

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC

0017319 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	300	TOTALS	300	109,500	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	20,274	728	2,979	23,981	8
9	SNF/PED					9
10	ICF	31,369	1,072	633	33,074	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	51,643	1,800	3,612	57,055	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 52.11%

D. How many bed reserve days during this year were paid by the Department?
0 (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 2,312

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	316,033	31,688	30,915	378,636	2,980	381,616	20,153	401,769		1
2	Food Purchase		678,552		678,552	(31,072)	647,480	(105,382)	542,098		2
3	Housekeeping	323,069	104,205		427,274	2,555	429,829	8,048	437,877		3
4	Laundry	52,828	31,429	10	84,267	447	84,714		84,714		4
5	Heat and Other Utilities			358,933	358,933		358,933	(336)	358,597		5
6	Maintenance	56,787	1,483	280,332	338,602	119	338,721	76,960	415,681		6
7	Other (specify):* related party							7,403	7,403		7
8	TOTAL General Services	748,717	847,357	670,190	2,266,264	(24,971)	2,241,293	6,846	2,248,139		8
	B. Health Care and Programs										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	3,080,747	333,947	34,899	3,449,593	(56,339)	3,393,254	75,602	3,468,856		10
10a	Therapy	123,463	889	70,309	194,661		194,661		194,661		10a
11	Activities	100,917	6,253	7,588	114,758	745	115,503		115,503		11
12	Social Services	53,396			53,396		53,396		53,396		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,592	7,592		15
16	TOTAL Health Care and Programs	3,358,523	341,089	142,796	3,842,408	(55,594)	3,786,814	83,194	3,870,008		16
	C. General Administration										
17	Administrative	213,405			213,405		213,405	228,445	441,850		17
18	Directors Fees										18
19	Professional Services			1,274,285	1,274,285		1,274,285	(1,165,371)	108,914		19
20	Dues, Fees, Subscriptions & Promotions			157,718	157,718		157,718	(107,529)	50,189		20
21	Clerical & General Office Expenses	222,324	12,564	225,443	460,331	1,324	461,655	204,274	665,929		21
22	Employee Benefits & Payroll Taxes			987,432	987,432	1,771	989,203	(19,069)	970,134		22
23	Inservice Training & Education										23
24	Travel and Seminar			871	871		871	1,700	2,571		24
25	Other Admin. Staff Transportation			4,234	4,234		4,234	16,054	20,288		25
26	Insurance-Prop.Liab.Malpractice			763,013	763,013		763,013	9,865	772,878		26
27	Other (specify):* Bad Debt & Settlements			134,598	134,598		134,598	(55,450)	79,148		27
28	TOTAL General Administration	435,729	12,564	3,547,594	3,995,887	3,095	3,998,982	(887,081)	3,111,901		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,542,969	1,201,010	4,360,580	10,104,559	(77,470)	10,027,089	(797,041)	9,230,048		29

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

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

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC

#0017319

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			125,546	125,546		125,546	316,213	441,759			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			211,071	211,071		211,071	362,124	573,195			32
33	Real Estate Taxes			377,277	377,277	(377,277)		426,917	426,917			33
34	Rent-Facility & Grounds			809,631	809,631	377,277	1,186,908	(1,186,908)				34
35	Rent-Equipment & Vehicles			30,051	30,051		30,051	39,843	69,894			35
36	Other (specify):* MIP							54,926	54,926			36
37	TOTAL Ownership			1,553,576	1,553,576		1,553,576	13,115	1,566,691			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	1,248,129	1,362,191	1,617,761	4,228,081	77,470	4,305,551	(114,962)	4,190,589			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			487,799	487,799		487,799		487,799			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	1,248,129	1,362,191	2,105,560	4,715,880	77,470	4,793,350	(114,962)	4,678,388			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,791,098	2,563,201	8,019,716	16,374,015		16,374,015	(898,888)	15,475,127			45

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

001-7319
 Period Beginning: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 36-2687662

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description	
2		-31072	Employee Meals	Entered
	22	31072	Employee Meals	Entered
22		-29301	Uniform Reclass	Entered
	1	2980	Uniform Reclass	Entered
	3	2555	Uniform Reclass	Entered
	4	447	Uniform Reclass	Entered
	6	119	Uniform Reclass	Entered
	10	21131	Uniform Reclass	Entered
	11	745	Uniform Reclass	Entered
	21	1324	Uniform Reclass	Entered
10		-77470	Oxygen Cost Reclass	Entered
	39	77470	Oxygen Cost Reclass	Entered
33		-377277	Rent - Real Estate Tax on associated landowner (Pg 6)	
	34	377277	Rent - Real Estate Tax on associated landowner (Pg 6)	
30			Reclass Depreciation on Painting	
	6		Reclass Depreciation on Painting	

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,987)	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	(67,995)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,866)	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	(38,908)	21		17
18	Fines and Penalties	(18,044)	32		18
19	Entertainment	(3,779)	20		19
20	Contributions	(6,880)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,511)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(134,598)	27		24
25	Fund Raising, Advertising and Promotional	(13,319)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (363,803)		\$	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)	(302,573)	Pg 6s	34
35	Other- Attach Schedule	(232,512)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (535,085)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (898,888)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

