

		FOR BHF USE					

LL1

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 001-7319

Facility Name: Alden-Lakeland Rehabilitation and Health Care Center, Inc.

Address: 820 W. Lawrence Ave Chicago 60640
Number City Zip Code

County: Cook

Telephone Number: (773)769-2570 Fax # (773)769-7551

HFS ID Number:

Date of Initial License for Current Owners: 01/01/72

Type of Ownership:

☐	VOLUNTARY,NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☒	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 724-6622
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)	
	(Type or Print Name)	Joan Carl		
	(Title)	Vice-President		
Paid Preparer	(Signed)		(Date)	
	(Print Name and Title)			
	(Firm Name & Address)			
	(Telephone)	()	Fax #	()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	21,189	1,192	5,007	27,388	8
9	SNF/PED					9
10	ICF	48,870	1,972	344	51,186	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	70,059	3,164	5,351	78,574	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.76%

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

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

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

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

YES NO x

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

YES NO x

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 NO x

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

YES x NO If YES, enter number of beds certified 300 and days of care provided 4,814

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCUAL x MODIFIED CASH* CASH*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health C: # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	325,713	50,538	14,800	391,051	2,084	393,135	1,717	394,852			1
2	Food Purchase		671,938		671,938	(39,245)	632,693	(186,597)	446,096			2
3	Housekeeping	270,665	80,417		351,082	1,786	352,868	12,969	365,837			3
4	Laundry	106,732	44,512		151,244	312	151,556		151,556			4
5	Heat and Other Utilities			344,491	344,491		344,491	3,357	347,848			5
6	Maintenance	53,990		281,663	335,653	83	335,736	108,265	444,001			6
7	Other (specify):* Secur/Related party	76,924			76,924		76,924	17,419	94,343			7
8	TOTAL General Services	834,024	847,405	640,954	2,322,383	(34,980)	2,287,403	(42,870)	2,244,533			8
	B. Health Care and Programs											
9	Medical Director			47,250	47,250		47,250		47,250			9
10	Nursing and Medical Records	3,621,434	429,986	22,212	4,073,632	(185,420)	3,888,212	67,660	3,955,872			10
10a	Therapy	144,983	1,720	11,788	158,491		158,491		158,491			10a
11	Activities	321,416	14,346	8,575	344,337	521	344,858		344,858			11
12	Social Services	87,330			87,330		87,330		87,330			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							10,212	10,212			15
16	TOTAL Health Care and Programs	4,175,163	446,052	89,825	4,711,040	(184,899)	4,526,141	77,872	4,604,013			16
	C. General Administration											
17	Administrative	196,504			196,504		196,504	157,496	354,000			17
18	Directors Fees											18
19	Professional Services			996,458	996,458	(13,173)	983,285	(881,872)	101,413			19
20	Dues, Fees, Subscriptions & Promotions			142,536	142,536		142,536	(114,319)	28,217			20
21	Clerical & General Office Expenses	242,316	33,152	155,643	431,111	1,611	432,722	532,317	965,039			21
22	Employee Benefits & Payroll Taxes			1,063,900	1,063,900	18,757	1,082,657	(7,245)	1,075,412			22
23	Inservice Training & Education											23
24	Travel and Seminar			8,810	8,810		8,810	4,650	13,460			24
25	Other Admin. Staff Transportation			1,451	1,451		1,451	27,284	28,735			25
26	Insurance-Prop.Liab.Malpractice			319,689	319,689		319,689	12,845	332,534			26
27	Other (specify):* Related party			196,267	196,267		196,267	(99,298)	96,969			27
28	TOTAL General Administration	438,820	33,152	2,884,754	3,356,726	7,195	3,363,921	(368,142)	2,995,779			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,448,007	1,326,609	3,615,533	10,390,149	(212,684)	10,177,465	(333,140)	9,844,325			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			138,997	138,997		138,997	278,560	417,557			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			170,069	170,069		170,069	767,984	938,053			32
33	Real Estate Taxes			279,696	279,696	(279,696)		288,646	288,646			33
34	Rent-Facility & Grounds			798,187	798,187	279,696	1,077,883	(1,077,883)				34
35	Rent-Equipment & Vehicles			20,332	20,332		20,332	62,870	83,202			35
36	Other (specify):* MIP							63,113	63,113			36
37	TOTAL Ownership			1,407,281	1,407,281		1,407,281	383,290	1,790,571			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	726,944	947,206	1,251,129	2,925,279	212,684	3,137,963	(16,236)	3,121,727			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			164,250	164,250		164,250		164,250			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	726,944	947,206	1,415,379	3,089,529	212,684	3,302,213	(16,236)	3,285,977			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,174,951	2,273,815	6,438,193	14,886,959		14,886,959	33,914	14,920,873			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(39,245.00)	Employee Meals
	22	39,245.00	Employee Meals
22		(20,488.00)	Uniforms
	10	14,776.00	Uniforms
	1	2,084.00	Uniforms
	3	1,786.00	Uniforms
	4	312.00	Uniforms
	6	83.00	Uniforms
	11	521.00	Uniforms
	21	926.00	Uniforms
10		(212,684.00)	Oxygen - to appropriate cost center
	39	212,684.00	Oxygen - to appropriate cost center
33		(279,696.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	279,696.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19			Reclass from Professional Fees to Real Estate tax
	33		Reclass from Professional Fees to Real Estate tax
21			Vendor Settlements
			Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(12,488.00)	Clinical Coordinators (Pathway Billing)
	10	12,488.00	Clinical Coordinators (Pathway Billing)
19		(685.00)	MediFax/MedCom
	21	685.00	MediFax/MedCom
Net		-	

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(7,728)	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	(50,944)	30		9
10	Interest and Other Investment Income	(3,060)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,331)	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	(1,621)	21		17
18	Fines and Penalties	40	32		18
19	Entertainment	(10,264)	20		19
20	Contributions	(33,037)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(26,904)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(196,268)	27		24
25	Fund Raising, Advertising and Promotional	(15,629)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(481)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (347,227)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 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)	575,137	Various	34
35	Other- Attach Schedule	(193,996)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 381,141		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ 33,914		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 Yes	2 No	3 Amount	4 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

