

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896 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	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	19,999	4,731	11,375	36,105	8
9	SNF/PED					9
10	ICF	22,371	3,519	1,258	27,148	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	42,370	8,250	12,633	63,253	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.86%

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 8,766

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	467,560	35,497	26,400	529,457	4,090	533,547	(4,639)	528,908		1
2	Food Purchase		499,436		499,436	(45,300)	454,136	(23,083)	431,053		2
3	Housekeeping	268,321	53,040		321,361	1,751	323,112	12,271	335,383		3
4	Laundry	70,319	23,127		93,446	772	94,218		94,218		4
5	Heat and Other Utilities			271,945	271,945		271,945	2,118	274,063		5
6	Maintenance	59,864		265,863	325,727	648	326,375	92,988	419,363		6
7	Other (specify):* related party							10,981	10,981		7
8	TOTAL General Services	866,064	611,100	564,208	2,041,372	(38,039)	2,003,333	90,636	2,093,969		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	4,008,329	285,007	6,791	4,300,127	(9,065)	4,291,062	73,307	4,364,369		10
10a	Therapy	158,430	8,084	39,054	205,568		205,568		205,568		10a
11	Activities	80,835	1,012	5,604	87,451	985	88,436		88,436		11
12	Social Services	37,827			37,827		37,827		37,827		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							11,028	11,028		15
16	TOTAL Health Care and Programs	4,285,421	294,103	75,449	4,654,973	(8,080)	4,646,893	84,335	4,731,228		16
	C. General Administration										
17	Administrative	193,190			193,190		193,190	196,584	389,774		17
18	Directors Fees										18
19	Professional Services			1,283,263	1,283,263		1,283,263	(1,173,745)	109,518		19
20	Dues, Fees, Subscriptions & Promotions			84,754	84,754		84,754	(51,481)	33,273		20
21	Clerical & General Office Expenses	262,997	25,870	144,098	432,965		432,965	276,447	709,412		21
22	Employee Benefits & Payroll Taxes			1,062,772	1,062,772	23,827	1,086,599	(20,813)	1,065,786		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,020	1,020		1,020	1,628	2,648		24
25	Other Admin. Staff Transportation			9,494	9,494		9,494	18,971	28,465		25
26	Insurance-Prop.Liab.Malpractice			326,062	326,062		326,062	11,846	337,908		26
27	Other (specify):* related party			530,752	530,752		530,752	(446,141)	84,611		27
28	TOTAL General Administration	456,187	25,870	3,442,215	3,924,272	23,827	3,948,099	(1,186,704)	2,761,395		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,607,672	931,073	4,081,872	10,620,617	(22,292)	10,598,325	(1,011,733)	9,586,592		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 Poplar Creek Reh & HCC

#0032896

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			77,963	77,963		77,963	390,393	468,356			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			149,364	149,364		149,364	273,890	423,254			32
33	Real Estate Taxes			724,288	724,288	(724,288)		732,052	732,052			33
34	Rent-Facility & Grounds			660,226	660,226	724,288	1,384,514	(1,384,514)				34
35	Rent-Equipment & Vehicles			19,040	19,040		19,040	63,210	82,250			35
36	Other (specify):*							46,438	46,438			36
37	TOTAL Ownership			1,630,881	1,630,881		1,630,881	121,469	1,752,350			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		968,310	1,217,865	2,186,175	22,292	2,208,467	8,458	2,216,925			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			443,583	443,583		443,583		443,583			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		968,310	1,661,448	2,629,758	22,292	2,652,050	8,458	2,660,508			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,607,672	1,899,383	7,374,201	14,881,256		14,881,256	(881,806)	13,999,450			45

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

Alden Poplar Creek Reh & HCC
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0032896

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(45,300.00)	Employee Meals
	22	45,300.00	Employee Meals
22		(21,473.00)	Uniform Reclass
	1	4,090.00	Uniform Reclass
	3	1,751.00	Uniform Reclass
	4	772.00	Uniform Reclass
	6	648.00	Uniform Reclass
	10	13,227.00	Uniform Reclass
	11	985.00	Uniform Reclass
	21	-	Uniform Reclass
10		(22,292.00)	Oxygen Cost Reclass
	39	22,292.00	Oxygen Cost Reclass
33		(724,288.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	724,288.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Net (Should be zero)

