

		FOR BHF USE					

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2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2017)

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.

<p>I. IDPH License ID Number: <u>0040683</u></p> <p>Facility Name: <u>Alden Long Grove Rehab & HCC</u></p> <p>Address: <u>B2308 RFD Old Hicks</u> <u>Long Grove</u> <u>60047</u> Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: <u>(847) 438-8275</u> Fax # <u>(847) 438-3254</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>03/01/95</u></p> <p>Type of Ownership:</p> <table style="width:100%;"> <tr> <td style="width:33%;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2017</u> to <u>12/31/2017</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Randi Schlossberg-Schullo</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>President, Alden Management Services, Inc.</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>()</u> Fax # ()</td> <td></td> </tr> </table> <p align="right">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Randi Schlossberg-Schullo</u>			(Title) <u>President, Alden Management Services, Inc.</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) <u>()</u> Fax # ()	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	248	Skilled (SNF)	248	90,520	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	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	868	1,111	3,486	5,465	8
9	SNF/PED					9
10	ICF	51,160	4,720	3,725	59,605	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	52,028	5,831	7,211	65,070	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 71.88%

D. How many bed reserve days during this year were paid by the Department?
0 (Do not include bed reserve days in Section B.)

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

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

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 3/1/1995

J. Was the facility purchased or leased after January 1, 1978?
YES Date 3/1/1995 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 208 and days of care provided 2,466

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden Long Grove Rehab & HCC # 0040683 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	403,152	40,488	26,998	470,638	1,756	472,394	(1,717)	470,677		1
2	Food Purchase		448,515		448,515	(33,459)	415,056	6,194	421,251		2
3	Housekeeping	236,307	46,752		283,059	804	283,863	10,754	294,617		3
4	Laundry	73,210	21,613		94,822	348	95,170		95,170		4
5	Heat and Other Utilities			183,028	183,028		183,028	2,857	185,885		5
6	Maintenance	53,082		359,502	412,583	220	412,803	79,203	492,007		6
7	Other (specify):* related party / security			1,044	1,044		1,044	12,053	13,097		7
8	TOTAL General Services	765,750	557,368	570,572	1,893,690	(30,331)	1,863,359	109,345	1,972,704		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,786,127	219,075	13,478	4,018,679	(20,043)	3,998,636	82,051	4,080,687		10
10a	Therapy	123,959	1,442	119,666	245,067		245,067		245,067		10a
11	Activities	144,528	1,876	6,027	152,430	177	152,607		152,607		11
12	Social Services	47,363			47,363		47,363		47,363		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							11,664	11,664		15
16	TOTAL Health Care and Programs	4,101,977	222,393	163,170	4,487,539	(19,866)	4,467,673	93,715	4,561,388		16
	C. General Administration										
17	Administrative	199,137			199,137		199,137	279,021	478,158		17
18	Directors Fees										18
19	Professional Services			1,019,783	1,019,783		1,019,783	(941,600)	78,183		19
20	Dues, Fees, Subscriptions & Promotions			132,257	132,257		132,257	(103,230)	29,027		20
21	Clerical & General Office Expenses	159,749	15,682	200,983	376,414	424	376,838	327,961	704,799		21
22	Employee Benefits & Payroll Taxes			797,292	797,292	23,888	821,180	(7,473)	813,707		22
23	Inservice Training & Education										23
24	Travel and Seminar			228	228		228	1,564	1,792		24
25	Other Admin. Staff Transportation			2,740	2,740		2,740	17,180	19,920		25
26	Insurance-Prop.Liab.Malpractice			370,831	370,831		370,831	363	371,194		26
27	Other (specify):* related party			145,304	145,304		145,304	(53,454)	91,850		27
28	TOTAL General Administration	358,886	15,682	2,669,417	3,043,985	24,312	3,068,297	(479,668)	2,588,629		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,226,614	795,442	3,403,159	9,425,215	(25,885)	9,399,330	(276,608)	9,122,722		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.

Facility Name & ID Number

Alden Long Grove Rehab & HCC

#0040683

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost 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	
	D. Ownership											
30	Depreciation			220,304	220,304		220,304	(20,879)	199,425			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			126,002	126,002		126,002	4,564	130,566			32
33	Real Estate Taxes			178,653	178,653		178,653	5,193	183,846			33
34	Rent-Facility & Grounds			1,046,240	1,046,240		1,046,240		1,046,240			34
35	Rent-Equipment & Vehicles			6,144	6,144		6,144	46,904	53,048			35
36	Other (specify):*											36
37	TOTAL Ownership			1,577,343	1,577,343		1,577,343	35,782	1,613,125			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		592,136	753,323	1,345,459	25,885	1,371,344	(23,269)	1,348,075			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			505,388	505,388		505,388		505,388			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		592,136	1,258,712	1,850,847	25,885	1,876,732	(23,269)	1,853,464			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,226,614	1,387,578	6,239,214	12,853,405		12,853,405	(264,095)	12,589,310			45

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

0040683
Period Beginning: 01/01/2017
Period Ending: 12/31/2017

IDPH License No. 0

Page 4A

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(33,459)	Employee Meals
	22	33,459	Employee Meals
22		(9,571)	Uniform Reclass
	1	1,756	Uniform Reclass
	3	804	Uniform Reclass
	4	348	Uniform Reclass
	6	220	Uniform Reclass
	10	5,842	Uniform Reclass
	11	177	Uniform Reclass
	21	424	Uniform Reclass
10		(25,885)	Oxygen Cost Reclass
	39	25,885	Oxygen Cost Reclass

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(75)	2		4
5	Telephone, TV & Radio in Resident Rooms	(14,256)	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	(1,939)	30		9
10	Interest and Other Investment Income	(8,113)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,209)	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	(33,965)	21		17
18	Fines and Penalties	(513)	32		18
19	Entertainment				19
20	Contributions	(7,789)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(4,177)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(145,304)	27		24
25	Fund Raising, Advertising and Promotional	(11,131)	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)	\$ (229,471)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	72,289	Pg 6s	34
35	Other- Attach Schedule	(106,913)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (34,624)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (264,095)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden Long Grove Rehab & HCC

