



Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	19,973	1,118	2,542	23,633	8
9	SNF/PED					9
10	ICF	27,886	574	55	28,515	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,859	1,692	2,597	52,148	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 47.62%**

**D. How many bed reserve days during this year were paid by the Department?**  
7 (Do not include bed reserve 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 1,943

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: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden Lakeland Rehab & HCC # 0017319 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	278,076	31,964	35,339	345,379	1,785	347,164	16,951	364,115		1
2	Food Purchase		724,890		724,890	(28,288)	696,602	(201,857)	494,745		2
3	Housekeeping	243,373	66,627		310,000	1,531	311,531	8,619	320,150		3
4	Laundry	48,667	34,060	41	82,768	268	83,036		83,036		4
5	Heat and Other Utilities			324,661	324,661		324,661	235	324,896		5
6	Maintenance	71,094		321,882	392,976	5,996	398,972	122,124	521,096		6
7	Other (specify):* related party							9,660	9,660		7
8	<b>TOTAL General Services</b>	641,210	857,541	681,923	2,180,674	(18,708)	2,161,966	(44,268)	2,117,698		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			31,500	31,500		31,500		31,500		9
10	Nursing and Medical Records	2,527,971	520,045	18,761	3,066,777	(239,611)	2,827,166	79,669	2,906,835		10
10a	Therapy	138,174	937	53,981	193,092		193,092		193,092		10a
11	Activities	114,791	4,321	7,291	126,403	446	126,849		126,849		11
12	Social Services	63,383		83	63,466		63,466		63,466		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,347	9,347		15
16	<b>TOTAL Health Care and Programs</b>	2,844,319	525,303	111,616	3,481,238	(239,165)	3,242,073	89,016	3,331,089		16
	<b>C. General Administration</b>										
17	Administrative	202,963			202,963		202,963	184,600	387,563		17
18	Directors Fees										18
19	Professional Services			1,170,918	1,170,918		1,170,918	(1,080,736)	90,182		19
20	Dues, Fees, Subscriptions & Promotions			162,257	162,257		162,257	(107,924)	54,333		20
21	Clerical & General Office Expenses	239,926	14,199	245,219	499,344	793	500,137	162,746	662,883		21
22	Employee Benefits & Payroll Taxes			913,340	913,340	10,734	924,074	(22,956)	901,118		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,209	1,209		1,209	1,254	2,463		24
25	Other Admin. Staff Transportation			4,817	4,817		4,817	13,769	18,586		25
26	Insurance-Prop.Liab.Malpractice			434,468	434,468		434,468	10,364	444,832		26
27	Other (specify):* related party			141,726	141,726		141,726	(68,116)	73,610		27
28	<b>TOTAL General Administration</b>	442,889	14,199	3,073,954	3,531,042	11,527	3,542,569	(906,999)	2,635,570		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,928,418	1,397,043	3,867,493	9,192,954	(246,346)	8,946,608	(862,251)	8,084,357		29

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

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

#0017319

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			124,894	124,894	(5,925)	118,969	341,014	459,983			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			212,062	212,062		212,062	415,151	627,213			32
33	Real Estate Taxes			392,055	392,055	(392,055)		396,862	396,862			33
34	Rent-Facility & Grounds			799,185	799,185	392,055	1,191,240	(1,191,240)				34
35	Rent-Equipment & Vehicles			26,454	26,454		26,454	37,590	64,044			35
36	Other (specify):* MIP							55,698	55,698			36
37	<b>TOTAL Ownership</b>			1,554,650	1,554,650	(5,925)	1,548,725	55,075	1,603,800			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,231,616	1,258,769	1,453,959	3,944,344	252,271	4,196,615	(96,225)	4,100,390			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			466,566	466,566		466,566		466,566			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>	1,231,616	1,258,769	1,920,525	4,410,910	252,271	4,663,181	(96,225)	4,566,956			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	5,160,034	2,655,812	7,342,668	15,158,514		15,158,514	(903,401)	14,255,113			45

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

0017319  
 Period Beginning: 01/01/2017  
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description	
2		(28,288)	Employee Meals	Entered
	22	28,288	Employee Meals	Entered
22		(17,554)	Uniform Reclass	Entered
	1	1,785	Uniform Reclass	Entered
	3	1,531	Uniform Reclass	Entered
	4	268	Uniform Reclass	Entered
	6	71	Uniform Reclass	Entered
	10	12,660	Uniform Reclass	Entered
	11	446	Uniform Reclass	Entered
	21	793	Uniform Reclass	Entered
10		(252,271)	Oxygen Cost Reclass	Entered
	39	252,271	Oxygen Cost Reclass	Entered
33		(392,053)	Rent - Real Estate Tax on associated landowner (Pg 6)	
	34	392,053	Rent - Real Estate Tax on associated landowner (Pg 6)	
30		(5,925)	Reclass Depreciation on Painting	
	6	5,925	Reclass Depreciation on Painting	

