

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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: 0032896

Facility Name: Alden Poplar Creek Reh & HCC

Address: 1545 Barrington Road Hoffman Estates 60169
Number City Zip Code

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

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ 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) 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 01/01/2016 to 12/31/2016 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) Randi Schlossberg-Schullo
(Title) President, Alden Management Services, Inc.

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 Poplar Creek Reh & HCC

0032896 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	79,422	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	79,422	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	6,411	3,167	8,574	18,152	8
9	SNF/PED					9
10	ICF	38,468	6,355	2,444	47,267	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,879	9,522	11,018	65,419	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 82.37%

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 7,774

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

MODIFIED ACCRUAL X CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16 * All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Poplar Creek Reh & HCC # 0032896 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	487,848	32,281	26,760	546,889	3,679	550,568	(3,343)	547,225			1
2	Food Purchase		467,601		467,601	(42,990)	424,611	(14,908)	409,703			2
3	Housekeeping	265,138	48,092		313,230	1,575	314,805	9,165	323,970			3
4	Laundry	70,823	23,766		94,589	695	95,284		95,284			4
5	Heat and Other Utilities			287,539	287,539		287,539	686	288,225			5
6	Maintenance	60,285		299,824	360,109	583	360,692	49,836	410,528			6
7	Other (specify):* related party							9,244	9,244			7
8	TOTAL General Services	884,094	571,740	614,123	2,069,957	(36,458)	2,033,499	50,680	2,084,179			8
	B. Health Care and Programs											
9	Medical Director			24,000	24,000		24,000		24,000			9
10	Nursing and Medical Records	4,540,369	281,753	16,663	4,838,785	(6,250)	4,832,535	83,629	4,916,164			10
10a	Therapy	155,384	9,670	53,006	218,060	886	218,946		218,946			10a
11	Activities	97,775	2,264	9,349	109,388		109,388		109,388			11
12	Social Services	55,504			55,504		55,504		55,504			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							9,179	9,179			15
16	TOTAL Health Care and Programs	4,849,032	293,687	103,018	5,245,737	(5,364)	5,240,373	92,808	5,333,181			16
	C. General Administration											
17	Administrative	219,776			219,776		219,776	209,557	429,333			17
18	Directors Fees											18
19	Professional Services			1,355,250	1,355,250		1,355,250	(1,227,590)	127,660			19
20	Dues, Fees, Subscriptions & Promotions			99,806	99,806		99,806	(68,460)	31,346			20
21	Clerical & General Office Expenses	269,584	25,648	224,794	520,026		520,026	241,722	761,748			21
22	Employee Benefits & Payroll Taxes			2,362,493	2,362,493	23,675	2,386,168	(1,273,029)	1,113,139			22
23	Inservice Training & Education											23
24	Travel and Seminar			330	330		330	1,806	2,136			24
25	Other Admin. Staff Transportation			6,978	6,978		6,978	17,648	24,626			25
26	Insurance-Prop.Liab.Malpractice			298,247	298,247		298,247	10,070	308,317			26
27	Other (specify):* related party			392,912	392,912		392,912	(318,535)	74,377			27
28	TOTAL General Administration	489,360	25,648	4,740,810	5,255,818	23,675	5,279,493	(2,406,811)	2,872,682			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,222,486	891,075	5,457,951	12,571,512	(18,147)	12,553,365	(2,263,323)	10,290,042			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			83,876	83,876		83,876	259,893	343,769			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			135,702	135,702		135,702	382,376	518,078			32
33	Real Estate Taxes			697,571	697,571	(697,571)		738,563	738,563			33
34	Rent-Facility & Grounds			669,455	669,455	697,571	1,367,026	(1,367,026)				34
35	Rent-Equipment & Vehicles			21,524	21,524		21,524	52,547	74,071			35
36	Other (specify):* MIP							45,676	45,676			36
37	TOTAL Ownership			1,608,128	1,608,128		1,608,128	112,029	1,720,157			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		963,462	1,313,784	2,277,246	18,147	2,295,393	(199,439)	2,095,954			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			452,049	452,049		452,049		452,049			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		963,462	1,765,833	2,729,295	18,147	2,747,442	(199,439)	2,548,003			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,222,486	1,854,537	8,831,912	16,908,935		16,908,935	(2,350,733)	14,558,202			45

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

From Line	To Line	Amount	Description
2		(42,990)	Employee Meals
	22	42,990	Employee Meals
22		(19,315)	Uniform Reclass
	1	3,679	Uniform Reclass
	3	1,575	Uniform Reclass
	4	695	Uniform Reclass
	6	583	Uniform Reclass
	10	11,897	Uniform Reclass
	11	886	Uniform Reclass
	21		Uniform Reclass
10		(18,147)	Oxygen Cost Reclass
	39	18,147	Oxygen Cost Reclass
33		(697,571)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	697,571	Rent - Real Estate Tax on associated landowner (Pg 6)

Net (Should be zero) \$ -

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	(14,788)	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	(2,481)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,882)	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	(27,573)	21		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(6,970)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,521)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(392,912)	27		24
25	Fund Raising, Advertising and Promotional	(17,171)	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)	\$ (474,298)		\$	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)	(298,526)		34
35	Other- Attach Schedule	(1,577,909)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,876,435)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (2,350,733)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg12 items under \$2,500	\$ (7,126)	30	1
2	Elim Deprec Exp on Pg13 items under \$2,500	(27,046)	30	2
3	Exp Pg12 items under \$2,500- current yr purch	3,912	6	3
4	Exp Pg13 items under \$2,500- current yr purch	26,625	6	4
5	adj for depreciation	(439)	30	5
6	adj for ABC related party profits - Pg12-E	118	30	6
7				7
8				8
9	Late Fees on utilities	(3,871)	5	9
10	Intercompany interests (Midcap Int Alloc GL 7031)	(132,278)	32	10
11				11
12	Misc income - Jury duty	(52)	21	12
13	Misc income - Food rebate	(3,130)	2	13
14	Misc income - Medical Records	(574)	10	14
15	Marketing Manager & Aides (GL 6701-100-009)	(78,281)	21	15
16	Elim portion of Empl Benefit for Marketing Mgr	(14,684)	22	16
17				17
18	add back: refund of RE Taxes	33,547	33	18
19				19
20	Back out Hoffman Est Chamber of Comm GL 6825	(250)	20	20
21				21
22	Vendor discounts	(303)	2	22
23	Back out: Pension Withdrawal Assessment	(1,251,249)	22	23
24	Back out: Gains on Sale of Fixed Assets	(122,828)	30	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	(1,577,909)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Poplar Creek Reh & HCC# 0032896

