

		FOR BHF USE					

LL1

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0017319

Facility Name: Alden Lakeland Rehabilitation & Health Care Center

Address: 820 West Lawrence 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) 286-3883
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 01/01/2012 to 12/31/2012 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 & Health Care Center# 0017319 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	<u>300</u>	Skilled (SNF)	<u>300</u>	<u>109,800</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>300</u>	TOTALS	<u>300</u>	<u>109,800</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>19,450</u>	<u>1,139</u>	<u>5,651</u>	<u>26,240</u>	8
9	SNF/PED					9
10	ICF	<u>50,991</u>	<u>1,544</u>	<u>960</u>	<u>53,495</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>70,441</u>	<u>2,683</u>	<u>6,611</u>	<u>79,735</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 72.62%

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?

YesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐NO ☒

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

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 01/01/72

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

YES ☐

Date _____

NO ☒

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

YES ☒NO ☐If YES, enter number
of beds certified 300 and days of care provided 4,944Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12Fiscal Year: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	300,474	42,476	22,800	365,750	1,476	367,226	(1,441)	365,785		1
2	Food Purchase		651,841		651,841	(37,926)	613,915	(174,868)	439,047		2
3	Housekeeping	275,408	66,921		342,329	1,265	343,594	8,986	352,580		3
4	Laundry	108,839	41,193		150,032	221	150,253		150,253		4
5	Heat and Other Utilities			318,041	318,041		318,041	4,199	322,240		5
6	Maintenance	45,692	242	347,476	393,410	(5,454)	387,956	26,726	414,682		6
7	Other (specify):* related party/security	69,782			69,782		69,782	15,691	85,473		7
8	TOTAL General Services	800,195	802,673	688,317	2,291,185	(40,418)	2,250,767	(120,707)	2,130,060		8
	B. Health Care and Programs										
9	Medical Director			31,000	31,000		31,000		31,000		9
10	Nursing and Medical Records	2,985,066	424,666	28,191	3,437,923	(199,169)	3,238,754	65,220	3,303,974		10
10a	Therapy	158,552	1,007	11,788	171,347		171,347		171,347		10a
11	Activities	283,177	12,677	5,870	301,724	369	302,093		302,093		11
12	Social Services	88,335			88,335		88,335		88,335		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,353	9,353		15
16	TOTAL Health Care and Programs	3,515,130	438,350	76,849	4,030,329	(198,800)	3,831,529	74,573	3,906,102		16
	C. General Administration										
17	Administrative	153,585			153,585		153,585	174,631	328,216		17
18	Directors Fees										18
19	Professional Services			1,214,729	1,214,729		1,214,729	(1,110,779)	103,950		19
20	Dues, Fees, Subscriptions & Promotions			94,599	94,599		94,599	(70,013)	24,586		20
21	Clerical & General Office Expenses	250,211	24,720	182,339	457,270	6,168	463,438	504,649	968,087		21
22	Employee Benefits & Payroll Taxes			1,053,457	1,053,457	23,417	1,076,874	(2,221)	1,074,653		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,882	1,882		1,882	1,407	3,289		24
25	Other Admin. Staff Transportation			7,570	7,570		7,570	25,973	33,543		25
26	Insurance-Prop.Liab.Malpractice			315,971	315,971		315,971	13,749	329,720		26
27	Other (specify):* related party			202,342	202,342		202,342	(107,666)	94,676		27
28	TOTAL General Administration	403,796	24,720	3,072,889	3,501,405	29,585	3,530,990	(570,270)	2,960,720		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,719,121	1,265,743	3,838,055	9,822,919	(209,633)	9,613,286	(616,404)	8,996,882		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			129,982	129,982		129,982	302,389	432,371			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			286,465	286,465		286,465	426,193	712,658			32
33	Real Estate Taxes			265,630	265,630	(265,630)		275,598	275,598			33
34	Rent-Facility & Grounds			814,369	814,369	265,630	1,079,999	(1,079,999)				34
35	Rent-Equipment & Vehicles			49,171	49,171		49,171	78,509	127,680			35
36	Other (specify):* Mortgage Insurance							60,044	60,044			36
37	TOTAL Ownership			1,545,617	1,545,617		1,545,617	62,734	1,608,351			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	842,668	982,693	1,369,550	3,194,911	209,633	3,404,544	8,316	3,412,860			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		422		422		422	(422)				41
42	Provider Participation Fee			615,008	615,008		615,008		615,008			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	842,668	983,115	1,984,558	3,810,341	209,633	4,019,974	7,894	4,027,868			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,561,789	2,248,858	7,368,230	15,178,877		15,178,877	(545,776)	14,633,101			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		(37,926.00)	Employee Meals
	22	37,926.00	Employee Meals
22		(14,509.00)	Uniforms
	1	1,476.00	Uniforms
	3	1,265.00	Uniforms
	4	221.00	Uniforms
	6	59.00	Uniforms
	10	10,464.00	Uniforms
	11	369.00	Uniforms
	21	655.00	Uniforms
10		(209,633.00)	Oxygen - to appropriate cost center
	39	209,633.00	Oxygen - to appropriate cost center
6		(5,513.00)	Vendor Settlements
	21	5,513.00	Vendor Settlements
33		(265,630.00)	Reclass RE Tax Associated with Rent
	34	265,630.00	Reclass RE Tax Associated with Rent

