

Facility Name & ID Number ALDEN LONG GROVE REHAB & HCC

0040683 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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	365	911	2,602	3,878	8
9	SNF/PED					9
10	ICF	55,080	3,390	6,439	64,909	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	55,445	4,301	9,041	68,787	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.99%

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 2,148

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number ALDEN LONG GROVE REHAB & HCC # 0040683 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	437,819	31,788	25,308	494,915	2,510	497,425	1,959	499,384		1
2	Food Purchase		477,853		477,853	(34,375)	443,478	1,650	445,128		2
3	Housekeeping	289,078	52,916		341,994	1,148	343,142	9,703	352,845		3
4	Laundry	81,699	23,124		104,823	497	105,320		105,320		4
5	Heat and Other Utilities			193,978	193,978		193,978	3,182	197,160		5
6	Maintenance	54,386		339,800	394,186	314	394,500	52,434	446,934		6
7	Other (specify):* related party/security			522	522		522	8,926	9,448		7
8	TOTAL General Services	862,982	585,681	559,608	2,008,271	(29,906)	1,978,365	77,854	2,056,219		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	4,271,546	211,634	13,259	4,496,440	(9,675)	4,486,765	72,429	4,559,194		10
10a	Therapy	175,582	2,201	167,297	345,080		345,080		345,080		10a
11	Activities	151,927	3,121	6,754	161,802	252	162,054		162,054		11
12	Social Services	44,912			44,912		44,912		44,912		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,153	9,153		15
16	TOTAL Health Care and Programs	4,643,967	216,956	211,311	5,072,234	(9,423)	5,062,811	81,582	5,144,393		16
	C. General Administration										
17	Administrative	200,612			200,612		200,612	325,832	526,444		17
18	Directors Fees										18
19	Professional Services			1,076,135	1,076,135		1,076,135	(1,008,496)	67,639		19
20	Dues, Fees, Subscriptions & Promotions			133,872	133,872		133,872	(100,660)	33,213		20
21	Clerical & General Office Expenses	105,607	17,106	204,844	327,557	605	328,162	366,106	694,268		21
22	Employee Benefits & Payroll Taxes			849,828	849,828	20,705	870,533	(10,378)	860,155		22
23	Inservice Training & Education										23
24	Travel and Seminar			816	816		816	2,049	2,865		24
25	Other Admin. Staff Transportation			3,490	3,490		3,490	19,355	22,845		25
26	Insurance-Prop.Liab.Malpractice			636,416	636,416		636,416	404	636,820		26
27	Other (specify):* related party			312,903	312,903		312,903	(217,480)	95,423		27
28	TOTAL General Administration	306,219	17,106	3,218,304	3,541,630	21,310	3,562,940	(623,268)	2,939,671		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,813,168	819,744	3,989,223	10,622,135	(18,019)	10,604,116	(463,833)	10,140,283		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:

1/1/2018

Ending:

12/31/2018

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			239,735	239,735		239,735	(24,239)	215,496			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			175,774	175,774		175,774	(28,625)	147,148			32
33	Real Estate Taxes			187,222	187,222		187,222	10,337	197,559			33
34	Rent-Facility & Grounds			1,046,240	1,046,240		1,046,240		1,046,240			34
35	Rent-Equipment & Vehicles			6,123	6,123		6,123	48,036	54,159			35
36	Other (specify):* MIP											36
37	TOTAL Ownership			1,655,094	1,655,094		1,655,094	5,509	1,660,603			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		838,421	802,066	1,640,487	18,019	1,658,506	(248,634)	1,409,873			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			540,727	540,727		540,727		540,727			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		838,421	1,342,793	2,181,214	18,019	2,199,233	(248,634)	1,950,600			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,813,168	1,658,165	6,987,110	14,458,443		14,458,443	(706,958)	13,751,485			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: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 36-4003486

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(34,375)	Employee Meals
	22	34,375	Employee Meals
22		(13,670)	Uniform Reclass
	1	2,510	Uniform Reclass
	3	1,148	Uniform Reclass
	4	497	Uniform Reclass
	6	314	Uniform Reclass
	10	8,344	Uniform Reclass
	11	252	Uniform Reclass
	21	605	Uniform Reclass
10		(18,019)	Oxygen Cost Reclass
	39	18,019	Oxygen Cost Reclass

