

		FOR BHF USE					

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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: 003-2896 Facility Name: Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. Address: 1545 Barrington Road Hoffman Estates 60194 County: Cook Telephone Number: (847) 884 - 0011 Fax # (847) 884 - 0121 HFS ID Number: Date of Initial License for Current Owners: 01/01/88 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership X Corporation "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County 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) (Type or Print Name) Joan Carl (Title) Vice-President (Signed) (Date) Paid Preparer (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
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Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc.

003-2896 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	217	Skilled (SNF)	217	79,205	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	217	TOTALS	217	79,205	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	7,356	2,505	11,795	21,656	8
9	SNF/PED					9
10	ICF	40,152	3,123	2,402	45,677	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	47,508	5,628	14,197	67,333	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.01%

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 05/01/88

J. Was the facility purchased or leased after January 1, 1978?

YES X Date 11/12/95 NO

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

YES X NO If YES, enter number of beds certified 217 and days of care provided 11,710

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 - Poplar Creek Rehabilitation and Health Center # 003-2896 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	451,981	33,842	22,800	508,623	4,736	513,359	(3,304)	510,055			1
2	Food Purchase		430,427		430,427	(44,079)	386,348	8,516	394,864			2
3	Housekeeping	247,431	47,236		294,667	2,028	296,695	11,113	307,808			3
4	Laundry	61,222	34,223		95,445	894	96,339		96,339			4
5	Heat and Other Utilities			239,834	239,834		239,834	1,766	241,600			5
6	Maintenance	54,780		304,098	358,878	751	359,629	19,477	379,106			6
7	Other (specify):* Related party							11,510	11,510			7
8	TOTAL General Services	815,414	545,728	566,732	1,927,874	(35,670)	1,892,204	49,078	1,941,282			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	3,809,577	351,475	7,310	4,168,362	(58,765)	4,109,597	60,480	4,170,077			10
10a	Therapy	175,740	3,728	11,400	190,868		190,868		190,868			10a
11	Activities	84,667	4,175	7,298	96,140	1,141	97,281		97,281			11
12	Social Services	40,694			40,694		40,694		40,694			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							8,751	8,751			15
16	TOTAL Health Care and Programs	4,110,678	359,378	50,008	4,520,064	(57,624)	4,462,440	69,231	4,531,671			16
	C. General Administration											
17	Administrative	156,378			156,378		156,378	134,964	291,342			17
18	Directors Fees											18
19	Professional Services			1,121,213	1,121,213	(12,680)	1,108,533	(1,029,562)	78,971			19
20	Dues, Fees, Subscriptions & Promotions			113,561	113,561		113,561	(98,371)	15,190			20
21	Clerical & General Office Expenses	219,926	28,692	84,046	332,664	496	333,160	422,470	755,630			21
22	Employee Benefits & Payroll Taxes			888,655	888,655	19,212	907,867	(3,182)	904,685			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,012	5,012		5,012	4,385	9,397			24
25	Other Admin. Staff Transportation			13,498	13,498		13,498	23,381	36,879			25
26	Insurance-Prop.Liab.Malpractice			231,242	231,242		231,242	10,389	241,631			26
27	Other (specify):* Related party			98,660	98,660		98,660	(21,872)	76,788			27
28	TOTAL General Administration	376,304	28,692	2,555,887	2,960,883	7,028	2,967,911	(557,398)	2,410,513			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,302,396	933,798	3,172,627	9,408,821	(86,266)	9,322,555	(439,089)	8,883,466			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			77,610	77,610		77,610	393,822	471,432			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			123,208	123,208		123,208	632,347	755,555			32
33	Real Estate Taxes							679,556	679,556			33
34	Rent-Facility & Grounds			1,212,006	1,212,006		1,212,006	(1,212,006)				34
35	Rent-Equipment & Vehicles			27,518	27,518		27,518	53,876	81,394			35
36	Other (specify):* M.I.P.							47,790	47,790			36
37	TOTAL Ownership			1,440,342	1,440,342		1,440,342	595,385	2,035,727			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		866,270	1,292,224	2,158,494	86,266	2,244,760	(59,547)	2,185,213			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			118,808	118,808		118,808		118,808			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		866,270	1,411,032	2,277,302	86,266	2,363,568	(59,547)	2,304,021			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,302,396	1,800,068	6,024,001	13,126,465		13,126,465	96,749	13,223,214			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		(44,079.00)	Employee Meals
	22	44,079.00	Employee Meals
22		(24,867.00)	Uniforms
	10	15,317.00	Uniforms
	1	4,736.00	Uniforms
	3	2,028.00	Uniforms
	4	894.00	Uniforms
	6	751.00	Uniforms
	11	1,141.00	Uniforms
	21		Uniforms
10		(86,266.00)	Oxygen - to appropriate cost center
	39	86,266.00	Oxygen - to appropriate cost center
33		manual done	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	manual done	Rent - Real Estate Tax on associated landowner (Pg 6)
19		none	Reclass from Professional Fees to Real Estate tax
	33	none	Reclass from Professional Fees to Real Estate tax
21		none	Vendor Settlements
		none	Vendor Settlements (may effect more than one line)
<u>Others, if any:</u>			
19		(12,184.00)	Clinical Coordinators (Pathway Billing)
	10	12,184.00	Clinical Coordinators (Pathway Billing)
19		(496.00)	MediFax/MedCom
	21	496.00	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	(11,883)	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	(2,376)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,479)	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	(1,679)	21		17
18	Fines and Penalties	(164)	32		18
19	Entertainment	(1,862)	20		19
20	Contributions	(23,623)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,815)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(98,660)	27		24
25	Fund Raising, Advertising and Promotional	(16,096)	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)	\$ (162,637)		\$	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)	410,977	Various	34
35	Other- Attach Schedule	(151,591)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 259,386		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ 96,749		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:

Ending:

ID#

003-2896

1/1/2011

12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (7,511)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(18,119)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	4,465	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	34,213	6	4
5	Expense Pg 13 <\$2500 - Related Party	709	6	5
6				6
7				7
8	Late fees on utilities	(2,258)	5	8
9	Intercompany interests	(123,044)	32	9
10	Misc Income (med records, jury duty, food rebate)	(5,329)	21	10
11	Marketing Manager & Aides (GL6701-100-009)	(18,988)	21	11
12	Employee Benefit - Marketing Manager	(3,182)	22	12
13	IHCA PAC Fees to backout	(3,594)	20	13
14	Bank Charges - Poplar Creek LLC	(41)	21	14
15	Deming Leadership Training adj (GL 6816)	(200)	24	15
16	Add back prior year tax refund (GL 7003)	0	33	16
17	back out Hoffman Estate Chamber of Commerce	(1,200)	20	17
18	back out Legal Fees - Group Midcap charge	(5,625)	19	18
19	back out Accounting Fees - Group Midcap charge	(2,832)	19	19
20	adjustment on depreciation expense	1,078	30	20
21	adj for ABC related party profit - Pg 12	(99)	30	21
22	adj for ABC related party profit - Pg 12	(24)	30	22
23	adj for ABC related party profit - Pg 12	(10)	30	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	(151,591)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center # 003-2896 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	7,459	(10,763)	0	0	0	0	0	0	0	(3,304)	1
2	Food Purchase	(2,479)	0	0	10,995	0	0	0	0	0	0	0	8,516	2
3	Housekeeping	0	0	11,113	0	0	0	0	0	0	0	0	11,113	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,258)	0	4,024	0	0	0	0	0	0	0	0	1,766	5
6	Maintenance	27,504	8,307	(16,626)	0	0	0	292	0	0	0	0	19,477	6
7	Other (specify):*	0	0	10,642	868	0	0	0	0	0	0	0	11,510	7
8	TOTAL General Services	22,767	8,307	16,612	1,100	0	0	292	0	0	0	0	49,078	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	57,753	34	2,693	0	0	0	0	0	0	60,480	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	8,751	0	0	0	0	0	0	0	0	8,751	15
16	TOTAL Health Care and Programs	0	0	66,504	34	2,693	0	0	0	0	0	0	69,231	16
	C. General Administration													
17	Administrative	0	0	134,964	0	0	0	0	0	0	0	0	134,964	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(12,272)	7,407	(1,024,697)	0	0	0	0	0	0	0	0	(1,029,562)	19
20	Fees, Subscriptions & Promotions	(46,375)	0	(51,996)	0	0	0	0	0	0	0	0	(98,371)	20
21	Clerical & General Office Expenses	(26,037)	293	361,741	20,353	66,120	0	0	0	0	0	0	422,470	21
22	Employee Benefits & Payroll Taxes	(3,182)	0	0	0	0	0	0	0	0	0	0	(3,182)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(200)	0	4,585	0	0	0	0	0	0	0	0	4,385	24
25	Other Admin. Staff Transportation	0	0	23,381	0	0	0	0	0	0	0	0	23,381	25
26	Insurance-Prop.Liab.Malpractice	0	10,180	209	0	0	0	0	0	0	0	0	10,389	26
27	Other (specify):*	(98,660)	0	70,271	2,172	4,345	0	0	0	0	0	0	(21,872)	27
28	TOTAL General Administration	(186,726)	17,880	(481,542)	22,525	70,465	0	0	0	0	0	0	(557,398)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(163,959)	26,187	(398,426)	23,659	73,158	0	292	0	0	0	0	(439,089)	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	(24,685)	410,320	8,187	0	0	0	0	0	0	0	0	393,822	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(125,584)	662,564	93,194	0	2,173	0	0	0	0	0	0	632,347	32
33	Real Estate Taxes	0	671,398	7,220	0	938	0	0	0	0	0	0	679,556	33
34	Rent-Facility & Grounds	0	(1,212,006)	0	0	0	0	0	0	0	0	0	(1,212,006)	34
35	Rent-Equipment & Vehicles	0	0	53,876	0	0	0	0	0	0	0	0	53,876	35
36	Other (specify):*	0	47,790	0	0	0	0	0	0	0	0	0	47,790	36
37	TOTAL Ownership	(150,269)	580,066	162,477	0	3,111	0	0	0	0	0	0	595,385	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	(40,453)	(163,857)	144,763	0	0	0	0	0	(59,547)	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	(40,453)	(163,857)	144,763	0	0	0	0	0	(59,547)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(314,228)	606,253	(235,949)	(16,794)	(87,588)	144,763	292	0	0	0	0	96,749	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	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	\$ 1,212,006	Alden Nursing Center of Poplar Creek, LLC	0.00%	\$	\$ (1,212,006)	1
2	V	32	Investment Income RR	600	Alden Nursing Center of Poplar Creek, LLC			(600)	2
3	V	19	Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		7,407	7,407	3
4	V	33	Real Estate Tax		Alden Nursing Center of Poplar Creek, LLC		671,398	671,398	4
5	V	26	Property/Liability Insurance		Alden Nursing Center of Poplar Creek, LLC		10,180	10,180	5