ID# 0040683

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (14,439)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(7,283)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	30,427	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,380	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -			6
7	Adj for ABC Related Party Profit - Pg 13			7
8				8
9				9
10	Late Fees on utilities	(1,597)	5	10
11	Other nursing income	0	21	11
12	Intercompany interest is not allowed (gl 7031)	(117,907)	32	12
13	Intercompany interest is not allowed (gl 7053)	0	32	13
14	A/P Adjustments (vendor discounts)	(13)	10	14
15	Miscellaneous Income - Medical Records	(1,041)	10	15
16	Miscellaneous Income - Incentives from United Health C	(5,058)	22	16
17	Collection Fees (gl6965)			17
18	Dues, Fees & Subscriptions	(381)	20	18
19	AMS Depreciation Adj			19
20	Depreciation Adj	0	30	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(106,913)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	3,668	(5,385)	0	0	0	0	0	0	0	(1,717)	1
2	Food Purchase	(2,284)	0	0	8,478	0	0	0	0	0	0	0	6,194	2
3	Housekeeping	0	0	10,754	0	0	0	0	0	0	0	0	10,754	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,597)	0	4,454	0	0	0	0	0	0	0	0	2,857	5
6	Maintenance	26,551	0	45,889	0	0	0	(51)	6,814	0	0	0	79,203	6
7	Other (specify):*	0	0	12,053	0	0	0	0	0	0	0	0	12,053	7
8	TOTAL General Services	22,670	0	76,818	3,094	0	0	(51)	6,814	0	0	0	109,345	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	(1,054)	0	77,350	7,966	(2,211)	0	0	0	0	0	0	82,051	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	11,664	0	0	0	0	0	0	0	0	11,664	15
16	TOTAL Health Care and Programs	(1,054)	0	89,014	7,966	(2,211)	0	0	0	0	0	0	93,715	16
	C. General Administration													
17	Administrative	0	0	279,021	0	0	0	0	0	0	0	0	279,021	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,177)	0	(937,423)	0	0	0	0	0	0	0	0	(941,600)	19
20	Fees, Subscriptions & Promotions	(19,301)	0	(83,929)	0	0	0	0	0	0	0	0	(103,230)	20
21	Clerical & General Office Expenses	(33,965)	0	361,926	0	0	0	0	0	0	0	0	327,961	21
22	Employee Benefits & Payroll Taxes	(5,058)	0	0	0	(2,415)	0	0	0	0	0	0	(7,473)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,564	0	0	0	0	0	0	0	0	1,564	24
25	Other Admin. Staff Transportation	0	0	17,180	0	0	0	0	0	0	0	0	17,180	25
26	Insurance-Prop.Liab.Malpractice	0	0	363	0	0	0	0	0	0	0	0	363	26
27	Other (specify):*	(145,304)	0	91,850	0	0	0	0	0	0	0	0	(53,454)	27
28	TOTAL General Administration	(207,805)	0	(269,448)	0	(2,415)	0	0	0	0	0	0	(479,668)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(186,189)	0	(103,616)	11,060	(4,626)	0	(51)	6,814	0	0	0	(276,608)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab & HCC# 0040683

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	(23,661)	0	2,782	0	0	0	0	0	0	0	0	(20,879)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(126,533)	0	131,097	0	0	0	0	0	0	0	0	4,564	32
33	Real Estate Taxes	0	0	5,193	0	0	0	0	0	0	0	0	5,193	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	46,904	0	0	0	0	0	0	0	0	46,904	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(150,194)	0	185,976	0	0	0	0	0	0	0	0	35,782	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	(83,027)	(29,450)	89,208	0	0	0	0	0	(23,269)	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	(83,027)	(29,450)	89,208	0	0	0	0	0	(23,269)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(336,384)	0	82,360	(71,967)	(34,076)	89,208	(51)	6,814	0	0	0	(264,095)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG6-Supp		See PG6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$		0.00%	\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	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%	\$ 4,454	\$	4,454	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,564		1,564	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		17,180		17,180	17
18	V	26 Insurance		Alden Management Services, Inc.		363		363	18
19	V	20 Dues/Subscriptions	85,584	Alden Management Services, Inc.		1,655		(83,929)	19
20	V	30 Depreciation		Alden Management Services, Inc.		2,782		2,782	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		5,193		5,193	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		46,904		46,904	22
23	V	32 Interest		Alden Management Services, Inc.		131,097		131,097	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		3,668		3,668	24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		10,754		10,754	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		12,053		12,053	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		77,350		77,350	27
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		11,664		11,664	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		279,021		279,021	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		91,850		91,850	30
31	V	19 Professional Fees	978,718	Alden Management Services, Inc.		41,295		(937,423)	31
32	V	21 Gen'l & Admin	41,688	Alden Management Services, Inc.		403,614		361,926	32
33	V	6 Repairs & Maintenance	137,219	Alden Management Services, Inc.		183,108		45,889	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,243,209			\$ 1,325,569	\$ *	82,360	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$	\$ (26,400)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		14,981	14,981
17	V	2 Tube feeding	36,746	Prism Health Care Services, Inc.		24,590	(12,155)
18	V	10 Equipment rental	6,660	Prism Health Care Services, Inc.		9,694	3,034
19	V	39 Ancillary supplies	174,400	Prism Health Care Services, Inc.		54,239	(120,161)
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		6,034	6,034
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		20,634	20,634
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		4,933	4,933
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		37,134	37,134
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 244,206			\$ 172,239	\$ * (71,967)

* 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	\$ 327,969	Forum Extended Care Services II, Inc.	0.00%	\$ 302,735	\$ (25,233)
16	V	39 IV	25,902	Forum Extended Care Services II, Inc.		23,909	(1,993)
17	V	39 wound care	57,878	Forum Extended Care Services II, Inc.		53,425	(4,453)
18	V	10 house stock	22,788	Forum Extended Care Services II, Inc.		21,035	(1,753)
19	V	10 pharmacy consultant	5,952	Forum Extended Care Services II, Inc.		5,494	(458)
20	V	22 vaccinations	2,415	Forum Extended Care Services II, Inc.			(2,415)
21	V	39 vaccinations		Forum Extended Care Services II, Inc.		2,229	2,229
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 442,904			\$ 408,828	\$ * (34,076)