Report Period Beginning: ID# 001-7319

Ending: 1/1/2011

12/31/2011

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,517)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(17,216)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,410	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	51,614	6	4
5	Reconcile depreciation expense	3,736	30	5
6	Elim ABC Deprec Exp from Pg 12 series -	(308)	30	6
7	Late Fees on Utilities	(1,339)	5	7
8	Intercompany Interest	(165,940)	32	8
9	Misc Income - Other	(202)	21	9
10	Misc Income - Record copies	(2,340)	10	10
11	Misc Income - Jury Duty	(52)	21	11
12	Misc Income - Wage Service Fee	(246)	21	12
13	Misc Income - Polling Site Reimbursment	(150)	21	13
14	Marketing Manager & Aides	(42,052)	21	14
15	Elim portion of Employee Benefits for Marketing	(7,245)	22	15
16	Back out 30% of PAC Fees IHCA	(3,643)	20	16
17	Deming Fees - eliminate 20% profit	(700)	24	17
18				18
19	Back out Landowner Bank Charges	(41)	21	19
20	Real Estate Tax Adj	(5)	33	20
21	Back out Group MidCap Legal Fees	(7,777)	19	21
22	Back out Group MidCap Accounting Fees	(3,915)	19	22
23	Record Depreciation for Deferred Maintenance	5,932	6	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	(193,996)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	8,704	(6,987)	0	0	0	0	0	0	0	1,717	1
2	Food Purchase	(1,331)	0	0	(185,266)	0	0	0	0	0	0	0	(186,597)	2
3	Housekeeping	0	0	12,969	0	0	0	0	0	0	0	0	12,969	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,339)	0	4,696	0	0	0	0	0	0	0	0	3,357	5
6	Maintenance	53,228	9,617	45,066	0	0	0	354	0	0	0	0	108,265	6
7	Other (specify):*	0	0	12,419	5,000	0	0	0	0	0	0	0	17,419	7
8	TOTAL General Services	50,558	9,617	83,854	(187,253)	0	0	354	0	0	0	0	(42,870)	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	(2,340)	0	67,395	34	2,571	0	0	0	0	0	0	67,660	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	10,212	0	0	0	0	0	0	0	0	10,212	15
16	TOTAL Health Care and Programs	(2,340)	0	77,607	34	2,571	0	0	0	0	0	0	77,872	16
	C. General Administration													
17	Administrative	0	0	157,496	0	0	0	0	0	0	0	0	157,496	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(38,596)	7,440	(850,716)	0	0	0	0	0	0	0	0	(881,872)	19
20	Fees, Subscriptions & Promotions	(63,054)	250	(51,515)	0	0	0	0	0	0	0	0	(114,319)	20
21	Clerical & General Office Expenses	(44,364)	41	422,132	117,225	37,283	0	0	0	0	0	0	532,317	21
22	Employee Benefits & Payroll Taxes	(7,245)	0	0	0	0	0	0	0	0	0	0	(7,245)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(700)	0	5,350	0	0	0	0	0	0	0	0	4,650	24
25	Other Admin. Staff Transportation	0	0	27,284	0	0	0	0	0	0	0	0	27,284	25
26	Insurance-Prop.Liab.Malpractice	0	12,601	244	0	0	0	0	0	0	0	0	12,845	26
27	Other (specify):*	(196,268)	0	82,002	12,509	2,459	0	0	0	0	0	0	(99,298)	27
28	TOTAL General Administration	(350,227)	20,332	(207,723)	129,734	39,742	0	0	0	0	0	0	(368,142)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(302,009)	29,949	(46,262)	(57,485)	42,313	0	354	0	0	0	0	(333,140)	29

