

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896 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	217	Skilled (SNF)	217	79,205	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	217	TOTALS	217	79,205	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	980	4,515	8,939	14,434	8
9	SNF/PED					9
10	ICF	43,933	4,643	3,832	52,408	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,913	9,158	12,771	66,842	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.39%

D. How many bed reserve days during this year were paid by the Department?
None (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 05/01/88

J. Was the facility purchased or leased after January 1, 1978?
YES Date 11/12/95 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 217 and days of care provided 8,409

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number Alden - Poplar Creek Rehab & HC # 0032896 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	542,958	36,425	24,528	603,911	3,660	607,571	(613)	606,958		1
2	Food Purchase		448,339		448,339	(42,232)	406,107	(5,299)	400,808		2
3	Housekeeping	302,796	66,390		369,186	1,567	370,753	9,429	380,182		3
4	Laundry	82,688	22,419		105,107	691	105,798		105,798		4
5	Heat and Other Utilities			320,331	320,331		320,331	2,648	322,979		5
6	Maintenance	62,342		302,835	365,177	2,289	367,466	59,616	427,082		6
7	Other (specify):* related party							8,673	8,673		7
8	TOTAL General Services	990,784	573,573	647,694	2,212,051	(34,025)	2,178,026	74,454	2,252,480		8
	B. Health Care and Programs										
9	Medical Director			31,500	31,500		31,500		31,500		9
10	Nursing and Medical Records	4,669,680	292,528	27,082	4,989,290	(4,033)	4,985,257	67,915	5,053,172		10
10a	Therapy	155,406	6,275	12,377	174,058		174,058		174,058		10a
11	Activities	147,092	3,454	5,395	155,941	881	156,822		156,822		11
12	Social Services	83,391			83,391		83,391		83,391		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,894	8,894		15
16	TOTAL Health Care and Programs	5,055,569	302,257	76,354	5,434,180	(3,152)	5,431,028	76,809	5,507,837		16
	C. General Administration										
17	Administrative	153,500			153,500		153,500	267,632	421,132		17
18	Directors Fees										18
19	Professional Services			1,459,616	1,459,616		1,459,616	(1,350,918)	108,698		19
20	Dues, Fees, Subscriptions & Promotions			138,577	138,577		138,577	(105,420)	33,157		20
21	Clerical & General Office Expenses	183,057	35,455	218,825	437,337	(1,709)	435,628	346,010	781,638		21
22	Employee Benefits & Payroll Taxes			1,034,722	1,034,722	23,017	1,057,739	(7,022)	1,050,717		22
23	Inservice Training & Education										23
24	Travel and Seminar			500	500		500	1,991	2,491		24
25	Other Admin. Staff Transportation			3,991	3,991		3,991	18,808	22,799		25
26	Insurance-Prop.Liab.Malpractice			548,461	548,461		548,461	8,721	557,182		26
27	Other (specify):* related party			168,138	168,138		168,138	(75,413)	92,725		27
28	TOTAL General Administration	336,557	35,455	3,572,830	3,944,842	21,308	3,966,150	(895,611)	3,070,539		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,382,910	911,285	4,296,878	11,591,073	(15,869)	11,575,204	(744,348)	10,830,856		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			84,948	84,948		84,948	336,682	421,630		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			223,363	223,363		223,363	250,592	473,955		32
33	Real Estate Taxes			814,378	814,378	(814,378)		851,266	851,266		33
34	Rent-Facility & Grounds			659,143	659,143	814,378	1,473,521	(1,473,521)			34
35	Rent-Equipment & Vehicles			30,762	30,762		30,762	46,678	77,440		35
36	Other (specify):* MIP							44,108	44,108		36
37	TOTAL Ownership			1,812,594	1,812,594		1,812,594	55,805	1,868,399		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		971,502	1,484,642	2,456,144	15,869	2,472,013	(320,545)	2,151,468		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			473,473	473,473		473,473		473,473		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		971,502	1,958,115	2,929,617	15,869	2,945,486	(320,545)	2,624,941		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,382,910	1,882,787	8,067,587	16,333,284		16,333,284	(1,009,088)	15,324,196		45

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

003-2896
 Period Beginning: 01/01/2018
 Period Ending: 12/31/2018

IDPH License No. 36-3299486

Page 4A

From Line	To Line	Amount	Description
2		(42,232)	Employee Meals
	22	42,232	Employee Meals
22		(19,215)	Uniform Reclass
	1	3,660	Uniform Reclass
	3	1,567	Uniform Reclass
	4	691	Uniform Reclass
	6	580	Uniform Reclass
	10	11,836	Uniform Reclass
	11	881	Uniform Reclass
	21		Uniform Reclass
10		(15,869)	Oxygen Cost Reclass
	39	15,869	Oxygen Cost Reclass
21		(1,709)	Vendor Settlement - EMASWA Satellite
	6	1,709	Vendor Settlement - EMASWA Satellite
33		(814,378)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	814,378	Rent - Real Estate Tax on associated landowner (Pg 6)