* 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	\$ 848,426	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 937,634	\$ 89,208	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		\$ 848,426			\$ 937,634	\$ *	89,208	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 repairs & maintenance	\$ 37,642	Alden Bennett Construction Company, Inc.	0.00%	\$ 37,592	\$	(51)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 37,642			\$ 37,592	\$ *	(51)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 31,094	Alden Design Group, Inc.	0.00%	\$ 37,908	\$ 6,814	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		\$ 31,094			\$ 37,908	\$ *	6,814	39

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

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden Long Grove Rehab & HCC # 0040683 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Hours	Percent	Description	Amount			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	175,884	1.972	4.93	Salary	\$ 9,116	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,071	1.972	4.93	Salary	4,929	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,071	1.972	4.93	Salary	4,929	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	109,234	1.972	4.93	Salary	5,663	17-7	4
5	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,882	1.479	4.93	Salary	9,118	6-7	5
6	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,855	1.972	4.93	Salary	3,103	21-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 36,858		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 Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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.

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	1,320,269	35	\$ 90,340	\$ 65,070	\$ 4,454	1
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	65,070	1,564	2
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	65,070	17,180	3
4	26	Insurance	Patient Days	1,320,269	35	7,373	65,070	363	4
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	65,070	1,655	5
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	65,070	5,193	7
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	65,070	46,904	8
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	65,070	131,097	9
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	3,668	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	10,754	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557	65,070	12,053	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	77,350	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654	65,070	11,664	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	279,021	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643	65,070	91,850	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	41,295	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	403,614	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	183,108	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 1,325,569	25

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1							\$	\$			\$	1						
2												2						
3												3						
4	Insurance Interest (GL7053)		x	Medical Malpractice								4,305	4					
5	MB Financing (GL 7035)		x	Capital Lease	\$4,277.87	06/16/17	135,519	70,311	06/15/20	5.1400		3,278	5					
Working Capital																		
6	Related party-AMS		x	Working Capital								131,097	6					
7													7					
8													8					
9	TOTAL Facility Related				\$4,277.87		\$ 135,519	\$ 70,311				\$ 138,679	9					
B. Non-Facility Related*																		
10	Interest Income (GL 4975)											(8,113)	10					
11													11					
12													12					
13													13					
14	TOTAL Non-Facility Related						\$	\$				\$ (8,113)	14					
15	TOTALS (line 9+line14)						\$ 135,519	\$ 70,311				\$ 130,566	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # 36

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

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

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

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

Table with 7 main rows and a summary section. Row 1: Real Estate Tax accrual used on 2016 report. Row 2: Real Estate Taxes paid during the year. Row 3: Under or (over) accrual. Row 4: Real Estate Tax accrual used for 2017 report. Row 5: Direct costs of an appeal of tax assessments. Row 6: Subtract a refund of real estate taxes. Row 7: Real Estate Tax expense reported on Schedule V, line 33. Summary section includes Real Estate Tax History and Real Estate Tax Bill for Calendar Year (2012-2016).

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.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Long Grove Rehab & HCC COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040683

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 2016 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 2016.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>105,372.00</u>	\$ <u>5,193.00</u>
2. <u>14-36-100-002</u>	<u>Nursing facility</u>	\$ <u>178,553.18</u>	\$ <u>178,553.18</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>283,925.18</u></u>	\$ <u><u>183,746.18</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,632 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column with values 1, 2, 3. Row 3 contains 'TOTALS'.

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									4	
5									5	
6									6	
7									7	
8									8	
	Improvement Type**									
9	SHELVING	1995		5,122		20			5,122	9
10	ROOF REPAIR	1995		3,000		10			3,000	10
11	STEAMER REPAIR	1995		2,686		10			2,686	11
12	EXIT DOOR-FIRE	1995		4,225		15			4,225	12
13	REPAIR BOILER/HVAC-MAJ.REP.	1995		4,712		5			4,712	13
14	PIPE/VALVE/THERMOSTAT	1996		1,460		20			1,460	14
15	ELECTRICAL REPAIR/INSTALLATION	1996		2,110		20	8	8	2,110	15
16	SIGN	1996		7,233		5			7,233	16
17	WATER HEATER ON DISHWASHER	1996		7,464		10			7,464	17
18	WALLGUARD	1996		2,096		15			2,096	18
19	INSTALL BOILER-MAJ.REP.	1996		33,750		20			33,750	19
20	REPLACE CONDENSOR WALK IN COOLER	1996		5,514		10			5,514	20
21	INSTALL ALUM. LOGO	1996		1,995		12			1,995	21
22	DESIGN SERVICE	1996		8,100		20			8,100	22
23	WASHROOM IMPROVEMENTS	1996		2,186		20			2,186	23
24	PIPING-MAJ.REP.	1996		4,000		15			4,000	24
25	PIPING-MAJ.REP.	1996		3,500		15			3,500	25
26	ATASH(replaced heat detector&fire dampers)	1997		959		5			959	26
27	ATASH(installed access panels)	1997		924		5			924	27
28	ATASH(fire alarm repairs)	1997		2,212		5			2,212	28
29	CLIMATE(installation of water heaters)	1997		7,342		5			7,342	29
30	CLIMATE(replced hydro.boiler)	1997		4,568		5			4,568	30
31	Wally's flooring(install new tiles).	1997		2,659		5			2,659	31
32	ATASH(SPRINKLER WORK)INV.#9120&9121	1997		3,072		5			3,072	32
33	ATASH(SPRINKLER WORKS)	1997		2,062		5			2,062	33
34	Climate srvc(two water heater)	1997		15,600		5			15,600	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109		10			3,109	44
45	INSTALL NEW DROP CEILING	1997	2,175		12			2,175	45
46	DESIGN SERVICES	1997	931		20	50	50	931	46
47	NEW DRIVEWAY LIGHTING	1998	8,101		15			8,101	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,243	19	20	19		4,243	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534		10			2,534	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510		10			1,510	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273		10			273	53
54	REPLAC E COMPRESSOR	1998	1,301		10			1,301	54
55	REPLACE SEAVES ON ROOF	1998	10,500		15			10,500	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228		15			5,228	57
58	REPLACE BEARING IN WASHER	1998	1,296		20	65	65	1,193	58
59	PATTEN-REPAIR GENERATOR	1998	655		20	33	33	604	59
60	Equipment International (replace bearings in washer)	1998	1,738		15			1,738	60
61	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		26,162	61
62	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720		10			5,720	62
63	Climate Service (pipework for boiler and storage tank)	1999	2,032		5			2,032	63
64	D.B.S. Contracting (need invoice)	1999	3,425		10			3,425	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131		10			4,131	66
67	AMC Sprinklers	1999	3,853		10			3,853	67
68	System Electric(generator repair)	1999	2,720		10			2,720	68
69	Patten Industries(install starter)	1999	5,495		10			5,495	69
70	TOTAL (lines 4 thru 69)		\$ 286,794	\$ 1,333		\$ 1,489	\$ 156	\$ 279,964	70