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(70,249)	340,622	8,187	0	0	0	0	0	0	0	0	278,560	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(168,960)	808,954	126,765	0	1,225	0	0	0	0	0	0	767,984	32
33	Real Estate Taxes	(5)	279,696	8,426	0	529	0	0	0	0	0	0	288,646	33
34	Rent-Facility & Grounds	0	(1,077,883)	0	0	0	0	0	0	0	0	0	(1,077,883)	34
35	Rent-Equipment & Vehicles	0	0	62,870	0	0	0	0	0	0	0	0	62,870	35
36	Other (specify):*	0	63,113	0	0	0	0	0	0	0	0	0	63,113	36
37	TOTAL Ownership	(239,214)	414,502	206,248	0	1,754	0	0	0	0	0	0	383,290	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	(75,034)	(58,961)	117,759	0	0	0	0	0	(16,236)	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	(75,034)	(58,961)	117,759	0	0	0	0	0	(16,236)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(541,223)	444,451	159,986	(132,519)	(14,894)	117,759	354	0	0	0	0	33,914	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:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 1,077,883	Lawrence Avenue Building, LLC	0.00%	\$	\$ (1,077,883)	1
2	V	32	Interest Income Repl Reserve	349	Lawrence Avenue Building, LLC			(349)	2
3	V	6	R&M - Replacement Reserve		Lawrence Avenue Building, LLC		9,617	9,617	3
4	V	19	Accounting Fees		Lawrence Avenue Building, LLC		7,440	7,440	4
5	V	21	Bank Charges		Lawrence Avenue Building, LLC		41	41	5
6	V	20	Dues & Subscriptions		Lawrence Avenue Building, LLC		250	250	6
7	V	32	Loan Prepayment Fee		Lawrence Avenue Building, LLC		224,278	224,278	7
8	V	33	Real Estate Tax Expense		Lawrence Avenue Building, LLC		279,696	279,696	8
9	V	26	General Insurance Expense		Lawrence Avenue Building, LLC		12,601	12,601	9
10	V	36	Mortgage Insurance Premium		Lawrence Avenue Building, LLC		63,113	63,113	10
11	V	32	Interest - Mortgage		Lawrence Avenue Building, LLC		535,022	535,022	11
12	V	30	Depreciation Expense		Lawrence Avenue Building, LLC		340,622	340,622	12
13	V	32	Amortization Expense		Lawrence Avenue Building, LLC		50,003	50,003	13
14	Total			\$ 1,078,232			\$ 1,522,683	\$ * 444,451	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%	\$ 4,696	\$ 4,696	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		5,350	5,350	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		27,284	27,284	17
18	V	26	Insurance		Alden Management Services, Inc.		244	244	18
19	V	20	Dues & Subscriptions	54,882	Alden Management Services, Inc.		3,367	(51,515)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		8,426	8,426	21
22	V	35	Rent - Equipment & Vihicles		Alden Management Services, Inc.		62,870	62,870	22
23	V	32	Interest		Alden Management Services, Inc.		126,765	126,765	23
24	V	1	Dietary		Alden Management Services, Inc.		8,704	8,704	24
25	V	3	Houskeeping		Alden Management Services, Inc.		12,969	12,969	25
26	V	7	Employee Benefits - Gen'l Services		Alden Management Services, Inc.		12,419	12,419	26
27	V	10	Nursing & Medical Records Salaries		Alden Management Services, Inc.		67,395	67,395	27
28	V	15	Employee Benefits - Health Care		Alden Management Services, Inc.		10,212	10,212	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		157,496	157,496	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		82,002	82,002	30
31	V	19	Professional Fees	919,200	Alden Management Services, Inc.		68,484	(850,716)	31
32	V	21	General & Adminstrative		Alden Management Services, Inc.		422,132	422,132	32
33	V	6	Repairs & Maintenance	35,178	Alden Management Services, Inc.		80,244	45,066	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,009,260			\$ 1,169,246	\$ * 159,986	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Dietary Consultant	\$ 14,800	Prism Health Care Services, Inc.	0.00%	\$ 246	\$ (14,554)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		7,567	7,567	16
17	V	2	Tube Feeding	312,707	Prism Health Care Services, Inc.		127,441	(185,266)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Supplies	316,855	Prism Health Care Services, Inc.		134,836	(182,019)	19
20	V	39	Ventilator Rental		Prism Health Care Services, Inc.		106,985	106,985	20
21	V	21	Gen'l & Admin Salary		Prism Health Care Services, Inc.		74,980	74,980	21
22	V	27	Employee Benefits		Prism Health Care Services, Inc.		12,509	12,509	22
23	V	7	Employee Benefits		Prism Health Care Services, Inc.		5,000	5,000	23
24	V	21	General & Administrative		Prism Health Care Services, Inc.		42,245	42,245	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			\$ 651,022			\$ 518,503	\$ * (132,519)	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	Drugs	\$ 221,047	Forum Extended Care Services II, Inc.	0.00%	\$ 306,333	\$ 85,286	15
16	V	39	I.V.	152,718	Forum Extended Care Services II, Inc.		17,953	(134,765)	16
17	V	39	Wound Care	45,375	Forum Extended Care Services II, Inc.		35,893	(9,482)	17
18	V	10	House Stock	37,746	Forum Extended Care Services II, Inc.		34,924	(2,822)	18
19	V	10	Pharmacy Consultant	7,200	Forum Extended Care Services II, Inc.		12,593	5,393	19
20	V	27	Employee Vaccination	2,223	Forum Extended Care Services II, Inc.		1,758	(465)	20
21	V	27	Employee Benefits: G & A		Forum Extended Care Services II, Inc.		2,924	2,924	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		23,488	23,488	22
23	V	21	Gen'l & Admin.		Forum Extended Care Services II, Inc.		13,795	13,795	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,225	1,225	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		529	529	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			\$ 466,309			\$ 451,415	\$ * (14,894)	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	\$ 598,802	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 716,561	\$ 117,759	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			\$ 598,802			\$ 716,561	\$ * 117,759	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	\$ 45,477	Alden Bennett Construction Company, Inc.	0.00%	\$ 45,831	\$ 354	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			\$ 45,477			\$ 45,831	\$ * 354	39

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

Facility Name & ID Number

Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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								1
2			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	2
3			Alden-Long Grove Rehabilitation and Health Ca	Long Grove				3
4			Alden-Lincoln Park Rehabilitation and Health C	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Northmoor Rehabilitation and Health Car	Chicago	Alden Management Serv	Chicago	Management	5
6								6
7			Alden of Old Town East, Inc.	Bloomingtondale	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	7
8			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden Estates of Naperville, Inc.	Naperville	Alden Gardens of Water	Aurora	Assisted Living	10
11			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	11
12			Alden Village Health Facility for Children and Yo	Bloomingtondale	Community Physical The	Addison	Therapy Provider	12
13			Alden - Orland Park Rehabilitation and Health C	Orland Park	Alden Bennett Construct	Chicago	General Contractor	13
14			Alden - Princeton Rehabilitation and Health Car	Chicago	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	14
15			Alden of Old Town West, Inc.	Bloomingtondale	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16			Alden - Town Manor Rehabilitation and Health C	Cicero				16
17			Alden Trails, Inc.	Bloomingtondale				17
18			Alden - Poplar Creek Rehabilitation and Health C	Hoffman Estates				18
19			Alden - North Shore Rehabilitation and Health C	Skokie				19
20			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				20
21			Alden Estates of Evanston, Inc.	Evanston				21
22			Alden - Alma Nelson Manor, Inc.	Rockford				22
23			Alden - Park Strathmoor, Inc.	Rockford				23
24			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				24
25			Alden Estates of Barrington, Inc.	Barrington				25
26			Alden of Waterford, LLC	Aurora				26
27			Alden Springs, Inc.	Bloomingtondale				27
28			Alden Village North, Inc.	Chicago				28
29			Alden Estates of Skokie, Inc.	Skokie				29
30			Alden Estates of Countryside, Inc.	Jefferson, WI				30