6	V	32	Interest on Mortgage		Alden Nursing Center of Poplar Creek, LLC		440,823	440,823	6
7	V	30	Depreciation		Alden Nursing Center of Poplar Creek, LLC		410,320	410,320	7
8	V	32	Amortization		Alden Nursing Center of Poplar Creek, LLC		42,008	42,008	8
9	V	36	Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		47,790	47,790	9
10	V	21	Misc Administrative Fees		Alden Nursing Center of Poplar Creek, LLC		293	293	10
11	V	19	Professional Fees		Alden Nursing Center of Poplar Creek, LLC				11
12	V	6	Repairs and Maintenance		Alden Nursing Center of Poplar Creek, LLC		8,307	8,307	12
13	V	32	Loan Prepayment Fee		Alden Nursing Center of Poplar Creek, LLC		180,333	180,333	13
14	Total			\$ 1,212,606			\$ 1,818,859	\$ * 606,253	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%	\$ 4,024	\$ 4,024	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		4,585	4,585	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		23,381	23,381	17
18	V	26	Insurance		Alden Management Services, Inc.		209	209	18
19	V	20	Dues and Subscription	54,881	Alden Management Services, Inc.		2,885	(51,996)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real Estate taxes		Alden Management Services, Inc.		7,220	7,220	21
22	V	35	Rent - Equipment & Vehic		Alden Management Services, Inc.		53,876	53,876	22
23	V	32	Interest		Alden Management Services, Inc.		93,194	93,194	23
24	V	1	Dietary		Alden Management Services, Inc.		7,459	7,459	24
25	V	3	Housekeeping		Alden Management Services, Inc.		11,113	11,113	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		10,642	10,642	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		57,753	57,753	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		8,751	8,751	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		134,964	134,964	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		70,271	70,271	30
31	V	19	Professional Fee	1,083,383	Alden Management Services, Inc.		58,686	(1,024,697)	31
32	V	21	General and Administrative		Alden Management Services, Inc.		361,741	361,741	32
33	V	6	Repairs and Maintenance	85,390	Alden Management Services, Inc.		68,764	(16,626)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,223,654			\$ 987,705	\$ * (235,949)	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	\$ 22,800	Prism Health Care Services, Inc.	0.00%	\$ 380	\$ (22,420)	15
16	V	1	Diet Salary		Prism Health Care Services, Inc.		11,657	11,657	16
17	V	2	Tube Feeding	17,130	Prism Health Care Services, Inc.		28,125	10,995	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		6,694	34	18
19	V	39	Ancillary Supplies	66,444	Prism Health Care Services, Inc.		25,991	(40,453)	19
20	V	21	Salary - G & A		Prism Health Care Services, Inc.		13,018	13,018	20
21	V	27	Employee Benefit		Prism Health Care Services, Inc.		2,172	2,172	21
22	V	7	Employee Benefit		Prism Health Care Services, Inc.		868	868	22
23	V	21	General and Administrative		Prism Health Care Services, Inc.		7,335	7,335	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			\$ 113,034			\$ 96,240	\$ * (16,794)	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	\$ 415,599	Forum Extended Care Services II, Inc.	0.00%	\$ 575,948	\$ 160,349	15
16	V	39	IV	363,558	Forum Extended Care Services II, Inc.		42,738	(320,820)	16
17	V	39	Wound Care	16,205	Forum Extended Care Services II, Inc.		12,819	(3,386)	17
18	V	10	House Stock	21,822	Forum Extended Care Services II, Inc.		20,191	(1,631)	18
19	V	10	Pharmacy Consultant	5,774	Forum Extended Care Services II, Inc.		10,098	4,324	19
20	V	27	Employee Vaccination	4,014	Forum Extended Care Services II, Inc.		3,174	(840)	20
21	V	27	Employee Benefit: G & A		Forum Extended Care Services II, Inc.		5,185	5,185	21
22	V	21	Salary: G & A		Forum Extended Care Services II, Inc.		41,655	41,655	22
23	V	21	General and Administrative		Forum Extended Care Services II, Inc.		24,465	24,465	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		2,173	2,173	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		938	938	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			\$ 826,972			\$ 739,384	\$ * (87,588)	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	\$ 1,262,356	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,407,119	\$ 144,763	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,262,356			\$ 1,407,119	\$ * 144,763	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs and Maintenance	\$ 37,670	Alden Bennett Construction Company, Inc.	0.00%	\$ 37,962	\$ 292	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			\$ 37,670			\$ 37,962	\$ * 292	39