_____ -

Facility Name & ID Number Alden Poplar Creek Reh & HCC

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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	(12,902)	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	(127,919)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,298)	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	(26,283)	21		17
18	Fines and Penalties				18
19	Entertainment	(42)	20		19
20	Contributions	(4,470)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,240)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(530,752)	27		24
25	Fund Raising, Advertising and Promotional	(21,740)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (733,646)		\$	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)	43,599		34
35	Other- Attach Schedule	(191,759)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (148,160)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (881,806)		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 Poplar Creek Reh & HCC

ID# 0032896

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg12 items under \$2,500	\$ (7,203)	30	1
2	Elim Deprec Exp on Pg13 items under \$2,500	(26,407)	30	2
3	Exp Pg12 items under \$2,500- current yr purch	40,980	6	3
4	Exp Pg13 items under \$2,500- current yr purch	33,869	6	4
5	adj for depreciation	(888)	30	5
6	adj for ABC related party profits - Pg12-E	(6)	30	6
7	AMS Depreciation adj	(241)	30	7
8				8
9	Late Fees on utilities	(2,705)	5	9
10	Intercompany interests (Midcap Int Alloc GL 7031)	(145,662)	32	10
11				11
12	Misc income - Jury duty	0	21	12
13	Misc income - Food rebate	(2,848)	2	13
14	Misc income - Medical Records	(940)	10	14
15	Marketing Manager & Aides (GL 6701-100-009)	(82,224)	21	15
16	Elim portion of Empl Benefit for Marketing Mgr	(15,583)	22	16
17				17
18	add back: refund of RE Taxes	18,990	33	18
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	(229)	2	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		(191,759)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

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	3,689	(8,328)	0	0	0	0	0	0	0	(4,639)	1
2	Food Purchase	(7,375)	0	0	(15,708)	0	0	0	0	0	0	0	(23,083)	2
3	Housekeeping	0	0	12,271	0	0	0	0	0	0	0	0	12,271	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,705)	0	4,823	0	0	0	0	0	0	0	0	2,118	5
6	Maintenance	61,947	2,394	28,232	0	0	0	(45)	460	0	0	0	92,988	6
7	Other (specify):*	0	0	10,981	0	0	0	0	0	0	0	0	10,981	7
8	TOTAL General Services	51,867	2,394	59,996	(24,036)	0	0	(45)	460	0	0	0	90,636	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	(940)	0	69,514	6,071	(1,338)	0	0	0	0	0	0	73,307	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	11,028	0	0	0	0	0	0	0	0	11,028	15
16	TOTAL Health Care and Programs	(940)	0	80,542	6,071	(1,338)	0	0	0	0	0	0	84,335	16
	C. General Administration													
17	Administrative	0	0	196,584	0	0	0	0	0	0	0	0	196,584	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(5,240)	21,133	(1,189,638)	0	0	0	0	0	0	0	0	(1,173,745)	19
20	Fees, Subscriptions & Promotions	(26,902)	0	(24,579)	0	0	0	0	0	0	0	0	(51,481)	20
21	Clerical & General Office Expenses	(108,519)	262	384,704	0	0	0	0	0	0	0	0	276,447	21
22	Employee Benefits & Payroll Taxes	(15,583)	0	0	0	(5,230)	0	0	0	0	0	0	(20,813)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,628	0	0	0	0	0	0	0	0	1,628	24
25	Other Admin. Staff Transportation	0	0	18,971	0	0	0	0	0	0	0	0	18,971	25
26	Insurance-Prop.Liab.Malpractice	0	11,497	349	0	0	0	0	0	0	0	0	11,846	26
27	Other (specify):*	(530,752)	0	84,611	0	0	0	0	0	0	0	0	(446,141)	27
28	TOTAL General Administration	(686,996)	32,892	(527,370)	0	(5,230)	0	0	0	0	0	0	(1,186,704)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(636,069)	35,286	(386,832)	(17,965)	(6,568)	0	(45)	460	0	0	0	(1,011,733)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