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health C # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	President	CEO	100.00	173,949	2.388	5.97	Salary	\$ 11,051	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,540	2.388	5.97	Salary	4,100	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,159	2.388	5.97	Salary	2,361	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 17,512		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 Rehabilitation and Health Care Center, In # 001-7319 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

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 (773-724-6622
Fax Number (773-724-6622

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	1,315,389	34	\$ 78,619	\$	78,574	\$ 4,696	1
2	24	Trav & Seminar	Patient Days	1,315,389	34	89,570		78,574	5,350	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		78,574	27,284	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		78,574	244	4
5	20	Dues & Subscriptions	Patient Days	1,315,389	34	56,361		78,574	3,367	5
6	30	Depreciation	No of Providers/usage	34	34	291,758		1	8,187	6
7	33	Real Estate Tax	Patient Days/ysage	1,315,389	34	156,401		78,574	8,426	7
8	35	Rent-Equip & Vehicle	Patient Days	1,315,389	34	1,052,493		78,574	62,870	8
9	32	Interest	Patient Days/usage	1,315,389	34	1,368,621		78,574	126,765	9
10	1	Dietary Salary	Patient Days	1,315,389	34	145,718	145,718	78,574	8,704	10
11	3	Housekeeping Salary	Patient Days	1,315,389	34	217,102	217,102	78,574	12,969	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,315,389	34	207,899		78,574	12,419	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,315,389	34	1,184,449	1,184,449	78,574	67,395	13
14	15	Employee Benefits -Health Care	Patient Days	1,315,389	34	170,963		78,574	10,212	14
15	17	Administrative Salary	Patient Days/usage	1,315,389	34	2,886,253	2,886,253	78,574	157,496	15
16	27	Employee Benefits - Admin	Patient Days	1,315,389	34	1,372,783		78,574	82,002	16
17	19	Professional fees	Patient Days	1,315,389	34	1,146,467	654,108	78,574	68,484	17
18	21	Gen'I & Admin	Patient Days	1,315,389	34	7,066,809	5,970,419	78,574	422,132	18
19	6	Repair & Maint.	Patient Days	1,315,389	34	1,343,350	1,077,524	78,574	80,244	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 19,296,460	\$ 12,135,573		\$ 1,169,246	25

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 Realty		x	Mortgage	\$51,330.00	2/25/11	\$ 11,977,000	\$ 11,888,384	2/24/51	4.1700	\$ 420,118	1	
2	Cambridge Realty		x	Mortgage - refinanced		8/27/02	11,977,000		8/26/42	6.1400	114,904	2	
3	Amortization		x	Refinancing							50,003	3	
4	Interest		x	Loan Prepayment Fee							224,278	4	
5	Insurance Interest		x	Medical Malpractice							4,169	5	
	Working Capital												
6	Related party-AMS		x	Working Capital							126,765	6	
7	Related party-FECII		x	Working Capital							1,225	7	
8												8	
9	TOTAL Facility Related				\$51,330.00		\$ 23,954,000	\$ 11,888,384			\$ 941,462	9	
	B. Non-Facility Related*												
10	Interest Income		x	Replacement Reserve							(349)	10	
11	Interest Income		x	Resident Interest							(3,060)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (3,409)	14	
15	TOTALS (line 9+line14)						\$ 23,954,000	\$ 11,888,384			\$ 938,053	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$ 63,113

Line # 36

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$264,700	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$268,191	2
3. Under or (over) accrual (line 2 minus line 1).			\$3,491	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$276,200	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$279,691	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax	\$8,955	
Real Estate Tax Bill for Calendar Year:			\$288,646	
2006	297,199	8	FOR BHF USE ONLY	
2007	296,274	9	13	FROM R. E. TAX STATEMENT FOR 2010 \$ 13
2008	299,908	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
2009	257,009	11	15	LESS REFUND FROM LINE 6 \$ 15
2010	268,191	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax.				

NOTES:

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

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

FACILITY NAME	<u>Alden-Lakeland Rehabilitation and Health Care Center, Inc.</u>	COUNTY	<u>Cook</u>
FACILITY IDPH LICENSE NUMBER	<u>001-7319</u>		
CONTACT PERSON REGARDING THIS REPORT	<u>Steven M. Kroll</u>		
TELEPHONE	<u>(773) 724-6622</u>	FAX #:	<u>(773-283-3997</u>

Enter the tax index number and real estate tax assessed for 2010 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 2010.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,500

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	300 Bed Facility		1995	\$ 1,040,000	1
2					2
3	TOTALS			\$ 1,040,000	3

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	300			1978	8,882,363	221,780	40	222,059	279	3,892,288	4
5			1995		577		40	14	14	232	5
6			1995		245		40	6	6	99	6
7				1996	13,250	331	40	331		4,608	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	46,074	15		(46,074)	1,640,753	10
11	NEW AIR CONDITIONER-law av \$2368595.54			1994	185,718	4,827	15	5,530	703	185,718	11
12	OXYGEN AND SUCTION SYSTEM-law av \$2368595.54			1994	89,080	2,315	15	332	(1,983)	89,080	12
13	3RD FLOOR NURSES STATION-law av \$2368595.54			1994	14,234	370	15	329	(41)	14,234	13
14	REBUILD SHOWERS AND STALL-law av \$2368595.54			1994	47,131	1,225	15	651	(574)	47,131	14
15	PATIENT ROOM LIGHTING-law av \$2368595.54			1994	34,763	903	15	801	(102)	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	3,501	15		(3,501)	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	16,958	5-20	16,958	0	365,737	29
30	NEW ELECTRIC GENERATOR, NEW COOLING TOWER			1996	191,725	9,510	5-20	9,510	0	152,096	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	ISTALL NEW SMOKE DETECTOR			1997	2,661		5			2,661	36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	Wigdahl(replaced outlets)	1998	334		10			334	40
41	Long Elevator(modify restrictors)	1998	2,200	110	20	110		1,522	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	667	15	667		9,000	46
47	CSI (replace fan coil units)	1998	6,340	423	15	423		5,636	47
48	Atash Fire & Safety (install annunciator panel)	1998	5,890	393	15	393		5,334	48
49	CSI (rebuild compressor)	1998	7,056	470	15	470		6,272	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	113	15	113		1,475	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		8,070	56
57	ISS/Chicago Sound & Comm.(call system)	1999	28,500	1,900	15	1,900		23,117	57
58	Alden Bennett Construction(general)	1999	23,560	1,414	15	1,414		23,560	58
59	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		5,685	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		21,155	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		2,894	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		2,599	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,681	\$ 316,634		\$ 265,361	\$ (51,273)	\$ 7,176,965	70