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,721	(7,064)	0	0	0	0	0	0	0	(3,343)	1
2	Food Purchase	(8,315)	0	0	(6,593)	0	0	0	0	0	0	0	(14,908)	2
3	Housekeeping	0	0	9,165	0	0	0	0	0	0	0	0	9,165	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,871)	0	4,557	0	0	0	0	0	0	0	0	686	5
6	Maintenance	15,749	0	34,161	0	0	0	(82)	8	0	0	0	49,836	6
7	Other (specify):*	0	0	9,244	0	0	0	0	0	0	0	0	9,244	7
8	TOTAL General Services	3,563	0	60,848	(13,657)	0	0	(82)	8	0	0	0	50,680	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	(574)	0	76,277	10,415	(2,489)	0	0	0	0	0	0	83,629	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	9,179	0	0	0	0	0	0	0	0	9,179	15
16	TOTAL Health Care and Programs	(574)	0	85,456	10,415	(2,489)	0	0	0	0	0	0	92,808	16
	C. General Administration													
17	Administrative	0	0	209,557	0	0	0	0	0	0	0	0	209,557	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,521)	29,739	(1,249,808)	0	0	0	0	0	0	0	0	(1,227,590)	19
20	Fees, Subscriptions & Promotions	(24,391)	0	(44,069)	0	0	0	0	0	0	0	0	(68,460)	20
21	Clerical & General Office Expenses	(105,906)	307	347,321	0	0	0	0	0	0	0	0	241,722	21
22	Employee Benefits & Payroll Taxes	(1,265,933)	0	0	0	(7,096)	0	0	0	0	0	0	(1,273,029)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,806	0	0	0	0	0	0	0	0	1,806	24
25	Other Admin. Staff Transportation	0	0	17,648	0	0	0	0	0	0	0	0	17,648	25
26	Insurance-Prop.Liab.Malpractice	0	9,723	347	0	0	0	0	0	0	0	0	10,070	26
27	Other (specify):*	(392,912)	0	74,377	0	0	0	0	0	0	0	0	(318,535)	27
28	TOTAL General Administration	(1,796,663)	39,769	(642,821)	0	(7,096)	0	0	0	0	0	0	(2,406,811)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(1,793,674)	39,769	(496,517)	(3,242)	(9,585)	0	(82)	8	0	0	0	(2,263,323)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Poplar Creek Reh & HCC # 0032896 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	(157,321)	413,677	3,537	0	0	0	0	0	0	0	0	259,893	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(134,759)	374,362	142,773	0	0	0	0	0	0	0	0	382,376	32
33	Real Estate Taxes	33,547	697,571	7,445	0	0	0	0	0	0	0	0	738,563	33
34	Rent-Facility & Grounds	0	(1,367,026)	0	0	0	0	0	0	0	0	0	(1,367,026)	34
35	Rent-Equipment & Vehicles	0	0	52,547	0	0	0	0	0	0	0	0	52,547	35
36	Other (specify):*	0	45,676	0	0	0	0	0	0	0	0	0	45,676	36
37	TOTAL Ownership	(258,533)	164,260	206,302	0	0	0	0	0	0	0	0	112,029	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	(61,880)	(48,448)	(89,111)	0	0	0	0	0	(199,439)	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	(61,880)	(48,448)	(89,111)	0	0	0	0	0	(199,439)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(2,052,207)	204,029	(290,215)	(65,122)	(58,033)	(89,111)	(82)	8	0	0	0	(2,350,733)	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	\$ 1,367,026	Alden Nursing Center of Poplar Creek, LLC	0.00%	\$	\$ (1,367,026)	1
2	V	32	Interest Income Repl Reserve	82	Alden Nursing Center of Poplar Creek, LLC			(82)	2
3	V	6	R&M - Replacement Reserve		Alden Nursing Center of Poplar Creek, LLC				3
4	V	19	Professional Fee		Alden Nursing Center of Poplar Creek, LLC		3,500	3,500	4
5	V	19	Accounting Fees		Alden Nursing Center of Poplar Creek, LLC		8,375	8,375	5
6	V	19	Legal Fees: Non-Collections		Alden Nursing Center of Poplar Creek, LLC		17,864	17,864	6
7	V	21	Annual Report/Gen Office Exp		Alden Nursing Center of Poplar Creek, LLC		307	307	7
8	V	33	Real Estate Tax Expense		Alden Nursing Center of Poplar Creek, LLC		697,571	697,571	8
9	V	26	General Insurance Expense		Alden Nursing Center of Poplar Creek, LLC		9,723	9,723	9
10	V	36	Mortgage Insurance Premium		Alden Nursing Center of Poplar Creek, LLC		45,676	45,676	10
11	V	32	Interest - Mortgage		Alden Nursing Center of Poplar Creek, LLC		369,009	369,009	11
12	V	30	Depreciation Expense		Alden Nursing Center of Poplar Creek, LLC		413,677	413,677	12
13	V	32	Amortization Expense		Alden Nursing Center of Poplar Creek, LLC		5,435	5,435	13
14	Total			\$ 1,367,108			\$ 1,571,137	\$ * 204,029	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%	\$ 4,557	\$ 4,557	15
16	V	24	Travel and Seminar		Alden Management Services, Inc.		1,806	1,806	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		17,648	17,648	17
18	V	26	Insurance		Alden Management Services, Inc.		347	347	18
19	V	20	Dues and Subscription	47,710	Alden Management Services, Inc.		3,641	(44,069)	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,537	3,537	20
21	V	33	Real Estate taxes		Alden Management Services, Inc.		7,445	7,445	21
22	V	35	Rent - Equipment & Vehic		Alden Management Services, Inc.		52,547	52,547	22
23	V	32	Interest		Alden Management Services, Inc.		142,773	142,773	23
24	V	1	Dietary		Alden Management Services, Inc.		3,721	3,721	24
25	V	3	Housekeeping		Alden Management Services, Inc.		9,165	9,165	25
26	V	7	Employee Benefit - Gen Services		Alden Management Services, Inc.		9,244	9,244	26
27	V	10	Nurse & Medical Records Salary		Alden Management Services, Inc.		76,277	76,277	27
28	V	15	Employee Benefit - Health Care		Alden Management Services, Inc.		9,179	9,179	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		209,557	209,557	29
30	V	27	Employee Benefit - Admin		Alden Management Services, Inc.		74,377	74,377	30
31	V	19	Professional Fee	1,290,775	Alden Management Services, Inc.		40,967	(1,249,808)	31
32	V	21	General and Administrative	54,264	Alden Management Services, Inc.		401,585	347,321	32
33	V	6	Repairs and Maintenance	22,692	Alden Management Services, Inc.		56,853	34,161	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,415,441			\$ 1,125,226	\$ * (290,215)	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	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1	Diet Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2	Tube Feeding	44,392	Prism Health Care Services, Inc.		18,063	(26,329)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary Supplies	169,198	Prism Health Care Services, Inc.		68,783	(100,415)	19
20	V	1	Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		5,627	5,627	20
21	V	2	Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		19,736	19,736	21
22	V	10	Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		5,695	5,695	22
23	V	39	Gen'l & Admin & Benefits		Prism Health Care Services, Inc.		38,535	38,535	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			\$ 246,650			\$ 181,528	\$ * (65,122)	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	\$ 703,666	Forum Extended Care Services II, Inc.	0.00%	\$ 654,585	\$ (49,081)	15
16	V	39	IV	52,663	Forum Extended Care Services II, Inc.		48,990	(3,673)	16
17	V	39	Wound Care Products	32,897	Forum Extended Care Services II, Inc.		30,602	(2,295)	17
18	V	10	House Stock	30,481	Forum Extended Care Services II, Inc.		28,355	(2,126)	18
19	V	10	Pharmacy Consultant	5,208	Forum Extended Care Services II, Inc.		4,845	(363)	19
20	V	22	Employee Vaccination	7,096	Forum Extended Care Services II, Inc.			(7,096)	20
21	V	39	Employee Vaccination		Forum Extended Care Services II, Inc.		6,601	6,601	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			\$ 832,011			\$ 773,978	\$ * (58,033)	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	\$ 1,319,272	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,230,161	\$ (89,111)	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			\$ 1,319,272			\$ 1,230,161	\$ * (89,111)	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	\$ 43,499	Alden Bennett Construction Company, Inc.	0.00%	\$ 43,417	\$ (82)	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			\$ 43,499			\$ 43,417	\$ * (82)	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	\$ 4,221	Alden Design Group, Inc.	0.00%	\$ 4,229	\$ 8	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			\$ 4,221			\$ 4,229	\$ * 8	39