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	(19,208)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(30,691)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,179)	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	(28,064)	21		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(5,063)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(14,319)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(168,138)	27		24
25	Fund Raising, Advertising and Promotional	(16,479)	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)	\$ (287,141)		\$	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)	(538,696)	Pg 6s	34
35	Other- Attach Schedule	(183,251)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (721,947)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (1,009,088)		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 - Poplar Creek Rehab & HC

ID# 0032896

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg12 items under \$2,500	\$ (4,810)	30	1
2	Elim Deprec Exp on Pg13 items under \$2,500	(27,723)	30	2
3	Exp Pg12 items under \$2,500- current yr purch	0	6	3
4	Exp Pg13 items under \$2,500- current yr purch	51,901	6	4
5	adj for ABC related party profits - Pg12-E	121	30	5
6	adj for depreciation	2,198	30	6
7				7
8				8
9	Late Fees on utilities	(1,984)	5	9
10	Intercompany interests (Midcap Int Alloc GL 7031)	(137,305)	32	10
11				11
12	Misc income - Jury duty	(52)	22	12
13	Misc income - Food rebate (GL 4977)	(2,539)	2	13
14	Misc income - Medical Records (GL 4977-001)	(700)	21	14
15	Vendor Discount (GL4984)	(210)	2	15
16	Back out - Bank Chargers GL 6814	(12)	21	16
17	Back out NPV Pension interest (GL 7035)	(83,342)	32	17
18	add back: refund of RE Taxes GL 7003 LLC	26,844	33	18
19	Back out Hoffman Est Chamber of Comm GL 6825	(675)	20	19
20	Back out: Gains on Sale of Fixed Assets GL4985	(4,963)	30	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(183,251)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