Net

-

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center # 0017319 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(8,694)	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	(48,834)	30		9
10	Interest and Other Investment Income	(11,813)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,004)	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	(36,587)	21		17
18	Fines and Penalties	(3,029)	32		18
19	Entertainment	(1,793)	20		19
20	Contributions	(19,811)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,106)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(202,342)	27		24
25	Fund Raising, Advertising and Promotional	(9,820)	20		25
	Income Taxes and Illinois Personal				
26	Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (358,833)		\$	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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	104,626	Various	34
35	Other- Attach Schedule	(291,569)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (186,943)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (545,776)		37

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

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

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

STATE OF ILLINOIS
Alden Lakeland Rehabilitation & Health Care Center

Page 5A

Report Period Beginning: ID# 0017319
Ending: 01/01/2012
12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,441)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(20,077)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,943	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	39,871	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(239)	30	6
7	Late Fees on Utilities	(908)	5	7
8	Gift Shop	(422)	41	8
9	Intercompany Interest	(279,087)	32	9
10				10
11	Misc Income - Record copies	(3,837)	10	11
12	Misc Income - Jury Duty	(17)	21	12
13	Misc Income - Wage Service Fee	(50)	21	13
14	Misc Income - Polling Site Reimbursment	(300)	21	14
15	Marketing Manager & Aides	(11,728)	21	15
16	Elim portion of Employee Benefits for Marketing	(2,221)	22	16
17	Back out 30% of PAC Fees IHCA	(3,643)	20	17
18				18
19	Back out Group MidCap Legal Fees	(2,497)	19	19
20	Back out Group MidCap Accounting Fees	(3,906)	19	20
21	Adj RE Tax for Electronic Filing Fee	(10)	33	21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(291,569)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center # 0017319 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	8,037	(9,478)	0	0	0	0	0	0	0	(1,441)	1
2	Food Purchase	(1,004)	0	0	(173,864)	0	0	0	0	0	0	0	(174,868)	2
3	Housekeeping	0	0	8,986	0	0	0	0	0	0	0	0	8,986	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(908)	0	5,107	0	0	0	0	0	0	0	0	4,199	5
6	Maintenance	34,120	1,346	(11,951)	0	0	0	3,211	0	0	0	0	26,726	6
7	Other (specify):*	0	0	9,980	5,711	0	0	0	0	0	0	0	15,691	7
8	TOTAL General Services	32,208	1,346	20,159	(177,631)	0	0	3,211	0	0	0	0	(120,707)	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	(3,837)	0	64,099	84	4,874	0	0	0	0	0	0	65,220	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,353	0	0	0	0	0	0	0	0	9,353	15
16	TOTAL Health Care and Programs	(3,837)	0	73,452	84	4,874	0	0	0	0	0	0	74,573	16
	C. General Administration													
17	Administrative	0	0	174,631	0	0	0	0	0	0	0	0	174,631	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,509)	28,597	(1,117,867)	0	0	0	0	0	0	0	0	(1,110,779)	19
20	Fees, Subscriptions & Promotions	(35,067)	334	(35,280)	0	0	0	0	0	0	0	0	(70,013)	20
21	Clerical & General Office Expenses	(48,682)	0	406,854	102,907	43,570	0	0	0	0	0	0	504,649	21
22	Employee Benefits & Payroll Taxes	(2,221)	0	0	0	0	0	0	0	0	0	0	(2,221)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,407	0	0	0	0	0	0	0	0	1,407	24
25	Other Admin. Staff Transportation	0	0	25,973	0	0	0	0	0	0	0	0	25,973	25
26	Insurance-Prop.Liab.Malpractice	0	13,357	392	0	0	0	0	0	0	0	0	13,749	26
27	Other (specify):*	(202,342)	0	80,076	11,725	2,875	0	0	0	0	0	0	(107,666)	27
28	TOTAL General Administration	(309,821)	42,288	(463,814)	114,632	46,445	0	0	0	0	0	0	(570,270)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(281,450)	43,634	(370,203)	(62,915)	51,319	0	3,211	0	0	0	0	(616,404)	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	(74,591)	367,370	9,610	0	0	0	0	0	0	0	0	302,389	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(293,929)	495,021	224,807	0	294	0	0	0	0	0	0	426,193	32
33	Real Estate Taxes	(10)	265,629	9,550	0	429	0	0	0	0	0	0	275,598	33
34	Rent-Facility & Grounds	0	(1,079,999)	0	0	0	0	0	0	0	0	0	(1,079,999)	34
35	Rent-Equipment & Vehicles	0	0	78,509	0	0	0	0	0	0	0	0	78,509	35
36	Other (specify):*	0	60,044	0	0	0	0	0	0	0	0	0	60,044	36
37	TOTAL Ownership	(368,530)	108,065	322,476	0	723	0	0	0	0	0	0	62,734	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	(28,666)	(85,395)	122,377	0	0	0	0	0	8,316	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(422)	0	0	0	0	0	0	0	0	0	0	(422)	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	(422)	0	0	(28,666)	(85,395)	122,377	0	0	0	0	0	7,894	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(650,402)	151,699	(47,727)	(91,581)	(33,353)	122,377	3,211	0	0	0	0	(545,776)	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	\$ 1,079,999	Lawrence Avenue Building, LLC		\$	\$ (1,079,999)	1
2	V	32	Interest Income Repl Reserve	200	Lawrence Avenue Building, LLC			(200)	2
3	V	32	Interest Income	1,659	Lawrence Avenue Building, LLC			(1,659)	3
4	V	6	Repairs & Maintenance		Lawrence Avenue Building, LLC		1,346	1,346	4
5	V	19	Accounting Fees		Lawrence Avenue Building, LLC		8,875	8,875	5
6	V	19	Legal Fees:Non-collections		Lawrence Avenue Building, LLC		19,722	19,722	6
7	V	20	Licen&Inspect/Annual Rep		Lawrence Avenue Building, LLC		334	334	7
8	V	33	Real Estate Tax Expense		Lawrence Avenue Building, LLC		265,629	265,629	8
9	V	26	General Insurance Expense		Lawrence Avenue Building, LLC		13,357	13,357	9
10	V	36	Mortgage Insurance Premium		Lawrence Avenue Building, LLC		60,044	60,044	10
11	V	32	Interest - Mortgage		Lawrence Avenue Building, LLC		492,995	492,995	11
12	V	30	Depreciation Expense		Lawrence Avenue Building, LLC		367,370	367,370	12
13	V	32	Amortization Expense		Lawrence Avenue Building, LLC		3,885	3,885	13
14	Total			\$ 1,081,858			\$ 1,233,557	\$ * 151,699	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%	\$ 5,107	\$ 5,107	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		1,407	1,407	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		25,973	25,973	17
18	V	26	Insurance		Alden Management Services, Inc.		392	392	18
19	V	20	Dues & Subscriptions	39,348	Alden Management Services, Inc.		4,068	(35,280)	19
20	V	30	Depreciation		Alden Management Services, Inc.		9,610	9,610	20
21	V	33	Real Estate Taxes		Alden Management Services, Inc.		9,550	9,550	21
22	V	35	Rent - Equipment & Vihicles		Alden Management Services, Inc.		78,509	78,509	22
23	V	32	Interest		Alden Management Services, Inc.		224,807	224,807	23
24	V	1	Dietary		Alden Management Services, Inc.		8,037	8,037	24
25	V	3	Houskeeping		Alden Management Services, Inc.		8,986	8,986	25
26	V	7	Employee Benefits - Gen'l Services		Alden Management Services, Inc.		9,980	9,980	26
27	V	10	Nursing & Medical Records Salaries		Alden Management Services, Inc.		64,099	64,099	27
28	V	15	Employee Benefits - Health Care		Alden Management Services, Inc.		9,353	9,353	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		174,631	174,631	29
30	V	27	Employee Benefits - Admin		Alden Management Services, Inc.		80,076	80,076	30
31	V	19	Professional Fees	1,178,480	Alden Management Services, Inc.		60,613	(1,117,867)	31
32	V	21	General & Adminstrative		Alden Management Services, Inc.		406,854	406,854	32
33	V	6	Repairs & Maintenance	98,747	Alden Management Services, Inc.		86,796	(11,951)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,316,575			\$ 1,268,848	\$ * (47,727)	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	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.		13,225	13,225
17	V	2 Tube Feeding	313,024	Prism Health Care Sevices, Inc.		139,160	(173,864)
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84
19	V	39 Ancillary Supplies	348,522	Prism Health Care Sevices, Inc.		184,058	(164,464)
20	V	39 Ventilator Rental		Prism Health Care Sevices, Inc.		135,798	135,798
21	V	21 Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		71,543	71,543
22	V	27 Employee Benefits		Prism Health Care Sevices, Inc.		11,725	11,725
23	V	7 Employee Benefits		Prism Health Care Sevices, Inc.		5,711	5,711
24	V	21 General & Administrative		Prism Health Care Sevices, Inc.		31,364	31,364
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 691,006			\$ 599,425	\$ * (91,581)