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

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 12,301,681	\$ 316,634		\$ 265,361	\$ (51,273)	\$ 7,176,965	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		1,157	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		1,377	3
4	System electric-emergency lighting	2000	5,190	346	15	346		4,008	4
5	System Electric-install circuits	2000	1,570	78	20	78		902	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		807	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		1,551	7
8	ABC-fireproofing	2000	2,503	125	20	125		1,418	8
9	ABC-seal & stripe parking lot	2000	977		10			977	9
10									10
11									11
12	ABC-oxygen tank wiring	2000	26,715		3			26,715	12
13	ABC-wallpapering	2000	3,543		3			3,543	13
14	EWS - Oxygen tank repairs	2001	2,157		8			2,157	14
15	Simplex Time Recorder (fire alarm repairs)	2001	1,810	121	15	121		1,277	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		1,079	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		12,460	17
18	Long Elevator-repair elevator	2001	757	44	10	44		757	18
19	Long Elevator-replace boards	2001	4,659	272	10	272		4,659	19
20	Alden Bennett - various	2001	1,720	72	10	72		1,720	20
21	Alden Bennett - various	2001	8,688	579	15	579		6,033	21
22	Alden Bennett - various	2001	11,481	765	15	765		7,845	22
23	Medline Industries	2002	1,205	120	10	120		1,114	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		1,074	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		3,462	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		2,183	26
27	Alden Bennett -building improvement	2002	2,478	248	10	248		2,251	27
28	Alden Bennett -building improvement	2002	3,161	316	10	316		2,924	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,418,698	\$ 322,116		\$ 270,843	\$ (51,273)	\$ 7,270,418	34

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

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		\$ 12,418,698	\$ 322,116		\$ 270,843	\$ (51,273)	\$ 7,270,418	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433	(0)	3,864	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225	423	10	423	0	3,768	3
4	Simplex Grinnell-repair fire pump	2003	2,094	209	10	209	(0)	1,815	4
5	Simplex Grinnell fire system connection	2003	1,710	171	10	171		1,482	5
6	CSI Coker-Hobart dishwasher	2003	1,522		5			1,522	6
7	Simplex Grinnell-2 duct smoke detectors	2003	1,620	162	10	162	(0)	1,350	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961	196	10	196	0	1,618	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	752	10	752	0	6,202	11
12	GT Mchanical-back up pump bearing	2004	1,713	171	10	171		1,327	12
13	GT Mchanical-main house pump	2004	1,555	156	10	156		1,192	13
14	GT Mechanical-cooling towwe repairs	2004	1,259	126	10	126		955	14
15									15
16	ABC-repair kitchen,freezer doors and misc repairs	2004	8,038	804	10	804		6,163	16
17	Oak First Signal Circuit-elevator repair	2004	2,075	208	10	208		1,556	17
18	ABC misc repairs	2004	6,005	600	10	600		4,554	18
19	GT Mechanical-laundry motor replacement	2004	2,966	297	10	297		2,224	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181	418	10	418		3,135	20
21	ISS/chicao Sound/ repair address sound	2004	2,092	209	10	209		1,534	21
22	ABC misc repairs	2004	5,832	583	10	583		4,277	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007	101	10	101		738	23
24	System Electric-walk in cooler lights	2004	904	60	15	60		442	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500	650	10	650		4,713	25
26	Top Notch-repaired faucet/drains	2004	1,627	163	10	163		1,139	26
27	ABC-Medical Gas Revisions	2004	27,009	2,701	10	2,701		20,932	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2006	1,320	66	20	66		363	28
29	Cybor Fire Protection Fire Sprinkler	2006	3,195	128	7	456	(328)	2,926	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		50,047	30
31	ABC New water cooling system	2005	12,097	605	20	605		3,790	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,691,046	\$ 340,185		\$ 289,241	\$ (51,601)	\$ 7,406,317	34

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

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		\$ 12,691,046	\$ 340,185		\$ 289,241	\$ (50,944)	\$ 7,406,317	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	22
23									23
24									24
25									25
26									26
27									27
28	Adjust for ABC Related Party Profit	2008	(782)	(130)		(130)		(455)	28
29	Adjust for ABC Related Party Profit	2009	(415)	(18)		(18)		(45)	29
30	Adjust for ABC Related Party Profit	2010	(311)	(164)		(164)		(246)	30
31	Adjust for ABC Related Party Profit	2011	138	4		4		4	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,768,139	\$ 340,836		\$ 289,891	\$ (50,944)	\$ 7,476,219	34