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	(10)	2		4
5	Telephone, TV & Radio in Resident Rooms	(13,139)	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	(1,947)	30		9
10	Interest and Other Investment Income	(6,789)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,587)	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	(33,475)	21		17
18	Fines and Penalties	(36,226)	32		18
19	Entertainment	(125)	20		19
20	Contributions	(5,809)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,160)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(312,903)	27		24
25	Fund Raising, Advertising and Promotional	(11,204)	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)	\$ (439,375)		\$	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)	(137,074)	Pg 6s	34
35	Other- Attach Schedule	(130,509)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (267,583)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (706,958)		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	

ALDEN LONG GROVE REHAB & HCC

ID# 0040683

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (20,792)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(7,666)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	28,201	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,495	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	(1,585)	5	10
11	Other nursing income		21	11
12	Intercompany interest is not allowed (gl 7031)	(131,732)	32	12
13	Intercompany interest is not allowed (gl 7053)	0	32	13
14	A/P Adjustments (vendor discounts)	(46)	10	14
15	Miscellaneous Income - Medical Records	(493)	10	15
16	Miscellaneous Income - Incentives from United Health C	(6,584)	22	16
17	Collection Fees (gl6965)			17
18	Dues, Fees & Subscriptions	(389)	20	18
19	AMS Depreciation Adj			19
20	Depreciation Adj	81	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	(130,509)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN LONG GROVE REHAB & HCC# 0040683

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	3,645	(1,686)	0	0	0	0	0	0	0	1,959	1
2	Food Purchase	(2,597)	0	0	4,247	0	0	0	0	0	0	0	1,650	2
3	Housekeeping	0	0	9,703	0	0	0	0	0	0	0	0	9,703	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,585)	0	4,767	0	0	0	0	0	0	0	0	3,182	5
6	Maintenance	25,557	0	33,226	0	0	0	137	(6,487)	0	0	0	52,434	6
7	Other (specify):*	0	0	8,926	0	0	0	0	0	0	0	0	8,926	7
8	TOTAL General Services	21,376	0	60,267	2,561	0	0	137	(6,487)	0	0	0	77,854	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	(539)	0	64,323	11,177	(2,532)	0	0	0	0	0	0	72,429	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,153	0	0	0	0	0	0	0	0	9,153	15
16	TOTAL Health Care and Programs	(539)	0	73,476	11,177	(2,532)	0	0	0	0	0	0	81,582	16
	C. General Administration													
17	Administrative	0	0	325,832	0	0	0	0	0	0	0	0	325,832	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,160)	0	(993,336)	0	0	0	0	0	0	0	0	(1,008,496)	19
20	Fees, Subscriptions & Promotions	(17,527)	0	(83,133)	0	0	0	0	0	0	0	0	(100,660)	20
21	Clerical & General Office Expenses	(33,475)	0	399,581	0	0	0	0	0	0	0	0	366,106	21
22	Employee Benefits & Payroll Taxes	(6,584)	0	0	0	(3,794)	0	0	0	0	0	0	(10,378)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,049	0	0	0	0	0	0	0	0	2,049	24
25	Other Admin. Staff Transportation	0	0	19,355	0	0	0	0	0	0	0	0	19,355	25
26	Insurance-Prop.Liab.Malpractice	0	0	404	0	0	0	0	0	0	0	0	404	26
27	Other (specify):*	(312,903)	0	95,423	0	0	0	0	0	0	0	0	(217,480)	27
28	TOTAL General Administration	(385,649)	0	(233,825)	0	(3,794)	0	0	0	0	0	0	(623,268)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(364,813)	0	(100,082)	13,738	(6,327)	0	137	(6,487)	0	0	0	(463,833)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN LONG GROVE REHAB & HCC# 0040683