* 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	\$ 219,722	Forum Extended Care Services II, Inc.	0.00%	\$ 280,700	\$ 60,978	15
16	V	39	I.V.	158,027	Forum Extended Care Services II, Inc.		19,627	(138,400)	16
17	V	39	Wound Care	38,771	Forum Extended Care Services II, Inc.		30,798	(7,973)	17
18	V	10	House Stock	31,179	Forum Extended Care Services II, Inc.		28,840	(2,339)	18
19	V	10	Pharmacy Consultant	7,200	Forum Extended Care Services II, Inc.		14,413	7,213	19
20	V	27	Employee Vaccination	2,510	Forum Extended Care Services II, Inc.		1,992	(518)	20
21	V	27	Employee Benefits: G & A		Forum Extended Care Services II, Inc.		3,393	3,393	21
22	V	21	Gen'l & Admin. Salary		Forum Extended Care Services II, Inc.		24,786	24,786	22
23	V	21	Gen'l & Admin.		Forum Extended Care Services II, Inc.		18,784	18,784	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		294	294	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		429	429	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			\$ 457,409			\$ 424,056	\$ * (33,353)	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	\$ 630,870	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 753,247	\$ 122,377	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			\$ 630,870			\$ 753,247	\$ * 122,377	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	\$ 52,005	Alden Bennett Construction Company, Inc.	0.00%	\$ 55,216	\$ 3,211	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			\$ 52,005			\$ 55,216	\$ * 3,211	39

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center # 0017319 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Ca # 0017319 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	173,993	2.38	5.95	Salary	\$ 11,007	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	64,556	2.38	5.95	Salary	4,084	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,169	2.38	5.95	Salary	2,351	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	\$ 17,442		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 & Health Care Center # 0017319 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

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

Name of Related Organization Alden Management Services, Inc.
Street Address 4200 W. Peterson
City / State / Zip Code Chicago, IL 60646
Phone Number (773-286-3883
Fax Number (773-286-8038