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

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		\$ 12,768,139	\$ 340,836		\$ 289,891	\$ (50,944)	\$ 7,476,219	1
2	<u>OakFire - install smoke detectors in elevator shaft</u>	2006	8,528	853	10	853		4,548	2
3	<u>ABC - install new sheet flooring in resident/ laundry room</u>	2006	4,368	437	10	437		2,513	3
4	<u>New Motor Blower</u>	2007	3,295	330	10	330		1,595	4
5	<u>Roof Repair</u>	2007	7,020	702	10	702		3,276	5
6	<u>Damaged Tarkett vinyl tiling replaced</u>	2007	36,006	3,601	10	3,601		16,504	6
7	<u>Cleaned Tower</u>	2007	3,023	302	10	302		1,386	7
8	<u>New Carpeting</u>	2007	5,969	597	10	597		2,637	8
9	<u>Chiller Room Exhaust</u>	2007	33,741	3,374	10	3,374		14,902	9
10	<u>Chiller</u>	2007	4,075	408	10	408		1,802	10
11	<u>Suction System</u>	2007	19,666	1,967	10	1,967		8,524	11
12	<u>Electrical and Plumbing Replacement</u>	2007	3,303	330	10	330		1,430	12
13	<u>Replaced broken plumbing</u>	2007	3,177	318	10	318		1,351	13
14	<u>Replaced broken plumbing</u>	2007	2,965	297	10	297		1,262	14
15	<u>New Concrete Pad</u>	2007	7,076	708	10	708		2,950	15
16	<u>New parts for motors roof fans</u>	2007	4,644	464	10	464		1,933	16
17	<u>New Floor Drain New Supply Lines</u>	2007	8,564	856	10	856		3,495	17
18	<u>New concrete pad and trough basin</u>	2007	5,247	525	10	525		2,144	18
19	<u>New Boiler Tubes-ABC</u>	2007	15,820	1,582	10	1,582		6,328	19
20	<u>Replace Exterior Delivery Ramp-ABC</u>	2008	3,074	205	15	205		649	20
21	<u>New Boiler Tubes-ABC</u>	2008	20,180	1,345	15	1,345		5,268	21
22	<u>Fire Alarm Annunciator Panel-ABC</u>	2008	8,527	853	10	853		3,199	22
23	<u>Laundry Cart Hardware-ABC</u>	2008	4,301	860	5	860		3,225	23
24	<u>New Boiler Tubes-ABC</u>	2008	6,886	459	15	459		1,721	24
25	<u>Generator</u>	2008	2,842	568	5	568		2,083	25
26	<u>Room Riser (HVAC)-ABC</u>	2008	22,702	1,513	15	1,513		5,548	26
27	<u>Carpet on 2nd & 3rd Floors-ABC</u>	2008	48,802	9,760	5	9,760		35,787	27
28	<u>Oxygen Wall Outlets-ABC</u>	2008	8,380	419	20	419		1,536	28
29	<u>Pump/Bearing Assembly/Valve Actuator</u>	2008	10,480	1,048	10	1,048		3,668	29
30	<u>Chiller Control & Sensor</u>	2008	3,814	254	15	254		889	30
31	<u>Dual Temp Risers/ Propress Piping</u>	2008	12,809	854	15	854		2,847	31
32	<u>Replace Ceiling Tile-ABC</u>	2008	2,916	292	10	292		900	32
33	<u>Boiler Tube-ABC</u>	2008	11,140	1,114	10	1,114		4,085	33
34	TOTAL (lines 1 thru 33)		\$ 13,111,480	\$ 378,028		\$ 327,084	\$ (50,944)	\$ 7,626,202	34

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

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc.

001-7319

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		\$ 13,111,480	\$ 378,028		\$ 327,084	\$ (50,944)	\$ 7,626,202	1
2	Oak Fire-Install Fire System Piping from 4th fl to basement	2009	4,606	461	10	461		1,152	2
3	Top Notch-Repair Dish Machine	2009	5,075	1,015	5	1,015		3,045	3
4	Central States-Repair Sprinkler System	2009	5,300	1,060	5	1,060		3,180	4
5	GT Mechanical-Repair A/C Fill Pump & Chiller Circuits	2009	5,208	1,042	5	1,042		2,692	5
6	GT Mechanical-Replace & Insulate Leaking Riser	2009	15,164	3,033	5	3,033		7,330	6
7	ABC-Vaccum Pump & Motor for Medical Gas	2009	12,139	1,517	8	1,517		3,287	7
8	ABC-Room Risers	2009	19,288	1,286	15	1,286		3,429	8
9	Elevator hydraulics: emerg replacement-ABC	2010	36,912	1,846	20	1,846		3,538	9
10	Concrete Delivery Ramp replaced-ABC	2010	8,876	592	15	592		987	10
11	Elevator repair emerg - ABC	2010	74,470	3,724	20	3,724		5,896	11
12	Elevator repair emerg - ABC	2010	33,689	1,684	20	1,684		2,526	12
13	Dish machine repair motor & speed reduc-TopNot	2010	3,595	719	5	719		1,378	13
14	Laundry chute repair - ABC	2010	8,241	824	10	824		1,442	14
15	Brick work at front entrance - ABC	2010	9,911	496	20	496		826	15
16	Kitchen ejector pump repair-ABC	2010	5,788	1,158	5	1,158		1,833	16
17	Fan repair tower motor on AC	2010	5,211	521	10	521		782	17
18	Compressor repair and flare fitting on AC	2010	5,225	1,045	5	1,045		1,480	18
19	Motors and patient station repair & HVAC motors	2010	11,066	2,213	5	2,213		2,951	19
20									20
21	Wall base in res room with new cove base-ABC	2011	3,176	176	15	176		176	21
22	Water cooled condenser repair-GTMECH	2011	4,751	633	5	633		633	22
23	Roof repair-JD&SONS	2011	3,650	365	5	365		365	23
24	Sprinkler heads added to elevator-USFIRE	2011	2,988	75	10	75		75	24
25	Asphalt paving-ABC	2011	9,333	292	8	292		292	25
26	Elevator repair/control system PC board-KONINC	2011	2,934	49	5	49		49	26
27	Repair rite boiler-ABC	2011	5,281	88	5	88		88	27
28	Fire dampers-OAKFIR	2011	9,900	165	5	165		165	28
29	Sanding sleeve-elevator-LONELE	2011	5,680	947	5	947		947	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,428,934	\$ 405,052		\$ 354,108	\$ (50,944)	\$ 7,676,746	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	\$416,286	\$47,429	\$47,429	\$		\$235,701	71
72	Current Year Purchases	200,063	14,756	14,756			14,108	72
73	Fully Depreciated Assets	1,964,338	1,264	1,264			1,964,338	73
74								74
75	TOTALS	\$2,580,687	\$63,449	\$63,449	\$		\$2,214,147	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	98-02	\$4,026	\$	\$	\$	3	\$4,026	76
77										77
78										78
79										79
80	TOTALS			\$4,026	\$	\$	\$		\$4,026	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$17,053,647	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$468,501	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$417,557	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(50,944)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$9,894,919	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 backed out
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES☒ NO