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

**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	(7,402)	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	(32,346)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,578)	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	(39,303)	21		17
18	Fines and Penalties	(5,698)	32		18
19	Entertainment	(2,203)	20		19
20	Contributions	(9,380)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(563)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(141,726)	27		24
25	Fund Raising, Advertising and Promotional	(11,484)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (311,599)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(338,830)	Pg 6s	34
35	Other- Attach Schedule	(252,972)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (591,802)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (903,401)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

**Alden Lakeland Rehab & HCC**

ID# 0017319

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (3,333)	5	1
2	Intercompany Interest	(201,147)	32	2
3	Miscellaneous Income - Rehab Settlement Check	(536)	10	3
4	Miscellaneous Income - Record Copies	(2,120)	10	4
5	Vendor Discounts	(14)	10	5
6	Marketing Manager & Aides	(79,612)	21	6
7	Elim portion of benefits for marketing 'ees	(18,267)	22	7
8				8
9	Elim deprec on Pg 13 items less than \$2500	(28,279)	30	9
10	Expense pg 13 items less than \$2500	67,649	6	10
11	Elim deprec on Pg 12 items less than \$2500	(6,946)	30	11
12	Expense pg 12 items less than \$2500	17,083	6	12
13	Adj for ABC related Party Profit	198	30	13
14	Depreciation Adj	605	30	14
15	Back out R/E Tax Refund	647	33	15
16	Chamber of Commerce Fee	(600)	20	16
17	Reclass painting deprecitaion to maint. exp.	1,700	6	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(252,972)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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	2,940	14,011	0	0	0	0	0	0	0	16,951	1
2	Food Purchase	(2,578)	0	0	(199,279)	0	0	0	0	0	0	0	(201,857)	2
3	Housekeeping	0	0	8,619	0	0	0	0	0	0	0	0	8,619	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,333)	0	3,568	0	0	0	0	0	0	0	0	235	5
6	Maintenance	79,030	6,656	36,288	0	0	0	(44)	194	0	0	0	122,124	6
7	Other (specify):*	0	0	9,660	0	0	0	0	0	0	0	0	9,660	7
8	<b>TOTAL General Services</b>	<b>73,119</b>	<b>6,656</b>	<b>61,075</b>	<b>(185,268)</b>	<b>0</b>	<b>0</b>	<b>(44)</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(44,268)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(2,670)	0	61,990	23,823	(3,474)	0	0	0	0	0	0	79,669	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,347	0	0	0	0	0	0	0	0	9,347	15
16	<b>TOTAL Health Care and Programs</b>	<b>(2,670)</b>	<b>0</b>	<b>71,337</b>	<b>23,823</b>	<b>(3,474)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89,016</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	184,600	0	0	0	0	0	0	0	0	184,600	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(563)	15,534	(1,095,707)	0	0	0	0	0	0	0	0	(1,080,736)	19
20	Fees, Subscriptions & Promotions	(23,667)	0	(84,257)	0	0	0	0	0	0	0	0	(107,924)	20
21	Clerical & General Office Expenses	(118,915)	307	281,354	0	0	0	0	0	0	0	0	162,746	21
22	Employee Benefits & Payroll Taxes	(18,267)	0	0	0	(4,689)	0	0	0	0	0	0	(22,956)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,254	0	0	0	0	0	0	0	0	1,254	24
25	Other Admin. Staff Transportation	0	0	13,769	0	0	0	0	0	0	0	0	13,769	25
26	Insurance-Prop.Liab.Malpractice	0	10,073	291	0	0	0	0	0	0	0	0	10,364	26
27	Other (specify):*	(141,726)	0	73,610	0	0	0	0	0	0	0	0	(68,116)	27
28	<b>TOTAL General Administration</b>	<b>(303,138)</b>	<b>25,914</b>	<b>(625,086)</b>	<b>0</b>	<b>(4,689)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(906,999)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(232,689)</b>	<b>32,570</b>	<b>(492,674)</b>	<b>(161,445)</b>	<b>(8,163)</b>	<b>0</b>	<b>(44)</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(862,251)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Lakeland Rehab & HCC# 0017319