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,340,098	35	\$ 85,836	\$	79,735	\$ 5,107	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644		79,735	1,407	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530		79,735	25,973	3
4	26	Insurance	Patient Days	1,340,098	35	6,589		79,735	392	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371		79,735	4,068	5
6	30	Depreciation	No of Providers/usage	35	35	340,112		1	9,610	6
7	33	Real Estate Tax	Patient Days/ysage	1,340,098	35	184,769		79,735	9,550	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497		79,735	78,509	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912		79,735	224,807	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	79,735	8,037	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	79,735	8,986	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731		79,735	9,980	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	79,735	64,099	13
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190		79,735	9,353	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	79,735	174,631	15
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837		79,735	80,076	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	79,735	60,613	17
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	79,735	406,854	18
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	79,735	86,796	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 1,268,848	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 Capital, Ltd of Illin	x		Mortgage	\$51,330.00	2/25/11	\$ 11,977,000	\$ 11,765,843	2/24/51	4.1700	\$ 492,995	1							
2												2							
3												3							
4												4							
5	Amortization of Mortg Fin Fees		x								3,885	5							
	Working Capital																		
6	Related party-AMS		x	Working Capital							224,807	6							
7	Related party-FECII		x	Working Capital							294	7							
8	Related party-AMS		x	Malpractice Insurance Financing							4,349	8							
9	TOTAL Facility Related				\$51,330.00		\$ 11,977,000	\$ 11,765,843			\$ 726,330	9							
	B. Non-Facility Related*																		
10	Interest Income Applied		x	Medicaid on late payments							(11,699)	10							
11	Interest Income Applied		x	Resident on late payment							(114)	11							
12	Interest Income Applied		x	Interest Income on Replacement Reserve							(200)	12							
13	Interest Income Applied		x	Settlement Interest on Real Est Tax class action suit							(1,659)	13							
14	TOTAL Non-Facility Related						\$	\$			\$ (13,672)	14							
15	TOTALS (line 9+line14)						\$ 11,977,000	\$ 11,765,843			\$ 712,658	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 60,044 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	276,200	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.)		\$	266,919	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(9,281)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	274,900	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.		\$	265,619	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	9,979.00
		Total Real Estate Tax Expense, Sch V, Line 33		\$	275,598
Real Estate Tax Bill for Calendar Year:		2007	296,274	8	
		2008	299,908	9	
		2009	257,009	10	
		2010	268,191	11	
		2011	266,919	12	
the current year accrual is based on an estimated 3% increase of the prior year tax					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Alden-Lakeland Rehabilitation and Health Care Center, Inc.

COUNTY

Cook

FACILITY IDPH LICENSE NUMBER

001-7319

CONTACT PERSON REGARDING THIS REPORT

Steven M. Kroll

TELEPHONE

773-286-3883

FAX #:

773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. See attached (Supplement)	Related party-Alden Management	\$ 303,210.00	\$ 9,550.00
2. See attached (Supplement)	Related Party-Forum Extended Care	\$ 37,853.00	\$ 429.00
3. 14-08-419-040-000	Nursing Home Facility	\$ 266,919.21	\$ 266,919.21
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 607,982.21	\$ 276,898.21

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

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	Nursing facility		1995	\$ 1,040,000	1
2					2
3	TOTALS			\$ 1,040,000	3

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

0017319

Report Period Beginning:

01/01/2012 Ending:

12/31/2012

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	4,114,347	4
5			1995		577		40	14	14	246	5
6			1995		245		40	6	6	105	6
7				1996	13,250	331	40	331		4,939	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	24	5-20		(24)	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	139	5-20		(139)	45,438	28
29	REPAIR: ELEVATOR, LAUNDRY ROOM, PUMPS,A.C, INSULLATIO			1995	415,705	16,108	5-20	16,958	850	382,695	29
30	NEW ELECTRIC GENERATOR, NEW COOLING TOWER			1996	191,725	9,510	5-20	9,510		161,606	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 & Health Care Center

0017319

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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		1,632	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		9,667	46
47	CSI (replace fan coil units)	1998	6,340	423	15	423		6,059	47
48	Atash Fire & Safety (install annunciator panel)	1998	5,890	393	15	393		5,727	48
49	CSI (rebuild compressor)	1998	7,056	470	15	470		6,742	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		1,588	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		8,729	56
57	ISS/Chicago Sound & Comm.(call system)	1999	28,500	1,900	15	1,900		25,017	57
58	Alden Bennett Construction(general)	1999	23,560		15	1,414	1,414	23,560	58
59	Alden Bennet Construction- oxygen tank	1999	9,475	474	20	474		6,159	59
60	Alden Bennett Construction(oxyg tank)	1999	35,016	1,751	20	1,751		22,906	60
61									61
62	Climate Service, Inc (repair boiler)	2000	4,892	245	20	245		3,139	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		2,820	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 12,301,681	\$ 314,533		\$ 265,361	\$ (49,172)	\$ 7,433,269	70