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

Facility Name & ID Number

Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				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			Alden Long Grove Rehabilitation and Health Ca	Long Grove				30

Facility Name & ID Number Alden Poplar Creek Reh & HCC # 0032896 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	175,606	2.032	5.08	Salary	\$ 9,394	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,922	2.032	5.08	Salary	5,078	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,922	2.032	5.08	Salary	5,078	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,574	2.032	5.08	Salary	5,915	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,105	2.032	5.08	Salary	3,162	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	141,063	1.473	5.08	Salary	7,546	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. She is the President of Alden Management Services, Inc.										12
13								TOTAL	\$ 36,173		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 Reh & HCC # 0032896 Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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	1,288,358	34	\$ 89,742	\$	65,419	\$ 4,557	1
2	24	Travel & Seminar	Patient Days	1,288,358	34	35,559		65,419	1,806	2
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560		65,419	17,648	3
4	26	Insurance	Patient Days	1,288,358	34	6,826		65,419	347	4
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705		65,419	3,641	5
6	30	Depreciation	No of Providers	34	34	140,451		1	3,537	6
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398		65,419	7,445	7
8	35	Rent-Equip/Vehicle	Patient Days	1,288,358	34	1,034,867		65,419	52,547	8
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273		65,419	142,773	9
10	1	DietaryAide Coordinator Salary	Patient Days	1,288,358	34	73,278	73,278	65,419	3,721	10
11	3	Housekeeping Coordinator Salary	Patient Days	1,288,358	34	180,508	180,508	65,419	9,165	11
12	7	Employee Benef % -Gen'I Servs	Patient Days	1,288,358	34	182,054		65,419	9,244	12
13	10	Nurs/Med Records Salary	Patient Days/usage	1,288,358	34	1,519,466	1,519,466	65,419	76,277	13
14	15	Employee Benef % -Health Care	Patient Days	1,288,358	34	180,775		65,419	9,179	14
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	65,419	209,557	15
16	27	Employee Benef % - Administrati	Patient Days	1,288,358	34	1,464,772		65,419	74,377	16
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	65,419	40,967	17
18	21	Gen'I & Admin	Patient Days/usage	1,288,358	34	7,908,785	6,929,587	65,419	401,585	18
19	6	Repair & Maint.	Patient Days/usage	1,288,358	34	1,864,177	1,276,432	65,419	56,853	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 22,760,371	\$ 15,361,511		\$ 1,125,226	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 (GL7055)		x	Mortgage	\$43,585.00	02/2011	\$ 9,875,100	\$ 9,073,685	03/2046	0.0394	\$ 369,009	1	
2												2	
3												3	
4	Insurance Interest (GL7053)		x	Malpractice Insurance							3,423	4	
5	Amort of Fin Fees (GL 7105)		x	Refinancing							5,436	5	
	Working Capital												
6	Related party-AMS		x	Working Capital							142,773	6	
7												7	
8												8	
9	TOTAL Facility Related				\$43,585.00		\$ 9,875,100	\$ 9,073,685			\$ 520,641	9	
	B. Non-Facility Related*												
10	Int Income - R.R. GL 4972		x								(82)	10	
11	Int Income (GL#4975 - PC)		x								(2,481)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (2,563)	14	
15	TOTALS (line 9+line14)						\$ 9,875,100	\$ 9,073,685			\$ 518,078	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 45,676 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 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	727,300	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.)				\$	718,418	2
3. Under or (over) accrual (line 2 minus line 1).				\$	(8,882)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	740,000	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 \$ 33,547 For 2003 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.				\$	731,118	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	7,445	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	738,563	
Real Estate Tax Bill for Calendar Year:		2011	575,316	8	FOR BHF USE ONLY	
		2012	605,194	9	13	FROM R. E. TAX STATEMENT FOR 2015 \$ 13
		2013	688,508	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
		2014	688,483	11	15	LESS REFUND FROM LINE 6 \$ 15
		2015	718,406	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax.						