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	3,542	(4,155)	0	0	0	0	0	0	0	(613)	1
2	Food Purchase	(7,928)	0	0	2,629	0	0	0	0	0	0	0	(5,299)	2
3	Housekeeping	0	0	9,429	0	0	0	0	0	0	0	0	9,429	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,984)	0	4,632	0	0	0	0	0	0	0	0	2,648	5
6	Maintenance	32,693	0	29,588	0	0	0	195	(2,860)	0	0	0	59,616	6
7	Other (specify):*	0	0	8,673	0	0	0	0	0	0	0	0	8,673	7
8	TOTAL General Services	22,781	0	55,864	(1,526)	0	0	195	(2,860)	0	0	0	74,454	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	0	0	62,504	9,107	(3,696)	0	0	0	0	0	0	67,915	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,894	0	0	0	0	0	0	0	0	8,894	15
16	TOTAL Health Care and Programs	0	0	71,398	9,107	(3,696)	0	0	0	0	0	0	76,809	16
	C. General Administration													
17	Administrative	0	0	267,632	0	0	0	0	0	0	0	0	267,632	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,319)	24,651	(1,361,250)	0	0	0	0	0	0	0	0	(1,350,918)	19
20	Fees, Subscriptions & Promotions	(22,217)	0	(83,203)	0	0	0	0	0	0	0	0	(105,420)	20
21	Clerical & General Office Expenses	(28,776)	140	374,646	0	0	0	0	0	0	0	0	346,010	21
22	Employee Benefits & Payroll Taxes	(52)	0	0	0	(6,970)	0	0	0	0	0	0	(7,022)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,991	0	0	0	0	0	0	0	0	1,991	24
25	Other Admin. Staff Transportation	0	0	18,808	0	0	0	0	0	0	0	0	18,808	25
26	Insurance-Prop.Liab.Malpractice	0	8,328	393	0	0	0	0	0	0	0	0	8,721	26
27	Other (specify):*	(168,138)	0	92,725	0	0	0	0	0	0	0	0	(75,413)	27
28	TOTAL General Administration	(233,502)	33,119	(688,258)	0	(6,970)	0	0	0	0	0	0	(895,611)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(210,721)	33,119	(560,996)	7,581	(10,666)	0	195	(2,860)	0	0	0	(744,348)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden - Poplar Creek Rehab & HC # 0032896 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 (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(35,177)	365,774	6,085	0	0	0	0	0	0	0	0	336,682	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(251,338)	351,160	150,770	0	0	0	0	0	0	0	0	250,592	32
33	Real Estate Taxes	26,844	814,378	10,044	0	0	0	0	0	0	0	0	851,266	33
34	Rent-Facility & Grounds	0	(1,473,521)	0	0	0	0	0	0	0	0	0	(1,473,521)	34
35	Rent-Equipment & Vehicles	0	0	46,678	0	0	0	0	0	0	0	0	46,678	35
36	Other (specify):*	0	44,108	0	0	0	0	0	0	0	0	0	44,108	36
37	TOTAL Ownership	(259,671)	101,899	213,577	0	0	0	0	0	0	0	0	55,805	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	(82,655)	(57,331)	(180,559)	0	0	0	0	0	(320,545)	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	(82,655)	(57,331)	(180,559)	0	0	0	0	0	(320,545)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(470,392)	135,018	(347,419)	(75,074)	(67,997)	(180,559)	195	(2,860)	0	0	0	(1,009,088)	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 Rental Income	\$ 1,473,521	Alden Nursing Center of Poplar Creek, LLC		\$	\$ (1,473,521)	1
2	V	32 Interest Income Repl Reserve	79	Alden Nursing Center of Poplar Creek, LLC			(79)	2
3	V							3
4	V							4
5	V	19 Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		8,800	8,800	5
6	V	19 Legal Fees: Non-Collections		Alden Nursing Center of Poplar Creek, LLC		15,851	15,851	6
7	V	21 Annual Report/Gen Office Exp		Alden Nursing Center of Poplar Creek, LLC		140	140	7
8	V	33 Real Estate Tax Expense		Alden Nursing Center of Poplar Creek, LLC		814,378	814,378	8
9	V	26 General Insurance Expense		Alden Nursing Center of Poplar Creek, LLC		8,328	8,328	9
10	V	36 Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		44,108	44,108	10
11	V	32 Interest - Mortgage		Alden Nursing Center of Poplar Creek, LLC		347,144	347,144	11
12	V	30 Depreciation Expense		Alden Nursing Center of Poplar Creek, LLC		365,774	365,774	12
13	V	32 Amortization Expense		Alden Nursing Center of Poplar Creek, LLC		4,095	4,095	13
14	Total		\$ 1,473,600			\$ 1,608,618	\$ * 135,018	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,632	\$ 4,632 15
16	V	24 Travel and Seminar		Alden Management Services, Inc.		1,991	1,991 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,808	18,808 17
18	V	26 Insurance		Alden Management Services, Inc.		393	393 18
19	V	20 Dues and Subscription	85,584	Alden Management Services, Inc.		2,381	(83,203) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate taxes		Alden Management Services, Inc.		10,044	10,044 21
22	V	35 Rent - Equipment & Vehic		Alden Management Services, Inc.		46,678	46,678 22
23	V	32 Interest		Alden Management Services, Inc.		150,770	150,770 23
24	V	1 Dietary		Alden Management Services, Inc.		3,542	3,542 24
25	V	3 Housekeeping		Alden Management Services, Inc.		9,429	9,429 25
26	V	7 Employee Benefit - Gen Services		Alden Management Services, Inc.		8,673	8,673 26
27	V	10 Nurse & Medical Records Salary		Alden Management Services, Inc.		62,504	62,504 27
28	V	15 Employee Benefit - Health Care		Alden Management Services, Inc.		8,894	8,894 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		267,632	267,632 29
30	V	27 Employee Benefit - Admin		Alden Management Services, Inc.		92,725	92,725 30
31	V	19 Professional Fee	1,406,234	Alden Management Services, Inc.		44,984	(1,361,250) 31
32	V	21 General and Administrative	53,808	Alden Management Services, Inc.		428,454	374,646 32
33	V	6 Repairs and Maintenance	39,600	Alden Management Services, Inc.		69,188	29,588 33
34	V			Alden Management Services, Inc.			
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,585,226			\$ 1,237,807	\$ * (347,419) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$ (24,168)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube Feeding	30,649	Prism Health Care Services, Inc.		15,682	(14,967)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary Supplies	163,867	Prism Health Care Services, Inc.		46,832	(117,035)
20	V	1 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		5,687	5,687
21	V	2 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		17,596	17,596
22	V	10 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		4,770	4,770
23	V	39 Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		34,380	34,380
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		\$ 225,344			\$ 150,270	\$ * (75,074)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 665,341	Forum Extended Care Services II, Inc.	0.00%	\$ 612,488	\$ (52,853) 15
16	V	39 IV	106,367	Forum Extended Care Services II, Inc.		97,918	(8,449) 16
17	V	39 Wound Care Products	30,775	Forum Extended Care Services II, Inc.		28,330	(2,445) 17
18	V	10 House Stock	41,313	Forum Extended Care Services II, Inc.		38,031	(3,282) 18
19	V	10 Pharmacy Consultant	5,208	Forum Extended Care Services II, Inc.		4,794	(414) 19
20	V	22 Employee Vaccination	6,970	Forum Extended Care Services II, Inc.			(6,970) 20
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		6,416	6,416 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		\$ 855,974			\$ 787,977	\$ * (67,997) 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	\$ 1,454,472	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,273,913	\$ (180,559)
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		\$ 1,454,472			\$ 1,273,913	\$ * (180,559)