ALDEN LAKELAND REHAB & HCC

ID# 0017319

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (4,290)	5	1
2	Intercompany Interest	(189,823)	32	2
3	Miscellaneous Income - Record Copies	(818)	10	3
4	Miscellaneous Income - Polling Site Usage	(300)	10	4
5	Vendor Discounts - Discounts	(6)	10	5
6	Vendor Discounts - Overcharges	(605)	10	6
7	Marketing Manager and Aides	(80,866)	21	7
8	Eliminate Portion of Benefits for Marketing Fees	(13,824)	22	8
9				9
10	Elim deprec on Pg 13 items less than \$2500	(35,868)	30	10
11	Expense pg 13 items less than \$2500	54,829	6	11
12	Elim deprec on Pg 12 items less than \$2500	(6,492)	30	12
13	Expense pg 12 items less than \$2500	6,194	6	13
14	Adj for ABC related Party Profit	215	30	14
15	Depreciation Adj	(1,924)	30	15
16	Back out R/E Tax Refund	41,066	33	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(232,512)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC# 0017319

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,023	17,130	0	0	0	0	0	0	0	20,153	1
2	Food Purchase	(1,866)	0	0	(103,516)	0	0	0	0	0	0	0	(105,382)	2
3	Housekeeping	0	0	8,048	0	0	0	0	0	0	0	0	8,048	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,290)	0	3,954	0	0	0	0	0	0	0	0	(336)	5
6	Maintenance	51,036	0	27,086	0	0	0	112	(1,274)	0	0	0	76,960	6
7	Other (specify):*	0	0	7,403	0	0	0	0	0	0	0	0	7,403	7
8	TOTAL General Services	44,880	0	49,514	(86,386)	0	0	112	(1,274)	0	0	0	6,846	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,729)	0	53,352	26,959	(2,980)	0	0	0	0	0	0	75,602	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	7,592	0	0	0	0	0	0	0	0	7,592	15
16	TOTAL Health Care and Programs	(1,729)	0	60,944	26,959	(2,980)	0	0	0	0	0	0	83,194	16
	C. General Administration													
17	Administrative	0	0	228,445	0	0	0	0	0	0	0	0	228,445	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(9,511)	22,578	(1,178,438)	0	0	0	0	0	0	0	0	(1,165,371)	19
20	Fees, Subscriptions & Promotions	(23,978)	0	(83,551)	0	0	0	0	0	0	0	0	(107,529)	20
21	Clerical & General Office Expenses	(119,774)	77	323,971	0	0	0	0	0	0	0	0	204,274	21
22	Employee Benefits & Payroll Taxes	(13,824)	0	0	0	(5,245)	0	0	0	0	0	0	(19,069)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,700	0	0	0	0	0	0	0	0	1,700	24
25	Other Admin. Staff Transportation	0	0	16,054	0	0	0	0	0	0	0	0	16,054	25
26	Insurance-Prop.Liab.Malpractice	0	9,530	335	0	0	0	0	0	0	0	0	9,865	26
27	Other (specify):*	(134,598)	0	79,148	0	0	0	0	0	0	0	0	(55,450)	27
28	TOTAL General Administration	(301,685)	32,185	(612,336)	0	(5,245)	0	0	0	0	0	0	(887,081)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(258,534)	32,185	(501,878)	(59,427)	(8,225)	0	112	(1,274)	0	0	0	(797,041)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(102,985)	413,113	6,085	0	0	0	0	0	0	0	0	316,213	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(275,862)	436,227	201,759	0	0	0	0	0	0	0	0	362,124	32
33	Real Estate Taxes	41,066	377,277	8,574	0	0	0	0	0	0	0	0	426,917	33
34	Rent-Facility & Grounds	0	(1,186,908)	0	0	0	0	0	0	0	0	0	(1,186,908)	34
35	Rent-Equipment & Vehicles	0	0	39,843	0	0	0	0	0	0	0	0	39,843	35
36	Other (specify):*	0	54,926	0	0	0	0	0	0	0	0	0	54,926	36
37	TOTAL Ownership	(337,781)	94,635	256,261	0	0	0	0	0	0	0	0	13,115	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(115,190)	(37,932)	38,160	0	0	0	0	0	(114,962)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(115,190)	(37,932)	38,160	0	0	0	0	0	(114,962)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(596,315)	126,820	(245,617)	(174,617)	(46,157)	38,160	112	(1,274)	0	0	0	(898,888)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	\$ 1,186,908	Lawrence Avenue Building, LLC		\$	\$ (1,186,908)	1
2	V	32 Interest Income Repl Reserve	72	Lawrence Avenue Building, LLC			(72)	2
3	V	32 Interest Income		Lawrence Avenue Building, LLC				3
4	V	6 Repairs & Maintenance		Lawrence Avenue Building, LLC				4
5	V	19 Acct Fees/Legal Fees: Non-coll		Lawrence Avenue Building, LLC		8,800	8,800	5
6	V	21 Misc Administrative Expenses		Lawrence Avenue Building, LLC		77	77	6
7	V	19 Professional Fees		Lawrence Avenue Building, LLC		13,778	13,778	7
8	V	33 Real Estate Tax Expense		Lawrence Avenue Building, LLC		377,277	377,277	8
9	V	26 General Insurance Expense		Lawrence Avenue Building, LLC		9,530	9,530	9
10	V	36 Mortgage Insurance Premium		Lawrence Avenue Building, LLC		54,926	54,926	10
11	V	32 Interest- Mortgage		Lawrence Avenue Building, LLC		432,696	432,696	11
12	V	30 Depreciation Expense		Lawrence Avenue Building, LLC		413,113	413,113	12
13	V	32 Amortization Expense		Lawrence Avenue Building, LLC		3,603	3,603	13
14	Total		\$ 1,186,980			\$ 1,313,800	\$ * 126,820	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%	\$ 3,954	\$ 3,954
16	V	24 Travel & Seminar		Alden Management Services, Inc.		1,700	1,700
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,054	16,054
18	V	26 Insurance		Alden Management Services, Inc.		335	335
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		2,033	(83,551)
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		8,574	8,574
22	V	35 Rent- Equipment & Vehicles		Alden Management Services, Inc.		39,843	39,843
23	V	32 Interest		Alden Management Services, Inc.		201,759	201,759
24	V	1 Dietary		Alden Management Services, Inc.		3,023	3,023
25	V	3 Housekeeping		Alden Management Services, Inc.		8,048	8,048
26	V	7 Employee Benefits- Gen'l Services		Alden Management Services, Inc.		7,403	7,403
27	V	10 Nursing & Medical Record Salaries		Alden Management Services, Inc.		53,352	53,352
28	V	15 Employee Benefits- Health Care		Alden Management Services, Inc.		7,592	7,592
29	V	17 Administrative Salary		Alden Management Services, Inc.		228,445	228,445
30	V	27 Employee Benefits- Admin		Alden Management Services, Inc.		79,148	79,148
31	V	19 Professional Fees	1,221,567	Alden Management Services, Inc.		43,129	(1,178,438)
32	V	21 General & Administrative	41,748	Alden Management Services, Inc.		365,719	323,971
33	V	6 Repairs & Maintenance	59,802	Alden Management Services, Inc.		86,888	27,086
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,408,701			\$ 1,163,084	\$ * (245,617)