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	(34,745)	420,934	4,204	0	0	0	0	0	0	0	0	390,393	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(273,581)	391,591	155,880	0	0	0	0	0	0	0	0	273,890	32
33	Real Estate Taxes	18,990	705,298	7,764	0	0	0	0	0	0	0	0	732,052	33
34	Rent-Facility & Grounds	0	(1,384,514)	0	0	0	0	0	0	0	0	0	(1,384,514)	34
35	Rent-Equipment & Vehicles	0	0	63,210	0	0	0	0	0	0	0	0	63,210	35
36	Other (specify):*	0	46,438	0	0	0	0	0	0	0	0	0	46,438	36
37	TOTAL Ownership	(289,336)	179,747	231,058	0	0	0	0	0	0	0	0	121,469	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	(48,972)	(23,370)	80,800	0	0	0	0	0	8,458	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	(48,972)	(23,370)	80,800	0	0	0	0	0	8,458	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(925,405)	215,033	(155,774)	(66,937)	(29,938)	80,800	(45)	460	0	0	0	(881,806)	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
<u>The Alden Group, Ltd.</u>		<u>See PG 6-Supp</u>		<u>See PG 6-Supp</u>		

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	\$ 1,384,514	Alden Nursing Center of Poplar Creek, LLC		\$	\$ (1,384,514)	1
2	V	32	Interest Income Repl Reserve	79	Alden Nursing Center of Poplar Creek, LLC			(79)	2
3	V	6	R&M - Replacement Reserve		Alden Nursing Center of Poplar Creek, LLC		2,394	2,394	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		8,075	8,075	5
6	V	19	Legal Fees: Non-Collections		Alden Nursing Center of Poplar Creek, LLC		13,058	13,058	6
7	V	21	Annual Report/Gen Office Exp		Alden Nursing Center of Poplar Creek, LLC		262	262	7
8	V	33	Real Estate Tax Expense		Alden Nursing Center of Poplar Creek, LLC		705,298	705,298	8
9	V	26	General Insurance Expense		Alden Nursing Center of Poplar Creek, LLC		11,497	11,497	9
10	V	36	Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		46,438	46,438	10
11	V	32	Interest - Mortgage		Alden Nursing Center of Poplar Creek, LLC		387,320	387,320	11
12	V	30	Depreciation Expense		Alden Nursing Center of Poplar Creek, LLC		420,934	420,934	12
13	V	32	Amortization Expense		Alden Nursing Center of Poplar Creek, LLC		4,350	4,350	13
14	Total		\$ 1,384,593			\$ 1,599,626	\$ *	215,033	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%	\$ 4,823	\$ 4,823
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,628	1,628
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,971	18,971
18	V	26 Insurance		Alden Management Services, Inc.		349	349
19	V	20 Dues and Subscription	30,319	Alden Management Services, Inc.		5,740	(24,579)
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204
21	V	33 Real Estate taxes		Alden Management Services, Inc.		7,764	7,764
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		63,210	63,210
23	V	32 Interest		Alden Management Services, Inc.		155,880	155,880
24	V	1 Dietary		Alden Management Services, Inc.		3,689	3,689
25	V	3 Housekeeping		Alden Management Services, Inc.		12,271	12,271
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		10,981	10,981
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		69,514	69,514
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		11,028	11,028
29	V	17 Administrative Salary		Alden Management Services, Inc.		196,584	196,584
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		84,611	84,611
31	V	19 Professional Fee	1,238,554	Alden Management Services, Inc.		48,916	(1,189,638)
32	V	21 General and Administrative		Alden Management Services, Inc.		384,704	384,704
33	V	6 Repairs and Maintenance	49,488	Alden Management Services, Inc.		77,720	28,232
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,318,361			\$ 1,162,587	\$ * (155,774)

* 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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		13,230	13,230
17	V	2 Tube Feeding	57,557	Prism Health Care Services, Inc.		26,945	(30,612)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Ancillary Supplies	140,582	Prism Health Care Services, Inc.		60,775	(79,807)
20	V	1 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		4,698	4,698
21	V	2 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		14,904	14,904
22	V	10 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		3,922	3,922
23	V	39 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		30,835	30,835
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		\$ 231,199			\$ 164,262	\$ * (66,937)

* 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	\$ 455,981	Forum Extended Care Services II, Inc.	0.00%	\$ 440,091	\$ (15,890)
16	V	39 IV	330,190	Forum Extended Care Services II, Inc.		318,683	(11,507)
17	V	39 Wound Care	29,259	Forum Extended Care Services II, Inc.		28,239	(1,020)
18	V	10 House Stock	33,181	Forum Extended Care Services II, Inc.		32,024	(1,157)
19	V	10 Pharmacy Consultant	5,208	Forum Extended Care Services II, Inc.		5,027	(181)
20	V	22 Employee Vaccination	5,230	Forum Extended Care Services II, Inc.			(5,230)
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		5,047	5,047
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		\$ 859,049			\$ 829,111	\$ * (29,938)