* 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	\$ 64,340	Alden Bennett Construction Company, Inc.	0.00%	\$ 64,535	\$	195	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		\$ 64,340			\$ 64,535	\$ *	195	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	\$ 4,339	Alden Design Group, Ltd.	0.00%	\$ 1,479	\$ (2,860)
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		\$ 4,339			\$ 1,479	\$ * (2,860)

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

Facility Name & ID Number

Alden - Poplar Creek Rehab & HC

0032896

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 - Poplar Creek Rehab & HC # 0032896 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	2	3	4	5	6		7		8	9	
					Hours	Percent	Description	Amount			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	175,807	1.988	4.97	Salary	\$ 9,193	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,031	1.988	4.97	Salary	4,969	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,031	1.988	4.97	Salary	4,969	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	111,029	1.988	4.97	Salary	5,806	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,996	1.988	4.97	Salary	3,137	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,807	1.7395	4.97	Salary	9,193	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
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.										
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.										
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.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 37,267		13

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

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

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

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	\$ 66,842	\$ 4,632	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	66,842	1,991	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	66,842	18,808	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	66,842	393	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	66,842	2,381	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	66,842	10,044	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	66,842	46,678	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	66,842	150,770	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	66,842	3,542	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	66,842	9,429	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	66,842	8,673	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	66,842	62,504	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	66,842	8,894	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	66,842	267,632	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	66,842	92,725	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	66,842	44,984	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	66,842	428,454	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	66,842	69,188	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,237,807	25	

Facility Name & ID Number

Alden - Poplar Creek Rehab & HC

0032896

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	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge Realty (GL 7055)		x	Mortgage	\$42,585.00	02/2011	\$ 9,875,100	\$ 8,729,854	03/2046	0.0394	\$ 347,144	1						
2												2						
3	Insurance Interest (GL 7053 PC)	x		Medical Malpractice							2,317	3						
4	Interest AVAYA (GL 7030 PC)	x		Capital Lease							399	4						
5	Amort of Fin Fees (GL 7105)	x		Refinancing							4,095	5						
Working Capital																		
6	Related party-AMS		x	Working Capital							150,770	6						
7												7						
8												8						
9	TOTAL Facility Related				\$42,585.00		\$ 9,875,100	\$ 8,729,854			\$ 504,725	9						
B. Non-Facility Related*																		
10	Int Income - R.R. (GL 4972)		x								(79)	10						
11	Int Income (GL#4975 - PC)		x								(30,691)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (30,770)	14						
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 8,729,854			\$ 473,955	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 44,108 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 - Poplar Creek Rehab & HC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 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>10,044.00</u>
2. _____	_____	\$ _____	\$ _____
3. <u>07-07-300-012-0000</u>	<u>Nursing Home Facility</u>	\$ <u>763,122.00</u>	\$ <u>763,122.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>965,247.00</u></u>	\$ <u><u>773,166.00</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 - Poplar Creek Rehab & HC

0032896 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

Nature of Costs:

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

XI. OWNERSHIP COSTS:

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, 62,115, \$ 310,554, 1. Row 2: 2. Row 3: TOTALS, 62,115, \$ 310,554, 3.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	217	1995	1988	9,202,500	230,062	40	230,062		5,323,447	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Electrical work/deoc/construction/fire alarm		1988	34,647		5-10			34,647	9
10	Sink repair/painting/marble work/class/electrical		1989	142,814		5-10			142,814	10
11	Install pump/village street signal/heater motor		1990	12,416		5-15			12,416	11
12	Replace boiler/replace a/c unit/replace condensor		1991	11,622		5-15			11,622	12
13	Flooring/clean condensor/roto-rooter/sprinkler/pump		1992	15,458		5-25			15,458	13
14	HVAC/electrical work/flooring/fan/counter /cabinets		1993	72,195		5-20			72,195	14
15	HVAC/prior credits applied		1994	(5,559)		10-15			(5,559)	15
16	A/C work/electricity repair/HVAC repairs		1995	23,105		5-15			23,105	16
17	Increase lighting levels on first floor		1996	8,838		15			8,838	17
18	Repair and epoxy all shower bases		1996	7,164		15			7,164	18
19	Clean coils to existing NU-AHL		1996	7,166		10			7,166	19
20	Laundry-enclose dryer area, door etc.		1996	7,763		20			7,763	20
21	Redesign PT,OT, activity area		1996	11,943		20			11,943	21
22	Repair restucco 2 entrance monuments		1996	5,016		10			5,016	22
23	Remove & replace roof with new		1996	89,573		20			89,573	23
24	Replace 2-25 gallon 450 BTU hot water heaters		1996	41,801		15			41,801	24
25	Add alternate biler phasing standby/back		1996	5,972		15			5,972	25
26	Change roof exhausts		1996	13,137		15			13,137	26
27	Repaint all painted surfaces in soda shop		1996	1,850		5			1,850	27
28	Add pantries w/kitchen equip to 1,2,3rd floors		1996	122,492		20			122,492	28
29	Siegert (sprinkler system)		1996	29,000		15			29,000	29
30	Tri-star install cooler assec.		1997	1,864		5			1,864	30
31	Cummis/onan -install pump		1997	4,959		5			4,959	31
32	Network environment -repair pipe		1997	8,000		5			8,000	32
33	Network environment -repair pipe		1997	6,800		5			6,800	33
34	A&B install cable in all rooms		1997	4,680		10			4,680	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl electric-insall outlet and lights	1998	1,778		5			1,778	37
38	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	38
39	CSI-maint. On choller and clean condensor valves	1998	8,400		10			8,400	39
40	CSI -repair compressor and freon	1998	2,330		15			2,330	40
41	CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42	Build Improve: \$1,523,876.33 & 224,500 2 on internal - ABC	1998	1,748,376	47,254	37	47,254		987,781	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881	494	20	494		9,674	44
45	CSI-repair condensor	1999	1,528		10			1,528	45
46	Fos valley fire & safety-smoke detectors	1999	6,502		10			6,502	46
47	CSI-repair boiler	1999	1,875		15			1,875	47
48	CSI - compressor	1999	1,531		15			1,531	48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735		15			12,735	50
51	Climate Services, -replace coil/thermostat	1999	5,425		10			5,425	51
52	DBS contracting-install lawn sprinkler system	2000	1,863		15			1,863	52
53	New Horizons	2000	525		3			525	53
54	New Horizons	2000	667		3			667	54
55	New Horizons	2000	714		3			714	55
56	New Horizons	2000	824		3			824	56
57	Alden Design	2000	4,440	222	20	222		4,070	57
58	Alden Design	2000	5,500	275	20	275		5,019	58
59	Walter Mayer -interior finishes	2000	4,000		15			4,000	59
60	CSI-window treatment	2000	19,411		5			19,411	60
61	DBS contracting - Alden sign	2000	1,500		5			1,500	61
62	Equipment Int.-repair dryer	2000	1,864		3			1,864	62
63	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,756,210	\$ 278,307		\$ 278,307	\$	\$ 7,115,504	70

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

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,756,210	\$ 278,307		\$ 278,307	\$	\$ 7,115,504	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washtown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565		10			5,565	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800		15			4,800	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650		10			1,650	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398		5			2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		49,252	19
20	ABC - Misc. Repairs	2002	3,734		10			3,734	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885		5			1,885	22
23	Capps Plumbing (install new drain)	2002	1,685		5			1,685	23
24	GT Mechanical (condenser pump motor)	2002	2,505		10			2,505	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769		10			7,769	25
26	GT Mechanical (replaced motor)	2002	3,112		5			3,112	26
27	Alden Bennett Construction(chain link gate)	2002	2,565		5			2,565	27
28	GT Mechanical (replace motor)	2002	2,287		5			2,287	28
29	GT Mechanical (taco pump)	2002	3,808		10			3,808	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500		10			2,500	30
31	New Horizons Communication (phone & jacks instal	2002	3,651		10			3,651	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,889,202	\$ 281,277		\$ 281,277	\$	\$ 7,238,351	34

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

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 11,889,202	\$ 281,277		\$ 281,277	\$	\$ 7,238,351	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785		10			5,785	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731		10			5,731	3
4	Alden Bennett Construction(elevator)	2003	2,595		5			2,595	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283		5			5,283	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833		5			2,833	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598		5			1,598	7
8	GT Mechanical (plumbing reapiers)	2003	2,544		5			2,544	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437		3			1,437	9
10	GT Mechanical (plumbing repairs)	2004	2,810		5			2,810	10
11	GT Mechanical (plumbing repairs)	2004	1,267		5			1,267	11
12									12
13	GT Mechanical (plumbing repairs)	2004	4,469		5			4,469	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		1,528	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550		5			2,550	15
16	System Electric (electrical work)	2005	1,080		5			1,080	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426		5			1,426	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541		10			1,541	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185		5			2,185	19
20	Door alarm	2005	2,508		5			2,508	20
21	CSI Coker (Dishwasher repair)	2005	3,467		5			3,467	21
22	Equipment International (tumbler weldment)	2005	3,656		10			3,656	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769		5			3,769	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800		5			3,800	24
25	GT Mechanical (replace lower motor)	2005	4,558	228	10	228		4,786	25
26	ABC (windows)	2005	4,756		5			4,756	26
27									27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854		5			2,854	29
30	ABC (Flagpole, aerator, shower)	2006	2,838		10			2,838	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167		10			3,167	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,971,842	\$ 281,611		\$ 281,611	\$	\$ 7,320,614	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		\$ 11,971,842	\$ 281,611		\$ 281,611	\$	\$ 7,320,614	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)		\$ 12,117,018	\$ 284,358		\$ 284,358	\$	\$ 7,406,883	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 12D, Carried Forward	\$ 12,117,018	\$ 284,358		\$ 284,358	\$	\$ 7,406,883		1
2	Adj for ABC related party profit	2008	(801)	(44)	(44)		(407)		2
3	Adj for ABC related party profit	2009	(283)	(12)	(12)		(108)		3
4	Adj for ABC related party profit	2010	(432)	(5)	(5)		(45)		4
5	Adj for ABC related party profit	2011	293	2	2		15		5
6	Adj for ABC related party profit	2012	2,543	164	164		1,066		6
7	Adj for ABC related party profit	2013	413	18	18		99		7
8	Adj for ABC related party profit	2014	(82)	(6)	(6)		(27)		8
9	Adj for ABC related party profit	2015	(45)	(2)	(2)		(4)		9
10	Adj for ABC related party profit	2016	22	2	2		4		10
11	Adj for ABC related party profit	2017	66	2	2		3		11
12	Adj for ABC related party profit	2018	122	2	2		2		12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)	\$ 12,118,834	\$ 284,479		\$ 284,479	\$	\$ 7,407,481		34