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(93,338)	431,570	2,782	0	0	0	0	0	0	0	0	341,014	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(239,191)	442,624	211,718	0	0	0	0	0	0	0	0	415,151	32
33	Real Estate Taxes	647	392,053	4,162	0	0	0	0	0	0	0	0	396,862	33
34	Rent-Facility & Grounds	0	(1,191,240)	0	0	0	0	0	0	0	0	0	(1,191,240)	34
35	Rent-Equipment & Vehicles	0	0	37,590	0	0	0	0	0	0	0	0	37,590	35
36	Other (specify):*	0	55,698	0	0	0	0	0	0	0	0	0	55,698	36
37	<b>TOTAL Ownership</b>	<b>(331,882)</b>	<b>130,705</b>	<b>256,252</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>55,075</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(55,497)	(37,066)	(3,662)	0	0	0	0	0	(96,225)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(55,497)</b>	<b>(37,066)</b>	<b>(3,662)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(96,225)</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(564,571)</b>	<b>163,275</b>	<b>(236,422)</b>	<b>(216,942)</b>	<b>(45,229)</b>	<b>(3,662)</b>	<b>(44)</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(903,401)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	\$ 1,191,240	Lawrence Avenue Building, LLC	0.00%	\$	\$ (1,191,240)	1
2	V	32 Interest Income Repl Reserve	98	Lawrence Avenue Building, LLC			(98)	2
3	V	32 Interest Income		Lawrence Avenue Building, LLC				3
4	V	6 Repairs & Maintenance		Lawrence Avenue Building, LLC		6,656	6,656	4
5	V	19 Acct Fees/Legal Fees: Non-coll		Lawrence Avenue Building, LLC		15,522	15,522	5
6	V	21 Misc Administrative Expenses		Lawrence Avenue Building, LLC		307	307	6
7	V	19 Professional Fees		Lawrence Avenue Building, LLC		12	12	7
8	V	33 Real Estate Tax Expense		Lawrence Avenue Building, LLC		392,053	392,053	8
9	V	26 General Insurance Expense		Lawrence Avenue Building, LLC		10,073	10,073	9
10	V	36 Mortgage Insurance Premium		Lawrence Avenue Building, LLC		55,698	55,698	10
11	V	32 Interest- Mortgage		Lawrence Avenue Building, LLC		439,066	439,066	11
12	V	30 Depreciation Expense		Lawrence Avenue Building, LLC		431,570	431,570	12
13	V	32 Amortization Expense		Lawrence Avenue Building, LLC		3,656	3,656	13
14	Total		\$ 1,191,338			\$ 1,354,613	\$ * 163,275	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%	\$ 3,568	\$	3,568	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,254		1,254	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		13,769		13,769	17
18	V	26 Insurance		Alden Management Services, Inc.		291		291	18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		1,327		(84,257)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782		2,782	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		4,162		4,162	21
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		37,590		37,590	22
23	V	32 Interest		Alden Management Services, Inc.		211,718		211,718	23
24	V	1 Dietary		Alden Management Services, Inc.		2,940		2,940	24
25	V	3 Housekeeping		Alden Management Services, Inc.		8,619		8,619	25
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		9,660		9,660	26
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		61,990		61,990	27
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		9,347		9,347	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		184,600		184,600	29
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		73,610		73,610	30
31	V	19 Professional Fees	1,135,051	Alden Management Services, Inc.		39,344		(1,095,707)	31
32	V	21 General & Administrative	42,108	Alden Management Services, Inc.		323,462		281,354	32
33	V	6 Repairs & Maintenance	107,349	Alden Management Services, Inc.		143,637		36,288	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,370,092			\$ 1,133,670	\$ *	(236,422)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary Consultatant	\$ 26,400	Prism Health Care Sevices, Inc.	0.00%	\$	\$ (26,400)
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.		14,981	14,981
17	V	2 Tube Feeding	448,651	Prism Health Care Sevices, Inc.		162,409	(286,242)
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
19	V	39 Ancilliary Supplies	547,511	Prism Health Care Sevices, Inc.		216,361	(331,150)
20	V	39 Vent Rental		Prism Health Care Sevices, Inc.		119,149	119,149
21	V	1 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		25,430	25,430
22	V	2 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		86,963	86,963
23	V	10 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		20,789	20,789
24	V	39 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		156,504	156,504
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		\$ 1,029,222			\$ 812,280	\$ * (216,942)

\* 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	\$ 354,192	Forum Extended Care Services II, Inc.	0.00%	\$ 326,941	\$ (27,251) 15
16	V	39 I.V.	57,938	Forum Extended Care Services II, Inc.		53,480	(4,458) 16
17	V	39 Wound Care Products	125,872	Forum Extended Care Services II, Inc.		116,187	(9,685) 17
18	V	10 House Stock	37,957	Forum Extended Care Services II, Inc.		35,037	(2,920) 18
19	V	10 Pharm Consultant	7,200	Forum Extended Care Services II, Inc.		6,646	(554) 19
20	V	22 Employee Vaccination	4,689	Forum Extended Care Services II, Inc.			(4,689) 20
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		4,328	4,328 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		\$ 587,848			\$ 542,619	\$ * (45,229) 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	\$ 411,763	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 408,101	\$ (3,662)
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	<b>Total</b>		\$ 411,763			\$ 408,101	\$ * (3,662)

\* 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	\$ 32,615	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,571	\$ (44)	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		\$ 32,615			\$ 32,571	\$ * (44)	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	\$ 890	Alden Design Group, Inc.	0.00%	\$ 1,084	\$ 194	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	<b>Total</b>		\$ 890			\$ 1,084	\$ *	194	39

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

Facility Name &amp; ID Number

Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden Lakeland Rehab & HCC # 0017319 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

## 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.	Chairman-Board of D	Chairman	100.00	177,693	1.58	3.95	Salary	\$ 7,307	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	96,050	1.58	3.95	Salary	3,950	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	96,050	1.58	3.95	Salary	3,950	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,359	1.58	3.95	Salary	4,538	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,471	1.58	3.95	Salary	2,487	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,693	1.19	3.95	Salary	7,307	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 29,539		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:

01/01/2017

Ending: 2/31/2017

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

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

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

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	1,320,269	35	\$ 90,340	\$ 52,148	\$ 3,568	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	52,148	1,254	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	52,148	13,769	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	52,148	291	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	52,148	1,327	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	52,148	4,162	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	52,148	37,590	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	52,148	211,718	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	2,940	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	8,619	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	52,148	9,660	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	61,990	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	52,148	9,347	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	184,600	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	52,148	73,610	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	39,344	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	323,462	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	143,637	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 1,133,670	25

Facility Name & ID Number

Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

**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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	Cambridge		x	Mortgage	\$49,820.00	2/25/11	\$ 11,977,000	\$ 11,070,764	2/24/51	3.9400	\$ 439,067	1						
2												2						
3	Amort of Fin Fees		x	Refinancing							3,656	3						
4	Insurance Interest (GL7053)		x	Medical Malpractice							5,216	4						
5												5						
<b>Working Capital</b>																		
6	Related party-AMS		x	Working Capital							211,718	6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>				\$49,820.00		\$ 11,977,000	\$ 11,070,764			\$ 659,657	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income GL4975										(32,346)	10						
11	Int. Income on R.R.										(98)	11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (32,444)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 11,977,000	\$ 11,070,764			\$ 627,213	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 55,698      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**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2016 report.			\$ <b>341,600</b>	<b>1</b>	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$ <b>361,700</b>	<b>2</b>	
3. Under or (over) accrual (line 2 minus line 1).			\$ <b>20,100</b>	<b>3</b>	
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$ <b>372,600</b>	<b>4</b>	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	<b>5</b>	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	<b>6</b>	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$ <b>392,700</b>	<b>7</b>	
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax			\$ <b>4,162</b>
		Total Real Estate Tax Expense, Sch V, Line 33			\$ <b>396,862</b>
Real Estate Tax Bill for Calendar Year:	<b>2012</b>	<b>303,752</b>	<b>8</b>	<b>FOR BHF USE ONLY</b>	
	<b>2013</b>	<b>307,136</b>	<b>9</b>	<b>13</b>	FROM R. E. TAX STATEMENT FOR 2016 \$
	<b>2014</b>	<b>311,485</b>	<b>10</b>	<b>14</b>	PLUS APPEAL COST FROM LINE 5 \$
	<b>2015</b>	<b>331,619</b>	<b>11</b>	<b>15</b>	LESS REFUND FROM LINE 6 \$
	<b>2016</b>	<b>361,701</b>	<b>12</b>	<b>16</b>	AMOUNT TO USE FOR RATE CALCULATION \$
<b>The current year accrual is based on an estimated 3% increase of the prior year tax.</b>					

**NOTES:**

- Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
- 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.**

**2016 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 2016 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 2016.

(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>105,372.00</u>	\$ <u>4,162.00</u>
2. <u>14-08-419-040-000</u>	<u>Nursing Home Facility</u>	\$ <u>361,701.00</u>	\$ <u>361,701.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>467,073.00</u></u>	\$ <u><u>365,863.00</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

**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.**

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319 Report Period Beginning:

01/01/2017 Ending:

12/31/2017

**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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

**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	5,224,363	4
5			1995		577		40	14	14	302	5
6			1995		245		40	6	6	129	6
7				1996	13,250	331	40	331		6,594	7
8											8
		<b>Improvement Type**</b>									
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		5-20			191,725	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 &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

## 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		2,182	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		12,024	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		8,529	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		31,661	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		4,364	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		3,925	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,348	\$ 284,786		\$ 225,870	\$ (58,916)	\$ 8,629,804	70

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

## XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 12,301,348	\$ 284,786		\$ 225,870	\$ (58,916)	\$ 8,629,804	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		1,745	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		2,085	3
4	System electric-emergency lighting	2000	5,190		15			5,190	4
5	System Electric-install circuits	2000	1,570	78	20	78		1,370	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		1,227	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		2,361	7
8	ABC-fireproofing	2000	2,503	125	20	125		2,168	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		15			1,810	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529		15			1,529	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800		15			17,800	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		15			8,688	21
22	Alden Bennett - various	2001	11,481		15			11,481	22
23	Medline Industries	2002	1,205		10			1,205	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	57	15	57		1,696	24
25	CSI Coker- booster heater	2002	5,238	31	15	31		5,238	25
26	Alden Bennett -building improvement	2002	3,358	55	15	55		3,358	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,418,365	\$ 285,553		\$ 226,637	\$ (58,916)	\$ 8,744,922	34