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	(30,324)	0	6,085	0	0	0	0	0	0	0	0	(24,239)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(174,747)	0	146,122	0	0	0	0	0	0	0	0	(28,625)	32
33	Real Estate Taxes	0	0	10,337	0	0	0	0	0	0	0	0	10,337	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	48,036	0	0	0	0	0	0	0	0	48,036	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(205,071)	0	210,580	0	0	0	0	0	0	0	0	5,509	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	(133,644)	(42,520)	(72,469)	0	0	0	0	0	(248,634)	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	(133,644)	(42,520)	(72,469)	0	0	0	0	0	(248,634)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(569,884)	0	110,498	(119,906)	(48,847)	(72,469)	137	(6,487)	0	0	0	(706,958)	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%	\$ 4,767	\$	4,767	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		2,049		2,049	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		19,355		19,355	17
18	V	26 Insurance		Alden Management Services, Inc.		404		404	18
19	V	20 Dues/Subscriptions	85,584	Alden Management Services, Inc.		2,451		(83,133)	19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085		6,085	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		10,337		10,337	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		48,036		48,036	22
23	V	32 Interest		Alden Management Services, Inc.		146,122		146,122	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		3,645		3,645	24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		9,703		9,703	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		8,926		8,926	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		64,323		64,323	27
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		9,153		9,153	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		325,832		325,832	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		95,423		95,423	30
31	V	19 Professional Fees	1,038,689	Alden Management Services, Inc.		45,353		(993,336)	31
32	V	21 Gen'l & Admin	41,340	Alden Management Services, Inc.		440,921		399,581	32
33	V	6 Repairs & Maintenance	80,216	Alden Management Services, Inc.		113,442		33,226	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,245,829			\$ 1,356,327	\$ *	110,498	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	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$ (24,168)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube feeding	34,710	Prism Health Care Services, Inc.		13,724	(20,987)
18	V	10 Equipment rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary supplies	257,630	Prism Health Care Services, Inc.		74,680	(182,949)
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		8,156	8,156
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		25,234	25,234
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		6,840	6,840
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		49,305	49,305
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		\$ 323,168			\$ 203,262	\$ * (119,906)

* 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	\$ 403,659	Forum Extended Care Services II, Inc.	0.00%	\$ 371,593	\$ (32,066)
16	V	39 IV	94,738	Forum Extended Care Services II, Inc.		87,212	(7,526)
17	V	39 wound care	80,835	Forum Extended Care Services II, Inc.		74,414	(6,421)
18	V	10 house stock	25,925	Forum Extended Care Services II, Inc.		23,866	(2,059)
19	V	10 pharmacy consultant	5,952	Forum Extended Care Services II, Inc.		5,479	(473)
20	V	22 vaccinations	3,794	Forum Extended Care Services II, Inc.			(3,794)
21	V	39 vaccinations		Forum Extended Care Services II, Inc.		3,493	3,493
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		\$ 614,903			\$ 566,057	\$ * (48,847)

* 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	\$ 956,400	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 883,931	\$ (72,469)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
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		\$ 956,400			\$ 883,931	\$ * (72,469)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 45,202	Alden Bennett Construction Company, Inc.	0.00%	\$ 45,339	\$	137	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 45,202			\$ 45,339	\$ *	137	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	\$ 9,843	Alden Design Group, Ltd.	0.00%	\$ 3,356	\$ (6,487)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
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		\$ 9,843			\$ 3,356	\$ * (6,487)

* 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:

1/1/2018

Ending:

12/31/2018

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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number ALDEN LONG GROVE REHAB & HCC # 0040683 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	175,539	2.044	5.11	Salary	\$ 9,461	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,886	2.044	5.11	Salary	5,114	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,886	2.044	5.11	Salary	5,114	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,860	2.044	5.11	Salary	5,975	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,904	2.044	5.11	Salary	3,229	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,539	1.7885	5.11	Salary	9,461	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 38,354		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:

1/1/2018

Ending: 2/31/2018

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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	1,345,058	36	\$ 93,217	\$ 68,787	\$ 4,767	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	68,787	2,049	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	68,787	19,355	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	68,787	404	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	68,787	2,451	5	
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6	
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	68,787	10,337	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	68,787	48,036	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	68,787	146,122	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	68,787	3,645	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	68,787	9,703	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	68,787	8,926	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	68,787	64,323	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	68,787	9,153	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	68,787	325,832	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	68,787	95,423	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	68,787	45,353	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	68,787	440,921	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	68,787	113,442	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,356,327	25	

Facility Name & ID Number ALDEN LONG GROVE REHAB & HCC

0040683

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1																				
2																				
3																				
4	Insurance Interest (GL7053)	x	Medical Malpractice						2,648	4										
5	MB Financing (GL 7035)	x	Capital Lease	\$4,277.87	06/16/17	135,519	70,311	06/15/20	5.1400	5,167										
Working Capital																				
6	Related party - AMS	x	Working Capital							146,122										
7																				
8																				
9	TOTAL Facility Related			\$4,277.87		\$ 135,519	\$ 70,311			\$ 153,937										
B. Non-Facility Related*																				
10	Interest Income (GL 4975)	x							(6,789)	10										
11																				
12																				
13																				
14	TOTAL Non-Facility Related					\$	\$			\$ (6,789)										
15	TOTALS (line 9+line14)					\$ 135,519	\$ 70,311			\$ 147,148										

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

* 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.)