* 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	\$ 24,168	Prism Health Care Sevices, Inc.	0.00%	\$	\$ (24,168)
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.		14,326	14,326
17	V	2 Tube Feeding	373,822	Prism Health Care Sevices, Inc.		186,854	(186,968)
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		10,997	4,337
19	V	39 Ancilliary Supplies	664,110	Prism Health Care Sevices, Inc.		244,976	(419,134)
20	V	39 Vent Rental		Prism Health Care Sevices, Inc.		140,886	140,886
21	V	1 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		26,972	26,972
22	V	2 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		83,452	83,452
23	V	10 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		22,622	22,622
24	V	39 Gen'l & Admin & Benefits		Prism Health Care Sevices, Inc.		163,058	163,058
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		\$ 1,068,760			\$ 894,143	\$ * (174,617)

* 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 <u>Drugs</u>	\$ 394,240	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 362,922	\$ (31,318) 15
16	V	39 <u>I.V.</u>	53,225	<u>Forum Extended Care Services II, Inc.</u>		48,997	(4,228) 16
17	V	39 <u>Wound Care Products</u>	90,829	<u>Forum Extended Care Services II, Inc.</u>		83,614	(7,215) 17
18	V	10 <u>House Stock</u>	30,308	<u>Forum Extended Care Services II, Inc.</u>		27,900	(2,408) 18
19	V	10 <u>Pharm Consultant</u>	7,200	<u>Forum Extended Care Services II, Inc.</u>		6,628	(572) 19
20	V	22 <u>Employee Vaccination</u>	5,245	<u>Forum Extended Care Services II, Inc.</u>			(5,245) 20
21	V	39 <u>Employee Vaccination</u>		<u>Forum Extended Care Services II, Inc.</u>		4,829	4,829 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		\$ 581,047			\$ 534,890	\$ * (46,157) 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	\$ 527,011	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 565,171	\$ 38,160	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		\$ 527,011			\$ 565,171	\$ * 38,160	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	\$ 36,863	Alden Bennett Construction Company, Inc.	0.00%	\$ 36,975	\$	112	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		\$ 36,863			\$ 36,975	\$ *	112	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	\$ 1,933	Alden Design Group, Ltd.	0.00%	\$ 659	\$ (1,274)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,933			\$ 659	\$ * (1,274)

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

Facility Name & ID Number

ALDEN LAKELAND REHAB & HCC

0017319

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health	Long Grove				30

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC # 0017319 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	177,153	1.696	4.24	Salary	\$ 7,847	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,758	1.696	4.24	Salary	4,242	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,758	1.696	4.24	Salary	4,242	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,879	1.696	4.24	Salary	4,956	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,455	1.696	4.24	Salary	2,678	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	177,153	1.484	4.24	Salary	7,847	6-7, 17-7	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	\$ 31,812		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:

1/1/2018

Ending: 2/31/2018

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	1,345,058	36	\$ 93,217	\$ 57,055	\$ 3,954	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	57,055	1,700	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	57,055	16,054	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	57,055	335	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	57,055	2,033	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	57,055	8,574	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	57,055	39,843	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	57,055	201,759	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	3,023	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	8,048	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	57,055	7,403	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	53,352	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	57,055	7,592	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	57,055	228,445	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	79,148	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	43,129	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	365,719	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	86,888	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,163,084	25

Facility Name & ID Number

ALDEN LAKELAND REHAB & HCC

0017319

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge		x	Mortgage		2/25/11	\$ 11,977,000	\$ 10,906,167	2/24/51	3.9400	\$ 432,698	1								
2												2								
3	Amort of Fin Fees		x	Refinancing							3,602	3								
4	Insurance Interest (GL7053)		x	Medical Malpractice							3,203	4								
5												5								
Working Capital																				
6	Related party - AMS		x	Working Capital							201,759	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 11,977,000	\$ 10,906,167			\$ 641,262	9								
B. Non-Facility Related*																				
10	Interest Income GL4975										(67,995)	10								
11	Int. Income on R.R.										(72)	11								
12												12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (68,067)	14								
15	TOTALS (line 9+line14)						\$ 11,977,000	\$ 10,906,167			\$ 573,195	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 54,926 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.)

2017 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 2017 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 2017.

(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>202,125.00</u>	\$ <u>8,574.00</u>
2. <u>14-08-419-040-0000</u>	<u>Nursing Home Facility</u>	\$ <u>389,643.00</u>	\$ <u>389,643.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>591,768.00</u></u>	\$ <u><u>398,217.00</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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:

1/1/2018

Ending:

12/31/2018

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: Nursing facility, 1995, \$1,040,000. Row 2: (blank). Row 3: TOTALS, \$1,040,000.

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	5,446,422	4
5			1995		577		40	14	14	316	5
6			1995		245		40	6	6	135	6
7			1996		13,250	331	40	331		6,925	7
8											8
		Improvement Type**									
9		Richard G. Radke-color rendering-ll 3 '93 assets	1993		6,620		5			6,620	9
10		GENERAL REMODELING-law av \$2368595.54	1994		1,640,753	59,215	15		(59,215)	1,640,753	10
11		NEW AIR CONDITIONER-law av \$2368595.54	1994		185,718		15			185,718	11
12		OXYGEN AND SUCTION SYSTEM-law av \$2368595.54	1994		89,080		15			89,080	12
13		3RD FLOOR NURSES STATION-law av \$2368595.54	1994		14,234		15			14,234	13
14		REBUILD SHOWERS AND STALL-law av \$2368595.54	1994		47,131		15			47,131	14
15		PATIENT ROOM LIGHTING-law av \$2368595.54	1994		34,763		15			34,763	15
16		CARPETING-law av \$2368595.54	1994		20,688		10			20,688	16
17		NEW DOOR LOCK AND HARDWARE-law av \$2368595.54	1994		25,312		10			25,312	17
18		VARIOUS OTHER ITEMS-law av \$2368595.54	1994		85,896		10			85,896	18
19		VARIOUS OTHER ITEMS-law av \$2368595.54	1994		225,021		15			225,021	19
20		DECORATING	1986		5,000		3			5,000	20
21		DOCORATING,PUMPS, ROOF REPAIR, COMPRESSOR REPAIR	1987		15,543		3-5			15,543	21
22		ELECTRICAL REPAIRS, CARPENTRY,PUMP REPAIR	1988		15,804		5			15,804	22
23		PUMP REPAIR	1989		2,510		5			2,510	23
24		REPAIR: PUMPS AND COMPRESSOR	1990		32,782		5-10			32,782	24
25		REPAIR: PUMPS, FANS, HEATER,ROOF	1991		16,753		5			16,753	25
26		REPAIR: BOILER,FANS, THERMOSTAT	1992		32,033		5-20			32,033	26
27		COLOR RENDERING,REPAIR: COOLING TOWER, ELECT TIMER,	1993		8,916		5-15			8,916	27
28		DRAPERIES AND CUBICLES; COMPRESSOR REPAIR	1994		45,438		5-20			45,438	28
29		REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO	1995		415,705		5-20			415,705	29
30		NEW ELECTRIC GENERATOR, NEW COOLING TOWER	1996		191,725		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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
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	18	20	18		2,200	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		12,683	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		9,003	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		33,412	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		4,609	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		4,146	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,348	\$ 284,694		\$ 225,778	\$ (58,916)	\$ 8,855,582	70

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,301,348	\$ 284,694		\$ 225,778	\$ (58,916)	\$ 8,855,582	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		1,843	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		2,203	3
4	System electric-emergency lighting	2000	5,190		15			5,190	4
5	System Electric-install circuits	2000	1,570	78	20	78		1,448	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		1,297	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		2,496	7
8	ABC-fireproofing	2000	2,503	125	20	125		2,293	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		15			1,696	24
25	CSI Coker- booster heater	2002	5,238		15			5,238	25
26	Alden Bennett -building improvement	2002	3,358		15			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	TOTAL (lines 1 thru 33)		\$ 12,418,366	\$ 285,318		\$ 226,402	\$ (58,916)	\$ 8,971,324	34

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 12,418,366	\$ 285,318		\$ 226,402	\$ (58,916)	\$ 8,971,324	1
2	GT Mechanical-rebuild compressor	2003	6,500	38	15	38		6,500	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		862	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		825	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		103,793	30
31	ABC New water cooling system	2005	12,097	605	20	605		8,025	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,690,714	\$ 293,765		\$ 234,849	\$ (58,916)	\$ 9,189,303	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,690,714	\$ 293,765		\$ 234,849	\$ (58,916)	\$ 9,189,303	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,835,890	\$ 296,512		\$ 237,596	\$ (58,916)	\$ 9,275,572	34

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,835,890	\$ 296,512		\$ 237,596	\$ (58,916)	\$ 9,275,572	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		10			3,295	4
5	Roof Repair	2007	7,020		10			7,020	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006		10			36,006	6
7	Cleaned Tower	2007	3,023		10			3,023	7
8									8
9	Chiller Room Exhaust	2007	33,741		10			33,741	9
10	Chiller	2007	4,075		10			4,075	10
11	Suction System	2007	19,666		10			19,666	11
12	Electrical and Plumbing Replacement	2007	3,303		10			3,303	12
13	Replaced broken plumbing	2007	3,177		10			3,177	13
14	Replaced broken plumbing	2007	2,965		10			2,965	14
15	New Concrete Pad	2007	7,076		10			7,076	15
16	New parts for motors roof fans	2007	4,644		10			4,644	16
17	New Floor Drain New Supply Lines	2007	8,564		10			8,564	17
18	New concrete pad and trough basin	2007	5,247		10			5,247	18
19									19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		2,084	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		14,683	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527	210	10	210		8,527	22
23	Laundry Cart Hardware-ABC	2008	4,301		5			4,301	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		4,934	24
25	Generator	2008	2,842		5			2,842	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		16,139	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		4,469	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480	524	10	524		10,480	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		2,667	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		8,825	31
32	Replace Ceiling Tile-ABC	2008	2,916	264	10	264		2,916	32
33	Boiler Tube-ABC	2008	11,140	371	10	371		11,140	33
34	TOTAL (lines 1 thru 33)		\$ 13,157,441	\$ 302,930		\$ 244,014	\$ (58,916)	\$ 9,573,079	34

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,157,441	\$ 302,930		\$ 244,014	\$ (58,916)	\$ 9,573,079	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606	461	10	461		4,378	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		8			12,139	7
8									8
9	Elevator hydraulics: emerg replacement-ABC	2010	36,912	1,846	20	1,846		16,459	9
10	Concrete Delivery Ramp replaced-ABC	2010	8,876	592	15	592		5,130	10
11	Elevator repair emerg - ABC	2010	74,470	3,724	20	3,724		31,964	11
12	Elevator repair emerg - ABC	2010	33,689	1,684	20	1,684		14,315	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		7,210	14
15	Brick work at front entrance - ABC	2010	9,911	496	20	496		4,298	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		4,429	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		1,660	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		2,167	23
24	Asphalt paving-ABC	2011	9,332	1,167	8	1,167		8,460	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		11,490	29
30	Repair leaks on boiler-ALDBEN	2012	5,213	521	10	521		3,561	30
31	Dampers (fire) in 2 ducts utility room-ALDBEN	2012	6,214	621	10	621		3,985	31
32	Repair fire protective tents on recessed light fixtures-ABC	2012	2,584		5			2,584	32
33	Repair fire (smoke) damper-ABC	2012	6,146	615	10	615		3,894	33
34	TOTAL (lines 1 thru 33)		\$ 13,504,486	\$ 318,428		\$ 259,512	\$ (58,916)	\$ 9,799,819	34