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

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. # 003-2896 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			Alden-Lakeland Rehabilitation and Health Care (	Chicago				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								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 - Poplar Creek Rehabilitation and He # 003-2896 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	175,530	2.048	5.12	Salary	\$ 9,470	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,126	2.048	5.12	Salary	3,514	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,497	2.048	5.12	Salary	2,023	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	\$ 15,007		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 Rehabilitation and Health Care Cent # 003-2896 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	\$	67,333	\$ 4,024	1
2	24	Travel and Seminar	Patient Days	1,315,389	34	89,570		67,333	4,585	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		67,333	23,381	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		67,333	209	4
5	20	Dues and Subscription	Patient Days	1,315,389	34	56,361		67,333	2,885	5
6	30	Depreciation	No of providers/usage	34	34	291,758		67,333	8,187	6
7	33	Real Estate taxes	Patient Days	1,315,389	34	156,401		67,333	7,220	7
8	35	Rent - Equipment & Vehic	Patient Days	1,315,389	34	1,052,493		67,333	53,876	8
9	32	Interest	Patient Days	1,315,389	34	1,368,621		67,333	93,194	9
10	1	Dietary	Patient Days	1,315,389	34	145,718	145,718	67,333	7,459	10
11	3	Housekeeping	Patient Days	1,315,389	34	217,102	217,102	67,333	11,113	11
12	7	Employee Benefit - Gen Services	Patient Days	1,315,389	34	207,899		67,333	10,642	12
13	10	Nurse & Medical Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	67,333	57,753	13
14	15	Employee Benefit - Health Care	Patient Days	1,315,389	34	170,963		67,333	8,751	14
15	17	Administrative Salary	Patient Days	1,315,389	34	2,886,253	2,886,253	67,333	134,964	15
16	27	Employee Benefit - Admin	Patient Days	1,315,389	34	1,372,783		67,333	70,271	16
17	19	Professional Fee	Patient Days	1,315,389	34	1,146,467	654,108	67,333	58,686	17
18	21	General and Administrative	Patient Days	1,315,389	34	7,066,809	5,970,419	67,333	361,741	18
19	6	Repairs and Maintenance	Patient Days	1,315,389	34	1,343,350	1,077,524	67,333	68,764	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 19,296,460	\$ 12,135,573		\$ 987,705	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 (GL 7055)		X	Mortgage		09/02	\$ 9,875,100	\$ refinanced	02/2011	6.5000	\$ 99,422	1	
2	Cambridge (GL 7055)		X	Mortgage	\$44,737.00	02/2011	9,875,100	9,779,996	03/2046	4.1700	341,401	2	
3	Cambridge (GL 6967)		X	Loan Prepayment Fee							180,333	3	
4												4	
5	Amortization of Finance Fees (GL 7105)										42,008	5	
	Working Capital												
6	Related party-AMS		X	Working Capital							93,194	6	
7	Related party-FECII		X	Working Capital							2,173	7	
8												8	
9	TOTAL Facility Related				\$44,737.00		\$ 19,750,200	\$ 9,779,996			\$ 758,531	9	
	B. Non-Facility Related*												
10	Interest Income - Repl Resrv (4972)										(600)	10	
11	Patient Interest Income (GL 4646/4975)										(2,376)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (2,976)	14	
15	TOTALS (line 9+line14)						\$ 19,750,200	\$ 9,779,996			\$ 755,555	15	

16)

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

\$ 47,790

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.	\$503,000	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.)			\$578,498	2
3. Under or (over) accrual (line 2 minus line 1).			\$75,498	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$595,900	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.			\$671,398	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax	\$8,158	
Real Estate Tax Bill for Calendar Year:			\$679,556	
2006	605,532	8	FOR BHF USE ONLY	
2007	628,438	9		
2008	644,802	10	13	FROM R. E. TAX STATEMENT FOR 2010 \$ 13
2009	488,395	11	14	PLUS APPEAL COST FROM LINE 5 \$ 14
2010	578,498	12	15	LESS REFUND FROM LINE 6 \$ 15
The current year accrual is based on an estimated 3% increase of the prior year tax.			16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

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

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

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden - Poplar Creek Rehabilitation and Health Care Center, J COUNTY Cook

FACILITY IDPH LICENSE NUMBER 003-2896

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 724-6622 FAX #: (773)-283-3997

A. Summary of Real Estate Tax Cost

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.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>300,377.00</u>	\$ <u>7,220.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>42,023.00</u>	\$ <u>938.00</u>
3. <u>07-07-300-012-0000</u>	<u>Nursing Home Facility</u>	\$ <u>578,498.00</u>	\$ <u>578,498.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>920,898.00</u></u>	\$ <u><u>586,656.00</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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 249,325

B. General Construction Type: Exterior brick Frame steel Number of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☒ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

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	Nursing facility	62,115	1978	\$ 90,580	1
2					2
3	TOTALS	62,115		\$ 90,580	3

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	217		1995	1988	9,202,500	230,062	40	230,062		3,713,013	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Electrical work/deoc/construction/fire alarm			1988	34,647		5-10			34,647	9
10	Sink repair/painting/marble work/class/electrical			1989	142,814		5-10			142,814	10
11	Install pump/village street signal/heater motor			1990	12,416		5-15			12,416	11
12	Replace boiler/replace a/c unit/replace condensor			1991	11,622		5-15			11,622	12
13	Flooring/clean condensor/roto-rooter/sprinkler/pump			1992	15,458	199	5-25	199		14,449	13
14	HVAC/electrical work/flooring/fan/counter /cabinets			1993	72,195	1,181	5-20	1,181		67,301	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	493	15	493		8,838	17
18	Repair and epoxy all shower bases			1996	7,164	394	15	394		7,164	18
19	Clean coils to existing NU-AHL			1996	7,166		10			7,166	19
20	Laundry-enclose dryer area, door etc.			1996	7,763	388	20	388		5,918	20
21	Redesign PT,OT, activity area			1996	11,943	597	20	597		9,255	21
22	Repair restucco 2 entrance monuments			1996	5,016		10			5,016	22
23	Remove & replace roof with new			1996	89,573	4,479	20	4,479		68,302	23
24	Replace 2-25 gallon 450 BTU hot water heaters			1996	41,801	1,856	15	1,856		41,801	24
25	Add alternate biler phasing standby/back			1996	5,972	299	15	299		5,972	25
26	Change roof exhausts			1996	13,137	582	15	582		13,137	26
27	Repaint all painted surfaces in soda shop			1996	1,850		5			1,850	27
28	Add pantries w/kitchen equip to 1,2,3rd floors			1996	122,492	6,125	20	6,125		93,403	28
29	Siegert (sprinkler system)			1996	29,000	486	15	486		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