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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		\$ 286,794	\$ 1,333		\$ 1,489	\$ 156	\$ 279,964	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803		15			1,803	3
4	Alden Bennet Cons.install tank	1999	6,281		10			6,278	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		27,471	5
6	AMC Security system	1999	7,273		10			7,273	6
7	AMC carpentry	1999	8,577		10			8,577	7
8	Climate Service (repair HVAC)	1999	9,358		10			9,358	8
9	ABC-construction mainten. Adjustment-various	1999	1,129		10			1,129	9
10	Capital Report Adjustment - 2000	2000	514		10			514	10
11	Climate services (A/C REPAIR)	2000	2,482		5			2,482	11
12	B&L Locksmith (knob set)	2000	3,750		15			3,750	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	ABC-time & materials-maj. Leasehold improv-various	2000	1,918		15			1,918	14
15	Alden Bennett Construction (major repairs)	2000	2,643		10			2,643	15
16	Alden Bennett Construction (time & material billing per fac)	2000	2,105		10			2,105	16
17	alden design-architectural/designing	2000	2,628	131	20	131		2,549	17
18	alden design-architectural/designing	2000	3,300	165	20	165		3,204	18
19	Patten industries 1137844(major repair for electric starting motor	2000	4,103		10			4,103	19
20	D.B.S. Contracting (repair lawn sprikler system)	2001	2,285		5			2,285	20
21	D.B.S. Contracting (repair lawn sprikler system)	2001	1,635		5			1,635	21
22	Alden bennett construction (drive way improvement)	2001	1,096		15			1,096	22
23	T & T irrigation (lawn sprinkler system)	2001	2,064		10			2,064	23
24	Alden bennett construction	2001	9,690		10			9,690	24
25	New horizons commu1884(installation hardware phone)	2001	1,986		10			1,986	25
26	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	440,894	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2002	3,927	235	15	262	(26)	3,927	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856		5			1,856	28
29	CSI-Coker	2002	2,502		5			2,502	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628		5			1,628	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000		10			9,000	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324		5			4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417		5			5,417	33
34	TOTAL (lines 1 thru 33)		\$ 1,072,200	\$ 30,950		\$ 29,112	\$ (1,891)	\$ 856,929	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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		\$ 1,072,200	\$ 30,950		\$ 29,112	\$ (1,891)	\$ 856,929	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public sp	2003	22,250		8			22,250	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289		5			4,289	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments	2003	12,949		8			12,949	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675		8			5,675	5
6	Controlled Irrigation (repair sprinkler system)	2003	2,137		5			2,137	6
7	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025		10			17,025	7
8	A & B Custom Cable (cable installation)	2003	3,100		10			3,100	8
9	Alden Bennett Constr (roof repairs)	2003	12,754		10			12,754	9
10	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920		8			23,920	10
11	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495		10			2,495	11
12	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207		8			243,207	12
13	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	6,175		10			6,175	13
14	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	33,234		8			33,234	14
15	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	(33,234)		8			(33,234)	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	20,151		8			20,151	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	(20,151)		8			(20,151)	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393		8			46,393	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477		8			188,477	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065		10			4,065	20
21	Capital Report Adjustment - 2003	2003	677					677	21
22									22
23	Graphic Systems (remodelled second floor Signage)	2004	2,519		10			2,519	23
24	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	6,179	24
25	CSI Coker -1 Walkin cooler replacement	2004	2,980		5			2,980	25
26	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	84	15	84		1,667	26
27	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325		10			6,325	27
28	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		3,530	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431		10			2,431	29
30	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		4,584	30
31	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566		10			1,566	31
32	TNS Inc. (DSL cable)	2004	1,725		5			1,725	32
33	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recl	2004	13,902		8			13,902	33
34	TOTAL (lines 1 thru 33)		\$ 1,718,231	\$ 32,034		\$ 30,172	\$ (1,915)	\$ 1,499,925	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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		\$ 1,718,231	\$ 32,034		\$ 30,172	\$ (1,915)	\$ 1,499,925	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,797,185	\$ 33,074		\$ 31,212	\$ (1,915)	\$ 1,588,886	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,797,185	\$ 33,074		\$ 31,212	\$ (1,915)	\$ 1,588,886	1
2	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)		8			(22,058)	2
3	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	2,301	132	20	115	(17)	1,431	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	549	4
5	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,	2004	15,285		10			15,285	5
6	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755		10			3,755	6
7	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160		10			7,160	7
8	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969		10			969	8
9	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/	2004	5,512		10			5,512	9
10	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		2,419	10
11	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107		8			24,107	11
12	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generat	2004	10,656	426	25	426		5,683	12