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

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 12,418,365	\$ 285,553		\$ 226,637	\$ (58,916)	\$ 8,744,922	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433		6,462	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		10			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		802	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		759	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		96,115	30
31	ABC New water cooling system	2005	12,097	605	20	605		7,420	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,690,713	\$ 294,395		\$ 235,479	\$ (58,916)	\$ 8,954,453	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	<b>Totals from Page 12C, Carried Forward</b>		\$ 12,690,713	\$ 294,395		\$ 235,479	\$ (58,916)	\$ 8,954,453	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,769,667	\$ 295,435		\$ 236,519	\$ (58,916)	\$ 9,043,414	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	<b>Totals from Page 12D, Carried Forward</b>		\$ 12,769,667	\$ 295,435		\$ 236,519	\$ (58,916)	\$ 9,043,414	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528		10			8,528	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368		10			4,368	3
4	New Motor Blower	2007	3,295	51	10	51		3,295	4
5	Roof Repair	2007	7,020	234	10	234		7,020	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006	1,498	10	1,498		36,006	6
7	Cleaned Tower	2007	3,023	127	10	127		3,023	7
8									8
9	Chiller Room Exhaust	2007	33,741	1,969	10	1,969		33,741	9
10	Chiller	2007	4,075	234	10	234		4,075	10
11	Suction System	2007	19,666	1,308	10	1,308		19,666	11
12	Electrical and Plumbing Replacement	2007	3,303	222	10	222		3,303	12
13	Replaced broken plumbing	2007	3,177	237	10	237		3,177	13
14	Replaced broken plumbing	2007	2,965	219	10	219		2,965	14
15	New Concrete Pad	2007	7,076	587	10	587		7,076	15
16	New parts for motors roof fans	2007	4,644	390	10	390		4,644	16
17	New Floor Drain New Supply Lines	2007	8,564	788	10	788		8,564	17
18	New concrete pad and trough basin	2007	5,247	479	10	479		5,247	18
19									19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		1,879	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		13,338	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527	853	10	853		8,317	22
23	Laundry Cart Hardware-ABC	2008	4,301		5			4,301	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		4,475	24
25	Generator	2008	2,842		5			2,842	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		14,626	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		4,050	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480	1,048	10	1,048		9,956	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		2,413	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		7,971	31
32	Replace Ceiling Tile-ABC	2008	2,916	292	10	292		2,652	32
33	Boiler Tube-ABC	2008	11,140	1,114	10	1,114		10,769	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,091,218	\$ 312,134		\$ 253,218	\$ (58,916)	\$ 9,334,504	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	<b>Totals from Page 12E, Carried Forward</b>		\$ 13,091,218	\$ 312,134		\$ 253,218	\$ (58,916)	\$ 9,334,504	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606	461	10	461		3,917	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	1,267	8	1,267		12,139	7
8									8
9	Elevator hydraulics: emerg replacement-ABC	2010	36,912	1,846	20	1,846		14,613	9
10	Concrete Delivery Ramp replaced-ABC	2010	8,876	592	15	592		4,538	10
11	Elevator repair emerg - ABC	2010	74,470	3,724	20	3,724		28,240	11
12	Elevator repair emerg - ABC	2010	33,689	1,684	20	1,684		12,631	12
13	Dish machine repair motor & speed reduc-TopNot	2010	3,595		5			3,595	13
14	Laundry chute repair - ABC	2010	8,241	824	10	824		6,386	14
15	Brick work at front entrance - ABC	2010	9,911	496	20	496		3,802	15
16	Kitchen ejector pump repair-ABC	2010	5,788		5			5,788	16
17	Fan repair tower motor on AC	2010	5,211	521	10	521		3,908	17
18	Compressor repair and flare fitting on AC	2010	5,225		5			5,225	18
19	Motors and patient station repair & HVAC motors	2010	11,066		5			11,066	19
20	Wall base in res room with new cove base-ABC	2011	3,176	212	15	212		1,448	20
21	Water cooled condenser repair-GTMECH	2011	4,751		5			4,751	21
22	Roof repair-JD&SONS	2011	3,650		5			3,650	22
23	Sprinkler heads added to elevator-USFIRE	2011	2,988	299	10	299		1,868	23
24	Asphalt paving-ABC	2011	9,333	1,167	8	1,167		7,293	24
25	Elevator repair/control system PC board-KONINC	2011	2,934		5			2,934	25
26	Repair rite boiler-ABC	2011	5,281		5			5,281	26
27	Fire dampers-OAKFIR	2011	9,900		5			9,900	27
28	Sanding sleeve-elevator-LONELE	2011	5,680		5			5,680	28
29	Railings, stairs-ALDBEN	2012	28,720	1,915	15	1,915		9,575	29