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Poplar Creek Reh & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0032896

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party-Alden Management	\$ 146,629.00	\$ 7,445.00
2.		\$	\$
3. 07-07-300-012-0000	Nursing Home Facility	\$ 718,418.00	\$ 718,418.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 865,047.00	\$ 725,863.00

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

A. Square Feet: 249,325

B. General Construction Type: Exterior BrickFrame SteelNumber of Stories 3

C. Does the Operating Entity?

☐ (a) Own the Facility

☒ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

none

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

☐ YES☒ NO

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	nursing facility	62,115		\$ 310,554	1
2					2
3	TOTALS	62,115		\$ 310,554	3

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	217		1995	1988	\$ 9,202,500	\$ 230,062	40	\$ 230,062		\$ 4,863,323
5										
6										
7										
8										
	Improvement Type**									
9	Electrical work/deoc/construction/fire alarm			1988	34,647		5-10			34,647
10	Sink repair/painting/marble work/class/electrical			1989	142,814		5-10			142,814
11	Install pump/village street signal/heater motor			1990	12,416		5-15			12,416
12	Replace boiler/replace a/c unit/replace condensor			1991	11,622		5-15			11,622
13	Flooring/clean condensor/roto-rooter/sprinkler/pump			1992	15,458	199	5-25	199		15,444
14	HVAC/electrical work/flooring/fan/counter /cabinets			1993	72,195		5-20			72,195
15	HVAC/prior credits applied			1994	(5,559)		10-15			(5,559)
16	A/C work/electricity repair/HVAC repairs			1995	23,105		5-15			23,105
17	Increase lighting levels on first floor			1996	8,838		15			8,838
18	Repair and epoxy all shower bases			1996	7,164		15			7,164
19	Clean coils to existing NU-AHL			1996	7,166		10			7,166
20	Laundry-enclose dryer area, door etc.			1996	7,763	293	20	293		7,763
21	Redesign PT,OT, activity area			1996	11,943	300	20	300		11,943
22	Repair restucco 2 entrance monuments			1996	5,016		10			5,016
23	Remove & replace roof with new			1996	89,573	3,355	20	3,355		89,573
24	Replace 2-25 gallon 450 BTU hot water heaters			1996	41,801		15			41,801
25	Add alternate biler phasing standby/back			1996	5,972		15			5,972
26	Change roof exhausts			1996	13,137		15			13,137
27	Repaint all painted surfaces in soda shop			1996	1,850		5			1,850
28	Add pantries w/kitchen equip to 1,2,3rd floors			1996	122,492	4,589	20	4,589		122,492
29	Siegert (sprinkler system)			1996	29,000		15			29,000
30	Tri-star install cooler assec.			1997	1,864		5			1,864
31	Cummis/onan -install pump			1997	4,959		5			4,959
32	Network environment -repair pipe			1997	8,000		5			8,000
33	Network environment -repair pipe			1997	6,800		5			6,800
34	A&B install cable in all rooms			1997	4,680		10			4,680
35										
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 Reh & HCC

0032896

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl electric-insall outlet and lights	1998	\$ 1,778	\$	5	\$	\$	\$ 1,778	37
38	A&B custom cable install cable tv 2nd floor rooms	1998	4,680		5			4,680	38
39	CSI-maint. On choller and clean condensor valves	1998	8,400		10			8,400	39
40	CSI -repair compressor and freon	1998	2,330		15			2,330	40
41	CSI-repair condensing unit on cooler	1998	1,869		10			1,869	41
42	Build Improve: \$1,523,876.33 & 224,500 2 on internal - ABC	1998	1,748,376	47,254	37	47,254		893,273	42
43	ABC	1998	13,080		10			13,080	43
44	Alpha Sign-signs and plaques	1999	9,881	494	20	494		8,686	44
45	CSI-repair condensor	1999			10				45
46	Fos valley fire & safety-smoke detectors	1999	6,502		10			6,502	46
47	CSI-repair boiler	1999	1,875		15			1,875	47
48	CSI - compressor	1999			15				48
49	Equipment Int.-washing machine	1999	1,936		5			1,936	49
50	ABC-concrete, fencing	1999	12,735		15			12,735	50
51	Climate Services, -replace coil/thermostat	1999	5,425		10			5,425	51
52	DBS contracting-install lawn sprinkler system	2000	1,863		15			1,863	52
53	New Horizons	2000	525		3			525	53
54	New Horizons	2000	667		3			667	54
55	New Horizons	2000	714		3			714	55
56	New Horizons	2000	824		3			824	56
57	Alden Design	2000	4,440	222	20	222		3,626	57
58	Alden Design	2000	5,500	275	20	275		4,469	58
59	Walter Mayer -interior finishes	2000	4,000		15			4,000	59
60	CSI-window treatment	2000	19,411		5			19,411	60
61	DBS contracting - Alden sign	2000	1,500		5			1,500	61
62	Equipment Int.-repair dryer	2000	1,864		3			1,864	62
63	A&B custom cable install cable tv 1st floor rooms	1998	5,760		5			5,760	63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 11,753,151	\$ 287,043		\$ 287,043	\$	\$ 6,555,817	70