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. # 003-2896 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	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	155	15	155		2,068	40
41 CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42 ABC	1998	1,748,376	47,254	5-20	47,254		657,003	42
43 ABC	1998	13,080		10			13,080	43
44 Alpha Sign-signs and plaques	1999	9,881	494	20	494		6,216	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	125	15	125		1,521	47
48 CSI - compressor	1999	1,531	102	15	102		1,233	48
49 Equipment Int.-washing machine	1999	1,936		5			1,936	49
50 ABC-concrete, fencing	1999	12,735	849	15	849		10,259	50
51 Climate Services, -replace coil/thermostat	1999	5,425		10			5,425	51
52 DBS contracting-install lawn sprinkler system	2000	1,863	124	15	124		1,427	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		2,516	57
58 Alden Design	2000	5,500	275	20	275		3,094	58
59 Walter Mayer -interior finishes	2000	4,000	267	15	267		3,158	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	\$ 297,008		\$ 297,008	\$	\$ 5,101,891	70

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

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. # 003-2896 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	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	\$ 297,008		\$ 297,008	\$	\$ 5,101,891	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	136	10	136		5,565	10
11 Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12 Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13 CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14 Long Elevator (car stations in two elevators)	2001	4,800	320	15	320		3,280	14
15 Fire Pros (fire alarm control panel upgrade)	2001	1,650	124	10	124		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		28,462	19
20 ABC - Misc. Repairs	2002	3,734	373	10	373		3,451	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	251	10	251		2,405	24
25 Alden Bennett Construction (alarm annunciator)	2002	7,769	777	10	777		7,381	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	381	10	381		3,556	29
30 Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500	250	10	250		2,292	30
31 New Horizons Communication (phone & jacks instal	2002	3,651	365	10	365		3,316	31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 11,889,202	\$ 302,955		\$ 302,955	\$	\$ 5,200,862	34

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

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. # 003-2896 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		\$ 11,889,202	\$ 302,955		\$ 302,955	\$	\$ 5,200,862	1
2	<u>Alden Bennett Construction (Automatic door op.eqpt)</u>	2003	5,785	578	10	578		4,913	2
3	<u>Alden Bennett Construction (3rd Floor remodelling)</u>	2003	5,731	573	10	573		4,918	3
4	<u>Alden Bennett Construction(elevator)</u>	2003	2,595		5			2,595	4
5	<u>CSI Coker Service (Refridgerator repairs)</u>	2003	5,283		5			5,283	5
6	<u>CSI Coker Service (kitchedn eqpt repairs)</u>	2003	2,833		5			2,833	6
7	<u>Patten CAT (AMS Billings)(engine reapiars)</u>	2003	1,598		5			1,598	7
8	<u>GT Mechanical (plumbing reapiars)</u>	2003	2,544		5			2,544	8
9	<u>Alden Bennett Construction (Carept/elevator cab.)</u>	2003	1,437		3			1,437	9
10	<u>GT Mechanical (plumbing reapiars)</u>	2004	2,810		5			2,810	10
11	<u>GT Mechanical (plumbing reapiars)</u>	2004	1,267		5			1,267	11
12	<u>GT Mechanical (plumbing reapiars)</u>	2004	4,055	270	15	270		2,070	12
13	<u>GT Mechanical (plumbing reapiars)</u>	2004	4,469		5			4,469	13
14	<u>Alden Bennett Construction (Boiler repairs.)</u>	2004	2,133	106	20	106		786	14
15	<u>Oak Fire/Security Systems(fire pumpair re)</u>	2004	2,550		5			2,550	15
16	<u>System Electric (electrical work)</u>	2005	1,080		5			1,080	16
17	<u>Capps Plumbing (new weighted suspended floats)</u>	2005	1,426		5			1,426	17
18	<u>A & B Custom Cable (cable wires/dist amp)</u>	2005	1,541	154	10	154		1,025	18
19	<u>Capps Plumbing (new ball valve/ 3rd floor kitchen sink)</u>	2005	2,185		5			2,185	19
20	<u>Door alarm</u>	2005	2,508	376	5	376		1,880	20
21	<u>CSI Coker (Dishwasher repair)</u>	2005	3,467		5			3,467	21
22	<u>Equipment International (tumbler weldment)</u>	2005	3,656	366	10	366		2,409	22
23	<u>GT Mechanical (laundry exhaust fan)</u>	2005	3,769		5			3,769	23
24	<u>GT Mechanical (laundry exhaust fan)</u>	2005	3,800		5			3,800	24
25	<u>GT Mechanical (replace lower motor)</u>	2005	4,558		5			4,558	25
26	<u>ABC (windows)</u>	2005	4,756		5			4,756	26
27	<u>GT Mechanical (major repair to AC)</u>	2005	6,216	622	10	622		4,146	27
28									28
29	<u>Long Elevator (new relay, contacts and PC board)</u>	2006	2,854	571	5	571		2,854	29
30	<u>ABC (Flagpole, aerator, shower)</u>	2006	2,838	568	5	568		2,838	30
31	<u>ABC (Fasco motor, rebuild kit, cables, faucet)</u>	2006	3,167	633	5	633		3,167	31
32	<u>Capps Plumbing (new tempering and IP valves)</u>	2006	4,388	293	15	293		1,587	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,986,501	\$ 308,065		\$ 308,065	\$	\$ 5,285,882	34