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

**

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: \$54,313Description:copy mach gl 6861, postage meter gl 6850, & office equip 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	related party- Pg 6A	various	\$ #####	\$ 42,705	17
18					18
19	Auto lease GL 6890	various	0.00		19
20					20
21	TOTAL		\$ #####	\$ 42,705	21

10. Effective dates of current rental agreement:

Beginning3/31/04

Ending3/31/14

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

	Fiscal Year Ending	Annual Rent
12.	/2012	\$ varies
13.	/2013	\$ varies
14.	/2014	\$ varies

* 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.

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		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.)										
		1	2	3	4	5	6	7	8	
	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	\$		\$ 240,239	\$		\$ 240,239	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			93,938			93,938	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			241,408			241,408	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				306,333		306,333	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): Except Care Program	39-1,39-3, if any		726,944			155,531		882,476	12
13	Other (specify): See Pg 16A					117,759	1,239,574		1,357,333	13
14	TOTAL			\$ 726,944		\$ 693,344	\$ 1,701,439		\$ 3,121,727	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
XIV. Special Services (Direct Cost)				Col 6: Supplies
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col	\$240,238.70
2.	ST	39-3	To Co	93,938.36
3.				
4.	PT	39-3	To Co	241,407.80
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			221,047.48
	Manual Input from Related Party- Forum Drugs			85,286.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Co	306,333.48
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Cc	726,944.04
12.	Exceptional Care-Supplies:	See pg 16A	To Co	155,531.47
	Total Exceptional Care (Line 12, Col 8)			882,475.51
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To C	117,759.00
	Other			1,246,171.00
	Manual Input: Related Party - Prism			(75,033.00)
	Manual Input: Related Party FECII - I.V.			(134,765.00)
	Manual Input: Related Party FECII - Wound Care			(9,482.00)
	Oxygen, from reclass worksheet (Pg 4A)			212,684.00
	Rounding			(0.85)
13.	Col 6: Supplies Total		To Col	1,239,574.15
13.	Total Line 13, Column 8			1,357,333.15
14.	Total			3,121,727.00

Facility Name & ID Number Alden-Lakeland Rehabilitation and Health Care Center, Inc. # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2011 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>100,000</u>)	3,403,994	3,403,994	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		12,194	6
7	Other Prepaid Expenses	5,811	16,723	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	166,853	320,557	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,576,658	\$ 3,753,467	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	1,915,638	6,340,752	15
16	Equipment, at Historical Cost	909,464	1,113,241	16
17	Accumulated Depreciation (book methods)	(2,242,575)	(8,748,141)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		302,347	21
22	Other Long-Term Assets (spe <u>Repl resrv, CIP, S/holders</u>			22
23	Other(specify): <u>Due from affiliates</u>		96,726	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 582,527	\$ 9,029,362	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,159,185	\$ 12,782,829	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,353,397	\$ 1,287,167	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	207,883	207,883	28
29	Short-Term Notes Payable		122,542	29
30	Accrued Salaries Payable	521,942	521,942	30
31	Accrued Taxes Payable (excluding real estate taxes)	96,550	96,550	31
32	Accrued Real Estate Taxes(Sch.IX-B)		276,200	32
33	Accrued Interest Payable		41,312	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	62,301	62,301	36
37	<u>Due to affiliates</u>	2,591,677	2,591,677	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,833,750	\$ 5,207,574	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,765,843	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>	15,806,031	14,505,699	43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 15,806,031	\$ 26,271,542	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 20,639,781	\$ 31,479,116	46
47	TOTAL EQUITY(page 18, line 24)	\$ (16,480,596)	\$ (18,696,287)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,159,185	\$ 12,782,829	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (16,563,161)	1
2	Restatements (describe):		2
3	External audit adjustments recorded after prior	27,515	3
4	year cost report issued: no effect on allowable costs		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (16,535,646)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	55,050	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)	\$ 55,050	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)	\$ (16,480,596)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,388,204	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,388,204	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	117,784	6
7	Oxygen	404,350	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 522,134	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	1,382	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,382	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,060	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,060	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Pg 19A	2,787	28
28a	Gain on Sale of Assets	24,442	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 27,229	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,942,009	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	2,322,383	31
32	Health Care	4,711,040	32
33	General Administration	3,356,726	33
B. Capital Expense			
34	Ownership	1,407,281	34
C. Ancillary Expense			
35	Special Cost Centers	2,925,279	35
36	Provider Participation Fee	164,250	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,886,959	40
41	Income before Income Taxes (line 30 minus line 40)**	55,050	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 55,050	43

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done 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 # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income related to medical records copies	\$ 2,340
Misc Income related to jury duty	52
Misc Income related to payroll wage service fee	246
Misc Income related to polling site reimbursment	150
Line 28 Total:	<u>2,787</u>