30	Repair leaks on boiler-ALDBEN	2012	5,213	521	10	521		3,040	30
31	Dampers (fire) in 2 ducts utility room-ALDBEN	2012	6,214	621	10	621		3,364	31
32	Repair fire protective tents on recessed light fixtures-ABC	2012	2,584	365	5	365		2,584	32
33	Repair fire (smoke) damper-ABC	2012	6,146	615	10	615		3,279	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 13,438,262	\$ 329,264		\$ 270,348	\$ (58,916)	\$ 9,545,746	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	<b>Totals from Page 12F, Carried Forward</b>		\$ 13,438,262	\$ 329,264		\$ 270,348	\$ (58,916)	\$ 9,545,746	1
2	Vacuum pump, motor assembly-MEDGAS	2012	5,991	599	10	599		3,494	2
3	Drywall, enclose damper shaft walls-ALDBEN	2013	3,822	255	15	255		1,190	3
4	Drywall, oxygen room ducts-ALDBEN	2013	2,544	170	15	170		779	4
5	Firestopping material, Foil (4)-ALDBEN	2013	4,022	402	10	402		1,843	5
6	Ductless split installation, HVAC-ALDBEN (GT Mech)	2013	10,793	720	15	720		3,120	6
7	Common area labor flr 2&3-AMS	2013	211,765	14,118	15	14,118		56,472	7
8	Cooler, compressor malfunction, valve control burnout-TOPNOT	2013	5,908	591	10	591		2,905	8
9	Washer, machine #3-EQUINT	2013	3,728	746	5	746		3,667	9
10	Actuators & Transformers on smoke dampers- GTMECH	2013	2,687	537	5	537		2,506	10
11	Dryer-EQUINT	2013	4,522	904	5	904		4,219	11
12	Dampers, Fire-ALDBEN	2013	13,660	1,366	10	1,366		6,033	12
13	Railings, stairs-ALDBEN	2013	28,720	1,915	15	1,915		9,255	13
14	Kick guards: 2nd & 3rd floor corridor and dining rooms- ALDBE	2013	19,371	1,937	10	1,937		8,555	14
15	Flooring, laminate: 2nd & 3rd floor corridor and dining rooms-AI	2013	42,181	2,812	15	2,812		12,420	15
16	Leaks on boiler-ALDBEN	2013	5,213	1,043	5	1,043		5,128	16
17	A/C Replacement for building-ABC	2014	5,638	1,128	5	1,128		4,042	17
18	Piping - insulation - building - GT Mech	2014	6,824	341	20	341		1,137	18
19	Boiler tubes - building - ABC	2014	53,165	3,544	15	3,544		11,813	19
20	Chiller - rebuild air cooled chiller-GTMech	2014	6,235	1,247	5	1,247		4,572	20
21	Roof - JD Roof	2014	2,730	546	5	546		1,911	21
22	Fire alarm upgrade - ABC - 12/29/14	2014	134,073	13,407	10	13,407		40,221	22
23	Fire alarm upgrade - ABC - 12/29/14	2014	12,740	1,274	10	1,274		3,822	23
24	Fire alarm upgrade - ABC - 12/29/14	2014	59,058	5,906	10	5,906		17,718	24
25	Fire alarm upgrade - ABC - 12/29/14	2014	59,059	5,906	10	5,906		17,718	25
26	Elevator, Replace switches (3) and fuses (9) ALDBEN	2015	17,741	1,774	10	1,774		5,026	26
27	Plumbing waterline repair in kitchen -TRIPLU	2016	5,001	1,001	5	1,001		1,834	27
28	Remodel - 2nd Floor Materials - ALDBEN	2017	5,178	216	10	216		216	28
29	Roof Patch - JDROOF	2017	5,900	1,180	5	1,180		1,180	29
30	Roof Patch - JDROOF	2017	11,300	942	5	942		942	30
31	Sprinkler System Repairs - OAKFIR	2017	3,783	252	5	252		252	31
32	Washing Machine repair and Install Gable - EQUINT	2017	5,832	194	5	194		194	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 14,197,445	\$ 396,237		\$ 337,321	\$ (58,916)	\$ 9,779,930	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	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 14,197,445	\$ 396,237		\$ 337,321	\$ (58,916)	\$ 9,779,930	1
2	Adjust for ABC Related Party Profit	2008	(782)					(782)	2
3	Adjust for ABC Related Party Profit	2009	(415)	(18)		(18)		(153)	3
4	Adjust for ABC Related Party Profit	2010	(311)					(311)	4
5	Adjust for ABC Related Party Profit	2011	138	8		8		52	5
6	Adjust for ABC Related Party Profit	2012	3,018	65		65		390	6
7	Adjust for ABC Related Party Profit	2013	1,754	158		158		711	7
8	Adjust for ABC Related Party Profit	2014	(613)	(8)		(8)		(28)	8
9	Adjust for ABC Related Party Profit	2015	(34)	(6)		(6)		(15)	9
10	Adjust for ABC Related Party Profit	2016							10
11	Adjust for ABC Related Party Profit	2017	(7)	(1)		(1)		(1)	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)		\$ 14,200,193	\$ 396,435		\$ 337,519	\$ (58,916)	\$ 9,779,793	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,075,782	\$ 97,606	\$ 97,606	\$	varies	\$ 501,910	71
72	Current Year Purchases	202,094	6,785	6,785		varies	6,362	72
73	Fully Depreciated Assets	2,354,372	18,073	18,073		varies	2,354,372	73
74								74
75	TOTALS	\$ 3,632,248	\$ 122,464	\$ 122,464	\$		\$ 2,862,644	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	3,911				3	3,911	77
78										78
79										79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 18,876,352	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 518,899	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 459,983	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)	\$ 12,646,348	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	Elevator Cylinders	\$ 23,700	92
93			93
94			94
95		\$ 23,700	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: 01/01/2017