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

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. # 003-2896 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		\$ 11,986,501	\$ 308,065		\$ 308,065	\$	\$ 5,285,882	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	Adj for ABC related party profit	2008	(801)	(44)		(44)		(99)	26
27	Adj for ABC related party profit	2009	(283)	(12)		(12)		(24)	27
28	Adj for ABC related party profit	2010	(432)	(5)		(5)		(10)	28
29	Adj for ABC related party profit	2011	293	1		1		1	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,063,741	\$ 308,963		\$ 308,963	\$	\$ 5,356,394	34

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

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. # 003-2896 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		\$ 12,063,741	\$ 308,963		\$ 308,963	\$	\$ 5,356,394	1
2	Lee's Carpet - office carpet	2007	3,153	315	10	315		1,523	2
3	ABC - Parking Lot repair	2007	5,165	516	10	516		2,150	3
4	ABC - new smoke detectors	2007	7,883	789	10	789		3,879	4
5	ABC - new door	2007	2,626	263	10	263		1,271	5
6	ABC - new carpet	2007	17,048	1,705	10	1,705		8,099	6
7	ABC - new door operator	2007	2,559	511	5	511		2,343	7
8	ABC - new carpet	2007	42,573	4,257	10	4,257		19,511	8
9	ABC - new carpet	2007	23,548	2,355	10	2,355		10,597	9
10	ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		11,938	10
11	ABC - new piping condenser	2007	27,385	2,738	10	2,738		12,321	11
12	ABC - new carpet	2007	10,740	1,074	10	1,074		4,833	12
13	ABC - Parking Lot repair	2007	9,393	939	10	939		3,834	13
14	ABC - new carpet	2007	12,809	1,281	10	1,281		5,764	14
15	ABC - new elevator rails	2007	6,633	663	10	663		2,707	15
16	ABC - new evac signage	2007	4,201	420	10	420		1,715	16
17	ABC - push button security lock	2008	3,050	610	5	610		2,033	17
18	Oak Fire - 1st FI Nurse call system & annunciator repairs	2008	3,150	315	10	315		1,155	18
19	ABC - new door hardware	2008	4,267	427	10	427		1,530	19
20									20
21	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		574	21
22	American Backflow - 1.25 hot laundry RPZ repair	2008	3,480	348	10	348		1,189	22
23	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		5,678	23
24	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		949	24
25	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		1,976	25
26	ABC - new window, sun shades, 2nd & 3rd FL	2008	2,644	264	10	264		1,012	26
27	RB Higgins - 30 pressure relief mattresses	2008	4,335	867	5	867		3,107	27
28	ABC - new door hardware - alzheimer unit residents	2008	8,225	823	10	823		2,538	28
29	ABC - sewage pump	2008	16,242	1,624	10	1,624		4,872	29
30	ABC - new HVAC motors	2008	6,058	606	10	606		1,818	30
31	White Way Sign - signage	2008	17,495	1,749	10	1,749		5,247	31
32	ABC - new asphalt	2008	9,944	1,243	8	1,243		3,729	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,398,301	\$ 341,145		\$ 341,145	\$	\$ 5,486,286	34

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

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center, Inc. # 003-2896 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		\$ 12,398,301	\$ 341,145		\$ 341,145	\$	\$ 5,486,286	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232		2,773	2
3	Oakton Glass - 48 pcs clear acrylic	2009	7,172	717	10	717		1,733	3
4	ABC - paving parking lot	2009	16,740	2,092	8	2,092		4,358	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727		3,886	5
6	TopNotch - repairs new compressor	2009	4,057	811	5	811		2,366	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627		1,411	7
8	ABC - reseal parking lot	2009	4,959	620	8	620		1,395	8
9									9
10	ABC - sewer repair	2010	7,057	1,411	5	1,411		2,705	10
11	St. Alexius - paving roadwork	2010	8,945	1,118	8	1,118		2,050	11
12	Garelli Pavement - asphalt/seal coating	2010	5,750	719	8	719		958	12
13									13
14	Concrete walk, south exit - ABC	2011	4,322	168	15	168		168	14
15	Acoustical/heating/vent - ABC	2011	16,023	534	10	534		534	15
16	concrete/automatic metal door - ABC	2011	9,385	31	25	31		31	16
17	Plumbing/piping - ABC	2011	5,564	23	20	23		23	17
18	Sprinkler system - US Fire Protection	2011	15,598	52	25	52		52	18
19	hvac motor/water valve repair - ABC	2011	8,482	1,272	5	1,272		1,272	19
20	chiller repair - GT Mechanical	2011	5,965	596	5	596		596	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	215	5	215		215	21
22	Tiles, door hinges - ABC	2011	4,845	121	10	121		121	22
23	paving road - St. Alexius Medical	2011	8,945	895	10	895		895	23
24	ashphalt - Garelli Pavement	2011	5,750	539	8	539		539	24
25	railings in stairwells - ABC	2011	42,805	3,210	10	3,210		3,210	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,646,301	\$ 359,875		\$ 359,875	\$	\$ 5,517,577	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	\$1,104,580	\$90,170	\$90,170	\$	various	\$780,828	71
72	Current Year Purchases	312,803	20,846	20,846		various	16,661	72
73	Fully Depreciated Assets	753,259	541	541		various	753,259	73
74								74
75	TOTALS	\$2,170,642	\$111,557	\$111,557	\$		\$1,550,748	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	various	98-02	\$4,026	\$	\$	\$		\$4,026
77									
78									
79									
80	TOTALS			\$4,026	\$	\$	\$		\$4,026

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)			\$14,911,549
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$471,432
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$471,432
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$7,072,351

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93	CIP - Architectural Design	1,086
94		
95		\$1,086

* 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?