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,753,151	\$ 287,043		\$ 287,043		\$ 6,555,817	1
2	Equipment Int. -repair dryer	2000	926		3			926	2
3	GTMechanical-repair cooler and freezer doors	2000	1,530		5			1,530	3
4	CSI-Coker Service-replace walk-in cooler doors	2000	2,356		5			2,356	4
5	ABC -misc. construction work	2000	5,949		5			5,949	5
6	Equipment Int. -repair dryer	2000	1,036		5			1,036	6
7	Equipment Int. -repair dryer	2000	1,103		5			1,103	7
8	Equipment Int. -repair dryer	2000	1,103		5			1,103	8
9	Washtown Equipment(repair washers)	2001	572		3			572	9
10	CAPPS - Plumbing	2001	5,565		10			5,565	10
11	Alden Bennett Construction (carpeting)	2001	6,617		3			6,617	11
12	Alden Bennett Construction (misc. repairs)	2001	2,160		5			2,160	12
13	CAPPS - Plumbing (plumbing repairs)	2001	1,865		5			1,865	13
14	Long Elevator (car stations in two elevators)	2001	4,800	240	15	240		4,800	14
15	Fire Pros (fire alarm control panel upgrade)	2001	1,650		10			1,650	15
16	GT Mechanical (laundry exhaust fan for dryers)	2001	2,398		5			2,398	16
17	The Floor Source (carpeting in dining room)	2001	2,866		3			2,866	17
18	Capps - Plumbing (plumbing repairs)	2001	2,215		5			2,215	18
19	ABC - Parking lot Repair	2002	59,397	2,970	20	2,970		43,312	19
20	ABC - Misc. Repairs	2002	3,734		10			3,734	20
21	Alden Bennett Construction (carpeting)	2002	(6,617)		3			(6,617)	21
22	Capps Plumbing (hot water pump)	2002	1,885		5			1,885	22
23	Capps Plumbing (install new drain)	2002	1,685		5			1,685	23
24	GT Mechanical (condenser pump motor)	2002	2,505		10			2,505	24
25	Alden Bennett Construction (alarm annunciator)	2002	7,769		10			7,769	25
26	GT Mechanical (replaced motor)	2002	3,112		5			3,112	26
27	Alden Bennett Construction(chain link gate)	2002	2,565		5			2,565	27
28	GT Mechanical (replace motor)	2002	2,287		5			2,287	28
29	GT Mechanical (taco pump)	2002	3,808		10			3,808	29
30	Capps Plumbing & Sewer (handicapped accesible fountains	2002	2,500		10			2,500	30
31	New Horizons Communication (phone & jacks instal	2002	3,651		10			3,651	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,886,143	\$ 290,253		\$ 290,253		\$ 6,672,724	34

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 11,886,143	\$ 290,253		\$ 290,253	\$	\$ 6,672,724	1
2	Alden Bennett Construction (Automatic door op.eqpt)	2003	5,785		10			5,785	2
3	Alden Bennett Construction (3rd Floor remodelling)	2003	5,731		10			5,731	3
4	Alden Bennett Construction(elevator)	2003	2,595		5			2,595	4
5	CSI Coker Service (Refridgerator repairs)	2003	5,283		5			5,283	5
6	CSI Coker Service (kitchedn eqpt repairs)	2003	2,833		5			2,833	6
7	Patten CAT (AMS Billings)(engine reapears)	2003	1,598		5			1,598	7
8	GT Mechanical (plumbing reapiers)	2003	2,544		5			2,544	8
9	Alden Bennett Construction (Carept/elevator cab.)	2003	1,437		3			1,437	9
10	GT Mechanical (plumbing repairs)	2004	2,810		5			2,810	10
11	GT Mechanical (plumbing repairs)	2004	1,267		5			1,267	11
12	GT Mechanical (plumbing repairs)	2004	4,055	270	15	270		3,420	12
13	GT Mechanical (plumbing repairs)	2004	4,469		5			4,469	13
14	Alden Bennett Construction (Boiler repairs.)	2004	2,133	106	20	106		1,316	14
15	Oak Fire/Security Systems(fire pumpair re)	2004	2,550		5			2,550	15
16	System Electric (electrical work)	2005	1,080		5			1,080	16
17	Capps Plumbing (new weighted suspended floats)	2005	1,426		5			1,426	17
18	A & B Custom Cable (cable wires/dist amp)	2005	1,541		10			1,541	18
19	Capps Plumbing (new ball valve/ 3rd floor kitchen sink)	2005	2,185		5			2,185	19
20	Door alarm	2005	2,508		5			2,508	20
21	CSI Coker (Dishwasher repair)	2005	3,467		5			3,467	21
22	Equipment International (tumbler weldment)	2005	3,656		10			3,656	22
23	GT Mechanical (laundry exhaust fan)	2005	3,769		5			3,769	23
24	GT Mechanical (laundry exhaust fan)	2005	3,800		5			3,800	24
25	GT Mechanical (replace lower motor)	2005	4,558	456	10	456		4,330	25
26	ABC (windows)	2005	4,756		5			4,756	26
27	GT Mechanical (major repair to AC)	2005	6,216		10			6,216	27
28									28
29	Long Elevator (new relay, contacts and PC board)	2006	2,854		5			2,854	29
30	ABC (Flagpole, aerator, shower)	2006	2,838	284	10	284		2,767	30
31	ABC (Fasco motor, rebuild kit, cables, faucet)	2006	3,167		5			3,167	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,979,054	\$ 291,369		\$ 291,369	\$	\$ 6,763,884	34

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 11,979,054	\$ 291,369		\$ 291,369	\$	\$ 6,763,884	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,069,966	\$ 292,234		\$ 292,234	\$	\$ 6,850,222	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	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		\$ 12,069,966	\$ 292,234		\$ 292,234	\$	\$ 6,850,222	1
2 Adj for ABC related party profit	2008	(801)	(44)		(44)		(319)	2
3 Adj for ABC related party profit	2009	(283)	(12)		(12)		(84)	3
4 Adj for ABC related party profit	2010	(432)	(5)		(5)		(35)	4
5 Adj for ABC related party profit	2011	293	2		2		11	5
6 Adj for ABC related party profit	2012	2,543	164		164		738	6
7 Adj for ABC related party profit	2013	413	18		18		63	7
8 Adj for ABC related party profit	2014	(82)	(6)		(6)		(15)	8
9 Adj for ABC related party profit	2015	(45)	(1)		(1)		(1)	9
10 Adj for ABC related party profit	2016	22	2		2		2	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)		\$ 12,071,594	\$ 292,352		\$ 292,352	\$	\$ 6,850,582	34