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

0017319

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	\$ 314,533		\$ 265,361	\$ (49,172)	\$ 7,433,269	1
2	Fox Valley-repair hvac pump	2000	1,969	98	20	98		1,255	2
3	System electric-circuit for sump pump	2000	2,361	118	20	118		1,495	3
4	System electric-emergency lighting	2000	5,190	346	15	346		4,354	4
5	System Electric-install circuits	2000	1,570	78	20	78		980	5
6	Fox Valley-install tank system	2000	1,755	70	25	70		877	6
7	GT Mechanical-repair boiler	2000	2,698	135	20	135		1,686	7
8	ABC-fireproofing	2000	2,503	125	20	125		1,543	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		1,398	15
16	Simplex Time Recorder (fire alarm repairs)	2001	1,529	102	15	102		1,181	16
17	GT Mechanical-replace trane rooftop unit	2001	17,800	1,187	15	1,187		13,647	17
18	Long Elevator-repair elevator	2001	757		10			757	18
19	Long Elevator-replace boards	2001	4,659		10			4,659	19
20	Alden Bennett - various	2001	1,720		10			1,720	20
21	Alden Bennett - various	2001	8,688	579	15	579		6,612	21
22	Alden Bennett - various	2001	11,481	765	15	765		8,610	22
23	Medline Industries	2002	1,205	90	10	120	30	1,205	23
24	GT Mechanical-replace relay board/compressor	2002	1,696	113	15	113		1,187	24
25	CSI Coker- booster heater	2002	5,238	349	15	349		3,811	25
26	Alden Bennett -building improvement	2002	3,358	224	15	224		2,407	26
27	Alden Bennett -building improvement	2002	2,478	228	10	248	20	2,478	27
28	Alden Bennett -building improvement	2002	3,161	237	10	316	79	3,161	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,418,698	\$ 319,498		\$ 270,455	\$ (49,043)	\$ 7,531,687	34

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

0017319

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	10
	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	\$ 319,498		\$ 270,455	\$ (49,043)	\$ 7,531,687	1
2	GT Mechanical-rebuild compressor	2003	6,500	433	15	433	0	4,297	2
3	Simplex Grinnell -replace smoke detectors	2003	4,225	423	10	423	(0)	4,191	3
4	Simplex Grinnell-repair fire pump	2003	2,094	209	10	209	0	2,024	4
5	Simplex Grinnell fire system connection	2003	1,710	171	10	171		1,653	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	1,512	7
8	Simplex Grinnell-2 duct smoke detectors & electric	2003	1,961	196	10	196	(0)	1,814	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)	6,954	11
12	GT Mchanical-back up pump bearing	2004	1,713	171	10	171		1,498	12
13	GT Mchanical-main house pump	2004	1,555	156	10	156		1,348	13
14	GT Mechanical-cooling towwe repairs	2004	1,259	126	10	126		1,081	14
15									15
16	ABC-repair kitchen,freezer doors and misc repairs	2004	8,038	804	10	804		6,967	16
17	Oak First Signal Circuit-elevator repair	2004	2,075	208	10	208		1,764	17
18	ABC misc repairs	2004	6,005	600	10	600		5,154	18
19	GT Mechanical-laundry motor replacement	2004	2,966	297	10	297		2,521	19
20	GT Mechanical-cooling gtower fan motor	2004	4,181	418	10	418		3,553	20
21	ISS/chicao Sound/ repair address sound	2004	2,092	209	10	209		1,743	21
22	ABC misc repairs	2004	5,832	583	10	583		4,860	22
23	GT Mechanical-A/C for East side of bldg	2004	1,007	101	10	101		839	23
24	System Electric-walk in cooler lights	2004	904	60	15	60		502	24
25	Oak First-installation of smoke dectors in front of elevators	2004	6,500	650	10	650		5,363	25
26	Top Notch-repaired faucet/drains	2004	1,627	163	10	163		1,302	26
27	ABC-Medical Gas Revisions	2004	27,009	2,701	10	2,701		23,633	27
28	CAPPS Plumbing-replaced kitchen faucets, drains	2005	1,320	66	20	66		429	28
29	Cybor Fire Protection Fire Sprinkler	2005	3,195	128	7	456	328	3,195	29
30	ABC New water cooling system	2005	153,553	7,678	20	7,678		57,725	30
31	ABC New water cooling system	2005	12,097	605	20	605		4,395	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,691,046	\$ 337,568		\$ 288,853	\$ (48,715)	\$ 7,685,797	34

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

XI. OWNERSHIP COSTS (continued)

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 12,691,046	\$ 337,568		\$ 288,853	\$ (48,715)	\$ 7,685,797	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26									26
27	Adjust for ABC Related Party Profit	2008	(782)	(130)		(130)		(585)	27
28	Adjust for ABC Related Party Profit	2009	(415)	(18)		(18)		(63)	28
29	Adjust for ABC Related Party Profit	2010	(311)	(164)		(164)		(311)	29
30	Adjust for ABC Related Party Profit	2011	138	8		8		12	30
31	Adjust for ABC Related Party Profit	2012	3,018	65		65		65	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,778,985	\$ 338,829		\$ 290,115	\$ (48,715)	\$ 7,763,578	34