* 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	\$ 1,203,913	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,284,713	\$ 80,800	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		\$ 1,203,913			\$ 1,284,713	\$ * 80,800	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	\$ 23,410	Alden Bennett Construction Company, Inc.	0.00%	\$ 23,365	\$ (45)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 23,410			\$ 23,365	\$ * (45)

* 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	\$ 2,194	Alden Design Group, Inc.	0.00%	\$ 2,654	\$ 460	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		\$ 2,194			\$ 2,654	\$ *	460	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:

01/01/2015

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 Poplar Creek Reh & HCC # 0032896 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 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	175,650	2.02	5.05	Salary	\$ 9,350	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,946	2.02	5.05	Salary	5,054	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,946	2.02	5.05	Salary	5,054	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	103,632	2.02	5.05	Salary	5,516	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,356	2.02	5.05	Salary	3,160	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	\$ 28,134		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: 01/01/2015

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	\$ 63,253	\$ 4,823	1
2	24	Travel & Seminar	Patient Days	1,251,552	34	32,213	63,253	1,628	2
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	63,253	18,971	3
4	26	Insurance	Patient Days	1,251,552	34	6,897	63,253	349	4
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573	63,253	5,740	5
6	30	Depreciation	No of Providers	34	34	156,306	1	4,204	6
7	33	Real Estate Tax	Patient Days/usage	1,251,552	34	176,959	63,253	7,764	7
8	35	Rent-Equip/Vehicle	Patient Days	1,251,552	34	1,250,701	63,253	63,210	8
9	32	Interest	Patient Days/usage	1,251,552	34	2,158,573	63,253	155,880	9
10	1	Dietary Aide Coordinator Salary	Patient Days	1,251,552	34	72,994	72,994	3,689	10
11	3	Housekeeping Coordinator Salary	Patient Days	1,251,552	34	242,795	242,795	12,271	11
12	7	Employee Benef % -Gen'I Servs	Patient Days	1,251,552	34	217,281	63,253	10,981	12
13	10	Nurs/Med Records Salary	Patient Days/usage	1,251,552	34	1,562,220	1,562,220	69,514	13
14	15	Employee Benef % -Health Care	Patient Days	1,251,552	34	218,198	63,253	11,028	14
15	17	Administrative Salary	Patient Days/usage	1,251,552	34	4,332,153	4,332,153	196,584	15
16	27	Employee Benef % - Administrati	Patient Days	1,251,552	34	1,674,148	63,253	84,611	16
17	19	Professional fees	Patient Days	1,251,552	34	1,213,223	909,774	48,916	17
18	21	Gen'I & Admin	Patient Days/usage	1,251,552	34	7,611,926	6,744,406	384,704	18
19	6	Repair & Maint.	Patient Days/usage	1,251,552	34	1,835,211	1,239,870	77,720	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 1,162,587	25