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 13,504,486	\$ 318,428		\$ 259,512	\$ (58,916)	\$ 9,799,819	1
2	Vacuum pump, motor assembly-MEDGAS	2012	5,991	599	10	599		4,093	2
3	Drywall, enclose damper shaft walls-ALDBEN	2013	3,822	255	15	255		1,445	3
4	Drywall, oxygen room ducts-ALDBEN	2013	2,544	170	15	170		949	4
5	Firestopping material, Foil (4)-ALDBEN	2013	4,022	402	10	402		2,245	5
6	Ductless split installation, HVAC-ALDBEN (GT Mech)	2013	10,793	720	15	720		3,840	6
7	Common area labor flr 2&3-AMS	2013	211,765	14,118	15	14,118		70,590	7
8	Cooler, compressor malfunction, valve control burnout-TOPNOT	2013	5,908	591	10	591		3,496	8
9	Washer, machine #3-EQUINT	2013	3,728	61	5	61		3,728	9
10	Actuators & Transformers on smoke dampers- GTMECH	2013	2,687	181	5	181		2,687	10
11	Dryer-EQUINT	2013	4,522	303	5	303		4,522	11
12	Dampers, Fire-ALDBEN	2013	13,660	1,366	10	1,366		7,399	12
13	Railings, stairs-ALDBEN	2013	28,720	1,915	15	1,915		11,170	13
14	Kick guards: 2nd & 3rd floor corridor and dining rooms- ALDBEN	2013	19,371	1,937	10	1,937		10,492	14
15	Flooring, laminate: 2nd & 3rd floor corridor and dining rooms-ALDBI	2013	42,181	2,812	15	2,812		15,232	15
16	Leaks on boiler-ALDBEN	2013	5,213	85	5	85		5,213	16
17	A/C Replacement for building-ABC	2014	5,638	1,128	5	1,128		5,170	17
18	Piping - insulation - building - GT Mech	2014	6,823	341	20	341		1,478	18
19	Boiler tubes - building - ABC	2014	53,165	3,544	15	3,544		15,357	19
20	Chiller - rebuild air cooled chiller-GTMech	2014	6,235	1,247	5	1,247		5,819	20
21	Roof - JD Roof	2014	2,730	546	5	546		2,457	21
22	Fire alarm upgrade - ABC - 12/29/14	2014	134,073	13,407	10	13,407		53,628	22
23	Fire alarm upgrade - ABC - 12/29/14	2014	12,740	1,274	10	1,274		5,096	23
24	Fire alarm upgrade - ABC - 12/29/14	2014	59,058	5,906	10	5,906		23,624	24
25	Fire alarm upgrade - ABC - 12/29/14	2014	59,059	5,906	10	5,906		23,624	25
26	Elevator, Replace switches (3) and fuses (9) ALDBEN	2015	17,741	1,774	10	1,774		6,800	26
27	Plumbing waterline repair in kitchen -TRIPLU	2016	5,001	1,001	5	1,001		2,835	27
28	Remodel - 2nd Floor Materials - ALDBEN	2017	5,178	518	10	518		734	28
29	Roof Patch - JDROOF	2017	5,900	1,180	5	1,180		2,360	29
30	Roof Patch - JDROOF	2017	11,300	2,260	5	2,260		3,202	30
31	Sprinkler System Repairs - OAKFIR	2017	3,783	757	5	757		1,009	31
32	Washing Machine repair and Install Gable - EQUINT	2017	5,832	1,166	5	1,166		1,360	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,263,669	\$ 385,898		\$ 326,982	\$ (58,916)	\$ 10,101,473	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 14,263,669	\$ 385,898		\$ 326,982	\$ (58,916)	\$ 10,101,473	1
2	Roof Patch - JDROOF - Roof	2018	3,000	500	5	500		600	2
3	Roof Patch - JDROOF - Roof	2018	3,570	536	5	536		714	3
4	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	3,572	357	5	357		714	4
5	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,503	450	5	450		901	5
6	Pipe to Drain Elevator Pits - TRIPLU -Elevator Shaft	2018	2,953	49	25	49		118	6
7	Boiler Repairs, Kitchen - TOPNOT - Kitchen	2018	4,123	344	5	344		825	7
8	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,253	354	5	354		851	8
9	Call Station - Flasherboard - TECELE - 4th Floor Nurses Station	2018	2,657	177	5	177		531	9
10	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,773	318	5	318		955	10
11	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,818	241	5	241		964	11
12	Dewatering Equipment - ALDBEN - Elevator Shaft	2018	4,438	148	5	148		888	12
13	Repair Pipe - TRIPLU - Basement Ceiling	2018	4,106	68	5	68		821	13
14	Gate/Fence Repair - ALDBEN - Parking Lot	2018	2,960		5			592	14
15	Elevator Repairs/Cylinder Replacement - SUBELE - Elevator Sha	2018	16,590		15			1,106	15
16	Elevator Replace Cylinder - SUBELE - Elevator Shaft	2018	38,710		15			2,581	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)		\$ 14,368,695	\$ 389,440		\$ 330,524	\$ (58,916)	\$ 10,114,634	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12H, Carried Forward	\$ 14,368,695	\$ 389,440		\$ 330,524	\$ (58,916)	\$ 10,114,634		1
2	Adjust for ABC Related Party Profit	2008	(782)				(782)		2
3	Adjust for ABC Related Party Profit	2009	(415)	(18)	(18)		(171)		3
4	Adjust for ABC Related Party Profit	2010	(311)				(311)		4
5	Adjust for ABC Related Party Profit	2011	138	8	8		60		5
6	Adjust for ABC Related Party Profit	2012	3,018	65	65		455		6
7	Adjust for ABC Related Party Profit	2013	1,754	158	158		869		7
8	Adjust for ABC Related Party Profit	2014	(613)	(8)	(8)		(36)		8
9	Adjust for ABC Related Party Profit	2015	(34)	(6)	(6)		(21)		9
10	Adjust for ABC Related Party Profit	2016							10
11	Adjust for ABC Related Party Profit	2017	(7)	(2)	(2)		(2)		11
12	Adjust for ABC Related Party Profit	2018	89	18	18		18		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)	\$ 14,371,532	\$ 389,655		\$ 330,739	\$ (58,916)	\$ 10,114,713		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	\$ 1,147,107	\$ 94,494	\$ 94,494	\$	varies	\$ 504,618	71
72	Current Year Purchases	181,133	10,045	10,045		varies	10,045	72
73	Fully Depreciated Assets	2,456,040	6,481	6,481		varies	2,456,040	73
74								74
75	TOTALS	\$ 3,784,280	\$ 111,020	\$ 111,020	\$		\$ 2,970,703	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	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	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)	\$ 19,199,614	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 500,675	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 441,759	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)	\$ 13,089,218	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 12/31/2011