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	1,896	1,985	\$ 84,252	\$ 42.44	1
2	Assistant Director of Nursing	3,488	3,608	124,263	34.44	2
3	Registered Nurses	55,820	60,192	1,913,413	31.79	3
4	Licensed Practical Nurses	35,308	37,068	891,583	24.05	4
5	CNAs & Orderlies	105,732	112,722	1,163,505	10.32	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,522	4,889	58,237	11.91	8
9	Activity Director	2,080	2,080	35,451	17.04	9
10	Activity Assistants	5,962	6,402	60,608	9.47	10
11	Social Service Workers	4,080	4,080	87,330	21.40	11
12	Dietician					12
13	Food Service Supervisor	1,624	1,624	34,203	21.06	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,841	27,367	291,510	10.65	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	53,990	25.96	17
18	Housekeepers	23,940	26,389	270,666	10.26	18
19	Laundry	7,529	8,000	106,732	13.34	19
20	Administrator	2,056	2,080	100,429	48.28	20
21	Assistant Administrator	2,040	2,080	70,937	34.10	21
22	Other Administrative	11,084	11,217	265,965	23.71	22
23	Office Manager	2,352	2,392	34,974	14.62	23
24	Clerical	2,830	2,914	28,124	9.65	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,968	4,008	138,202	34.48	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,264	2,264	33,159	14.65	31
32	Other Health C: ClinDir/Behaviora	12,200	12,618	225,356	17.86	32
33	Other(specify) Security/AIT	8,968	9,348	102,062	10.92	33
34	TOTAL (lines 1 - 33)	326,656	347,407	\$ 6,174,951 *	\$ 17.77	34

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	1,233/mo	\$ 14,800	1-3	35
36	Medical Director	3,938/mo	47,250	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/mo	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	74	3,130	11-3	44
45	Social Service Consultant	140/mo	1,676	11-3	45
46	Other(specify) Psycho-Social Cons.	93/mo	1,120	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	74	\$ 75,176		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				52
53	TOTAL (lines 50 - 52)		\$		53

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	%	Amount	Description	Amount	Description	Amount		
Patty-Smith, Debra	Administrator	0	\$ 100,429	Workers' Compensation Insurance	\$ 134,943	IDPH License Fee	\$		
Amico, Julie	Asst. Administrator	0	27,524	Unemployment Compensation Insurance	95,755	Advertising: Employee Recruitment			
Fierce, Bradley	Asst. Administrator	0	21,012	FICA Taxes	459,741	Health Care Worker Background Check			
Carl, Brett	Administrator in Training	0	25,138	Employee Health Insurance	155,255	(Indicate # of checks performed 346)	3,460		
Alouise, Dominick	Asst. Administrator	0	22,401	Employee Meals	39,245	Patient Background Checks	875.4 8,754		
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	1,789		
		0		Union/Health/Welfare	135,006	IHCA dues less PAC fees	8,501		
TOTAL (agree to Schedule V, line 17, col. 1)				Dental/Life/401K Match	3,751	Subscripts	2,096		
(List each licensed administrator separately.)				Pension	43,245	Related Party - Lawrence Ave	250		
				Employee Relations/Misc. Payroll Costs	1,951	Related Party - AMS	3,367		
B. Administrative - Other				Employee Drug Tests/Employee Vaccinations	6,575	Less: Public Relations Expense	()		
Description				Chicago Head Tax	7,190	Non-allowable advertising	()		
				Elim benefits-Marketing	(7,245)	Yellow page advertising	()		
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,075,412	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 28,217		
(Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount						
Alden Management Services, Inc.	Consulting	\$	883,200			\$	Out-of-State Travel	\$	
Law Offices Chicago-Kent	Legal Fees-Non-collections		11,718						
MidCap (Eliminated)	Allocated Acctg Fees		3,915						
Cohen, Salk & Huvard	Alloc. Legal Non-collections		89				In-State Travel		
AMS & MidCap (Eliminated)	Allocated Legal Fees		43,777				Related Party - AMS	5,350	
Pathway	Clinical Coordinators		12,488						
Medifax/EDI	Billing Service		685				Pathway Seminar	1,498	
First Advantage	Tax Consulting		576				Seminar Expense	1,350	
Linda Roberts & Assoc.,Inc.	Food & Nutrition Consulting		1,037				IHCA Convention/ILL Council	1,742	
Ken Fisch	Legal Fees-collections		26,904				PESI	720	
Il. Assoc. of HC	Legal Fees-Non-collections		1,800				Leadership Training	2,800	
BDO/Baker Tilly/KPMG/Ava Dal	Accounting Fees		10,269				Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL			(agree to Sch. V, line 24, col. 8)		
(If total legal fees exceed \$5,000, attach copy of invoices.)							TOTAL \$ 13,460		
\$ 996,458									

*** Attach copy of IMRF notifications**

****See instructions.**

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Pumps	6/95	\$ 11,976	15	\$ 798	\$ 798	\$ 798	\$ 333	\$ 0				
2	A/C Repair - controls	7/95	1,317	15	88	88	88	44	0				
3	Boiler	7/95	2,054	20	103	103	103	103	103	103	103	103	
4	Insulation	7/95	496	15	33	33	33	17	0				
5	Compressor	8/95	3,508	15	234	234	234	136	0				
6	Water Leak	8/95	4,258	15	284	284	284	166	0				
7	Pipes	3/96	4,900	15	327	327	327	327	327	50			
8	Feeder Pump & Motor	6/96	1,636	15	109	109	109	109	109	46			
9	Boiler	6/96	1,389	20	69	69	69	69	69	69	69	69	
10	Tinted Paint	4/06	1,430	3	477	477	119	0					
11	Painting	3/09	39,078	3			10,508	13,026	13,026	2,518			
12	Painting	12/10	39,145	3				2,874	13,048	13,048	10,175	0	
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 111,187		\$ 2,522	\$ 2,522	\$ 12,672	\$ 17,204	\$ 26,682	\$ 15,834	\$ 10,347	\$ 172	\$

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

IHCA=\$8,501 Il. Assoc. of HC=\$1,800
- (3)

Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

10 yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 24,373

Line 10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.
- (9)

Are you presently operating under a sublease agreement?

YES

No

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.

\$ 164,250

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 39,245

Has any meal income been offset against related costs?

No

Indicate the amount.

\$
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

0

d. Have vehicle usage logs been maintained?

No

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

No

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$
- (17)

Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.