Facility Name & ID Number

Alden Poplar Creek Reh & HCC

0032896

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	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			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge Realty (GL7055)		X	Mortgage	\$44,737.00	02/2011	\$ 9,875,100	\$ 9,219,440	03/2046	0.0417	\$ 387,320	1						
2												2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,702	4						
5	Amort of Fin Fees (GL 7105)		X	Refinancing							4,350	5						
Working Capital																		
6	Related party-AMS		X	Working Capital							155,880	6						
7												7						
8												8						
9	TOTAL Facility Related				\$44,737.00		\$ 9,875,100	\$ 9,219,440			\$ 551,252	9						
B. Non-Facility Related*																		
10	Int Income - R.R. GL 4972		X								(79)	10						
11	Int Income (GL#4975 - PC)		X								(127,919)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			(127,998)	14						
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 9,219,440			\$ 423,254	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 46,438 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>709,100</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>706,088</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(3,012)</u>		3
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>727,300</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>724,288</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>7,764</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>732,052</u>
Real Estate Tax Bill for Calendar Year:		2010	<u>578,498</u>	8	
		2011	<u>575,316</u>	9	
		2012	<u>605,194</u>	10	
		2013	<u>688,508</u>	11	
		2014	<u>688,483</u>	12	
The current year accrual is based on an estimated 3% increase of the prior year tax					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 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 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 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</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>153,627.00</u>	\$ <u>7,764.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>07-07-300-012-0000</u>	<u>Nursing Home Facility</u>	\$ <u>706,088.00</u>	\$ <u>706,088.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>859,715.00</u></u>	\$ <u><u>713,852.00</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 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: 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	62,115		\$ 310,554	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	\$	\$ 4,633,261	4
5										5
6										6
7										7
8										8
Improvement Type**										
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		15,245	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		7,470	20
21	Redesign PT,OT, activity area		1996	11,943	597	20	597		11,643	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		86,218	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		117,903	28
29	Siegert (sprinkler system)		1996	29,000		15			29,000	29
30	Tri-star install cooler assec.		1997	1,864		5			1,864	30
31	Cummis/onan -install pump		1997	4,959		5			4,959	31
32	Network environment -repair pipe		1997	8,000		5			8,000	32
33	Network environment -repair pipe		1997	6,800		5			6,800	33
34	A&B install cable in all rooms		1997	4,680		10			4,680	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl electric-insall outlet and lights	1998	\$ 1,778	\$	5	\$	\$	\$ 1,778	37
38	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	38
39	CSI-maint. On choller and clean condensor valves	1998	8,400		10			8,400	39
40	CSI -repair compressor and freon	1998	2,330		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		846,019	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881	494	20	494		8,192	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		15			1,875	47
48	CSI - compressor	1999	1,531		15			1,531	48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735		15			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	64	15	64		1,863	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		3,404	57
58	Alden Design	2000	5,500	275	20	275		4,194	58
59	Walter Mayer -interior finishes	2000	4,000	41	15	41		4,000	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	\$ 290,200		\$ 290,200	\$	\$ 6,271,833	70

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

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 12A, Carried Forward		\$ 11,756,210	\$ 290,200		\$ 290,200	\$	\$ 6,271,833	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		4,560	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		40,342	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	TOTAL (lines 1 thru 33)		\$ 11,889,202	\$ 293,490		\$ 293,490	\$	\$ 6,385,530	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

0032896

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 12B, Carried Forward		\$ 11,889,202	\$ 293,490		\$ 293,490	\$	\$ 6,385,530	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 reapiers)	2003	2,544		5			2,544	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437		3			1,437	9
10	GT Mechanical (plumbing 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		3,150	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		1,210	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	54	10	54		1,541	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	149	10	149		3,656	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		3,874	25
26	ABC (windows)	2005	4,756		5			4,756	26
27	GT Mechanical (major repair to AC)	2005	6,216	204	10	204		6,216	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		2,483	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167		5			3,167	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,982,113	\$ 295,013		\$ 295,013	\$	\$ 6,475,574	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

0032896

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		\$ 11,982,113	\$ 295,013		\$ 295,013	\$	\$ 6,475,574	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)		\$ 12,073,023	\$ 296,285		\$ 296,285	\$	\$ 6,561,045	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	Totals from Page 12D, Carried Forward	\$ 12,073,023	\$ 296,285		\$ 296,285	\$	\$ 6,561,045	1	
2	Adj for ABC related party profit	2008 (801)	(44)		(44)		(275)	2	
3	Adj for ABC related party profit	2009 (283)	(12)		(12)		(72)	3	
4	Adj for ABC related party profit	2010 (432)	(5)		(5)		(30)	4	
5	Adj for ABC related party profit	2011 293	2		2		9	5	
6	Adj for ABC related party profit	2012 2,543	164		164		574	6	
7	Adj for ABC related party profit	2013 413	18		18		45	7	
8	Adj for ABC related party profit	2014 (82)	(6)		(6)		(9)	8	
9	Adj for ABC related party profit	2015 (45)						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)	\$ 12,074,629	\$ 296,402		\$ 296,402	\$	\$ 6,561,287	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