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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		\$ 12,071,594	\$ 292,352		\$ 292,352	\$	\$ 6,850,582	1
2	ABC - Parking Lot repair	2007	5,165	516	10	516		4,730	2
3	ABC - new smoke detectors	2007	7,883	789	10	789		7,824	3
4	ABC - new door	2007	2,626	263	10	263		2,586	4
5	ABC - new carpet	2007	17,048	1,705	10	1,705		16,624	5
6	ABC - new door operator	2007	2,559		5			2,559	6
7	ABC - new carpet	2007	42,573	4,257	10	4,257		40,796	7
8									8
9	ABC - new Burkay 670,000 btu	2007	26,526	2,653	10	2,653		25,203	9
10	ABC - new piping condenser	2007		(120,090)	10	(120,090)			10
11	ABC - new carpet	2007	10,740	1,074	10	1,074		10,203	11
12									12
13	ABC - new carpet	2007	12,809	1,281	10	1,281		12,169	13
14	ABC - new elevator rails	2007	6,633	663	10	663		6,022	14
15									15
16	ABC - push button security lock	2008	3,050		5			3,050	16
17									17
18	ABC - new door hardware	2008	4,267	427	10	427		3,665	18
19									19
20	ABC - replace broken plumbing fixture	2008	3,288	164	20	164		1,394	20
21									21
22	ABC - boiler 1 & 2 repairs	2008	34,947	1,747	20	1,747		14,413	22
23	ABC - boiler 1 & 2 repairs	2008	5,833	292	20	292		2,409	23
24	ABC - plumbing electricals HVAC repairs sealants	2008	9,360	624	15	624		5,096	24
25									25
26	RB Higgins - 30 pressure relief mattresses	2008	4,335		5			4,335	26
27									27
28									28
29									29
30	White Way Sign - signage	2008	17,495	1,749	10	1,749		13,992	30
31	ABC - new asphalt	2008	9,944	1,243	8	1,243		9,944	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,298,675	\$ 191,709		\$ 191,709	\$	\$ 7,037,596	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward	\$ 12,298,675	\$ 191,709		\$ 191,709	\$	\$ 7,037,596	1
2	ABC - carpentry and HVAC	2009	18,483	1,232	15	1,232	8,933	2
3								3
4	ABC - paving parking lot	2009	16,740	2,092	8	2,092	14,818	4
5	ABC - #2 elevator shaft	2009	34,530	1,727	20	1,727	12,521	5
6	TopNotch - repairs new compressor	2009	4,057		5		4,057	6
7	ABC - new stone base for parking lot	2009	9,398	627	15	627	4,546	7
8	ABC - reseal parking lot	2009	4,959	620	8	620	4,495	8
9								9
10	ABC - sewer repair	2010	7,057		5		7,057	10
11								11
12								12
13								13
14	Concrete walk, south exit - ABC	2011	4,322	288	15	288	1,608	14
15								15
16	concrete/automatic metal door - ABC	2011	8,089	539	15	539	2,516	16
17	Plumbing/piping - ABC	2011	5,564	223	20	223	1,077	17
18	Sprinkler system - US Fire Protection	2011	15,598	624	25	624	3,172	18
19	hvac motor/water valve repair - ABC	2011		426	5	426		19
20	chiller repair - GT Mechanical	2011	5,965	597	5	597	5,965	20
21	Fan - laundry exhaust - GT Mechanical	2011	3,225	322	10	322	1,504	21
22	Tiles, door hinges - ABC	2011	4,845	323	15	323	1,736	22
23	paving road - St. Alexius Medical	2011	8,945	895	10	895	5,370	23
24	ashphalt - Garelli Pavement	2011	5,750	719	8	719	4,134	24
25	railings in stairwells - ABC	2011	42,805	4,281	10	4,281	24,615	25
26								26
27	Sprinkler head - ABC	2012	36,674	1,467	25	1,467	7,090	27
28	Railings, iron, resident patio replaced/fixed-ABC	2012	4,511	301	15	301	1,078	28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$ 12,540,192	\$ 209,012		\$ 209,012	\$ 7,153,888	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12G, Carried Forward		\$ 12,540,192	\$ 209,012		\$ 209,012	\$	\$ 7,153,888	1
2 Gutter, drain - Sebert	2013	2,500	250	10	250		771	2
3								3
4 Motor, A/C compressor - GT Mech	2013		667	5	667			4
5 Railing, iron, patio - ABC	2013	6,707	447	15	447		1,602	5
6 Railing, fence - ABC	2013	2,696	180	15	180		540	6
7 Asphalt - ABC	2013	17,897	2,237	8	2,237		7,084	7
8 Asphalt - ABC	2013	3,413	427	8	427		1,352	8
9								9
10 HVAC - ABC	2014	33,042	3,304	10	3,304		7,709	10
11 fire security system - Valley Fire	2014	4,997	999	5	999		2,831	11
12 motor, heating/vent - ABC	2014	3,122	624	5	624		1,716	12
13 paving, South Drive Lane v- Rose Paving	2014	5,962	1,192	5	1,192		2,881	13
14 Asphalt - ABC	2014	3,593	449	8	449		973	14
15								15
16 Fire dampers - ABC	2016	11,576	1,061	10	1,061		1,061	16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 12,635,697	\$ 220,849		\$ 220,849	\$	\$ 7,182,408	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	\$881,210	\$98,486	\$98,486	\$	varies	\$544,437	71
72	Current Year Purchases	267,499	10,530	10,530		varies	10,529	72
73	Fully Depreciated Assets	1,636,379	13,904	13,904		varies	1,636,379	73
74								74
75	TOTALS	\$2,785,088	\$122,920	\$122,920	\$		\$2,191,345	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	related party-AMS	various	1998-2004	\$4,026	\$	\$	\$	3	\$4,026	76
77	passenger bus		2000	49,863				3	49,863	77
78										78
79										79
80	TOTALS			\$53,889	\$	\$	\$		\$53,889	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$15,785,228	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$343,769	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$343,769	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$9,427,642	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions. ☐ YES ☒ NO

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

**

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: \$ 20,990 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>20,639</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>447.17</u>	<u>5,366</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>26,005</u>	21

10. Effective dates of current rental agreement:

Beginning Nov 2007

Ending Dec 2021

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

Fiscal Year Ending Annual Rent

12. 12/31/2017 \$ varies

13. 20/13/2018 \$ varies

14. 12/31/2019 \$ 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

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

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility		Contract	Total
		Drop-outs	Completed		
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.