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

0017319

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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 12D, Carried Forward		\$ 12,778,985	\$ 338,829		\$ 290,115	\$ (48,715)	\$ 7,763,578	1
2	OakFire - install smoke detectors in elevator shaft	2006	8,528	853	10	853	0	5,401	2
3	ABC - install new sheet flooring in resident/ laundry room	2006	4,368	437	10	437	0	2,950	3
4	New Motor Blower	2007	3,295	330	10	330		1,925	4
5	Roof Repair	2007	7,020	702	10	702		3,978	5
6	Damaged Tarkett vinyl tiling replaced	2007	36,006	3,601	10	3,601		20,105	6
7	Cleaned Tower	2007	3,023	302	10	302		1,688	7
8									8
9	Chiller Room Exhaust	2007	33,741	2,913	10	3,374	461	18,276	9
10	Chiller	2007	4,075	408	10	408		2,210	10
11	Suction System	2007	19,666	1,967	10	1,967		10,491	11
12	Electrical and Plumbing Replacement	2007	3,303	330	10	330		1,760	12
13	Replaced broken plumbing	2007	3,177	318	10	318		1,669	13
14	Replaced broken plumbing	2007	2,965	297	10	297		1,559	14
15	New Concrete Pad	2007	7,076	708	10	708		3,658	15
16	New parts for motors roof fans	2007	4,644	464	10	464		2,397	16
17	New Floor Drain New Supply Lines	2007	8,564	856	10	856		4,351	17
18	New concrete pad and trough basin	2007	5,247	525	10	525		2,669	18
19									19
20	Replace Exterior Delivery Ramp-ABC	2008	3,074	205	15	205		854	20
21	New Boiler Tubes-ABC	2008	20,180	1,345	15	1,345		6,613	21
22	Fire Alarm Annunciator Panel-ABC	2008	8,527	853	10	853		4,052	22
23	Laundry Cart Hardware-ABC	2008	4,301	860	5	860		4,085	23
24	New Boiler Tubes-ABC	2008	6,886	459	15	459		2,180	24
25	Generator	2008	2,842	568	5	568		2,651	25
26	Room Riser (HVAC)-ABC	2008	22,702	1,513	15	1,513		7,061	26
27	Carpet on 2nd & 3rd Floors-ABC	2008	48,802	9,760	5	9,760		45,547	27
28	Oxygen Wall Outlets-ABC	2008	8,380	419	20	419		1,955	28
29	Pump/Bearing Assembly/Valve Actuator	2008	10,480	1,048	10	1,048		4,716	29
30	Chiller Control & Sensor	2008	3,814	254	15	254		1,143	30
31	Dual Temp Risers/ Propress Piping	2008	12,809	854	15	854		3,701	31
32	Replace Ceiling Tile-ABC	2008	2,916	292	10	292		1,192	32
33	Boiler Tube-ABC	2008	11,140	1,114	10	1,114		5,199	33
34	TOTAL (lines 1 thru 33)		\$ 13,100,536	\$ 373,382		\$ 325,129	\$ (48,253)	\$ 7,939,612	34

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

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Center

0017319

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,100,536	\$ 373,382		\$ 325,129	\$ (48,253)	\$ 7,939,612	1
2	<u>Oak Fire-Install Fire System Piping from 4th fl to basement</u>	2009	4,606	461	10	461		1,613	2
3	<u>Top Notch-Repair Dish Machine</u>	2009	5,075	1,015	5	1,015		4,060	3
4	<u>Central States-Repair Sprinkler System</u>	2009	5,300	1,060	5	1,060		4,240	4
5	<u>GT Mechanical-Repair A/C Fill Pump & Chiller Circuits</u>	2009	5,208	1,042	5	1,042		3,734	5
6	<u>GT Mechanical-Replace & Insulate Leaking Riser</u>	2009	15,164	3,033	5	3,033		10,363	6
7	<u>ABC-Vaccum Pump & Motor for Medical Gas</u>	2009	12,139	1,214	8	1,517	303	4,804	7
8									8
9	<u>Elevator hydraulics: emerg replacement-ABC</u>	2010	36,912	1,846	20	1,846		5,384	9
10	<u>Concrete Delivery Ramp replaced-ABC</u>	2010	8,876	592	15	592		1,579	10
11	<u>Elevator repair emerg - ABC</u>	2010	74,470	3,724	20	3,724		9,620	11
12	<u>Elevator repair emerg - ABC</u>	2010	33,689	1,684	20	1,684		4,210	12
13	<u>Dish machine repair motor & speed reduc-TopNot</u>	2010	3,595	719	5	719		2,097	13
14	<u>Laundry chute repair - ABC</u>	2010	8,241	1,648	10	824	(824)	2,266	14
15	<u>Brick work at front entrance - ABC</u>	2010	9,911	496	20	496		1,322	15
16	<u>Kitchen ejector pump repair-ABC</u>	2010	5,788	1,158	5	1,158		2,991	16
17	<u>Fan repair tower motor on AC</u>	2010	5,211	1,042	10	521	(521)	1,303	17
18	<u>Compressor repair and flare fitting on AC</u>	2010	5,225	1,045	5	1,045		2,525	18
19	<u>Motors and patient station repair & HVAC motors</u>	2010	11,066	2,213	5	2,213		5,164	19
20	<u>Wall base in res room with new cove base-ABC</u>	2011	3,176	212	15	212		388	20
21	<u>Water cooled condenser repair-GTMECH</u>	2011	4,751	950	5	950		1,583	21
22	<u>Roof repair-JD&SONS</u>	2011	3,650	730	5	730		1,095	22
23	<u>Sprinkler heads added to elevator-USFIRE</u>	2011	2,988	498	10	299	(199)	374	23
24	<u>Asphalt paving-ABC</u>	2011	9,333	1,167	8	1,167		1,459	24
25	<u>Elevator repair/control system PC board-KONINC</u>	2011	2,934	587	5	587		636	25
26	<u>Repair rite boiler-ABC</u>	2011	5,281	1,056	5	1,056		1,144	26
27	<u>Fire dampers-OAKFIR</u>	2011	9,900	1,320	5	1,980	660	2,145	27
28	<u>Sanding sleeve-elevator-LONELE</u>	2011	5,680	1,136	5	1,136		2,083	28
29	<u>Railings, stairs-ALDBEN</u>	2012	28,720		15				29
30	<u>Repair leaks on boiler-ALDBEN</u>	2012	5,213	434	10	434		434	30
31	<u>Dampers (fire) in 2 ducts utility room-ALDBEN</u>	2012	6,214	259	10	259		259	31
32	<u>Repair fire protective tents on recessed light fixtures-ABC</u>	2012	2,584	151	5	151		151	32
33	<u>Repair fire (smoke) damper-ABC</u>	2012	6,146	205	10	205		205	33
34	TOTAL (lines 1 thru 33)		\$ 13,447,580	\$ 406,076		\$ 357,242	\$ (48,834)	\$ 8,018,843	34