0032896

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 12E, Carried Forward		\$ 12,074,629	\$ 296,402		\$ 296,402	\$	\$ 6,561,287	1
2	ABC - Parking Lot repair	2007	5,165	516	10	516		4,214	2
3	ABC - new smoke detectors	2007	7,883	789	10	789		7,035	3
4	ABC - new door	2007	2,626	263	10	263		2,323	4
5	ABC - new carpet	2007	17,048	1,705	10	1,705		14,919	5
6	ABC - new door operator	2007	2,559		5			2,559	6
7	ABC - new carpet	2007	42,573	4,257	10	4,257		36,539	7
8									8
9	ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		22,550	9
10	ABC - new piping condenser	2007	27,385	2,738	10	2,738		23,273	10
11	ABC - new carpet	2007	10,740	1,074	10	1,074		9,129	11
12									12
13	ABC - new carpet	2007	12,809	1,281	10	1,281		10,888	13
14	ABC - new elevator rails	2007	6,633	663	10	663		5,359	14
15									15
16	ABC - push button security lock	2008	3,050		5			3,050	16
17									17
18	ABC - new door hardware	2008	4,267	427	10	427		3,238	18
19									19
20	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		1,230	20
21									21
22	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		12,666	22
23	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		2,117	23
24	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		4,472	24
25									25
26	RB Higgins - 30 pressure relief mattresses	2008	4,335		5			4,335	26
27									27
28									28
29									29
30	White Way Sign - signage	2008	17,495	1,749	10	1,749		12,243	30
31	ABC - new asphalt	2008	9,944	1,243	8	1,243		8,701	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,329,095	\$ 318,587		\$ 318,587	\$	\$ 6,752,127	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

0032896

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 12F, Carried Forward		\$ 12,329,095	\$ 318,587		\$ 318,587	\$	\$ 6,752,127	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		7,701	2
3									3
4	ABC - paving parking lot	2009	16,740	2,092	8	2,092		12,726	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		10,794	5
6	TopNotch - repairs new compressor	2009	4,057		5			4,057	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627		3,919	7
8	ABC - reseal parking lot	2009	4,959	620	8	620		3,875	8
9									9
10	ABC - sewer repair	2010	7,057	119	5	119		7,057	10
11									11
12									12
13									13
14	Concrete walk, south exit - ABC	2011	4,322	288	15	288		1,320	14
15									15
16	concrete/automatic metal door - ABC	2011	8,089	539	15	539		1,977	16
17	Plumbing/piping - ABC	2011	5,564	223	20	223		854	17
18	Sprinkler system - US Fire Protection	2011	15,598	624	25	624		2,548	18
19	hvac motor/water valve repair - ABC	2011	8,482	1,696	5	1,696		8,056	19
20	chiller repair - GT Mechanical	2011	5,965	1,193	5	1,193		5,368	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	322	10	322		1,182	21
22	Tiles, door hinges - ABC	2011	4,845	323	15	323		1,413	22
23	paving road - St. Alexius Medical	2011	8,945	895	10	895		4,475	23
24	ashphalt - Garelli Pavement	2011	5,750	719	8	719		3,415	24
25	railings in stairwells - ABC	2011	42,805	4,281	10	4,281		20,334	25
26									26
27	Sprinkler head - ABC	2012	36,674	1,467	25	1,467		5,623	27
28	Railings, iron, resident patio replaced/fixd-ABC	2012	4,511	301	15	301		777	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,579,094	\$ 337,875		\$ 337,875	\$	\$ 6,859,598	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	Totals from Page 12G, Carried Forward		\$ 12,579,094	\$ 337,875		\$ 337,875	\$	\$ 6,859,598	1
2	Gutter, drain - Sebert	2013	2,500	250	10	250		521	2
3									3
4	Motor, A/C compressor - GT Mech	2013	3,337	667	5	667		1,723	4
5	Railing, iron, patio - ABC	2013	6,707	447	15	447		1,155	5
6	Railing, fence - ABC	2013	2,696	180	15	180		360	6
7	Asphalt - ABC	2013	17,897	2,237	8	2,237		4,847	7
8	Asphalt - ABC	2013	3,413	427	8	427		925	8
9									9
10	HVAC - ABC	2014	33,042	3,304	10	3,304		4,405	10
11	fire security system - Valley Fire	2014	4,997	999	5	999		1,832	11
12	motor, heating/vent - ABC	2014	3,122	624	5	624		1,092	12
13	paving, South Drive Lane v- Rose Paving	2014	5,962	1,192	5	1,192		1,689	13
14	Asphalt - ABC	2014	3,593	449	8	449		524	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)		\$ 12,666,360	\$ 348,651		\$ 348,651	\$	\$ 6,878,671	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	\$ 987,883	\$ 113,618	\$ 113,618	\$	varies	\$ 565,395	71
72	Current Year Purchases	75,216	3,943	3,943		varies	3,284	72
73	Fully Depreciated Assets	1,528,583	2,144	2,144		varies	1,528,583	73
74								74
75	TOTALS	\$ 2,591,682	\$ 119,705	\$ 119,705	\$		\$ 2,097,262	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	related party-AMS	various	1998-2004	\$ 4,026	\$	\$	\$	3	\$ 4,026	76
77	passenger bus		2000	49,863				3	49,863	77
78										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)	\$ 15,622,485	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 468,356	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 468,356	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)	\$ 9,029,822	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: 01/01/2015