Ending: 12/31/2017

**XII. RENTAL COSTS**

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

1. Name of Party Holding Lease: related party cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.  YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 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. 12/31/2018                      \$ varies

13. 12/31/2019                      \$ varies

14. 12/31/2020                      \$ 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: \$ 28,106      Description: copy machine GL 6861 - \$21,678 and equipment lease GL 6859 - \$6,428

(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>16,784</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>398.00</u>	<u>4,776</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>21,560</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.

**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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
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**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 115,421	\$		\$ 115,421	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			82,548			82,548	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			134,036			134,036	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 prescrpts				331,270		331,270	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		1,231,616			139,580		1,371,196	12
13	Other (specify):	See Pg 16A				(3,662)	2,069,581		2,065,919	13
14	<b>TOTAL</b>			\$ 1,231,616		\$ 328,343	\$ 2,540,431		\$ 4,100,390	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$115,421.00	
2.	ST	39-3	To Col 5	82,548.00	
3.					
4.	PT	39-3	To Col 5	134,036.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			354,192.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(22,922.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	331,270.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	1,231,616.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	139,580.00	
	Total Exceptional Care (Line 12, Col 8)			1,371,196.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(3,662.00)	From Page 6D
	Other			1,886,949.00	
	Manual Input: Related Party - Prism			(55,497.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(4,458.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(9,684.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			252,271.00	
13.	Col 6: Supplies Total		To Col 6	2,069,581.00	
13.	Total Line 13, Column 8			2,065,919.00	
14.	Total			4,100,390.00	

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (125,000) )	2,866,352	2,866,352	3
4	Supply Inventory (priced at )	5,089	5,089	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	12,458	34,976	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	57	189,744	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,883,956	\$ 3,096,161	10
	<b>B. Long-Term Assets</b>			
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	2,298,351	5,655,621	15
16	Equipment, at Historical Cost	1,500,260	3,817,700	16
17	Accumulated Depreciation (book methods)	(3,045,262)	(12,039,915)	17
18	Deferred Charges		73,244	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		75,725	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Due from Affiliate,</u>			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 753,349	\$ 7,506,811	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,637,305	\$ 10,602,972	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,139,916	\$ 1,059,939	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	808,970	808,970	28
29	Short-Term Notes Payable		164,597	29
30	Accrued Salaries Payable	596,486	596,486	30
31	Accrued Taxes Payable (excluding real estate taxes)	26,651	26,651	31
32	Accrued Real Estate Taxes(Sch.IX-B)		372,600	32
33	Accrued Interest Payable		36,349	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	173,880	173,880	36
37	<u>Due to Affiliates</u>	2,683,963	2,683,963	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 5,429,866	\$ 5,923,435	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,906,167	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	16,122,839	15,965,458	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 16,122,839	\$ 26,871,625	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 21,552,705	\$ 32,795,060	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (17,915,400)	\$ (22,192,088)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 3,637,305	\$ 10,602,972	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ (16,572,197)	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ (16,572,197)	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(1,343,203)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (1,343,203)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (17,915,400)	<b>24</b> *

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

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

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

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

1

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 13,574,581	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 13,574,581	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	118,356	6
7	Oxygen	82,632	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 200,988	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	132	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 132	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	32,346	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 32,346	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG19A	7,264	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 7,264	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,815,311	30

2

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	2,180,674	31
32	Health Care	3,481,238	32
33	General Administration	3,531,042	33
<b>B. Capital Expense</b>			
34	Ownership	1,554,650	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,944,344	35
36	Provider Participation Fee	466,566	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,158,514	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(1,343,203)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (1,343,203)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 11,414,200	44
45	Private Pay - Net Inpatient Revenue	205,149	45
46	Medicare - Net Inpatient Revenue	1,346,086	46
47	Other-(specify) <u>Hospice</u>	81,433	47
48	Other-(specify) <u>Insurance</u>	527,713	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 13,574,581	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.

Facility Name & ID Number Alden Lakeland Rehab & HCC# 0017319Report Period Beginning 01/01/2017 Ending:12/31/2017**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Rehab Settlement Check	\$ 536
Record Copies-Backed out with Ln ref 21-Pg 5A	\$ 2,120
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	\$ 14
United Healthcare-(Rebate/Incentive)	
U'SAgain LLc	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 4,594
Line 28 Total:	<u><u>7,264</u></u>