2017 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 2017 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 2017.

(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>202,125.00</u>	\$ <u>10,337.00</u>
2. <u>14-36-100-002</u>	<u>Nursing facility</u>	\$ <u>182,822.20</u>	\$ <u>182,822.20</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>384,947.20</u></u>	\$ <u><u>193,159.20</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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:

1/1/2018

Ending:

12/31/2018

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

If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column with values 1, 2, 3. Row 1: Nursing facility, Row 2: (blank), Row 3: 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			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

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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			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		20			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	1,258	58
59	PATTEN-REPAIR GENERATOR	1998	655		20	33	33	637	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		27,476	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)		\$ 286,795	\$ 1,314		\$ 1,412	\$ 98	\$ 281,376	70

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

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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		\$ 286,795	\$ 1,314		\$ 1,412	\$ 98	\$ 281,376	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		28,839	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	79	20	79		2,628	17
18	alden design-architectural/designing	2000	3,300	96	20	96		3,300	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)	468,612	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE)	2002	3,927		15			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)		\$ 1,072,201	\$ 30,575		\$ 28,652	\$ (1,923)	\$ 887,602	34

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

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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		\$ 1,072,201	\$ 30,575		\$ 28,652	\$ (1,923)	\$ 887,602	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 SPAC	2003	20,151		8			20,151	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	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	390	15	390		6,569	24
25	CSI Coker -I Walkin cooler replacement	2004	2,980		5			2,980	25
26	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667		15			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		3,764	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		4,888	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)		\$ 1,718,233	\$ 31,503		\$ 29,580	\$ (1,923)	\$ 1,531,526	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 12C, Carried Forward		\$ 1,718,233	\$ 31,503		\$ 29,580	\$ (1,923)	\$ 1,531,526	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,863,409	\$ 34,250		\$ 32,327	\$ (1,923)	\$ 1,617,795	34

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

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Report Period Beginning:

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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		\$ 1,863,409	\$ 34,250		\$ 32,327	\$ (1,923)	\$ 1,617,795	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)	1,563	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	600	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		2,596	10
11	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107		8			24,107	11
12	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generato	2004	10,656	426	25	426		6,109	12
13	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		7,638	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		5,265	18
19	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		1,476	19
20	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		1,063	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		1,227	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)		\$ 1,979,151	\$ 36,211		\$ 34,264	\$ (1,947)	\$ 1,715,648	34

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

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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		\$ 1,979,151	\$ 36,211		\$ 34,264	\$ (1,947)	\$ 1,715,648	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		2,415	16
17	Installed Water Heater	2006	11,078	739	15	739		9,234	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		2,868	18
19	Installed new piping	2006	4,470	179	25	179		2,310	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		1,309	20
21	Roof - J.D. Sons	2006	16,900		10			16,900	21
22									22
23	ABC Wiring for Cable TV	2007	12,438		10			12,438	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		8,999	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		5,958	25
26	Censau replaced broken pipe in attic	2007	3,807		10			3,807	26
27	Topnot Installed booster heater	2007	4,970		10			4,970	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		15,498	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387		10			3,387	29
30	ALDBEN Construct	2007	17,231		10			17,231	30
31	ALDBEN heating/vent work	2007	22,222		10			22,222	31
32	Topnot new kitchen freezer door	2007	4,655		10			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)		\$ 2,198,345	\$ 40,218		\$ 38,271	\$ (1,947)	\$ 1,920,527	34

