

* 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	\$ 151,002	Forum Extended Care Services II, Inc.	0.00%	\$ 145,739	\$ (5,263) 15
16	V	39 I.V.	73,084			70,537	(2,547) 16
17	V	39 Wound Care	56,238			54,279	(1,959) 17
18	V	10 House Stock	32,891			31,745	(1,146) 18
19	V	10 Pharm Consultant	7,200			6,949	(251) 19
20	V	22 Employee Vaccination	2,244				(2,244) 20
21	V	39 Employee Vaccination				2,166	2,166 21
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 322,659			\$ 311,415	\$ * (11,244) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy	\$ 368,804	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 455,238	\$ 86,434	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		\$ 368,804			\$ 455,238	\$ *	86,434	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 19,854	Alden Bennett Construction Company, Inc.	0.00%	\$ 19,816	\$	(38)	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		\$ 19,854			\$ 19,816	\$ *	(38)	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	\$ 12,966	Alden Design Group, Inc.	0.00%	\$ 15,687	\$ 2,721	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		\$ 12,966			\$ 15,687	\$ *	2,721	39

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

Facility Name & ID Number

Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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 Lakeland Rehab & HCC # 0017319 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	President	CEO	100.00	177,907	1.532	3.83	Salary	\$ 7,093	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,166	1.532	3.83	Salary	3,834	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,166	1.532	3.83	Salary	3,834	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	104,963	1.532	3.83	Salary	4,185	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,119	1.532	3.83	Salary	2,397	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	\$ 21,343		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319 Report Period Beginning: 01/01/2015

Ending: 2/31/2015

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	1,251,552	34	\$ 95,438	\$ 47,983	\$ 3,659	1
2	24	Travel & Seminar	Patient Days	1,251,552	34	32,213	47,983	1,235	2
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	47,983	14,391	3
4	26	Insurance	Patient Days	1,251,552	34	6,897	47,983	264	4
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573	47,983	4,354	5
6	30	Depreciation	No. of Providers	34	34	156,306	1	4,204	6
7	33	Real Estate Taxes	Patient Days/usage	1,251,552	34	176,959	47,983	5,890	7
8	35	Rent- Equipment & Vehicles	Patient Days	1,251,552	34	1,250,701	47,983	47,950	8
9	32	Interest	Patient Days/usage	1,251,552	34	2,158,573	47,983	209,127	9
10	1	Dietary	Patient Days	1,251,552	34	72,994	72,994	2,799	10
11	3	Housekeeping	Patient Days	1,251,552	34	242,795	242,795	9,308	11
12	7	Employee Benefits- Gen'l Services	Patient Days	1,251,552	34	217,281	47,983	8,330	12
13	10	Nursing & Medical Record Salari	Patient Days/usage	1,251,552	34	1,562,220	1,562,220	52,732	13
14	15	Employee Benefits- Health Care	Patient Days	1,251,552	34	218,198	47,983	8,365	14
15	17	Administrative Salary	Patient Days/usage	1,251,552	34	4,332,153	4,332,153	165,021	15
16	27	Employee Benefits- Admin	Patient Days	1,251,552	34	1,674,148	47,983	64,185	16
17	19	Professional Fees	Patient Days	1,251,552	34	1,213,223	909,774	45,213	17
18	21	General & Administrative	Patient Days/usage	1,251,552	34	7,611,926	6,744,406	291,832	18
19	6	Repairs & Maintenance	Patient Days	1,251,552	34	1,835,211	1,239,870	64,615	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 1,003,474	25