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 Nov 2007

Ending Oct 2017

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

Fiscal Year Ending Annual Rent

12. 12/31/2016 \$ 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: \$ 19,706 Description: <---copy machine gl 6861 & equip 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>19,510</u>	17
18					18
19	<u>Auto Lease (GL 6890)</u>	<u>various</u>	<u>209.83</u>	<u>2,518</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>22,028</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: 01/01/2015 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	\$		\$	415,777	\$		\$	415,777	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				67,471				67,471	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				698,782				698,782	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					445,138			445,138	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					80,800	508,957			589,757	13
14	TOTAL			\$		\$	1,262,830	\$	954,095	\$	2,216,925	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	415,777.00	
2.	ST	39-3	To Col 5	67,471.00	
3.					
4.	PT	39-3	To Col 5	698,782.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			455,981.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(10,843.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	445,138.00	1,627,168.00
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
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		80,800.00 From Page 6D

Other		548,164.00	
Manual Input: Related Party - Prism		(48,972.00)	From Page 6B
Manual Input: Related Party FECII - I.V.		(11,507.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(1,020.00)	From Page 6C
		22,292.00	
13. Col 6: Supplies Total	To Col 6	508,957.00	508,957.00
13. Total Line 13, Column 8		-	508,957.00
14. Total		-	2,216,925.00

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

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	\$	\$ 53,300	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (320,000))	3,130,459	3,130,459	3
4	Supply Inventory (priced at)	4,492	4,492	4
5	Short-Term Investments			5
6	Prepaid Insurance		20,506	6
7	Other Prepaid Expenses	33,000	33,000	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd Party</u>	135,147	135,147	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,303,098	\$ 3,376,904	10
B. Long-Term Assets				
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	943,935	1,146,219	15
16	Equipment, at Historical Cost	975,769	2,811,164	16
17	Accumulated Depreciation (book methods)	(1,550,880)	(8,961,999)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		447,151	21
22	Other Long-Term Assets (specify):		78,732	22
23	Other(specify): <u>Due from Affiliates</u>	18,527,311	18,132,924	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 18,896,135	\$ 25,392,714	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,199,233	\$ 28,769,618	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 744,631	\$ 744,631	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	630,283	630,283	28
29	Short-Term Notes Payable		155,341	29
30	Accrued Salaries Payable	688,330	688,330	30
31	Accrued Taxes Payable (excluding real estate taxes)	25,656	25,656	31
32	Accrued Real Estate Taxes(Sch.IX-B)		727,300	32
33	Accrued Interest Payable		32,037	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,d/t PA,SalesTax, etc</u>	240,732	240,732	36
37	<u>Due to Affiliates</u>	1,774,232	1,774,232	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,103,864	\$ 5,018,542	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable		9,064,099	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,064,099	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,103,864	\$ 14,082,641	46
47	TOTAL EQUITY(page 18, line 24)	\$ 18,095,369	\$ 14,686,977	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 22,199,233	\$ 28,769,618	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 16,796,276	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 16,796,276	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,299,093	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 1,299,093	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)	\$ 18,095,369	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	\$ 15,829,584	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,829,584	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	174,667	6
7	Oxygen	36,020	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 210,687	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	1,233	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	432	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	787	19
20	Radiology and X-Ray		20
21	Other Medical Services	1,492	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,944	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	127,919	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 127,919	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	4,017	28
28a	Gain on Sale of Fixed Assets	4,198	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,215	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,180,349	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,041,372	31
32	Health Care	4,654,973	32
33	General Administration	3,924,272	33
B. Capital Expense			
34	Ownership	1,630,881	34
C. Ancillary Expense			
35	Special Cost Centers	2,186,175	35
36	Provider Participation Fee	443,583	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,881,256	40
41	Income before Income Taxes (line 30 minus line 40)**	1,299,093	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,299,093	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,390,000	44
45	Private Pay - Net Inpatient Revenue	1,711,319	45
46	Medicare - Net Inpatient Revenue	5,299,427	46
47	Other-(specify) <u>Hospice</u>	468,748	47
48	Other-(specify) <u>Insurance/Sales Allowance</u>	960,090	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,829,584	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 01/01/2015