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

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

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 13,447,580	\$ 406,076		\$ 357,242	\$ (48,834)	\$ 8,018,843	1
2	Vacuum pump, motor assembly-MEDGAS	2012	5,991	499	10	499		499	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 13,453,571	\$ 406,575		\$ 357,741	\$ (48,834)	\$ 8,019,342	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	\$ 528,985	\$ 56,511	\$ 56,511	\$	various	\$ 254,291	71
72	Current Year Purchases	252,243	16,008	16,008		various	13,128	72
73	Fully Depreciated Assets	2,013,602	2,111	2,111		various	2,013,602	73
74								74
75	TOTALS	\$ 2,794,830	\$ 74,630	\$ 74,630	\$		\$ 2,281,021	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related party - AMS	Various	98-'02	3,911				3	3,911	79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 17,292,312	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 481,205	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 432,371	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (48,834)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,304,274	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: \$60,106Description:Office Equipment Lease \$25,893; Copy Machine Leases \$34,213
(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	\$ #####	\$ 39,375	17
18					18
19	Auto Lease GL 6890	various	\$ #####	14,958	19
20					20
21	TOTAL		\$ #####	\$ 54,333	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
12.12/31/13	\$Varies
13.12/31/14	\$Varies
14.12/31/15	\$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	\$		\$ 287,974	\$		\$ 287,974	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			70,397			70,397	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			236,973			236,973	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				280,700		280,700	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3		842,669			153,865		996,534	12
13	Other (specify): <u>See Pg 16A</u>					122,377	1,417,905		1,540,282	13
14	TOTAL			\$ 842,669		\$ 717,721	\$ 1,852,470		\$ 3,412,860	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	287,974
2.	ST	39-3	To Col 5	70,397
3.				
4.	PT	39-3	To Col 5	236,973
5.				
6.				
7.				
8.				
	Pharmacy Supplies per GL			219,722
	Manual Input from Related Party- Forum Drugs			60,978
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	280,700
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	842,668
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	153,865
	Total Exceptional Care (Line 12, Col 8)			996,533

13. Other:	See Pg 16A		
13. Col 5: Manual Input: Related Party - CPT	To Col 5		122,377
Other			1,383,310
Manual Input: Related Party - Prism			(28,666)
Manual Input: Related Party FECII - I.V.			(138,399)
Manual Input: Related Party FECII - Wound Care			(7,973)
Oxygen, from reclass worksheet (Pg 4A)			209,633
Rounding			
13. Col 6: Supplies Total	To Col 6		1,417,905
13. Total Line 13, Column 8			1,540,282
14. Total			3,412,860

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	\$ 3,250	\$ 66,921	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 110,000)	3,019,704	3,019,704	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	4,503	27,132	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	106,619	259,302	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,134,076	\$ 3,373,059	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	1,917,799	4,876,896	15
16	Equipment, at Historical Cost	996,094	2,875,955	16
17	Accumulated Depreciation (book methods)	(2,369,411)	(9,243,252)	17
18	Deferred Charges		92,842	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		187,043	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Due from affiliates			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 544,482	\$ 8,713,920	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,678,558	\$ 12,086,979	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,144,043	\$ 1,167,790	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	186,798	186,798	28
29	Short-Term Notes Payable		127,750	29
30	Accrued Salaries Payable	535,290	535,290	30
31	Accrued Taxes Payable (excluding real estate taxes)	87,601	87,601	31
32	Accrued Real Estate Taxes(Sch.IX-B)		274,900	32
33	Accrued Interest Payable		40,886	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Lic Fees,SalesTax,Etc.	258,563	258,563	36
37	Due to affiliates-Current	2,658,764	2,658,764	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,871,059	\$ 5,338,342	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,638,092	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates-Non-Current	13,382,650	12,053,086	43
44	Non-current Debt			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 13,382,650	\$ 23,691,178	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 18,253,709	\$ 29,029,520	46
47	TOTAL EQUITY(page 18, line 24)	\$ (14,575,151)	\$ (16,942,541)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,678,558	\$ 12,086,979	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (16,480,596)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	587,370	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (15,893,226)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,318,075	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)	\$ 1,318,075	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)	\$ (14,575,151)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Lakeland Rehabilitation & Health Care Cen # 0017319 Report Period Beginning: 01/01/2012Ending: 12/31/2012**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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 15,832,020	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,832,020	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	248,131	6
7	Oxygen	382,335	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 630,466	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	4,165	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 4,165	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	11,813	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 11,813	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Pg 19A</u>	5,727	28
28a	<u>Gain on Sale of Assets</u>	12,761	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 18,488	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,496,952	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,291,185	31
32	Health Care	4,030,329	32
33	General Administration	3,501,405	33
	B. Capital Expense		
34	Ownership	1,545,617	34
	C. Ancillary Expense		
35	Special Cost Centers	3,195,333	35
36	Provider Participation Fee	615,008	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,178,877	40
41	Income before Income Taxes (line 30 minus line 40)**	1,318,075	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,318,075	43

	1		2
	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 11,933,726	44
45	Private Pay - Net Inpatient Revenue	562,330	45
46	Medicare - Net Inpatient Revenue	2,862,603	46
47	Other-(specify) <u>Hospice</u>	248,207	47
48	Other-(specify) <u>Insurance/charity/sales&allow</u>	225,154	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,832,020	49

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

** Does this agree with taxable income (loss) per Federal Income

Tax Return? not yet 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.