Ending 12/31/2021

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>varies</u>
13.	<u>12/31/2020</u>	\$ <u>varies</u>
14.	<u>12/31/2021</u>	\$ <u>varies</u>

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: \$ 27,744 Description: copy machine GL 6861 - \$21,666 and equipment lease GL 6859 - \$6,078

(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>22,670</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>698.75</u>	<u>8,385</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>31,055</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>
--	---	--

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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	\$		\$ 142,798	\$		\$ 142,798	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			71,829			71,829	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			195,610			195,610	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG 16A	# of prescripts				367,751		367,751	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>			1,248,129			127,717		1,375,846	12
13	Other (specify): <u>See PG 16A</u>	39-1, 39-3, if any				38,160	1,998,595		2,036,755	13
14	TOTAL			\$ 1,248,129		\$ 448,397	\$ 2,494,063		\$ 4,190,589	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	\$142,798.30	
2.	ST	39-3	To Col 5	71,828.54	
3.					
4.	PT	39-3	To Col 5	195,609.74	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			394,239.99	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(26,489.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	367,750.99	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	1,248,128.57	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	127,716.52	
	Total Exceptional Care (Line 12, Col 8)			1,375,845.09	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	38,160.00	From Page 6D
	Other			2,047,758.54	
	Manual Input: Related Party - Prism			(115,190.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(4,228.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(7,215.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			77,470.00	
13.	Col 6: Supplies Total		To Col 6	1,998,595.54	
13.	Total Line 13, Column 8			2,036,755.54	
14.	Total			4,190,588.20	

Facility Name & ID Number **ALDEN LAKELAND REHAB & HCC**

0017319

Report Period Beginning: **1/1/2018**

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2018**

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 20,522	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (148,000))	3,059,636	3,059,636	3
4	Supply Inventory (priced at)	5,089	5,089	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	13,174	36,643	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due From 3rd Party	5,824	239,549	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,083,723	\$ 3,361,439	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,040,001	13
14	Buildings, at Historical Cost		8,884,435	14
15	Leasehold Improvements, at Historical Cost	2,352,013	5,791,283	15
16	Equipment, at Historical Cost	1,663,396	4,026,635	16
17	Accumulated Depreciation (book methods)	(3,174,277)	(12,582,044)	17
18	Deferred Charges		69,641	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		123,302	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 841,132	\$ 7,353,253	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,924,855	\$ 10,714,692	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,131,933	\$ 1,131,933	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	889,509	889,509	28
29	Short-Term Notes Payable		171,201	29
30	Accrued Salaries Payable	620,398	620,398	30
31	Accrued Taxes Payable (excluding real estate taxes)	34,911	34,911	31
32	Accrued Real Estate Taxes(Sch.IX-B)		401,300	32
33	Accrued Interest Payable		35,809	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,Sales Tax	512,573	512,573	36
37	Due to Affiliates	2,496,787	2,496,787	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 5,686,111	\$ 6,294,421	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,734,966	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	17,621,136	17,471,207	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 17,621,136	\$ 28,206,173	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 23,307,247	\$ 34,500,594	46
47	TOTAL EQUITY(page 18, line 24)	\$ (19,382,392)	\$ (23,785,902)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,924,855	\$ 10,714,692	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (17,915,400)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (17,915,400)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,466,992)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,466,992)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (19,382,392)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC

0017319

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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**

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,580,666	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,580,666	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	171,379	6
7	Oxygen	82,161	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 253,540	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		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	226	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 226	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	67,995	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 67,995	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	4,596	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,596	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,907,023	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,266,264	31
32	Health Care	3,842,408	32
33	General Administration	3,995,887	33
B. Capital Expense			
34	Ownership	1,553,576	34
C. Ancillary Expense			
35	Special Cost Centers	4,228,081	35
36	Provider Participation Fee	487,799	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,374,015	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,466,992)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,466,992)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 12,275,410	44
45	Private Pay - Net Inpatient Revenue	336,422	45
46	Medicare - Net Inpatient Revenue	1,599,145	46
47	Other-(specify) <u>Hospice/Insurance</u>	493,189	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(123,500)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,580,666	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 Rehabilitation and Health Care Center, Inc.# 001-7319Report Period Beginning 01/01/2018 Ending: 12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
497700-100-001 Miscellaneous Income Medical Record Copies	818.42
497700-100-008 Miscellaneous Income Polling Site Usage	300.00
498300-100-000 Write Off Old A/P	634.04
498400-100-000 Vendor Discounts Vendor Discounts	6.38
498400-100-001 Vendor Discounts Overcharges	605.00
498500-100-000 Gain On Sale Of Assets	2,232.02

Line 28 Total: 4,596

Facility Name & ID Number **ALDEN LAKELAND REHAB & HCC**

0017319

Report Period Beginning: **1/1/2018**

Ending:

12/31/2018

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	3,068	3,268	\$ 175,362	\$ 53.66	1
2	Assistant Director of Nursing	1,072	1,189	43,092	36.24	2
3	Registered Nurses	68,559	73,236	2,518,098	34.38	3
4	Licensed Practical Nurses	4,334	4,674	142,622	30.51	4
5	CNAs & Orderlies	80,768	85,915	1,252,700	14.58	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,359	4,805	86,074	17.91	8
9	Activity Director	2,072	2,080	38,700	18.61	9
10	Activity Assistants	3,427	3,587	42,595	11.87	10
11	Social Service Workers	2,056	2,080	53,396	25.67	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	42,508	20.44	13
14	Head Cook	2,072	2,080	33,822	16.26	14
15	Cook Helpers/Assistants	18,297	19,567	239,704	12.25	15
16	Dishwashers					16
17	Maintenance Workers	1,944	1,944	56,787	29.21	17
18	Housekeepers	22,766	24,419	323,069	13.23	18
19	Laundry	3,947	4,375	52,828	12.07	19
20	Administrator	2,072	2,080	151,068	72.63	20
21	Assistant Administrator	2,056	2,056	62,336	30.32	21
22	Other Administrative	6,400	6,461	194,982	30.18	22
23	Office Manager					23
24	Clerical	4,711	4,916	64,731	13.17	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,671	4,679	165,667	35.41	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,905	1,961	31,335	15.98	31
32	Other Health Care: Resident Attendant	1,492	1,576	19,622	12.45	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	244,128	259,028	\$ 5,791,098 *	\$ 22.36	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	2576/Month	\$ 30,915	1-3	35
36	Medical Director	2500/Month	30,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/Month	7,200	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	44	2,420	11-3	44
45	Social Service Consultant	12	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	56	\$ 71,375		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	539	7,006	10-3	52
53	TOTAL (lines 50 - 52)	539	\$ 7,006		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	
Solomon Mizrahi	Administrator	0	\$ 151,068	Workers' Compensation Insurance	\$ 161,273	IDPH License Fee	\$	
RachelKrumm	Asst. Administrator	0	62,337	Unemployment Compensation Insurance	51,007	Advertising: Employee Recruitment	9,506	
		0		FICA Taxes	428,118	Health Care Worker Background Check (Indicate # of checks performed 62)	2,030	
		0		Employee Health Insurance	115,381	Patient Background Checks	5,762	
		0		Employee Meals	31,072	Health Care Council of Illinois	28,800	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bonds	650	
		0		Union, Health & Welfare	125,634	Corporate Annual Fee	258	
		0		Dental, Life & Vision Insurance	1,839	Collaborative Healthcare/Broadcast Music	1,150	
		0		Pension	37,198	Related Party-AMS	2,033	
		0		Employee Relations/Tuition Reimb./Drug Testing	29,606	Less: Public Relations Expense	()	
		0		Related Party-Forum	(5,245)	Non-allowable advertising	()	
		0		401K Matching/Vaccinations, Misc. Payroll	8,075	Yellow page advertising	()	
		0		Elim Benefits for Marketing Dept.	(13,824)			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 213,405	TOTAL (agree to Schedule V, line 22, col.8)	\$ 970,134	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 50,189	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	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	1,700
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services, Inc.	Consulting fees		\$ 1,176,376				Seminar Expense	
Mid-Cap - Allocated Legal Fees	Legal Fees - Non Collections		6,881				CEU	478
Dutton Casy, L. Reiff, Cook County,	Legal Fees - Non Collections		2,801				WISHCA Fall Convention	369
Kent College Law, Stern & Associates	Legal Fees - Non Collections		644				Pathway Health Services	24
AMS Eliminated Legal Fees	Allocated Legal Fees		45,192				Entertainment Expense	()
Achieve Accreditation, First Advant	Professional Fees		11,529					
Stone Pogrund & Korey, Von Briesen	Professional Fees		11,349				TOTAL (agree to Sch. V, line 24, col. 8)	\$ 2,571
Baker Tilly Virchow Krause	Accounting Fees		5,216					
BDO Seidman	Accounting Fees		2,269					
Mid-Cap - Allocated Accounting Fees	Accounting Fees		2,517					
IDF Law, ABC Accounts Corp	Legal Fees - Collections		5,918					
SB2 Inc., Kerry R. Polizzi	Legal Fees - Collections		3,593					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 1,274,285	TOTAL		\$		

* Attach copy of IMRF notifications

**See instructions.

Alden-Lakeland Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C:	\$ 65,029.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(9,511.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 10,326.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Mid-Cap Legal Fees	3/18,6/18,9/18,11/18	6,881.00
Dutton Casy & Mesoloras PC	10/18	1,182.00
Louis A. Reiff	10/18	962.00
Cook County	4/18,5/18,9/18	656.00
Law Offices of Kent College	5/18,11/18	426.00
Stern & Associates	11/18	189.00
Midwest Medical	4/18	30.00
	TOTAL ALLOWABLE LEGAL FEES	<u><u>10,326.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
ABC Accounts Corp	2/18	43.00
IDF Law	8/18	5,875.00
Kerry R. Polizzi	5/18	100.00
SB2 Inc.	Monthly	3,493.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 9,511.00

<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 65,029.00

Facility Name & ID Number ALDEN LAKELAND REHAB & HCC

0017319

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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. II.Health Care Ass. \$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. \$ 33,109 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. \$ 487,799
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. \$ 31,072 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: n/a
- (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