YES

x

NO
- If NO, see instructions.

		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

x

NO

Terms:*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YESNO
16. Rental Amount for movable equipment: \$14,391Description:copy machine gl 6861, postage meter & office eqpt 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	\$ #####	\$ 36,595	17
18					18
19	Auto lease GL 6890	various	\$ #####	14,280	19
20					20
21	TOTAL		\$ #####	\$ 50,875	21

10. Effective dates of current rental agreement:

BeginningNov 2007

EndingOct 2017

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2012	\$ varies
13.	12/31/2013	\$ varies
14.	12/31/2014	\$ 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)	\$			

(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.

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	

(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	\$		\$ 500,288	\$		\$ 500,288	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			53,094			53,094	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			708,975			708,975	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				575,948		575,948	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1,39-3, if any								12
13	Other (specify): See Pg 16A					144,763	202,145		346,908	13
14	TOTAL			\$		\$ 1,407,120	\$ 778,093		\$ 2,185,213	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 5	500,288.00
2.	ST	39-3	To Col 5	53,094.00
3.				
4.	PT	39-3	To Col 5	708,975.00
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			415,599.00
	Manual Input from Related Party- Forum Drugs			160,349.00
				- - - - -
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	575,948.00
				- - - - -
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-
				- - - - -
	Total Exceptional Care (Line 12, Col 8)			-
				- - - - -
13.	Other:	See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	144,763.00
	Other			480,538.00
	Manual Input: Related Party - Prism			(40,453.00)
	Manual Input: Related Party FECII - I.V.			(320,820.00)
	Manual Input: Related Party FECII - Wound Care			(3,386.00)
	Oxygen, from reclass worksheet (Pg 4A)			86,266.00
				- - - - -
13.	Col 6: Supplies Total		To Col 6	202,145.00
				- - - - -
13.	Total Line 13, Column 8			346,908.00
				- - - - -
14.	Total			2,185,213.00
				= = = = =
				2,185,213.00

Facility Name & ID Number Alden - Poplar Creek Rehabilitation and Health Care Center # 003-2896Report Period Beginning: 1/1/2011Ending: 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>(75,000)</u>)	3,488,063	3,488,063	3
4	Supply Inventory (priced at)	2,173	2,173	4
5	Short-Term Investments			5
6	Prepaid Insurance		236,441	6
7	Other Prepaid Expenses	2,578	27,139	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	52,298	52,298	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,545,112	\$ 3,806,114	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		11,273,592	14
15	Leasehold Improvements, at Historical Cost	932,850	1,024,880	15
16	Equipment, at Historical Cost	832,729	2,403,494	16
17	Accumulated Depreciation (book methods)	(1,276,480)	(6,943,733)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		463,357	21
22	Other Long-Term Assets (spe <u>CIP, Refi Fee capitaliz</u>)	1,086	97,643	22
23	Other(specify): <u>Due from affiliates</u>	10,728,585	10,364,909	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,218,770	\$ 18,994,696	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,763,882	\$ 22,800,810	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 868,390	\$ 817,811	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	272,268	272,268	28
29	Short-Term Notes Payable		131,514	29
30	Accrued Salaries Payable	464,650	464,650	30
31	Accrued Taxes Payable (excluding real estate taxes)	76,330	76,330	31
32	Accrued Real Estate Taxes(Sch.IX-B)		595,900	32
33	Accrued Interest Payable		33,985	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>	39,166	39,166	36
37	<u>Due to affiliates</u>	1,710,311	1,710,311	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,431,115	\$ 4,141,935	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		9,648,482	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>			43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 9,648,482	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,431,115	\$ 13,790,417	46
47	TOTAL EQUITY(page 18, line 24)	\$ 11,332,767	\$ 9,010,393	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 14,763,882	\$ 22,800,810	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 9,352,832	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 9,352,832	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,979,935	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)	\$ 1,979,935	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)	\$ 11,332,767	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	\$ 14,873,937	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,873,937	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	165,780	6
7	Oxygen	40,954	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 206,734	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,715	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	6,454	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,169	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,376	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,376	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income/Gain on Sale of Fixed Assets	15,184	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 15,184	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,106,400	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,927,874	31
32	Health Care	4,520,064	32
33	General Administration	2,960,883	33
	B. Capital Expense		
34	Ownership	1,440,342	34
	C. Ancillary Expense		
35	Special Cost Centers	2,158,494	35
36	Provider Participation Fee	118,808	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,126,465	40
41	Income before Income Taxes (line 30 minus line 40)**	1,979,935	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,979,935	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 - Poplar Creek Rehabilitation and # 001-7319 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

Details of Page 19, Line 28

Description	Amount
Medical Records	\$ 1,122
Jury Duty	\$ 87
Food Vendor rebate	\$ 4,086
Miscellaneous	\$ 34
Gain on Sale of Fixed Assets (GL 4985)	9,855