13	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		7,117	13
14									14
15	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347		10			7,347	15
16	Alden Bennett Comstruction(Passage on door)	2005	3,662		5			3,662	16
17	ABC(piping and electrical work)	2005	4,619		10			4,619	17
18	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler	2005	9,514	381	25	381		4,884	18
19	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		1,369	19
20	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		986	20
21	CSI Coker(Refridgerator Repairs)	2005	1,511		10			1,511	21
22	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		1,138	22
23	CSI Coker(Refridgerator Repairs)	2005	3,971		10			3,971	23
24	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139		5			4,139	24
25	Cybor Fire Protection(Sprinkler repair)	2005	4,660		10			4,660	25
26	Cybor Fire Protection(Sprinkler repair)	2005	2,000		10			2,000	26
27	GT Mechanical(Dining room AC Repairs)	2005	1,922		10			1,922	27
28	Capps Plumbing (Drainage Major repairs)	2005	1,755		10			1,755	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,912,927	\$ 35,035		\$ 33,149	\$ (1,939)	\$ 1,684,778	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,912,927	\$ 35,035		\$ 33,149	\$ (1,939)	\$ 1,684,778	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265		10			3,265	2
3	PattenCat(ATS Terminal Connect)	2005	4,454		10			4,454	3
4	TopNotch(Dishwasher major repairs)	2005	2,177		10			2,177	4
5	GT Mechanical Repair work on Heaters	2005	1,665		5			1,665	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758		5			1,758	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740		10			1,740	7
8									8
9	New Roof	2006	20,350		10			20,350	9
10	Replace Multiple Doors	2006	20,822		10			20,822	10
11	Replace Multiple Doors	2006	4,949		10			4,949	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552		10			3,552	12
13	Installed new door required by Life safety code	2006	2,653		10			2,653	13
14	ABC-Replaced broken A/C pump	2006	5,821		10			5,821	14
15	ABC-Bathroom repairs	2006	6,217		10			6,217	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	189		2,226	16
17	Installed Water Heater	2006	11,078	739	15	739		8,495	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		2,631	18
19	Installed new piping	2006	4,470	179	25	179		2,131	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		1,206	20
21	Roof - J.D. Sons	2006	16,900		10			16,900	21
22									22
23	ABC Wiring for Cable TV	2007	12,438	932	10	932		12,438	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		8,249	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		5,458	25
26	Censau replaced broken pipe in attic	2007	3,807	31	10	31		3,807	26
27	Topnot Installed booster heater	2007	4,970	83	10	83		4,970	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		14,188	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387	84	10	84		3,387	29
30	ALDBEN Construct	2007	17,231	574	10	574		17,231	30
31	ALDBEN heating/vent work	2007	22,222	926	10	926		22,222	31
32	Topnot new kitchen freezer door	2007	4,655	193	10	193		4,655	32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)		5			(8,745)	33
34	TOTAL (lines 1 thru 33)		\$ 2,132,121	\$ 41,865		\$ 39,979	\$ (1,939)	\$ 1,885,650	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,132,121	\$ 41,865		\$ 39,979	\$ (1,939)	\$ 1,885,650	1
2	ALDBEN install sprinkler drip	2007	6,063		10			6,063	2
3	US Foodservice	2007	4,445		5			4,445	3
4	Installed Cable wiring	2007	6,639		5			6,639	4
5	Resident room carpet	2007	5,390		5			5,390	5
6	Central States Automaition A/C	2007	15,203		10			15,203	6
7	New Carpet	2007	5,392		10			5,392	7
8	Seal and stripe parking Lot	2007	7,229		8			7,229	8
9	Replaced 4in of sprinkler pipe	2007	4,399		10			4,399	9
10	Parking lot sealed	2007	8,308		10			8,308	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	23	10	23		2,834	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		1,988	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	527	10	527		5,214	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		6,170	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		7,977	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		3,442	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		14,365	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		6,994	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		3,479	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	22,543	1,127	20	1,127		9,299	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		1,482	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		8,112	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	10,629	531	20	531		4,339	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	60,966	3,048	20	3,048		24,640	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	6,058	303	20	303		2,423	27
28	Central States - New Sprinklers	2009	3,429		5			3,429	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		3,459	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		3,575	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505		5			2,505	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,434,766	\$ 54,594		\$ 52,708	\$ (1,939)	\$ 2,064,444	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 2,434,766	\$ 54,594		\$ 52,708	\$ (1,939)	\$ 2,064,444	1
2	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	134	25	134		1,016	2
3	Fire Protection:Heads Sprinkler Dining Room - FOCFIR	2010	7,227		5			7,227	3
4	Sprinkler Heads Install - FOCFIR	2010	3,820		5			3,820	4
5	Pipes Sprinkler Fire Prtoect - FOCFIR	2010	3,162		5			3,162	5
6	Asphalt Sealcoating - ALDBEN	2010	15,479	1,935	8	1,935		13,707	6
7	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	462	20	462		3,120	7
8	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080		5			4,080	8
9	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146		5			3,146	9
10	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842		5			4,842	10
11	Fire Dry System Repair Pipes - USFIRE	2011	6,636		5			6,636	11