(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	\$		\$ 469,920	\$		\$ 469,920	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			112,854			112,854	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			690,845			690,845	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				661,186		661,186	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					(89,111)	250,260		161,149	13
14	TOTAL			\$		\$ 1,184,508	\$ 911,446		\$ 2,095,954	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	469,920.00	
2.	ST	39-3	To Col 5	112,854.00	
3.					
4.	PT	39-3	To Col 5	690,845.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			703,666.00	
	Manual Input from Related Party- Forum Drugs			(42,480.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	661,186.00	1,934,805.00
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00
	Total Exceptional Care (Line 12, Col 8)			-	0.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(89,111.00)	From Page 6D
	Other			299,961.00	
	Manual Input: Related Party - Prism			(61,879.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(3,674.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(2,295.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			18,147.00	
13.	Col 6: Supplies Total		To Col 6	250,260.00	250,260.00
13.	Total Line 13, Column 8			-	161,149.00
14.	Total			-	2,095,954.00

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 15,711	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 360,000)	4,315,752	4,315,752	3
4	Supply Inventory (priced at)	4,492	4,492	4
5	Short-Term Investments			5
6	Prepaid Insurance		18,972	6
7	Other Prepaid Expenses	36,646	36,646	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd Party	134,524	134,524	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,491,414	\$ 4,526,097	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		310,554	13
14	Buildings, at Historical Cost		11,427,969	14
15	Leasehold Improvements, at Historical Cost	872,847	1,088,612	15
16	Equipment, at Historical Cost	1,141,682	3,020,999	16
17	Accumulated Depreciation (book methods)	(1,535,358)	(9,360,153)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		474,318	21
22	Other Long-Term Assets (specify) <u>Refinancing Cost</u>		73,297	22
23	Other(specify): Due from Affiliates	18,366,223	18,006,173	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 18,845,394	\$ 25,041,769	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,336,808	\$ 29,567,866	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 832,293	\$ 832,293	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	611,450	611,450	28
29	Short-Term Notes Payable		168,535	29
30	Accrued Salaries Payable	755,830	755,830	30
31	Accrued Taxes Payable (excluding real estate taxes)	30,231	30,231	31
32	Accrued Real Estate Taxes(Sch.IX-B)		740,000	32
33	Accrued Interest Payable		29,792	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA,SalesTax, etc</u>	235,490	235,490	36
37	<u>Due to Affiliates</u>	2,048,895	2,048,895	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,514,189	\$ 5,452,516	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		8,905,151	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Pension Withdrawal Liability</u>	1,251,249	1,251,249	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,251,249	\$ 10,156,400	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,765,438	\$ 15,608,916	46
47	TOTAL EQUITY(page 18, line 24)	\$ 17,571,370	\$ 13,958,950	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,336,808	\$ 29,567,866	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 18,095,369	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 18,095,369	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(523,999)	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)	\$ (523,999)	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)	\$ 17,571,370	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 15,937,565	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,937,565	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	285,525	6
7	Oxygen	25,213	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 310,738	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	443	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	2,010	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	4,812	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 7,265	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,481	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,481	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	4,059	28
28a	Gain on Sale of Fixed Assets	122,828	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 126,887	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,384,936	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,069,957	31
32	Health Care	5,245,737	32
33	General Administration	5,255,818	33
	B. Capital Expense		
34	Ownership	1,608,128	34
	C. Ancillary Expense		
35	Special Cost Centers	2,277,246	35
36	Provider Participation Fee	452,049	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,908,935	40
41	Income before Income Taxes (line 30 minus line 40)**	(523,999)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (523,999)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 7,707,956	44
45	Private Pay - Net Inpatient Revenue	1,887,781	45
46	Medicare - Net Inpatient Revenue	4,597,638	46
47	Other-(specify) Hospice	570,996	47
48	Other-(specify) Insurance/Sales Allowance	1,173,194	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,937,565	49

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

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

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

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

Facility Name & ID Number Alden Poplar Creek Reh & HCC # 0032896 Report Period Beginning 01/01/2016 Ending: 12/31/2016

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Jury duty	52
Food rebate	3,130
Medical Records	574
Vendor Discounts	303
Line 28 Total:	<u><u>4,059</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	1,792	1,974	\$ 102,434	\$ 51.89	1
2	Assistant Director of Nursing	4,357	4,365	186,074	42.63	2
3	Registered Nurses	49,920	52,966	1,991,803	37.61	3
4	Licensed Practical Nurses	15,213	16,256	452,579	27.84	4
5	CNAs & Orderlies	103,344	109,380	1,469,924	13.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,071	4,575	81,860	17.89	8
9	Activity Director	1,768	1,796	35,693	19.87	9
10	Activity Assistants	5,637	5,914	62,081	10.50	10
11	Social Service Workers	1,976	2,175	55,504	25.52	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	69,598	33.46	13
14	Head Cook					14
15	Cook Helpers/Assistants	32,947	35,483	418,250	11.79	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	60,285	28.98	17
18	Housekeepers	20,879	22,640	265,139	11.71	18
19	Laundry	5,462	6,068	70,822	11.67	19
20	Administrator	2,080	2,080	140,538	67.57	20
21	Assistant Administrator	1,920	1,920	79,238	41.27	21
22	Other Administrative	8,224	8,240	258,096	31.32	22
23	Office Manager					23
24	Clerical	6,013	6,430	85,013	13.22	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,339	4,339	155,826	35.91	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager SN	5,378	5,415	90,434	16.70	32
33	Other(specify) Memory Care Coordinator	5,687	5,755	91,295	15.86	33
34	TOTAL (lines 1 - 33)	285,167	301,931	\$ 6,222,486 *	\$ 20.61	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	2200/mo	\$ 26,760	1-3	35
36	Medical Director	2000/mo	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	434/mo	5,208	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	220/mo	3,053	11-3	44
45	Social Service Consultant	280/mo	1,960	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 60,981		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	102 hours	9,977	10-3	52
53	TOTAL (lines 50 - 52)		\$ 9,977		53