Line 28 Total: 15,184

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,080	\$ 98,851	\$ 47.52	1
2	Assistant Director of Nursing	2,080	2,080	88,097	42.35	2
3	Registered Nurses	28,902	31,084	1,114,670	35.86	3
4	Licensed Practical Nurses	27,564	29,606	820,851	27.73	4
5	CNAs & Orderlies	108,943	114,771	1,429,205	12.45	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,676	6,039	85,146	14.10	8
9	Activity Director	1,911	1,942	37,268	19.19	9
10	Activity Assistants	4,254	4,690	47,399	10.11	10
11	Social Service Workers	2,088	2,124	40,694	19.16	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	61,346	29.49	13
14	Head Cook					14
15	Cook Helpers/Assistants	33,683	36,545	390,633	10.69	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	54,780	26.34	17
18	Housekeepers	19,684	21,785	247,432	11.36	18
19	Laundry	5,287	6,298	61,222	9.72	19
20	Administrator	2,080	2,080	97,328	46.79	20
21	Assistant Administrator	1,520	1,520	59,050	38.85	21
22	Other Administrative	8,320	8,340	224,006	26.86	22
23	Office Manager	2,080	2,080	43,024	20.68	23
24	Clerical	3,870	3,920	43,489	11.09	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,728	3,752	142,498	37.98	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Alzheimer Aides/S</u>	7,480	8,132	115,407	14.19	33
34	TOTAL (lines 1 - 33)	275,390	293,028	\$ 5,302,396 *	\$ 18.10	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	950/mnthly	\$ 22,800	1-3	35
36	Medical Director	2000/monthly	24,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	434/monthly	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	204/monthly	2,448	11-3	44
45	Social Service Consultant	70/monthly	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 55,296		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			
Name	Function	%	Amount
Jeffrey Russell	Administrator	0	\$ 97,328
Evangelia Wirtz	Asst Administrator	0	59,050
		0	
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 156,378
B. Administrative - Other			
Description			Amount
			\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$
C. Professional Services			
Vendor/Payee	Type		Amount
Alden Management Services, Inc.	Consulting	\$	1,047,383
AMS (eliminated)	Allocated Legal Fees		36,000
Baker Tilly, Virchow Krause, KPMC	Accounting Fees		13,101
Ken Fisch	Legal Fees - Collections		3,815
Pathway	Clinical Consultant (reclassified)		12,184
Medcom	Billing Consultant		496
Linda Roberts and Associates	Food Service Audit		1,286
First Advantage	Tax Services		1,234
Alden Group (Midcap)	Legal Fees		5,714
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 1,121,213
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	115,829
Unemployment Compensation Insurance			34,021
FICA Taxes			389,638
Employee Health Insurance			62,997
Employee Meals			44,079
Illinois Municipal Retirement Fund (IMRF)*			
Union, Health and Welfare			171,543
Pension			59,537
Dental & Life			2,021
Empl Rel, Drug Tests, Vaccination, Misc			13,680
401k Match/Tuition reimbursement			14,522
Back out benefits for Marketing Manager			(3,182)
TOTAL (agree to Schedule V, line 22, col.8)			\$ 904,685
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			175
Health Care Worker Background Check (Indicate # of checks performed)	132		1,320
Patient Background Checks	267		2,670
Surety Bond Fees			800
IL Health Care Association			7,185
Annual Report Fee			155
Related party - AMS			2,885
Less: Public Relations Expense		(	)
Non-allowable advertising		(	)
Yellow page advertising		(	)
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 15,190
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Related parties - AMS			4,585
Seminar Expense			
Leadership Training			800
IL Council of Administrators, Healthcare Ne			2,105
Pathway Dietary, Nat'l Investment Ctr			1,907
Entertainment Expense		(	)
(agree to Sch. V, line 24, col. 8)			
TOTAL		\$	9,397

*** Attach copy of IMRF notifications**

****See instructions.**

Legal Fee Support

Legal Fees Reported on Pg 21, Section C:	9,529.00
Less: Collection, estates & other non-allowable legal fees listed on Pg 5, Ln 19	(3,815.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A	<u>(5,714.00)</u>
Allowable Legal Fees	<u><u>-</u></u>

Seminar Expense Support

	Related Party - AMS			4,585.00
Jun-11	COMPHY Gurnicz,J./Rullodda-Gu	500.00	6-Jun-11	
May-11	COMPHY KRISTEN bUNTEN	500.00	06-511	800.00
Oct-11	AMEEXP Floyd-ILL Healthcare As	920.00		
Oct-11	AMEEXP Floyd-Hotel Pere Marque	400.02		
Apr-11	ILLHCA Sponsorship IHCA Co	326.92		
Aug-11	HEAINF HIN:MDS Act/SS training	199.00	GENEROSO,R.	
Aug-11	HEAINF HIN:MDS Act/SS training	199.00	BOJOREK,J.	
Oct-11	WRIEXP R.Molitor-ILL Council	60.00		2,104.94
Jul-11	REI106 SURVEY TRAING CNA	160.00	SURVEY TRAINING	
Jul-11	PATHSE restor/basic for CNAs	357.00	RESTOR/NURSES	
Jul-11	PATHSE restor/nurse refresher	169.00	RESTOR/NURSES	
Apr-11	REI106 DIETARY MANAGER CLASSES	586.00	CDM CLASSES	
Feb-11	NATINV Annual Conf.sponser	260.00		
Jan-11	HARCOL activity diirctors-36 h	375.00	36 hr training	<u>1,907.00</u>
	TOTAL			<u><u>9,396.94</u></u>

(See instructions.)

[illegible]

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.

IL Health Care Association \$7,185
- (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.

\$ 66,607

Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.
- (9) Are you presently operating under a sublease agreement?

YES

X

NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 118,808

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.

\$ 44,079

Has any meal income been offset against related costs?

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:

Audit is for the Alden Group Ltd.
- (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?

N/A

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