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

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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		\$ 2,198,345	\$ 40,218		\$ 38,271	\$ (1,947)	\$ 1,920,527	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		2,857	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		2,197	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	527	10	527		5,741	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		6,862	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		8,889	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		3,839	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		16,055	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		7,833	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		3,901	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	22,543	1,127	20	1,127		10,426	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		1,662	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		9,105	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	10,629	531	20	531		4,870	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	60,966	3,048	20	3,048		27,688	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	6,058	303	20	303		2,726	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		3,870	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		4,000	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)		\$ 2,500,990	\$ 52,947		\$ 51,000	\$ (1,947)	\$ 2,112,050	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		\$ 2,500,990	\$ 52,947		\$ 51,000	\$ (1,947)	\$ 2,112,050	1
2	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	134	25	134		1,150	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	1,772	8	1,772		15,479	6
7	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	462	20	462		3,582	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		2,321	12
13	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383	1,298	8	1,298		9,302	13
14	Panel Electrical - BELEC	2011	2,557		5			2,557	14
15	Fire Protection, Elevator Shaft - USFIRE	2012	6,042	604	10	604		4,078	15
16	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120	125	25	125		843	16
17	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362	768	20	768		4,992	17
18	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937	196	15	196		1,208	18
19	Carpentry - Header Boards - ALDBEN	2012	4,891	326	15	326		1,956	19
20	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699	513	15	513		3,079	20
21	Sign - Monument - ALDBEN	2012	17,839	1,189	15	1,189		7,135	21
22	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624	562	10	562		3,795	22
23	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543	754	10	754		5,091	23
24	Reupholster Chairs, Bedsreads - ALDDES	2012	8,772		5			8,772	24
25	Windows - ALDBEN	2012	2,571	257	10	257		1,542	25
26	Fire Protection System - VALFIR	2013	17,500	1,167	15	1,167		6,904	26
27	Boiler Rebuild - ALDBEN	2013	28,173	1,878	15	1,878		10,486	27
28	Fence and Guard Rail - ALDBEN	2013	3,727	248	15	248		1,344	28
29	Fire Protection System - VALFIR	2013	4,250	283	15	283		1,486	29
30	Fire Protection System - VALFIR	2013	4,264	284	15	284		1,491	30
31	Fire Protection System - VALFIR	2013	6,896	460	15	460		2,338	31
32	Fire Suppression Tank Refurbishment - ALDBEN	2013	41,135	2,742	15	2,742		15,767	32
33	Motor, Drive Dryer - EQUINT	2013	2,977	200	5	200		2,977	33
34	TOTAL (lines 1 thru 33)		\$ 2,771,091	\$ 69,493		\$ 67,546	\$ (1,947)	\$ 2,264,638	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		\$ 2,771,091	\$ 69,493		\$ 67,546	\$ (1,947)	\$ 2,264,638	1
2	Fire Suppression Tank Refurbishment - ALDBEN	2013	10,224	682	15	682		3,864	2
3	Fire Suppression Tank Refurbishment - ALDBEN	2013	5,470	365	15	365		1,977	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		2,604	7
8	Sprinkler System Repair - VALFIR	2014	13,199	2,640	5	2,640		11,000	8
9	Booster, repair - TOPNOT	2014	5,395	1,079	5	1,079		4,406	9
10									10
11	Waste treatment pond - engin - ALDBEN	2015	9,000	450	20	450		2,176	11
12	Boiler Valve Replace - GTMECH	2015	6,483	1,297	5	1,297		6,267	12
13	Exhaust Fan Repair - ALDBEN	2015	8,494	1,699	5	1,699		8,211	13
14	Plumbing Repair on fire equipment - VALFIR	2015	8,930	595	15	595		2,777	14
15	Fire Dampers - GTMECH	2015	2,523	252	10	252		966	15
16	Paving, asphalt replacement - J&JASP	2015	14,000	1,750	8	1,750		6,416	16
17	Washing Machine Motor - EQUINT	2015	2,826	565	5	565		1,789	17
18									18
19	Sand for waste filter, 60cubyrds -INTCON	2016	4,200	280	15	280		653	19
20	Sewer treatment ponds - INTCON	2016	21,000	1,400	15	1,400		3,267	20
21	Motor for Dryer- EQUINT	2016	4,208	842	5	842		2,385	21
22	Repair Oxyg tank level readers(2) - WELSUP	2016	7,148	1,430	5	1,430		3,456	22
23	Insulation-supply duct in attic - GTMECH	2016	3,084	308	10	308		719	23
24	Fire System Repaired - VALFIR	2016	4,640	928	5	928		2,088	24
25	Roof Repaired - JDROOF	2016	6,930	1,386	5	1,386		3,003	25
26	Fire alarm system Repaired - VALFIR	2016	5,644	1,129	5	1,129		2,352	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,923,860	\$ 89,195		\$ 87,248	\$ (1,947)	\$ 2,335,014	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:

1/1/2018

Ending:

12/31/2018

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		\$ 2,923,860	\$ 89,195		\$ 87,248	\$ (1,947)	\$ 2,335,014	1
2									2
3	Adjust for ABC Related Party Profit	2008	(33)	(5)		(5)		(45)	3
4	Adjust for ABC Related Party Profit	2009	(2,179)	154		154		(2,179)	4
5	Adjust for ABC Related Party Profit	2010	(189)	(13)		(13)		(189)	5
6	Adjust for ABC Related Party Profit	2011	(38)	(9)		(9)		(38)	6
7	Adjust for ABC Related Party Profit	2012	2,219	317		317		1,744	7
8	Adjust for ABC Related Party Profit	2013	1,194	104		104		416	8
9	Adjust for ABC Related Party Profit	2014	(18)	(17)		(17)		(18)	9
10									10
11									11
12	Plumbing, drywall material- Lower level remodel - ALDBEN	2017	6,448	430	15	430		645	12
13	Demolition and clean up floor- Lower level remodeling- ALDBEN	2017	6,496	433	15	433		650	13
14	Remodeling resident room- ALDBEN	2017	8,392	336	25	336		504	14
15	Painting & carpenter remodeling lower level- AMS	2017	15,297	1,530	10	1,530		2,167	15
16	Sprinkler system repaired- VALFIR	2017	3,335	667	5	667		1,334	16
17	Sprinkler system repaired- VALFIR	2017	4,603	921	5	921		1,765	17
18	Roof repaired - JDROOF	2017	2,730	546	5	546		956	18
19	Closets remodeling - ALDBEN	2017	2,846	569	5	569		948	19
20	Paving, asphalt, replaced old road- WYNHOM	2017	12,677	1,585	8	1,585		2,509	20
21	Paving, Seal Coat- J&JASP	2017	6,858	857	8	857		1,357	21
22	Nurse call system repaired - ALDBEN	2017	4,912	982	5	982		1,391	22
23	Boiler repaired - TRIPLU	2017	4,428	886	5	886		1,181	23
24	Fire system repaired - VALFIR	2017	3,074	615	5	615		820	24
25	Motor (2) - TOPNOT	2017	3,902	780	5	780		910	25
26									26
27	see page 12L								27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,010,813	\$ 100,863		\$ 98,916	\$ (1,947)	\$ 2,351,842	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 12K, Carried Forward								
2		\$ 3,010,813	\$ 100,863		\$ 98,916	\$ (1,947)	\$ 2,351,842		1
3	Demolition and clean up floor - ALDBEN (lower level)	2018	5,500	367	15	367		367	3
4	Boiler & water heater installation - TRIPLU (basement)	2018	9,197	230	10	230		230	4
5	Dishwasher repair - ALDBEN (kitchen)	2018	7,156	1,312	5	1,312		1,312	5
6	Generator & swith gear repair - BELELE (basement)	2018	3,661	427	5	427		427	6
7	Generator repair - PATCAT (basement)	2018	4,364	509	5	509		509	7
8	Air system repair - VALFIR (around facility)	2018	5,889	429	8	429		429	8
9	Fire system repair - OAKFIR (around facility)	2018	3,454	230	5	230		230	9
10	Repair Ball valve on the fire system installation - OAKFIR (aroun	2018	7,821	326	8	326		326	10
11	Air handling unit repair- GTMECH (basement)	2018	2,953	148	5	148		148	11
12	Canopy repair - ALDBEN (main entrance)	2018	2,588	129	5	129		129	12
13	Water tank repair - PITTAN (basement)	2018	45,390		10				13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,108,787	\$ 104,970		\$ 103,023	\$ (1,947)	\$ 2,355,948	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:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,055,513	\$ 98,743	\$ 98,743	\$	varies	\$ 466,851	71
72	Current Year Purchases	93,148	8,020	8,020		varies	8,020	72
73	Fully Depreciated Assets	812,788	5,710	5,710		varies	812,788	73
74								74
75	TOTALS	\$ 1,961,449	\$ 112,473	\$ 112,473	\$		\$ 1,287,659	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802					3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	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)	\$ 5,074,037	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 217,443	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 215,496	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,947)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,647,409	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: 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>1,046,240</u>	<u>5</u>	<u>10</u>	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,046,240			7