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

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 12,118,834	\$ 284,479		\$ 284,479	\$	\$ 7,407,481	1
2	ABC - Parking Lot repair	2007	5,165		10			5,165	2
3	ABC - new smoke detectors	2007	7,883		10			7,883	3
4	ABC - new door	2007	2,626		10			2,626	4
5	ABC - new carpet	2007	17,048		10			17,048	5
6	ABC - new door operator	2007	2,559		5			2,559	6
7	ABC - new carpet	2007	42,573		10			42,573	7
8									8
9	ABC - new Burkav 670,000 btu	2007	26,526		10			26,526	9
10	ABC - new piping condenser	2007			10				10
11	ABC - new carpet	2007	10,740		10			10,740	11
12									12
13	ABC - new carpet	2007	12,809		10			12,809	13
14	ABC - new elevator rails	2007	6,633		10			6,633	14
15									15
16	ABC - push button security lock	2008	3,050		5			3,050	16
17									17
18	ABC - new door hardware	2008	4,267	175	10	175		4,267	18
19									19
20	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		1,722	20
21									21
22	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		17,907	22
23	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		2,993	23
24	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		6,344	24
25									25
26	RB Higgins - 30 pressure relief mattresses	2008	4,335		5			4,335	26
27									27
28									28
29									29
30	White Way Sign - signage	2008	17,495	1,749	10	1,749		17,490	30
31	ABC - new asphalt	2008	9,944		8			9,944	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,345,915	\$ 289,230		\$ 289,230	\$	\$ 7,610,095	34

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

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 12,345,915	\$ 289,230		\$ 289,230	\$	\$ 7,610,095	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		11,397	2
3									3
4	ABC - paving parking lot	2009	16,740		8			16,740	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		16,005	5
6	TopNotch - repairs new compressor	2009	4,057		5			4,057	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627		5,800	7
8	ABC - reseal parking lot	2009	4,959		8			4,959	8
9									9
10	ABC - sewer repair	2010	7,057		5			7,057	10
11									11
12									12
13									13
14	Concrete walk, south exit - ABC	2011	4,322	288	15	288		2,184	14
15									15
16	concrete/automatic metal door - ABC	2011	8,089	539	15	539		3,594	16
17	Plumbing/piping - ABC	2011	5,564	223	20	223		1,523	17
18	Sprinkler system - US Fire Protection	2011	15,598	624	25	624		4,420	18
19									19
20	chiller repair - GT Mechanical	2011	5,965		5			5,965	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	322	10	322		2,148	21
22	Tiles, door hinges - ABC	2011	4,845	323	15	323		2,382	22
23	paving road - St. Alexius Medical	2011	8,945	895	10	895		7,160	23
24	ashphalt - Garelli Pavement	2011	5,750	719	8	719		5,572	24
25	railings in stairwells - ABC	2011	42,805	4,281	10	4,281		33,177	25
26									26
27	Sprinkler head - ABC	2012	36,674	1,467	25	1,467		10,024	27
28	Railings, iron, resident patio replaced/fixe-ABC	2012	4,511	301	15	301		1,680	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,587,432	\$ 302,798		\$ 302,798	\$	\$ 7,755,939	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		\$ 12,587,432	\$ 302,798		\$ 302,798	\$	\$ 7,755,939	1
2	Gutter, drain - Sebert	2013	2,500	250	10	250		1,271	2
3									3
4									4
5	Railing, iron, patio - ABC	2013	6,707	447	15	447		2,496	5
6	Railing, fence - ABC	2013	2,696	180	15	180		900	6
7	Asphalt - ABC	2013	17,897	2,237	8	2,237		11,558	7
8	Asphalt - ABC	2013	3,413	427	8	427		2,206	8
9									9
10	HVAC - ABC	2014	33,042	3,304	10	3,304		14,317	10
11	Fire security system - Valley Fire	2014	4,997	999	5	999		4,829	11
12	Motor, heating/vent - ABC	2014	3,122	624	5	624		2,964	12
13	Paving, South Drive Lane v- Rose Paving	2014	5,962	1,192	5	1,192		5,265	13
14	Asphalt - ABC	2014	3,593	449	8	449		1,871	14
15									15
16	Fire dampers - ABC	2016	11,576	1,158	10	1,158		3,377	16
17									17
18	Windows, aluminum - ABC	2017	4,362	436	10	436		836	18
19	Motor for chiller - GT Mech	2017	3,537	707	5	707		1,061	19
20	Dryer, motor and impeller (Laundry room)	2018	2,803	234	5	234		234	20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,693,639	\$ 315,442		\$ 315,442	\$	\$ 7,809,124	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	\$ 1,061,052	\$ 94,475	\$ 94,475	\$	varies	\$ 518,738	71
72	Current Year Purchases	123,175	6,634	6,634		varies	6,340	72
73	Fully Depreciated Assets	1,873,027	5,079	5,079		varies	1,873,027	73
74								74
75	TOTALS	\$ 3,057,254	\$ 106,188	\$ 106,188	\$		\$ 2,398,105	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	related party-AMS	various	98-'04	\$ 3,802	\$	\$	\$	3	\$ 3,802	76
77	passenger bus		2000	49,863					49,863	77
78										78
79										79
80	TOTALS			\$ 53,665	\$	\$	\$		\$ 53,665	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)	\$ 16,115,112	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 421,630	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 421,630	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,260,894	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number