Facility Name & ID Number

Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10	Reporting Period Interest Expense				
		Related**					Monthly Payment Required	Date of Note					Amount of Note		Maturity Date	Interest Rate (4 Digits)
		YES	NO										Original	Balance		
	A. Directly Facility Related															
	Long-Term															
1	Cambridge		X	Mortgage	\$51,330.00	2/25/11	\$ 11,977,000	\$ 11,366,070	2/24/51	4.1700	\$ 476,639	1				
2												2				
3												3				
4	Insurance Interest (GL 7053)		X	Medical Malpractice								5,118	4			
5	Amort of Fin Fees		X	Refinancing								3,756	5			
	Working Capital															
6	Related party-AMS											209,127	6			
7													7			
8													8			
9	TOTAL Facility Related				\$51,330.00		\$ 11,977,000	\$ 11,366,070			\$ 694,640	9				
	B. Non-Facility Related*															
10	Interest Income on R.R.											(64)	10			
11	Int Income											(5,822)	11			
12													12			
13													13			
14	TOTAL Non-Facility Related						\$	\$			\$ (5,886)	14				
15	TOTALS (line 9+line14)						\$ 11,977,000	\$ 11,366,070			\$ 688,754	15				

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 57,148 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2014 report.	\$	<u>316,300</u>		1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<u>311,485</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(4,815)</u>		3
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>342,600</u>		4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>337,785</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>5,890</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>343,675</u>
Real Estate Tax Bill for Calendar Year:		2010	<u>268,191</u>	8	
		2011	<u>266,919</u>	9	
		2012	<u>303,752</u>	10	
		2013	<u>307,136</u>	11	
		2014	<u>311,485</u>	12	
The current year accrual is based on an estimated 10% increase of the prior year tax					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2014	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Lakeland Rehab & HCC COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0017319
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE (773)286-3883 FAX #: (773)286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2014 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 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>5,890.00</u>
2. <u>14-08-419-040-000</u>	<u>Nursing Home Facility</u>	\$ <u>311,484.72</u>	\$ <u>311,484.72</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>465,111.72</u></u>	\$ <u><u>317,374.72</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).
none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>		<u>1995</u>	<u>\$ 1,040,000</u>	1
2					2
3	TOTALS			\$ 1,040,000	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	300		1978	\$ 8,882,363	\$ 221,780	40	\$ 222,059	\$ 279	\$ 4,780,245	4
5		1995		577		40	14	14	274	5
6		1995		245		40	6	6	117	6
7			1996	13,250	331	40	331		5,932	7
8										8
Improvement Type**										
9	Richard G. Radke-color rendering-ll 3 '93 assets		1993	\$ 6,620	\$	5	\$	\$	\$ 6,620	9
10	GENERAL REMODELING-law av \$2368595.54		1994	1,640,753	59,215	15		(59,215)	1,640,753	10
11	NEW AIR CONDITIONER-law av \$2368595.54		1994	185,718		15			185,718	11
12	OXYGEN AND SUCTION SYSTEM-law av \$2368595.54		1994	89,080		15			89,080	12
13	3RD FLOOR NURSES STATION-law av \$2368595.54		1994	14,234		15			14,234	13
14	REBUILD SHOWERS AND STALL-law av \$2368595.54		1994	47,131		15			47,131	14
15	PATIENT ROOM LIGHTING-law av \$2368595.54		1994	34,763		15			34,763	15
16	CARPETING-law av \$2368595.54		1994	20,688		10			20,688	16
17	NEW DOOR LOCK AND HARDWARE-law av \$2368595.54		1994	25,312		10			25,312	17
18	VARIOUS OTHER ITEMS-law av \$2368595.54		1994	85,896		10			85,896	18
19	VARIOUS OTHER ITEMS-law av \$2368595.54		1994	225,021		15			225,021	19
20	DECORATING		1986	5,000		3			5,000	20
21	DOCORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR		1987	15,543		3-5			15,543	21
22	ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR		1988	15,804		5			15,804	22
23	PUMP REPAIR		1989	2,510		5			2,510	23
24	REPAIR: PUMPS AND COMPRESSOR		1990	32,782		5-10			32,782	24
25	REPAIR: PUMPS, FANS, HEATER,ROOF		1991	16,753		5			16,753	25
26	REPAIR: BOILER,FANS, THERMOSTAT		1992	32,033		5-20			32,033	26
27	COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER,		1993	8,916		5-15			8,916	27
28	DRAPERIES AND CUBICLES; COMPRESSOR REPAIR		1994	45,438		5-20			45,438	28
29	REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO		1995	415,705		5-20			415,705	29
30	NEW ELECTRIC GENERATOR, NEW COOLING TOWER		1996	191,725	9,510	5-20	9,510		190,136	30
31	INSTALL NEW CIRCUITS		1997	2,176		5			2,176	31
32	CLEAN FAN COILS		1997	4,622		5			4,622	32
33	REPAIR LIGHTING CIRCUIT & BALLAST		1997	2,327		5			2,327	33
34	REBUILD COMPRESSOR		1997	4,268		5			4,268	34
35	REPAIR CALL LIGHTS		1997	2,350		5			2,350	35
36	INSTALL NEW SMOKE DETECTOR		1997	2,661		5			2,661	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	SPRAYED FIREPROOFING	1997	3,965		5			3,965	37
38	Climate Service, Inc (replace fans)	1998	4,725		5			4,725	38
39	**Wigdahl(replaced outlets)	1998	2,300		10			2,300	39
40									40
41	Long Elevator(modify restrictors)	1998	2,200	110	20	110		1,962	41
42	Incorporation(kickplates & correr guards)	1998	2,309		5			2,309	42
43	Incorporation(kickplates & larone)	1998	4,547		5			4,547	43
44	Shine Rite Maintenance (strip and refinish 30 rooms)	1998	6,480		5			6,480	44
45	Star Contractors (install locks)	1998	5,581		10			5,581	45
46	Supreme Sheet Metal (Fire dampers)	1998	10,000		15			10,000	46
47	CSI (replace fan coil units)	1998	6,340		15			6,340	47
48	Atash Fire & Safety (install annunciator panel)	1998	5,890		15			5,890	48
49	CSI (rebuild compressor)	1998	7,056		15			7,056	49
50	Supreme Sheet Metal (install fire dampers)	1998	11,680		10			11,680	50
51	Alden Bennett Construction (plan of correction)	1998	2,222		10			2,222	51
52	Supreme Sheet Metal (install fire dampers)	1998	7,750		10			7,750	52
53									53
54	Patton (repair generator)	1999	1,702		15			1,702	54
55	Alden Bennett Construction(general)	1999	11,471		10			11,471	55
56	Welding Supply(oxygen piping installed)	1999	13,176	659	20	659		10,706	56
57	ISS/Chicago Sound & Comm.(call system)	1999	28,500		15			28,500	57
58	Alden Bennett Construction(general)	1999	23,560		15			23,560	58
59	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		7,581	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		28,159	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		3,874	62
63	A&B custom cable-install cable tv	2000	13,824		10			13,824	63
64	Fox Valley-install new fire safety pump	2000	4,423	221	20	221		3,483	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,348	\$ 294,296		\$ 235,380	\$ (58,916)	\$ 8,176,475	70

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

Facility Name & ID Number Alden Lakeland Rehab & HCC

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Report Period Beginning:

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,301,348	\$ 294,296		\$ 235,380	\$ (58,916)	\$ 8,176,475	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		1,549	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		1,849	3
4	System electric-emergency lighting	2000	5,190	144	15	144		5,190	4
5	System Electric-install circuits	2000	1,570	78	20	78		1,214	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		1,087	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		2,091	7
8	ABC-fireproofing	2000	2,503	125	20	125		1,918	8
9	ABC-seal & stripe parking lot	2000	977		10			977	9
10									10
11									11
12	ABC-oxygen tank wiring	2000	26,715		3			26,715	12
13	ABC-wallpapering	2000	3,543		3			3,543	13
14	EWS - Oxygen tank repairs	2001	2,157		8			2,157	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810	121	15	121		1,761	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		1,487	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		17,208	17
18	Long Elevator-repair elevator	2001	757		10			757	18
19	Long Elevator-replace boards	2001	4,659		10			4,659	19
20	Alden Bennett - various	2001	1,720		10			1,720	20
21	Alden Bennett - various	2001	8,688	579	15	579		8,349	21
22	Alden Bennett - various	2001	11,481	765	15	765		10,905	22
23	Medline Industries	2002	1,205		10			1,205	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		1,526	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		4,858	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		3,079	26
27	Alden Bennett -building improvement	2002	2,478		10			2,478	27
28	Alden Bennett -building improvement	2002	3,161		10			3,161	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,418,365	\$ 298,504		\$ 239,588	\$ (58,916)	\$ 8,287,918	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,418,365	\$ 298,504		\$ 239,588	\$ (58,916)	\$ 8,287,918	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433		5,596	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225		10			4,225	3
4	Simplex Grinnell-repair fire pump	2003	2,094		10			2,094	4
5	Simplex Grinnell fire system connection	2003	1,710		10			1,710	5
6	CSI Coker-Hobart dishwasher	2003	1,522		5			1,522	6
7	Simplex Grinnell-2 duct smoke detectors	2003	1,620		10			1,620	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961		10			1,961	8
9	GT Mechanical-repair boiler	2003	1,340		5			1,340	9
10	GT Mechanical-replace boiler relief valve	2003	931		5			931	10
11	Alden Bennett Cons.-roof repair & rails installed	2003	7,517		10			7,517	11
12	GT Mchanical-back up pump bearing	2004	1,713		10			1,713	12
13	GT Mchanical-main house pump	2004	1,555		10			1,555	13
14	GT Mechanical-cooling towwe repairs	2004	1,259		10			1,259	14
15									15
16	ABC-repair kitchen,freezer doors and misc repairs	2004	8,038		10			8,038	16
17	Oak First Signal Circuit-elevator repair	2004	2,075		10			2,075	17
18	ABC misc repairs	2004	6,005		10			6,005	18
19	GT Mechanical-laundry motor replacement	2004	2,966		10			2,966	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181	(1)	10	(1)		4,181	20
21	ISS/chicao Sound/ repair address sound	2004	2,092		10			2,092	21
22	ABC misc repairs	2004	5,832		10			5,832	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007		10			1,007	23
24	System Electric-walk in cooler lights	2004	904	60	15	60		682	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500		10			6,500	25
26	Top Notch-repaired faucet/drains	2004	1,627		10			1,627	26
27	ABC-Medical Gas Revisions	2004	27,009		10			27,009	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2005	1,320	66	20	66		627	28
29	Cybor Fire Protection Fire Sprinkler	2005	3,195		7			3,195	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		80,759	30
31	ABC New water cooling system	2005	12,097	605	20	605		6,210	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,690,713	\$ 307,345		\$ 248,429	\$ (58,916)	\$ 8,479,766	34

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

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,690,713	\$ 307,345		\$ 248,429	\$ (58,916)	\$ 8,479,766	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	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	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,781,623	\$ 308,617		\$ 249,701	\$ (58,916)	\$ 8,565,237	34

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

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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 12D, Carried Forward		\$ 12,781,623	\$ 308,617		\$ 249,701	\$ (58,916)	\$ 8,565,237	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528	853	10	853		7,960	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368	437	10	437		4,261	3
4	New Motor Blower	2007	3,295	330	10	330		2,914	4
5	Roof Repair	2007	7,020	702	10	702		6,084	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006	3,601	10	3,601		30,907	6
7	Cleaned Tower	2007	3,023	302	10	302		2,594	7
8									8
9	Chiller Room Exhaust	2007	33,741	3,374	10	3,374		28,398	9
10	Chiller	2007	4,075	408	10	408		3,433	10
11	Suction System	2007	19,666	1,967	10	1,967		16,391	11
12	Electrical and Plumbing Replacement	2007	3,303	330	10	330		2,751	12
13	Replaced broken plumbing	2007	3,177	318	10	318		2,622	13
14	Replaced broken plumbing	2007	2,965	297	10	297		2,449	14
15	New Concrete Pad	2007	7,076	708	10	708		5,781	15
16	New parts for motors roof fans	2007	4,644	464	10	464		3,790	16
17	New Floor Drain New Supply Lines	2007	8,564	856	10	856		6,920	17
18	New concrete pad and trough basin	2007	5,247	525	10	525		4,243	18
19									19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		1,469	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		10,648	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527	853	10	853		6,611	22
23	Laundry Cart Hardware-ABC	2008	4,301		5			4,301	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		3,557	24
25	Generator	2008	2,842		5			2,842	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		11,600	26
27	Carpet on 2nd & 3rd Floors-ABC	2008	48,802		5			48,802	27
28	Oxygen Wall Outlets-ABC	2008	8,380	419	20	419		3,212	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480	1,048	10	1,048		7,860	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		1,905	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		6,263	31
32	Replace Ceiling Tile-ABC	2008	2,916	292	10	292		2,068	32
33	Boiler Tube-ABC	2008	11,140	1,114	10	1,114		8,541	33
34	TOTAL (lines 1 thru 33)		\$ 13,103,174	\$ 332,445		\$ 273,529	\$ (58,916)	\$ 8,816,414	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,103,174	\$ 332,445		\$ 273,529	\$ (58,916)	\$ 8,816,414	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606	461	10	461		2,995	2
3	Top Notch-Repair Dish Machine	2009	5,075		5			5,075	3
4	Central States-Repair Sprinkler System	2009	5,300		5			5,300	4
5	GT Mechanical-Repair A/C Fill Pump & Chiller Circuits	2009	5,208		5			5,208	5
6	GT Mechanical-Replace & Insulate Leaking Riser	2009	15,164		5			15,164	6
7	ABC-Vaccum Pump & Motor for Medical Gas	2009	12,139	1,517	8	1,517		9,355	7
8									8
9	Elevator hydraulics: emerg replacement-ABC	2010	36,912	1,846	20	1,846		10,921	9
10	Concrete Delivery Ramp replaced-ABC	2010	8,876	592	15	592		3,354	10
11	Elevator repair emerg - ABC	2010	74,470	3,724	20	3,724		20,792	11
12	Elevator repair emerg - ABC	2010	33,689	1,684	20	1,684		9,263	12
13	Dish machine repair motor & speed reduc-TopNot	2010	3,595	60	5	60		3,595	13
14	Laundry chute repair - ABC	2010	8,241	824	10	824		4,738	14
15	Brick work at front entrance - ABC	2010	9,911	496	20	496		2,810	15
16	Kitchen ejector pump repair-ABC	2010	5,788	481	5	481		5,788	16
17	Fan repair tower motor on AC	2010	5,211	521	10	521		2,866	17
18	Compressor repair and flare fitting on AC	2010	5,225	610	5	610		5,225	18
19	Motors and patient station repair & HVAC motors	2010	11,066	1,476	5	1,476		11,066	19
20	Wall base in res room with new cove base-ABC	2011	3,176	212	15	212		1,024	20
21	Water cooled condenser repair-GTMECH	2011	4,751	950	5	950		4,434	21
22	Roof repair-JD&SONS	2011	3,650	730	5	730		3,285	22
23	Sprinkler heads added to elevator-USFIRE	2011	2,988	299	10	299		1,270	23
24	Asphalt paving-ABC	2011	9,333	1,167	8	1,167		4,959	24
25	Elevator repair/control system PC board-KONINC	2011	2,934	587	5	587		2,397	25
26	Repair rite boiler-ABC	2011	5,281	1,056	5	1,056		4,312	26
27	Fire dampers-OAKFIR	2011	9,900	1,980	5	1,980		8,085	27
28	Sanding sleeve-elevator-LONELE	2011	5,680	1,136	5	1,136		5,491	28
29	Railings, stairs-ALDBEN	2012	28,720	1,915	15	1,915		5,745	29
30	Repair leaks on boiler-ALDBEN	2012	5,213	521	10	521		1,998	30
31	Dampers (fire) in 2 ducts utility room-ALDBEN	2012	6,214	621	10	621		2,122	31
32	Repair fire protective tents on recessed light fixtures-ABC	2012	2,584	517	5	517		1,702	32
33	Repair fire (smoke) damper-ABC	2012	6,146	615	10	615		2,049	33
34	TOTAL (lines 1 thru 33)		\$ 13,450,218	\$ 359,043		\$ 300,127	\$ (58,916)	\$ 8,988,802	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 13,450,218	\$ 359,043		\$ 300,127	\$ (58,916)	\$ 8,988,802	1
2	Vacuum pump, motor assembly-MEDGAS	2012	5,991	599	10	599		2,296	2
3	Drywall, enclose damper shaft walls-ALDBEN	2013	3,822	255	15	255		680	3
4	Drywall, oxygen room ducts-ALDBEN	2013	2,544	170	15	170		439	4
5	Firestopping material, Foil (4)-ALDBEN	2013	4,022	402	10	402		1,039	5
6	Ductless split installation, HVAC-ALDBEN (GT Mech)	2013	10,793	720	15	720		1,680	6
7	Common area labor fir 2&3-AMS	2013	211,765	14,118	15	14,118		28,236	7
8	Cooler, compressor malfunction, valve control burnout-TOPNOT	2013	5,908	591	10	591		1,723	8
9	Washer, machine #3-EQUINT	2013	3,728	746	5	746		2,175	9
10	Actuators & Transformers on smoke dampers- GTMECH	2013	2,687	537	5	537		1,432	10
11	Dryer-EQUINT	2013	4,522	904	5	904		2,411	11
12	Dampers, Fire-ALDBEN	2013	13,660	1,366	10	1,366		3,301	12
13	Railings, stairs-ALDBEN	2013	28,720	1,915	15	1,915		5,425	13
14	Kick guards: 2nd & 3rd floor corridor and dining rooms- ALDBEN	2013	19,371	1,937	10	1,937		4,681	14
15	Flooring, laminate: 2nd & 3rd floor corridor and dining rooms-AL	2013	42,181	2,812	15	2,812		6,796	15
16	Leaks on boiler-ALDBEN	2013	5,213	1,043	5	1,043		3,042	16
17	A/C Replacement for building-ABC	2014	5,638	1,128	5	1,128		1,786	17
18	Piping - insulation - building - GT Mech	2014	6,824	341	20	341		455	18
19	Boiler tubes - building - ABC	2014	53,165	3,544	15	3,544		4,725	19
20	Chiller - rebuild air cooled chiller-GTMech	2014	6,235	1,247	5	1,247		2,078	20
21	Roof - JD Roof	2014	2,730	546	5	546		819	21
22	Fire alarm upgrade - ABC - 12/29/14	2014	134,073	13,407	10	13,407		13,407	22
23	Fire alarm upgrade - ABC - 12/29/14	2014	12,740	1,274	10	1,274		1,274	23
24	Fire alarm upgrade - ABC - 12/29/14	2014	59,058	5,906	10	5,906		5,906	24
25	Fire alarm upgrade - ABC - 12/29/14	2014	59,059	5,906	10	5,906		5,906	25
26									26
27	Elevator, Replace switches (3) and fuses (9) ALDBEN	2015	17,741	1,478	10	1,478		1,478	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,172,408	\$ 421,935		\$ 363,019	\$ (58,916)	\$ 9,091,992	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12G, Carried Forward	\$ 14,172,408	\$ 421,935		\$ 363,019	\$ (58,916)	\$ 9,091,992		1
2	Adjust for ABC Related Party Profit	(782)					(782)		2
3	Adjust for ABC Related Party Profit	(415)	(18)		(18)		(117)		3
4	Adjust for ABC Related Party Profit	(311)					(311)		4
5	Adjust for ABC Related Party Profit	138	8		8		36		5
6	Adjust for ABC Related Party Profit	3,018	65		65		260		6
7	Adjust for ABC Related Party Profit	1,754	158		158		395		7
8	Adjust for ABC Related Party Profit	(613)	(8)		(8)		(12)		8
9	Adjust for ABC Related Party Profit	(34)	(3)		(3)		(3)		9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 14,175,163	\$ 422,137		\$ 363,221	\$ (58,916)	\$ 9,091,458		34

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

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,104,150	\$ 116,122	\$ 116,122	\$	varies	\$ 434,666	71
72	Current Year Purchases	23,352	2,286	2,286		varies	2,286	72
73	Fully Depreciated Assets	2,185,294	1,644	1,644		varies	2,185,294	73
74								74
75	TOTALS	\$ 3,312,796	\$ 120,052	\$ 120,052	\$		\$ 2,622,246	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										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 18,531,985	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 542,189	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 483,273	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (58,916)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 11,717,730	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 Lakeland Rehab & HCC

0017319

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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 12/31/2011

Ending 12/31/2021

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

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

12. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 42,440 Description: <---copy machine gl 6861 - \$26,596 & equip lease gl 6859 -\$15,844

(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>14,800</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>753.08</u>	<u>9,037</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>23,837</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 Lakeland Rehab & HCC # 0017319 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
 XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	83,278	\$		\$	83,278	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				63,076				63,076	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				88,904				88,904	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					147,906			147,906	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any			851,578			160,208			1,011,786	12
13	Other (specify): <u>See Pg 16A</u>						86,434	1,470,882			1,557,316	13
14	TOTAL			\$	851,578	\$	321,692	\$	1,778,996	\$	2,952,266	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, & ST
Col 6: Supplies

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.			
1.	OT	39-3	To Col 5	-	\$83,278.00	
2.	ST	39-3	To Col 5	-	63,076.00	
3.						
4.	PT	39-3	To Col 5	-	88,904.00	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	151,002.00	
	Manual Input from Related Party- Forum Drugs				(3,096.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	147,906.00	
10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	851,578.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	160,208.00	
	Total Exceptional Care (Line 12, Col 8)			-	1,011,786.00	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		86,434.00	From Page 6D

Other		-	1,369,211.00	
Manual Input: Related Party - Prism			1,957.00	From Page 6B
Manual Input: Related Party FECII - I.V.			(2,547.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(1,960.00)	From Page 6C
			104,221.00	

13. Col 6: Supplies Total	To Col 6	-	1,470,882.00	

13. Total Line 13, Column 8		-	1,557,316.00	

14. Total		-	2,952,266.00	
			=====	

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 153,910	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 125,000)	1,719,936	1,719,936	3
4	Supply Inventory (priced at)	5,089	5,089	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	16,780	41,391	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Party	9,508	193,702	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,751,313	\$ 2,114,028	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		8,884,435	14
15	Leasehold Improvements, at Historical Cost	2,239,376	5,584,457	15
16	Equipment, at Historical Cost	1,294,257	3,470,436	16
17	Accumulated Depreciation (book methods)	(2,801,598)	(10,926,105)	17
18	Deferred Charges		81,443	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		116,933	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 732,035	\$ 8,251,600	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,483,348	\$ 10,365,628	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,013,714	\$ 1,014,214	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	194,184	194,184	28
29	Short-Term Notes Payable		144,743	29
30	Accrued Salaries Payable	473,792	473,792	30
31	Accrued Taxes Payable (excluding real estate taxes)	27,166	27,166	31
32	Accrued Real Estate Taxes(Sch.IX-B)		342,600	32
33	Accrued Interest Payable		39,497	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	Accr Ins, Sales Tax, Due to IDPA	217,067	217,067	36
37	Due to Affiliates	2,167,348	2,167,348	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,093,271	\$ 4,620,611	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,221,327	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	Due to Affiliates	14,119,631	14,055,216	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 14,119,631	\$ 25,276,543	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,212,902	\$ 29,897,154	46
47	TOTAL EQUITY(page 18, line 24)	\$ (15,729,554)	\$ (19,531,526)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,483,348	\$ 10,365,628	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (15,136,333)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (15,136,333)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(593,221)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (593,221)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (15,729,554)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,952,187	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,952,187	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	41,085	6
7	Oxygen	68,513	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 109,598	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	66	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(216)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	17,332	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 17,182	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	5,822	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 5,822	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	1,907	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 1,907	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,086,696	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,784,275	31
32	Health Care	3,036,149	32
33	General Administration	3,115,706	33
B. Capital Expense			
34	Ownership	1,532,490	34
C. Ancillary Expense			
35	Special Cost Centers	2,767,256	35
36	Provider Participation Fee	444,041	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,679,917	40
41	Income before Income Taxes (line 30 minus line 40)**	(593,221)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (593,221)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,103,076	44
45	Private Pay - Net Inpatient Revenue	347,103	45
46	Medicare - Net Inpatient Revenue	1,144,873	46
47	Other-(specify) <u>Hospice</u>	66,844	47
48	Other-(specify) <u>Insurance</u>	290,291	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,952,187	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Misc Income- Record Copies	398
Misc Income- Polling	150
Misc Income- Donations	200
Misc Income- Jury Duty	400
	<hr/>
	1148 \$ 1,148
Vendor Discounts	\$ 20
Gain of Sale of Assets	\$ 739
	<hr/>
Line 28 Total:	<u>1,907</u>

Ending: 12/31/2015

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	2,040	2,080	\$ 123,398	\$ 59.33	1
2	Assistant Director of Nursing	2,080	2,080	81,218	39.05	2
3	Registered Nurses	53,235	56,803	1,817,760	32.00	3
4	Licensed Practical Nurses	1,994	2,249	54,813	24.37	4
5	CNAs & Orderlies	70,044	74,980	815,034	10.87	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,762	5,174	71,131	13.75	8
9	Activity Director	1,816	1,846	35,794	19.39	9
10	Activity Assistants	4,004	4,566	48,878	10.70	10
11	Social Service Workers	1,480	1,480	34,033	23.00	11
12	Dietician					12
13	Food Service Supervisor	1,904	1,996	44,498	22.29	13
14	Head Cook	920	1,016	15,599	15.35	14
15	Cook Helpers/Assistants	15,190	16,378	158,952	9.71	15
16	Dishwashers					16
17	Maintenance Workers	2,361	2,361	50,636	21.45	17
18	Housekeepers	17,193	18,778	214,902	11.44	18
19	Laundry	4,178	4,937	49,410	10.01	19
20	Administrator	2,000	2,043	148,446	72.66	20
21	Assistant Administrator	360	360	12,143	33.73	21
22	Other Administrative	7,120	7,336	202,480	27.60	22
23	Office Manager	2,080	2,080	30,267	14.55	23
24	Clerical	2,268	2,338	22,240	9.51	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,592	2,706	84,114	31.08	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	80	80	2,369	29.61	31
32	Other Health C: Clinical Director	928	928	29,000	31.25	32
33	Other(specify) Memory Care Co	2,640	2,640	64,675	24.50	33
34	TOTAL (lines 1 - 33)	203,269	217,235	\$ 4,211,790 *	\$ 19.39	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	2315/Month	\$ 27,780	1-3	35
36	Medical Director	3000/Month	36,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/Month	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,640	11-3	44
45	Social Service Consultant	8	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	56	\$ 74,180		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	935	12,149	10-3	52
53	TOTAL (lines 50 - 52)	935	\$ 12,149		53

Alden Lakeland Rehab & HCC
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	67,904.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(7,667.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>13,329.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group (Midcap charges)	1/1/15- 12/31/15	3,038.00
Nixon Peabody	12/10/15	300.00
Kent College of Law	5/8/2015	159.00
Reda Ciprian & Magnone	10/10/2015	1,313.00
Ruben M. Garcia	3/23/2015	1,346.00
Mazza and McAlpin	2/23/2015	1,625.00
Law Offices of Thomas E. Brewer	2/24/2015	938.00
Ira Silverstein	8/5/2015	2,194.00
Fox Law Offices	6/10/2015	907.00
Epstein and Epstein	2/24/2015	1,312.00
Clerk of the Circuit County	10/10/2015	137.00
Sheriff of Cook County	10/10/2015	60.00
		-
TOTAL ALLOWABLE LEGAL FEES		<u><u>13,329.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
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Stone Pogrund & Korey	1/1/15- 12/31/15	7,273.00
Clerk of Circuit County	4/1/2015	274.00
Sheriff of Cook County	4/1/2015	120.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 7,667.00

Vendor Name	Invoice Date	Amount
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AMS Allocated Legal Fees	1/1/15- 12/31/15	46,908.00
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TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 67,904.00

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

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

Facility Name & ID Number Alden Lakeland Rehab & HCC

0017319

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? RN/LPN No; CNA 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 - \$28,800
- (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. \$ 23,480 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 444,041
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 24,265 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.