STATE OF ILLINOIS

Page 21

Facility Name & ID Number

Alden Poplar Creek Reh & HCC

0032896

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jeffrey Russell	Administrator		\$ 140,538
Daisy Moreno	Assistant Administrator		16,154
Jaime Demmon	Assistant Administrator		4,231
John Schlack	Assistant Administrator		58,853
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 219,776

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	Consulting fees	\$ 1,245,583
AMS	Allocated Legal Fees	45,192
BDO SeidmanVirchow Krause	Accounting Fees	6,444
Alden Group	Allocated Acctg Fees	1,249
KPMG/C.Nov/Chang Healthcare Sol	Accounting Fees/Cost Report	2,319
Joint Commission/Achieve Accreditat	Accreditation Fee	7,152
Mercer Consulting/Mix Solutions Cor	Benefit/Contract Consulting	13,339
First Advantage/Simandl Law	Tax services/Consulting	1,158
Markley/Pogrund	Legal Fees - Collections	5,874
Sheriff Cook/Circuit/Chi Title/Huntir	Legal Fees - Collections	1,647
Grossman/Midcap/McCorkle/Petri/L	Legal Fees Non-Collection	12,783
Hoogendoorn/Gozdecki/Meyer/U. of	Legal Fees Non-Collection	12,510
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 1,355,250

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 220,797
Unemployment Compensation Insurance	40,300
FICA Taxes	457,362
Employee Health Insurance	224,457
Employee Meals	42,990
Illinois Municipal Retirement Fund (IMRF)*	
Pension	111,327
Dental and Life	5,467
Employee Relations	12,757
Drug Test/Misc Payroll/401k	8,856
Vaccination/Tuition Reimbursement	10,606
Backout: vaccination	(7,096)
Less: Marketing Manager Benefit	(14,684)
TOTAL (agree to Schedule V, line 22, col.8)	

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	
Health Care Worker Background Check (Indicate # of checks performed 36)	1,100
Patient Background Checks 335	3,350
Surety Bond Fees/Corp Annual Fee	854
Health Care Council of IL	20,832
ChiTrib/HoffEst ChamberCommerce	1,819
Backed out - HoffEst ChamberCommerce	(250)
Related party- AMS	3,641
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related Party - AMS	1,806
Seminar Expense	
IL Council on Long Term Care	330
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 2,136

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

#REF!
Legal Fee Support
2016

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	78,006.00
Less: Collection, estates, & other non-allowable legal fees		(25,293.00)
Non-allowable legal fees, if any, deducted on - Pg 21 (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	<u>7,521.00</u>

In Detail:		
Vendor Name	Invoice Date	Amount
Clerk of Circuit County	02/16-08/16	897.00
Sheriff of Cook County	02/16-08/16	180.00
Chicago Title Co	12/31/2016	60.00
Huntington Tech	3/31/2016	500.00
Markley Investigation/RECCOO	04/16-07/16	178.00
Pogrund & Korey LLC	04/16-12/16	5,696.00
Ariana Finsch	8/31/2016	10.00
TOTAL ALLOWABLE LEGAL FEES		<u>7,521.00</u>

Vendor Name	Invoice Date	Amount
Agness Grossman	12/30/2016	2,967.00
Midcap	01/16-12/16	1,841.04
Legal Fee Solutions	11/30/2016	4,718.00
McCorkle Litigations	11/30/2016	1,466.40
William Petri	11/30/2016	1,791.05
University of Virginia	11/30/2016	9,500.00
Hoogendoorn & Talbot	6/30/2016	1,207.50
James S Meyer	2/28/2016	1,125.00
Gozdecki, del Giudice...LLP	1/31/2016	676.78
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>25,292.77</u>

Vendor Name	Invoice Date	Amount
AMS - Alloc Corp Legal Costs	Jan-16	3,766.00
AMS - Alloc Corp Legal Costs	Feb-16	3,766.00
AMS - Alloc Corp Legal Costs	Mar-16	3,766.00
AMS - Alloc Corp Legal Costs	Apr-16	3,766.00
AMS - Alloc Corp Legal Costs	May-16	3,766.00
AMS - Alloc Corp Legal Costs	Jun-16	3,766.00
AMS - Alloc Corp Legal Costs	Jul-16	3,766.00
AMS - Alloc Corp Legal Costs	Aug-16	3,766.00
AMS - Alloc Corp Legal Costs	Sep-16	3,766.00
AMS - Alloc Corp Legal Costs	Oct-16	3,766.00
AMS - Alloc Corp Legal Costs	Nov-16	3,766.00
AMS - Alloc Corp Legal Costs	Dec-16	3,766.00

TOTAL Allocated Legal Fees

45,192.00

Total Legal Cost

78,005.77

XX. GENERAL INFORMATION:

- (1)

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

CNAs -Yes; RN/LPNs -

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

Yes
Health Care Council of IL, \$20,832

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

Yes
Yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
10 yrs

(6)

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

\$ 59,854 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No

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

\$ 452,049

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No
- (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?
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.

No
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
Has any meal income been offset against related costs?

\$ 42,990
No

Indicate the amount. \$
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b. Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No

\$

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

No

\$
- (17)

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

No
- (18)

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

Yes
- (19)

Has a schedule for the legal fees reported on the cost report been provided by the facility?
See page 39 of the instructions for details.
Attach invoices and a summary of services for all architect and appraisal fees

Yes