Alden - Poplar Creek Rehab & HC

0032896

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning Nov 2007

Ending Dec 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: \$ 22,540 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>26,559</u>	17
18					18
19	<u>Auto lease-GL 6890</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>14,436</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>40,995</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	\$		\$ 579,153	\$		\$ 579,153	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			124,386			124,386	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			733,382			733,382	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG 16A	# of prescrpts				618,904		618,904	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See PG 16A	39-1, 39-3, if any					724		724	12
13	Other (specify): See PG 16A					(180,559)	275,478		94,919	13
14	TOTAL			\$		\$ 1,256,362	\$ 895,106		\$ 2,151,468	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	\$579,153.00	
2.	ST	39-3	To Col 5	124,386.00	
3.					
4.	PT	39-3	To Col 5	733,382.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			665,341.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(46,437.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	618,904.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	724.00	
	Total Exceptional Care (Line 12, Col 8)			724.00	
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(180,559.00)	From Page 6D
	Other			353,159.00	
	Manual Input: Related Party - Prism			(82,655.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(8,450.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(2,445.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			15,869.00	
13.	Col 6: Supplies Total		To Col 6	275,478.00	
13.	Total Line 13, Column 8			94,919.00	
14.	Total			2,151,468.00	
				2,151,468.00	

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	\$	\$ 19,266	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (203,000))	3,075,156	3,075,156	3
4	Supply Inventory (priced at)	4,492	4,492	4
5	Short-Term Investments			5
6	Prepaid Insurance		19,417	6
7	Other Prepaid Expenses	21,777	21,777	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	9,265	9,265	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,110,690	\$ 3,149,373	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,427,969	14
15	Leasehold Improvements, at Historical Cost	878,936	1,101,070	15
16	Equipment, at Historical Cost	1,336,269	3,309,530	16
17	Accumulated Depreciation (book methods)	(1,698,127)	(10,262,527)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		503,887	21
22	Other Long-Term Assets (specify):		65,028	22
23	Other(specify): <u>Due from Affiliate,</u>	20,277,884	19,947,917	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 20,794,962	\$ 26,403,428	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,905,652	\$ 29,552,801	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 728,099	\$ 728,099	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	639,089	639,089	28
29	Short-Term Notes Payable	10,996	193,325	29
30	Accrued Salaries Payable	793,968	793,968	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,280	30,280	31
32	Accrued Real Estate Taxes(Sch.IX-B)		786,000	32
33	Accrued Interest Payable		28,663	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	329,569	329,569	36
37	<u>Due to Affiliates</u>	1,384,055	1,384,055	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,916,056	\$ 4,913,048	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	51,939	8,599,464	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 51,939	\$ 8,599,464	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,967,995	\$ 13,512,512	46
47	TOTAL EQUITY(page 18, line 24)	\$ 19,937,657	\$ 16,040,289	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,905,652	\$ 29,552,801	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 18,864,353	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 18,864,353	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,073,304	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)	\$ 1,073,304	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)	\$ 19,937,657	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 16,960,073	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 16,960,073	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	374,368	6
7	Oxygen	21,157	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 395,525	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	(490)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,145	19
20	Radiology and X-Ray		20
21	Other Medical Services	472	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,127	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	30,691	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 30,691	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	19,172	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 19,172	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,406,588	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,212,051	31
32	Health Care	5,434,180	32
33	General Administration	3,944,842	33
B. Capital Expense			
34	Ownership	1,812,594	34
C. Ancillary Expense			
35	Special Cost Centers	2,456,144	35
36	Provider Participation Fee	473,473	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,333,284	40
41	Income before Income Taxes (line 30 minus line 40)**	1,073,304	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,073,304	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,023,665	44
45	Private Pay - Net Inpatient Revenue	2,119,575	45
46	Medicare - Net Inpatient Revenue	5,041,669	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,777,690	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(2,526)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 16,960,073	49