12	Paving: Concrete Dumpster Apreon - ALDBEN	2011	4,857	324	15	324		1,997	12
13	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383	1,298	8	1,298		8,004	13
14	Panel Electrical - BELEC	2011	2,557		5			2,557	14
15	Fire Protection, Elevator Shaft - USFIRE	2012	6,042	604	10	604		3,474	15
16	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120	125	25	125		718	16
17	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362	768	20	768		4,224	17
18	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937	196	15	196		1,012	18
19	Carpentry - Header Boards - ALDBEN	2012	4,891	326	15	326		1,630	19
20	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699	513	15	513		2,566	20
21	Sign - Monument - ALDBEN	2012	17,839	1,189	15	1,189		5,946	21
22	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624	562	10	562		3,233	22
23	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543	754	10	754		4,337	23
24	Reupholster Chairs, Bedspreads - ALDDES	2012	8,772	878	5	878		8,772	24
25	Windows - ALDBEN	2012	2,571	257	10	257		1,285	25
26	Fire Protection System - VALFIR	2013	17,500	1,167	15	1,167		5,737	26
27	Boiler Rebuild - ALDBEN	2013	28,173	1,878	15	1,878		8,608	27
28	Fence and Guard Rail - ALDBEN	2013	3,727	248	15	248		1,096	28
29	Fire Protection System - VALFIR	2013	4,250	283	15	283		1,203	29
30	Fire Protection System - VALFIR	2013	4,264	284	15	284		1,207	30
31	Fire Protection System - VALFIR	2013	6,896	460	15	460		1,878	31
32	Fire Suppression Tank Refurbishment - ALDBEN	2013	41,135	2,742	15	2,742		13,025	32
33	Motor, Drive Dryer - EQUINT	2013	2,977	595	5	595		2,777	33
34	TOTAL (lines 1 thru 33)		\$ 2,704,867	\$ 72,576		\$ 70,690	\$ (1,939)	\$ 2,200,486	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 2,704,867	\$ 72,576		\$ 70,690	\$ (1,939)	\$ 2,200,486	1
2	Fire Suppression Tank Refurbishment - ALDBEN	2013	10,224	682	15	682		3,182	2
3	Fire Suppression Tank Refurbishment - ALDBEN	2013	5,470	365	15	365		1,612	3
4									4
5	Lower Level Hallway: Drywall Patched & Painted								5
6	Baseboard & electrical covers put back on								6
7	Also outside wall repair (Masonry) - ALDBEN	2014	9,373	625	15	625		1,979	7
8	Sprinkler System Repair - VALFIR	2014	13,199	2,640	5	2,640		8,360	8
9	Booster, repair - TOPNOT	2014	5,395	1,079	5	1,079		3,327	9
10									10
11	Waste treatment pond - engin - ALDBEN	2015	9,000	450	20	450		1,726	11
12	Boiler Valve Replace - GTMECH	2015	6,483	1,297	5	1,297		4,970	12
13	Exhaust Fan Repair - ALDBEN	2015	8,494	1,699	5	1,699		6,512	13
14	Plumbing Repair on fire equipment - VALFIR	2015	8,930	595	15	595		2,182	14
15	Fire Dampers - GTMECH	2015	2,523	252	10	252		714	15
16	Paving, asphalt replacement - J&JASP	2015	14,000	1,750	8	1,750		4,666	16
17	Washing Machine Motor - EQUINT	2015	2,826	565	5	565		1,224	17
18									18
19	Sand for waste filter, 60cubyrds -INTCON	2016	4,200	280	15	280		373	19
20	Sewer treatment ponds - INTCON	2016	21,000	1,400	15	1,400		1,867	20
21	Motor for Dryer- EQUINT	2016	4,208	842	5	842		1,543	21
22	Repair Oxyg tank level readers(2) - WELSUP	2016	7,148	1,430	5	1,430		2,026	22
23	Insulation-supply duct in attic - GTMECH	2016	3,084	308	10	308		411	23
24	Fire System Repaired - VALFIR	2016	4,640	928	5	928		1,160	24
25	Roof Repaired - JDROOF	2016	6,930	1,386	5	1,386		1,617	25
26	Fire alarm system Repaired - VALFIR	2016	5,644	1,129	5	1,129		1,223	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,857,637	\$ 92,278		\$ 90,392	\$ (1,939)	\$ 2,251,160	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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 12I, Carried Forward	\$ 2,857,637	\$ 92,278		\$ 90,392	\$ (1,939)	\$ 2,251,160	1	
2								2	
3	Adjust for ABC Related Party Profit	2008	(33)	(5)	(5)		(40)	3	
4	Adjust for ABC Related Party Profit	2009	(2,179)	(311)	(311)		(2,333)	4	
5	Adjust for ABC Related Party Profit	2010	(189)	(27)	(27)		(176)	5	
6	Adjust for ABC Related Party Profit	2011	(38)	(5)	(5)		(29)	6	
7	Adjust for ABC Related Party Profit	2012	2,219	317	317		1,427	7	
8	Adjust for ABC Related Party Profit	2013	1,194	104	104		312	8	
9	Adjust for ABC Related Party Profit	2014	(18)	(1)	(1)		(1)	9	
10								10	
11								11	
12	Plumbing, drywall material- Lower level remodel - ALDBEN	2017	6,448	215	15	215	215	12	
13	Demolition and clean up floor- Lower level remodeling- ALDBEN	2017	6,496	217	15	217	217	13	
14	Remodeling resident room- ALDBEN	2017	8,392	168	25	168	168	14	
15	Painting & carpenter remodeling lower level- AMS	2017	15,297	637	10	637	637	15	
16	Sprinkler system repaired- VALFIR	2017	3,335	667	5	667	667	16	
17	Sprinkler system repaired- VALFIR	2017	4,603	844	5	844	844	17	
18	Roof repaired - JDROOF	2017	2,730	410	5	410	410	18	
19	Closets remodeling - ALDBEN	2017	2,846	379	5	379	379	19	
20	Paving, asphalt, replaced old road- WYNHOM	2017	12,677	924	8	924	924	20	
21	Paving, Seal Coat- J&JASP	2017	6,858	500	8	500	500	21	
22	Nurse call system repaired - ALDBEN	2017	4,912	409	5	409	409	22	
23	Boiler repaired - TRIPLU	2017	4,428	295	5	295	295	23	
24	Fire system repaired - VALFIR	2017	3,074	205	5	205	205	24	
25	Motor (2) - TOPNOT	2017	3,902	130	5	130	130	25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)		\$ 2,944,589	\$ 98,350		\$ 96,464	\$ (1,939)	\$ 2,256,320	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 713,508	\$ 81,693	\$ 81,693	\$		\$ 430,924	71
72	Current Year Purchases	324,353	18,649	18,649			16,443	72
73	Fully Depreciated Assets	725,530	2,619	2,619			725,530	73
74								74
75	TOTALS	\$ 1,763,391	\$ 102,961	\$ 102,961	\$		\$ 1,172,897	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				\$ 4,026	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004						4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,712,007	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 201,311	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 199,425	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,939)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,433,243	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	N/A	\$	92
93			93
94			94
95		\$	95