STATE OF ILLINOIS

Facility Name & ID Number	Alden Lakeland Rehabilitation & Health Care Center	#	0017319	Report Period Beginning	01/01/2012	Ending:
---------------------------	--	---	---------	-------------------------	------------	---------

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income related to medical records copies	3,837.00
Misc Income related to jury duty	17.00
Misc Income related to payroll wage service fee	50.00
Misc Income related to polling site reimbursment	300.00
Adjustment to prior year expense	1,523.00
Gain on Sale of assets	12,761.00
Line 28 Total:	<u><u>18,488.00</u></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	2,080	2,080	\$ 90,494	\$ 43.51	1
2	Assistant Director of Nursing	2,616	2,616	91,579	35.01	2
3	Registered Nurses	53,739	57,646	1,787,500	31.01	3
4	Licensed Practical Nurses	28,858	30,725	702,533	22.87	4
5	CNAs & Orderlies	91,323	97,619	1,000,133	10.25	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,870	4,294	55,110	12.83	8
9	Activity Director	1,560	1,661	31,423	18.92	9
10	Activity Assistants	5,344	5,889	59,659	10.13	10
11	Social Service Workers	4,080	4,171	88,335	21.18	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	45,248	21.75	13
14	Head Cook					14
15	Cook Helpers/Assistants	21,602	23,635	255,227	10.80	15
16	Dishwashers					16
17	Maintenance Workers	1,864	1,953	45,692	23.40	17
18	Housekeepers	24,021	26,311	275,408	10.47	18
19	Laundry	7,659	8,300	108,839	13.11	19
20	Administrator	2,024	2,114	89,427	42.30	20
21	Assistant Administrator	1,912	2,082	64,158	30.82	21
22	Other Administrative	11,064	11,099	297,556	26.81	22
23	Office Manager	1,920	1,920	30,946	16.12	23
24	Clerical	2,606	2,715	25,151	9.26	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,512	3,547	125,561	35.40	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,064	2,064	29,933	14.50	31
32	Other Health C: ClinDir/BehHealth	9,646	10,110	192,095	19.00	32
33	Other(specify) Security	7,301	7,788	69,782	8.96	33
34	TOTAL (lines 1 - 33)	292,745	312,419	\$ 5,561,789 *	\$ 17.80	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	1900/mo flat	\$ 22,800	1-3	35
36	Medical Director	various flat fees	31,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/mo flat	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	56	3,530	11-3	44
45	Social Service Consultant	32	2,240	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	88	\$ 66,770		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

STATE OF ILLINOIS

Facility Name & ID Number

Report Period Beginning:

Page 21

Alden Lakeland Rehabilitation & Health Care Center

0017319

01/01/2012

Ending: 12/31/2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
BERRY, NIQUITTA D	Administrator	0	\$ 72,436
PATTY-SMITH, DEBRA L	Administrator	0	16,991
AMICO, JULIE	Ass. Admin.	0	9,952
CARL, BRETT	Ass. Admin.	0	2,086
SWAIN, SANDRA M	Ass. Admin.	0	11,139
WILEY, JOHN E	Ass. Admin.	0	40,981
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 153,585

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 Servs.	Consulting	\$ 1,140,668
Ungharetti and Harris	Legal fees	5,259
Midcap Financial(eliminated)	Legal fees	2,497
Jackson Lewis	Legal fees	1,711
AMS (eliminated)	Legal fees	38,849
Linda Roberts & Assoc.	Food/nutrition consulting	1,710
BDO/Baker Tilly	Accounting Fees	5,023
Midcap Financial(eliminated)	Allocated Acctg. Fees	3,906
Ken Fisch	Legal fees- collections	15,106
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 1,214,729

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 176,875
Unemployment Compensation Insurance	147,372
FICA Taxes	412,807
Employee Health Insurance	122,519
Employee Meals	37,926
Illinois Municipal Retirement Fund (IMRF)*	
Union Health Welfare	124,797
Dental/Life/401K Match	4,309
Pension	35,669
Employee relations/misc. payroll costs	4,642
Employee drug tests/vaccinations	5,294
Eliminate Marketing benefits	(2,221)
Chicago Head Tax	4,664
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,074,653

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	184
Health Care Worker Background Check (Indicate # of checks performed 253)	2,530
Patient Background Checks	260
Surety Bond	1,898
IHCA dues	9,526
Subsceipts	836
Annual corporate fee	334
Related party- AMS	4,068
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 24,586

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related party- AMS	1,407
Seminar Expense	
IHCA Convention/ILL Council	1,426
Leadership/training seminars	456
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 3,289

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

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	Boiler	7/95	\$ 2,054	20	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 103	\$ 52
2	Boiler	6/96	1,389	20	69	69	69	69	69	69	69	69	69
3	Painting	3/09	39,078	3			10,508	13,026	13,026	2,518			
4	Painting	12/10	39,145	5				2,874	7,829	7,829	7,829	7,829	4,955
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 81,666		\$ 172	\$ 172	\$ 10,680	\$ 16,072	\$ 21,027	\$ 10,519	\$ 8,001	\$ 8,001	\$ 5,076

XX. GENERAL INFORMATION:

- (1)

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

RN/LPN-No;C.NA-Yes
- (2)

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

Yes

If YES, give association name and amount.

IHCA=\$9,526
- (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.

\$

29,548

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.

\$

615,008

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.

\$

37,926

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.