Facility Name & ID Number Alden Lakeland Rehab & HCC

# 0017319

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	2,955	2,963	\$ 154,797	\$ 52.24	1
2	Assistant Director of Nursing	1,832	1,844	68,897	37.36	2
3	Registered Nurses	63,096	67,113	2,281,493	33.99	3
4	Licensed Practical Nurses	3,363	3,849	94,895	24.65	4
5	CNAs & Orderlies	74,895	79,252	1,069,358	13.49	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,499	5,780	95,936	16.60	8
9	Activity Director	2,080	2,233	41,095	18.40	9
10	Activity Assistants	3,471	3,564	39,528	11.09	10
11	Social Service Workers	2,536	2,572	63,383	24.64	11
12	Dietician					12
13	Food Service Supervisor	1,960	1,968	41,309	20.99	13
14	Head Cook	1,248	1,309	21,713	16.59	14
15	Cook Helpers/Assistants	17,777	18,782	215,054	11.45	15
16	Dishwashers					16
17	Maintenance Workers	2,637	2,854	71,094	24.91	17
18	Housekeepers	18,192	19,780	243,373	12.30	18
19	Laundry	4,148	4,217	48,667	11.54	19
20	Administrator	2,408	2,408	164,316	68.24	20
21	Assistant Administrator	1,200	1,276	38,647	30.29	21
22	Other Administrative	5,344	5,483	172,832	31.52	22
23	Office Manager	2,112	2,156	48,609	22.55	23
24	Clerical	4,300	4,659	60,723	13.03	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,360	2,360	82,786	35.08	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	362	386	7,361	19.07	31
32	Other Health C: Resident Attendan	2,915	3,057	34,168	11.18	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	226,690	239,865	\$ 5,160,034 *	\$ 21.51	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	2945/Month	\$ 35,339	1-3	35
36	Medical Director	2375/Month	31,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	\$ 77,239		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	630	8,191	10-3	52
53	TOTAL (lines 50 - 52)	630	\$ 8,191		53

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Taylor Herron	Administrator	0	\$ 23,053	Workers' Compensation Insurance	\$ 135,802	IDPH License Fee	\$	
Solomon Mizrahi	Administrator	0	141,598	Unemployment Compensation Insurance	55,160	Advertising: Employee Recruitment	18,284	
Rachel Krumm	Asst. Administrator	0	18,002	FICA Taxes	382,292	Health Care Worker Background Check		
Reem Youkhana	Asst. Administrator	0	4,434	Employee Health Insurance	128,668	(Indicate # of checks performed <u>52</u> )	1,666	
Tammy Carter	Asst. Administrator	0	15,876	Employee Meals	28,288	Patient Background Checks	1,872	
				Illinois Municipal Retirement Fund (IMRF)*		Health Care Council of Illinois	28,800	
				Union, Health & Welfare	110,498	Surety Bonds	1,225	
				Dental & Life	2,043	Corporate Annual Fee	309	
				Pension	29,687	Collaborative Healthcare	850	
				Employee Relations/Tuition Reimb/Drug Testing	44,808	Related Party-AMS	1,327	
				Related Party-Forum	(4,689)	Less: Public Relations Expense	( )	
				401K Matching/Vaccinations, Misc.	6,828	Non-allowable advertising	( )	
				Elim Benefits for Marketing Dept.	(18,267)	Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 202,963	TOTAL (agree to Schedule V, line 22, col.8)		\$ 54,333		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description				Description	Line #	Amount	Description	Amount
						\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Related Party - AMS	1,254
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services, Inc.	consulting fee	\$ 1,089,859					Seminar Expense	
Kent College of Law	Legal Fees - Non Collections	2,789					IL Council on Long Term Care	725
Alden Group (Midcap Charges	Legal Fees - Non Collections	4,124					Health Care Council of Illinois	375
Stone Pogrund/Von Briesen and Rop	Legal Fees - Non Collections	5,506					www.safewayclasses.com	109
AMS Eliminated Legal Fees	Allocated Legal Fees	45,192					Entertainment Expense	( )
Achieve Accreditation	Professional Fees	10,596					(agree to Sch. V,	
Mix Solutions and Total Graphics	Professional Fees	417					line 24, col. 8)	
BDO Seidman/Christine Novotny	Accounting Fees	2,730					TOTAL	\$ 2,463
KPMG/Baker Tilly	Accounting Fees	5,536						
Midcap Allocation	Accounting Fees	3,606						
ABC Accounts/Ariana/Clerk of Circu	Legal Fees - Collections	57						
Stone Pogrund & Korey	Legal Fees - Collections	506						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 1,170,918	TOTAL		\$		

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Lakeland Rehab & HCC  
 Legal Fee Support  
 2017

Legal Fees Reported on Pg 21, Section C:	\$	58,174.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(563.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	<u>12,419.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Kent College of Law	3/17,6/17,10/17,11/17	2,789.00
Alden Group (Midcap Charges)	1/17,2/17,5/17,8/17,9/17	4,124.00
Stone Pogrund & Korey	3/17,4/17,6/17,7/17,8/17,10/17,12/17	4,657.00
Von Briesen & Roper	6/17,9/17,11/17	849.00
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<b><u>12,419.00</u></b>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ABC Accounts Corp	4/17	45.00
Ariana Fisch	5/17	6.00
Clerk of the Circuit Court of Cook County	11/17	6.00
Stone Pogrund & Korey	2/17	506.00

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES 563.00**

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Eliminated Legal Fees		45,192.00

**TOTAL Allocated Legal Fees 45,192.00**

**Total Legal Cost 58,174.00**

Facility Name &amp; ID Number Alden Lakeland Rehab &amp; HCC

# 0017319

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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. HCC of Illinois \$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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 37,685 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. \$ 466,566  
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 benefit on Schedule V. \$ 28,288 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