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

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

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

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

STATE OF ILLINOIS

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Record Copies-Backed out with Ln ref 21-Pg 5A	\$ 700
Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 52
Food rebate - Ln 2	\$ 2,539
Write Off Old Accounts Payables	\$ 2,648
Vendor Discount Ln 2	\$ 210
United Healthcare-(Rebate/Incentive) Ln 10	\$ 8,060
U'SAgain LLC	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V) Ln 3	\$ 4,963
Line 28 Total:	<u>19,172</u>

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

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	2,082	2,122	\$ 123,937	\$ 58.41	1
2	Assistant Director of Nursing	3,790	3,814	155,821	40.86	2
3	Registered Nurses	47,057	50,795	1,847,422	36.37	3
4	Licensed Practical Nurses	17,657	19,198	562,923	29.32	4
5	CNAs & Orderlies	104,061	111,070	1,607,267	14.47	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,245	4,137	79,886	19.31	8
9	Activity Director	2,032	2,040	45,455	22.28	9
10	Activity Assistants	8,851	9,205	100,113	10.88	10
11	Social Service Workers	2,792	2,800	83,392	29.78	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,080	70,296	33.80	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,442	35,858	472,661	13.18	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	62,342	29.97	17
18	Housekeepers	20,188	22,517	302,796	13.45	18
19	Laundry	5,319	6,202	82,688	13.33	19
20	Administrator	2,072	2,080	92,277	44.36	20
21	Assistant Administrator	2,080	2,088	61,223	29.32	21
22	Other Administrative	6,782	6,822	192,920	28.28	22
23	Office Manager					23
24	Clerical	5,315	5,624	67,181	11.95	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,086	4,110	154,538	37.60	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	6,369	6,920	131,447	19.00	32
33	Other(specify)	5,874	6,143	86,325	14.05	33
34	TOTAL (lines 1 - 33)	286,246	307,705	\$ 6,382,910 *	\$ 20.74	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	2014/mo	\$ 24,528	1-3	35
36	Medical Director	3125/mo	31,500	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	434/mo	5,208	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	220/mo	2,640	11-3	44
45	Social Service Consultant		280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 64,156		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	192 hrs	\$ 18,837	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides			10.3	52
53	TOTAL (lines 50 - 52)		\$ 18,837		53

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

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$ 68,950.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(14,319.00)
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	
Non - Allowable Legal Fees	\$ 9,439.00

In Detail:

<u>Vendor Name - 680600-100-000 - Legal Fees Non-C</u>	<u>Invoice Date</u>	<u>Amount</u>
Strohschein Law Group	7/31/2018	4,462.00
Midcap	01/18 to 12/18	4,977.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		9,439.00

<u>Vendor Name - 696600-100-000 Legal Fees - Coll</u>	<u>Invoice Date</u>	<u>Amount</u>
Pogrund & Korey LLC	01/18 to 12/18	10,766.00
Chicago Title Co.	03/31/2018	60.00
SB2 Inc	03/18 to 12/18	3,493.00
TOTAL ALLOWABLE LEGAL FEES		14,319.00

<u>Vendor Name - 680600-100-003 - AMS Allocated L</u>	<u>Invoice Date</u>	<u>Amount</u>
Corp Legal Cost Alloc - 2017	01/31/18	3,766.00
Corp Legal Cost Alloc - 2017	02/28/18	3,766.00
Corp Legal Cost Alloc - 2017	03/31/18	3,766.00
Corp Legal Cost Alloc - 2017	04/30/18	3,766.00
Corp Legal Cost Alloc - 2017	05/31/18	3,766.00
Corp Legal Cost Alloc - 2017	06/30/18	3,766.00
Corp Legal Cost Alloc - 2017	07/31/18	3,766.00
Corp Legal Cost Alloc - 2017	08/31/18	3,766.00
Corp Legal Cost Alloc - 2017	09/30/18	3,766.00
Corp Legal Cost Alloc - 2017	10/31/18	3,766.00
Corp Legal Cost Alloc - 2017	11/30/18	3,766.00
Corp Legal Cost Alloc - 2017	12/31/18	3,766.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost 68,950.00

Facility Name & ID Number Alden - Poplar Creek Rehab & HC

0032896

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA - Yes; RN/LPNs-N
- (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. \$20,832
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 48,005 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. \$ 473,473
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. \$ 42,232 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