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

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T.L. Enterprises

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:	<u>3/1/1995</u>	<u>248</u>		\$ <u>1,027,302</u>	<u>5</u>	<u>10</u>	3
4	Additions							4
5								5
6								6
7	TOTAL		<u>248</u>		\$ <u>1,027,302</u>			7

10. Effective dates of current rental agreement:

Beginning 3/1/2013

Ending 2/28/2019

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2018</u>	\$ <u>1,046,240</u>
13.	<u>12/31/2019</u>	\$ <u>1,046,240</u>
14.		\$

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: Purchase Options / Deposits *

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: \$ 12,229 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>20,943</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>20,943</u>	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 303,700	\$		\$ 303,700	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			62,827			62,827	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			375,449			375,449	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				304,965		304,965	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				89,208	211,926		301,134	13
14	TOTAL			\$		\$ 831,184	\$ 516,891		\$ 1,348,075	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16
 Col 5: PT,OT, & ST
 Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	303,700.45	
2.	ST	39-3	To Col 5	62,826.87	
3.					
4.	PT	39-3	To Col 5	375,449.09	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			327,968.59	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(23,003.92)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	304,964.67	1,046,941.08
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	89,208.00	From Page 6D
	Other			275,514.04	
	Manual Input: Related Party - Prism			(83,026.80)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(1,992.84)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(4,453.02)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			25,885.00	
13.	Col 6: Supplies Total		To Col 6	211,926.38	211,926.38
13.	Total Line 13, Column 8				301,134.38
14.	Total				1,348,074.46

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>161,400</u>)	2,298,989		3
4	Supply Inventory (priced at)	5,060		4
5	Short-Term Investments			5
6	Prepaid Insurance	7,111		6
7	Other Prepaid Expenses	47,470		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	11,306		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,369,936	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	3,333,776		15
16	Equipment, at Historical Cost	1,947,158		16
17	Accumulated Depreciation (book methods)	(3,752,237)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	116,242		21
22	Other Long-Term Assets (spe <u>Purchase Option</u>)	744,000		22
23	Other(specify): <u>Due from Affiliate,</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,388,939	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,758,875	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 685,859	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	421,161		28
29	Short-Term Notes Payable	44,040		29
30	Accrued Salaries Payable	650,060		30
31	Accrued Taxes Payable (excluding real estate taxes)	27,071		31
32	Accrued Real Estate Taxes(Sch.IX-B)	183,900		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	91,287		36
37	<u>Due to Affiliates</u>	1,219,352		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,322,730	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	70,311		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates (long term)</u>	22,349,636		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 22,419,947	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,742,677	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (20,983,802)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,758,875	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (20,955,081)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (20,955,081)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(28,721)	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)	\$ (28,721)	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)	\$ (20,983,802)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 12,317,848	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,317,848	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	419,318	6
7	Oxygen	26,249	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 445,567	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	75	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	46,952	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 47,027	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	8,113	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,113	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	6,129	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,129	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,824,684	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,893,690	31
32	Health Care	4,487,539	32
33	General Administration	3,043,985	33
B. Capital Expense			
34	Ownership	1,577,343	34
C. Ancillary Expense			
35	Special Cost Centers	1,345,459	35
36	Provider Participation Fee	505,388	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,853,405	40
41	Income before Income Taxes (line 30 minus line 40)**	(28,721)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (28,721)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 8,671,266	44
45	Private Pay - Net Inpatient Revenue	1,170,576	45
46	Medicare - Net Inpatient Revenue	1,439,220	46
47	Other-(specify) <u>Hospice/Insurance</u>	663,436	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	373,350	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,317,848	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 Long Grove Rehab & HCC

0040683

Report Period Beginning 01/01/2017 Ending:

12/31/2017

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Miscellaneous Income - Medical Records	\$ 1,041
A/P Adjustments (vendor discounts)	\$ 17
Miscellaneous Income - Incentives from United Health Care	\$ 5,058
Vendor Discounts	\$ 13
Line 28 Total:	<u><u>6,129</u></u>