10. Effective dates of current rental agreement:

Beginning 3/1/2013

Ending 2/29/2020

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>1,046,240</u>
13.	<u>12/31/2020</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: \$ 11,290 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>27,331</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	TOTAL		\$ #####	\$ 27,331	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	\$		\$ 284,092	\$		\$ 284,092	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			108,820			108,820	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			395,118			395,118	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				375,086		375,086	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): See PG 16A									12
13	Other (specify): See PG 16A	39-1, 39-3, if any				(72,469)	319,227		246,757	13
14	TOTAL			\$		\$ 715,560	\$ 694,313		\$ 1,409,873	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	284,092.32	
2.	ST	39-3	To Col 5	108,819.50	
3.					
4.	PT	39-3	To Col 5	395,117.79	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			403,658.86	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(28,572.93)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	375,085.93	1,163,115.54
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3		0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6		882.75
	Total Exceptional Care (Line 12, Col 8)				882.75
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(72,469.31)	From Page 6D
	Other			447,916.12	
	Manual Input: Related Party - Prism			(133,644.22)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(7,525.76)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(6,421.37)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			18,019.00	
13.	Col 6: Supplies Total		To Col 6	318,343.77	318,343.77
13.	Total Line 13, Column 8				245,874.46
14.	Total				1,409,872.74

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>257,500</u>)	2,846,537		3
4	Supply Inventory (priced at)	5,060		4
5	Short-Term Investments			5
6	Prepaid Insurance	7,637		6
7	Other Prepaid Expenses	47,407		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	7,994		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,914,635	\$	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	3,442,245		15
16	Equipment, at Historical Cost	2,070,230		16
17	Accumulated Depreciation (book methods)	(4,005,011)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	114,612		21
22	Other Long-Term Assets (spec <u>Purch. Option</u>)	744,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,366,077	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,280,712	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 779,440	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	528,424		28
29	Short-Term Notes Payable	46,358		29
30	Accrued Salaries Payable	716,306		30
31	Accrued Taxes Payable (excluding real estate taxes)	29,819		31
32	Accrued Real Estate Taxes(Sch.IX-B)	188,300		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>	316,404		36
37	<u>Due to Affiliates (current)</u>	1,409,165		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,014,215	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	23,953		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>	23,006,717		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 23,030,670	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 27,044,885	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (21,764,173)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,280,712	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (20,983,802)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (20,983,802)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(780,370)	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)	\$ (780,370)	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)	\$ (21,764,173)	24 *

* This must agree with page 17, line 47.

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

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,067,713	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,067,713	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	523,895	6
7	Oxygen	26,315	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 550,209	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	10	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	43,925	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 43,935	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	6,789	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 6,789	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	9,427	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,427	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,678,073	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,008,271	31
32	Health Care	5,072,234	32
33	General Administration	3,541,630	33
B. Capital Expense			
34	Ownership	1,655,094	34
C. Ancillary Expense			
35	Special Cost Centers	1,640,487	35
36	Provider Participation Fee	540,727	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,458,443	40
41	Income before Income Taxes (line 30 minus line 40)**	(780,370)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (780,370)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 9,400,841	44
45	Private Pay - Net Inpatient Revenue	855,758	45
46	Medicare - Net Inpatient Revenue	1,232,730	46
47	Other-(specify) <u>Hospice/Insurance</u>	905,359	47
48	Other-(specify) <u>VA/Sales Allow.</u>	673,025	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,067,713	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 Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning 1/1/2018

Ending:

12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discrbe) (is offset against Sch.# V)	
Miscellaneous Income - Medical Records	\$ 493
A/P Adjustments (vendor discounts)	\$ 2,304
Miscellaneous Income - Incentives from United Health Care	\$ 6,584
Vendor Discounts	\$ 46
Line 28 Total:	<u><u>9,427</u></u>

Facility Name & ID Number **ALDEN LONG GROVE REHAB & HCC**

0040683

Report Period Beginning: **1/1/2018**

Ending:

12/31/2018

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	3,703	3,719	\$ 187,879	\$ 50.53	1
2	Assistant Director of Nursing	600	611	24,284	39.74	2
3	Registered Nurses	25,055	27,429	1,017,081	37.08	3
4	Licensed Practical Nurses	31,111	32,114	1,041,389	32.43	4
5	CNAs & Orderlies	98,313	106,093	1,729,452	16.30	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,746	3,005	62,426	20.78	8
9	Activity Director	2,040	2,064	55,555	26.92	9
10	Activity Assistants	6,825	7,282	96,372	13.24	10
11	Social Service Workers	1,912	1,920	44,912	23.39	11
12	Dietician					12
13	Food Service Supervisor	2,213	2,205	59,514	26.99	13
14	Head Cook	2,088	2,096	36,042	17.20	14
15	Cook Helpers/Assistants	24,243	26,081	342,263	13.12	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	54,386	26.15	17
18	Housekeepers	20,241	21,753	289,078	13.29	18
19	Laundry	5,630	5,820	81,699	14.04	19
20	Administrator	2,125	2,125	95,657	45.02	20
21	Assistant Administrator	3,112	3,120	104,955	33.64	21
22	Other Administrative	5,529	5,529	158,373	28.65	22
23	Office Manager					23
24	Clerical	4,846	5,071	60,390	11.91	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,142	4,158	159,845	38.44	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Memory Care Dir</u>	7,204	7,683	111,618	14.53	33
34	TOTAL (lines 1 - 33)	255,747	271,956	\$ 5,813,168 *	\$ 21.38	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	\$2,109 Monthly	25,308	1-3	35
36	Medical Director	\$2,000 Monthly	24,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				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	\$73 Monthly	880	11-3	44
45	Social Service Consultant	\$23 Monthly	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 56,420		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	\$498 Monthly	5,976	10-3	52
53	TOTAL (lines 50 - 52)		\$ 5,976		53

Alden - Long Grove Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C:	\$ 61,820.87
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(15,160.09)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 1,468.78</u>

<--Check: should match total for Allow. Fees in new detail section below.

In Detail:

Vendor Name	Invoice Date	Amount
MidCap	12/5/2018	161.78
MidCap	10/3/2018	45.15
MidCap	8/8/2018	58.04
MidCap	7/10/2018	19.35
MidCap	2/6/2018	707.89
Law Offices of Chicago-Kent	12/6/2018	186.46
Law Offices of Chicago-Kent	6/8/2018	239.06
Ariana Fisch	3/6/2018	51.05
TOTAL ALLOWABLE LEGAL FEES		<u>1,468.78</u>

6806 Lgl Non Coll

Vendor Name	Invoice Date	Amount
SB2 Inc	1/8/2019	204.55
SB2 Inc	8/6/2018	295.45
SB2 Inc	4/5/2018	295.45
SB2 Inc	4/5/2018	295.45
SB2 Inc	4/5/2018	295.45
SB2 Inc	4/5/2018	295.45
SB2 Inc	11/6/2018	295.45
SB2 Inc	10/4/2018	334.16
SB2 Inc	10/4/2018	295.45
SB2 Inc	10/4/2018	295.45
SB2 Inc	10/4/2018	295.45
SB2 Inc	10/4/2018	295.45
Stone Poggrund	5/4/2018	500.00
Stone Poggrund	9/7/2018	1,094.98
Stone Poggrund	1/8/2019	995.63
Stone Poggrund	1/8/2019	1,050.00
Stone Poggrund	3/6/2018	509.32
Stone Poggrund	2/6/2018	500.00
Stone Poggrund	8/6/2018	850.00
Stone Poggrund	7/6/2018	830.04
Stone Poggrund	4/5/2018	504.50
Stone Poggrund	6/8/2018	750.00
Stone Poggrund	12/6/2018	1,596.12
Stone Poggrund	11/6/2018	1,496.22
Stone Poggrund	10/4/2018	990.07
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>15,160.09</u>

6966 Lgl collect

Vendor Name	Invoice Date	Amount
Corporate Legal Fee 2018	12/21/2018	3,766.00
Corporate Legal Fee 2018	11/26/2018	3,766.00
Corporate Legal Fee 2018	10/29/2018	3,766.00
Corporate Legal Fee 2018	9/26/2018	3,766.00
Corporate Legal Fee 2018	9/4/2018	3,766.00
Corporate Legal Fee 2018	7/26/2018	3,766.00
Corporate Legal Fee 2018	6/27/2018	3,766.00
Corporate Legal Fee 2018	5/25/2018	3,766.00
Corporate Legal Fee 2018	4/27/2018	3,766.00
Corporate Legal Fee 2018	3/29/2018	3,766.00
Corporate Legal Fee 2018	3/2/2018	3,766.00
Corporate Legal Fee 2018	2/7/2018	3,766.00
TOTAL Allocated Legal Fees		<u>45,192.00</u>
Total Legal Cost		<u>61,820.87</u>

6806-100-003 Lgl non coll

Facility Name & ID Number ALDEN LONG GROVE REHAB & HCC

0040683

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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. \$ 42,325 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. \$ 540,727
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 benefit on Schedule V. \$ 34,375 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