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Medical Records	\$ 940
Food Rebate	\$ 2,848
Vendors Discount	\$ 229

Line 28 Total: 4,017

Ending: 12/31/2015

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

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	2,080	2,080	\$ 101,903	\$ 48.99	1
2	Assistant Director of Nursing	2,507	2,507	112,858	45.02	2
3	Registered Nurses	46,040	49,427	1,740,877	35.22	3
4	Licensed Practical Nurses	14,069	15,659	479,537	30.62	4
5	CNAs & Orderlies	91,439	97,672	1,317,028	13.48	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,949	4,452	79,602	17.88	8
9	Activity Director	880	880	17,665	20.07	9
10	Activity Assistants	5,945	6,275	63,170	10.07	10
11	Social Service Workers	1,656	1,742	37,827	21.71	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	66,879	32.15	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,856	35,416	400,681	11.31	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	59,864	28.78	17
18	Housekeepers	19,965	21,728	268,320	12.35	18
19	Laundry	5,463	6,199	70,319	11.34	19
20	Administrator	2,080	2,080	133,408	64.14	20
21	Assistant Administrator	1,960	1,960	59,783	30.50	21
22	Other Administrative	8,117	8,292	262,656	31.68	22
23	Office Manager	1,680	1,680	36,253	21.58	23
24	Clerical	3,413	3,518	42,915	12.20	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,476	4,476	145,286	32.46	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager SN	608	608	11,249	18.50	32
33	Other(specify) Memory Care Co	4,096	4,558	99,592	21.85	33
34	TOTAL (lines 1 - 33)	257,431	275,369	\$ 5,607,672 *	\$ 20.36	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	2200/mo	\$ 26,400	1-3	35
36	Medical Director	2000/mo	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	434/mo	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				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 58,248		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	4 hours	\$ 387	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)		\$ 387		53

Alden Poplar Creek Reh & HCC
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	75,511.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(23,363.00)
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>5,240.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Clerk of Circuit County	04/15-10/15	556.00
Sheriff of Cook County	02/15-10/15	316.00
Bernard J. Natale	10/31/2015	190.00
ABC Account Corp/DSQ Reporting	5/31/2015	43.00
Chicago Title Co	4/30/2015	60.00
Valer Enterprises	6/30/2015	1,769.67
Markley Investigation/RECCOO	05/15-09/15	419.00
Pogrund & Korey LLC	08/15-12/15	1,874.54
Ariana Finsch	8/30/2015	12.00
TOTAL ALLOWABLE LEGAL FEES		<u><u>5,240.21</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
PA - Medicaid Receivable	12/15	20,854.93
Midcap	01/15-12/15	2,197.52
Simandl Law Group	08/15	310.90

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 23,363.35

Vendor Name	Invoice Date	Amount
AMS - Alloc Corp Legal Costs	Jan-15	3,909.00
AMS - Alloc Corp Legal Costs	Feb-15	3,909.00
AMS - Alloc Corp Legal Costs	Mar-15	3,909.00
AMS - Alloc Corp Legal Costs	Apr-15	3,909.00
AMS - Alloc Corp Legal Costs	May-15	3,909.00
AMS - Alloc Corp Legal Costs	Jun-15	3,909.00
AMS - Alloc Corp Legal Costs	Jul-15	3,909.00
AMS - Alloc Corp Legal Costs	Aug-15	3,909.00
AMS - Alloc Corp Legal Costs	Sep-15	3,909.00
AMS - Alloc Corp Legal Costs	Oct-15	3,909.00
AMS - Alloc Corp Legal Costs	Nov-15	3,909.00
AMS - Alloc Corp Legal Costs	Dec-15	3,909.00

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 75,511.56

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	TOTALS	\$ 6,314		\$ 420	\$ 420	\$ 420	\$ 420	\$ 420	\$ 420	\$ 420	\$ 420	\$ 420

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNAs -Yes; RN/LPNs - (13)
- (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 \$20,832
- (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. \$ 63,753 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. \$ 443,583
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. \$ 45,300 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.