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,152	2,152	\$ 104,223	\$ 48.44	1
2	Assistant Director of Nursing	1,784	1,881	73,899	39.29	2
3	Registered Nurses	26,306	28,751	1,035,784	36.03	3
4	Licensed Practical Nurses	22,541	23,642	733,675	31.03	4
5	CNAs & Orderlies	97,667	105,545	1,548,142	14.67	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,391	2,706	50,382	18.62	8
9	Activity Director	2,080	2,080	54,167	26.04	9
10	Activity Assistants	6,769	7,363	90,360	12.27	10
11	Social Service Workers	2,080	2,080	47,363	22.77	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	55,404	26.64	13
14	Head Cook	2,080	2,080	34,763	16.71	14
15	Cook Helpers/Assistants	26,128	27,974	312,985	11.19	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	53,082	25.52	17
18	Housekeepers	17,924	19,138	236,307	12.35	18
19	Laundry	5,801	6,262	73,210	11.69	19
20	Administrator	2,080	2,080	99,544	47.86	20
21	Assistant Administrator	2,640	2,721	99,593	36.60	21
22	Other Administrative	5,932	5,932	174,955	29.49	22
23	Office Manager					23
24	Clerical	4,713	5,007	58,371	11.66	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,320	4,320	163,987	37.96	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Memory Care Acti</u>	7,976	9,091	126,416	13.91	33
34	TOTAL (lines 1 - 33)	247,523	264,963	\$ 5,226,614 *	\$ 19.73	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	\$2,250 Monthly	26,998	1-3	35
36	Medical Director	\$2,000 Monthly	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$496 Monthly	5,952	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	16	880	11-3	44
45	Social Service Consultant	8	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	24	\$ 58,390		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	\$588 Monthly	7,052	10-3	52
53	TOTAL (lines 50 - 52)		\$ 7,052		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
<u>Griselda Guzman</u>	<u>Administrator</u>	<u>0.00</u>	\$ <u>99,544</u>	<u>Workers' Compensation Insurance</u>	\$ <u>135,664</u>	<u>IDPH License Fee</u>	\$ <u>0</u>	
<u>Madeline Kurvers</u>	<u>Assist Administrator</u>	<u>0.00</u>	<u>8,963</u>	<u>Unemployment Compensation Insurance</u>	<u>35,154</u>	<u>Advertising: Employee Recruitment</u>	<u>0</u>	
<u>Jessica Miller</u>	<u>Assist Administrator</u>	<u>0.00</u>	<u>29,877</u>	<u>FICA Taxes</u>	<u>382,337</u>	<u>Health Care Worker Background Check</u>	<u>400</u>	
<u>Kirsten Refvik</u>	<u>Assist Administrator</u>	<u>0.00</u>	<u>35,853</u>	<u>Employee Health Insurance</u>	<u>216,923</u>	(Indicate # of checks performed <u>12</u>)	<u>400</u>	
<u>John Schlack</u>	<u>Assist Administrator</u>	<u>0.00</u>	<u>24,900</u>	<u>Employee Meals</u>	<u>33,459</u>	<u>Patient Background Checks</u>	<u>1,826</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Surety Bond Fee</u>	<u>738</u>	
				<u>Dental & Life Insurance</u>	<u>3,925</u>	<u>Collaborative Healthcare/Health Care Council</u>	<u>24,408</u>	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>199,137</u>	<u>Employee Relations/Tuition Reimbursement</u>	<u>5,414</u>			
(List each licensed administrator separately.)				<u>Misc Payroll Costs/401K Match</u>	<u>5,186</u>			
B. Administrative - Other				<u>Employee Drug Test/Vaccinations</u>	<u>3,120</u>	<u>Related Party - AMS</u>	<u>1,655</u>	
Description			Amount	<u>Related Party Fees</u>	<u>(7,474)</u>	<u>Less: Public Relations Expense</u>	()	
			\$	<u>Related Party -Forum Pharmacy</u>		<u>Non-allowable advertising</u>	()	
						<u>Yellow page advertising</u>	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>813,707</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>29,027</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services							<u>Out-of-State Travel</u>	\$
Vendor/Payee	Type		Amount				<u>In-State Travel</u>	
<u>Alden Management Services, Inc.</u>	<u>Consulting fee</u>		\$ <u>933,526</u>				<u>Related Party - AMS</u>	<u>1,564</u>
<u>MIDCAP</u>	<u>Accounting Fees</u>		<u>6,787</u>				<u>Seminar Expense</u>	<u>228</u>
<u>Christine Novotny/KPMG Cost Repor</u>	<u>Accounting Fees</u>		<u>334</u>				<u>Entertainment Expense</u>	()
<u>BDO USA, LLC</u>	<u>Accounting Fees</u>		<u>2,630</u>				TOTAL (agree to Sch. V, line 24, col. 8)	\$ <u>1,792</u>
<u>Baker Tilly / Vikus Corporation</u>	<u>Accounting Fees</u>		<u>7,778</u>					
<u>AMS (Eliminated)</u>	<u>Legal Fees-Non Collections</u>		<u>45,192</u>					
<u>Law Officed of Chicago Kent/Cook C</u>	<u>Legal Fees-Non Collections</u>		<u>9,365</u>					
<u>Ariana Fisch, Chicago Title, Clerk of</u>	<u>Legal Fees-Collections</u>		<u>4,178</u>					
<u>Achieve Accreditation / Joint Commis</u>	<u>Professional Fees</u>		<u>9,679</u>					
<u>Mix Solutions/ Accurate Biometrics /</u>	<u>Professional Fees</u>		<u>315</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>1,019,783</u>	TOTAL				
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

Alden Long Grove Rehab & HCC
 Legal Fee Support
 2017

Legal Fees Reported on Pg 21, Section C:	\$ 58,735.08
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(4,177.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(45,192.00)
Allowable Legal Fees	<u>\$ 9,366.08</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
MidCap	2/6/2017	165.77
Law Offices of Chicago-Kent	4/6/2017	610.94
MidCap	6/7/2017	3,327.14
MB Financial Bank	6/30/2017	2,394.93
Law Offices of Chicago-Kent	7/10/2017	717.19
Cook County Sherrif	9/7/2017	6.00
MidCap	9/8/2017	631.12
Cook County Sherrif	10/5/2017	51.05
Law Offices of Chicago-Kent	11/6/2017	398.44
Law Offices of Chicago-Kent	12/6/2017	1,062.50
TOTAL ALLOWABLE LEGAL FEES		<u>9,365.08</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Clerk of the Circuit Court	3/1/2017	167.00
Sheriff of Kane County	3/1/2017	57.00
Markley Investigations Inc	3/20/2017	50.00
Clerk of the Circuit Court	3/24/2017	(283.00)
Clerk of the Circuit Court	4/13/2017	283.00
Clerk of the Circuit Court	4/13/2017	283.00
Markley Investigations Inc	4/13/2017	156.00
Sheriff of Lake County	4/19/2017	43.00
Clerk of the Circuit Court	4/21/2017	213.00
Ariana Fisch	6/6/2017	6.00
Ariana Fisch	6/6/2017	20.00
Pogrund & Korey LLC	8/4/2017	156.56
Simandl Law Gropu	8/30/2017	60.00
Pogrund & Korey LLC	9/7/2017	408.40
Markley Investigations Inc	9/15/2017	78.00
Markley Investigations Inc	9/15/2017	78.00
Pogrund & Korey LLC	10/5/2017	797.65
Pogrund & Korey LLC	11/6/2017	577.97
Pogrund & Korey LLC	1/8/2018	525.44
Pogrund & Korey LLC	1/8/2018	500.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>4,177.02</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Corporate Legal Fee 2017	12/28/2017	3,766.00
Corporate Legal Fee 2017	11/27/2017	3,766.00
Corporate Legal Fee 2017	10/30/2017	3,766.00
Corporate Legal Fee 2017	9/27/2017	3,766.00
Corporate Legal Fee 2017	8/29/2017	3,766.00
Corporate Legal Fee 2017	7/28/2017	3,766.00
Corporate Legal Fee 2017	7/7/2017	3,766.00
Corporate Legal Fee 2017	5/26/2017	3,766.00
Corporate Legal Fee 2017	4/28/2017	3,766.00
Corporate Legal Fee 2017	4/5/2017	3,766.00
Corporate Legal Fee 2017	3/2/2017	3,766.00
Corporate Legal Fee 2017	2/9/2017	3,766.00
TOTAL Allocated Legal Fees		<u>45,192.00</u>

Total Legal Cost	<u><u>58,734.10</u></u>
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Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA:Yes, RN/LPN:No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL &23,808
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 48,234 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 505,388
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 33,459 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees