

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,520	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	248	TOTALS	248	90,520	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	3,615	1,284	5,202	10,101	8
9	SNF/PED					9
10	ICF	40,393	2,638	2,878	45,909	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,008	3,922	8,080	56,010	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 61.88%

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

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 4,555

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: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	387,901	27,383	23,460	438,744	1,678	440,422	(8,544)	431,878		1
2	Food Purchase		448,492		448,492	(35,825)	412,667	(38,399)	374,268		2
3	Housekeeping	235,754	42,347		278,101	769	278,870	10,452	289,322		3
4	Laundry	36,049	13,677		49,726	333	50,059		50,059		4
5	Heat and Other Utilities			171,166	171,166		171,166	2,045	173,211		5
6	Maintenance	49,296		300,186	349,482	210	349,692	2,285	351,977		6
7	Other (specify):* security	11,083		1,044	12,127		12,127	10,691	22,818		7
8	TOTAL General Services	720,083	531,899	495,856	1,747,838	(32,835)	1,715,003	(21,470)	1,693,533		8
	B. Health Care and Programs										
9	Medical Director			32,000	32,000		32,000		32,000		9
10	Nursing and Medical Records	3,219,897	269,609	10,086	3,499,592	(33,041)	3,466,551	53,073	3,519,624		10
10a	Therapy	162,950	1,870	29,132	193,952	169	194,121		194,121		10a
11	Activities	189,202	3,333	6,901	199,436		199,436		199,436		11
12	Social Services	34,530			34,530		34,530		34,530		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,143	9,143		15
16	TOTAL Health Care and Programs	3,606,579	274,812	78,119	3,959,510	(32,872)	3,926,638	62,216	3,988,854		16
	C. General Administration										
17	Administrative	208,920			208,920		208,920	146,598	355,518		17
18	Directors Fees										18
19	Professional Services			816,684	816,684	(291)	816,393	(729,489)	86,904		19
20	Dues, Fees, Subscriptions & Promotions			36,372	36,372	291	36,663	(15,107)	21,556		20
21	Clerical & General Office Expenses	97,280	20,696	153,109	271,085	405	271,490	374,970	646,460		21
22	Employee Benefits & Payroll Taxes			775,006	775,006	26,676	801,682		801,682		22
23	Inservice Training & Education										23
24	Travel and Seminar			5,904	5,904		5,904	1,939	7,843		24
25	Other Admin. Staff Transportation			6,082	6,082		6,082	18,614	24,696		25
26	Insurance-Prop.Liab.Malpractice			272,915	272,915		272,915	266	273,181		26
27	Other (specify):* bad debt			130,402	130,402		130,402	(51,905)	78,497		27
28	TOTAL General Administration	306,200	20,696	2,196,474	2,523,370	27,081	2,550,451	(254,114)	2,296,337		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,632,862	827,407	2,770,449	8,230,718	(38,626)	8,192,092	(213,368)	7,978,724		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Long Grove Rehab & HCC

#0040683

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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			223,202	223,202		223,202	(27,522)	195,680			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			143,548	143,548		143,548	7,147	150,695			32
33	Real Estate Taxes			192,284	192,284		192,284	6,458	198,742			33
34	Rent-Facility & Grounds			1,046,240	1,046,240		1,046,240		1,046,240			34
35	Rent-Equipment & Vehicles			15,156	15,156		15,156	61,395	76,551			35
36	Other (specify):*											36
37	TOTAL Ownership			1,620,430	1,620,430		1,620,430	47,478	1,667,908			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		522,092	741,997	1,264,089	38,626	1,302,715	(61,304)	1,241,411			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			466,121	466,121		466,121		466,121			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		522,092	1,208,118	1,730,210	38,626	1,768,836	(61,304)	1,707,532			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,632,862	1,349,499	5,598,997	11,581,358		11,581,358	(227,194)	11,354,164			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		\$ (35,825.00)	Employee Meals
	22	\$ 35,825.00	Employee Meals
22		\$ (9,149.00)	Uniforms
	1	\$ 1,678.00	Uniforms
	3	\$ 769.00	Uniforms
	4	\$ 333.00	Uniforms
	6	\$ 210.00	Uniforms
	10	\$ 5,585.00	Uniforms
	11	\$ 169.00	Uniforms
	21	\$ 405.00	Uniforms
10		\$ (38,626.00)	Oxygen - to appropriate cost center
	39	\$ 38,626.00	Oxygen - to appropriate cost center
19		\$ (291.00)	RC Background Check
	20	\$ 291.00	RC Background Check
		<u>\$ -</u>	

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(13,331)	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	(1,733)	30		9
10	Interest and Other Investment Income	(1,382)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,758)	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	(30,555)	21		17
18	Fines and Penalties	(1,897)	32		18
19	Entertainment	(440)	20		19
20	Contributions	18,273	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,996)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(130,401)	27		24
25	Fund Raising, Advertising and Promotional	(12,476)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(250)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (177,946)		\$	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)	106,947		34
35	Other- Attach Schedule	(156,195)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (49,248)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (227,194)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Alden Long Grove Rehab & HCC

ID# 0040683

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (10,905)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(19,162)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,448	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	9,971	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -		30	6
7	Adj for ABC Related Party Profit - Pg 13	21	30	7
8	Depreciation Adjustment	267	30	8
9				9
10	Late fees on utilities	(1,824)	5	10
11				11
12				12
13	Intercompany interest is not allowed (gl 7031)	(134,866)	32	13
14			32	14
15	Miscellaneous Income (Medical Records)	(1,131)	10	15
16	Discounts Taken	(14)	10	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				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		(156,195)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	3,118	(11,662)	0	0	0	0	0	0	0	(8,544)	1
2	Food Purchase	(1,758)	0	0	(36,641)	0	0	0	0	0	0	0	(38,399)	2
3	Housekeeping	0	0	10,452	0	0	0	0	0	0	0	0	10,452	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,824)	0	3,869	0	0	0	0	0	0	0	0	2,045	5
6	Maintenance	(1,912)	0	4,258	0	0	0	(61)	0	0	0	0	2,285	6
7	Other (specify):*	0	0	9,505	1,186	0	0	0	0	0	0	0	10,691	7
8	TOTAL General Services	(5,494)	0	31,202	(47,117)	0	0	(61)	0	0	0	0	(21,470)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,145)	0	59,118	(58)	(4,842)	0	0	0	0	0	0	53,073	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	9,143	0	0	0	0	0	0	0	0	9,143	15
16	TOTAL Health Care and Programs	(1,145)	0	68,261	(58)	(4,842)	0	0	0	0	0	0	62,216	16
	C. General Administration													
17	Administrative	0	0	146,598	0	0	0	0	0	0	0	0	146,598	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,996)	0	(727,493)	0	0	0	0	0	0	0	0	(729,489)	19
20	Fees, Subscriptions & Promotions	5,107	0	(20,214)	0	0	0	0	0	0	0	0	(15,107)	20
21	Clerical & General Office Expenses	(30,555)	0	338,158	31,341	36,026	0	0	0	0	0	0	374,970	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,939	0	0	0	0	0	0	0	0	1,939	24
25	Other Admin. Staff Transportation	0	0	18,614	0	0	0	0	0	0	0	0	18,614	25
26	Insurance-Prop.Liab.Malpractice	0	0	266	0	0	0	0	0	0	0	0	266	26
27	Other (specify):*	(130,401)	0	72,636	3,081	2,779	0	0	0	0	0	0	(51,905)	27
28	TOTAL General Administration	(157,845)	0	(169,496)	34,422	38,805	0	0	0	0	0	0	(254,114)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(164,484)	0	(70,033)	(12,753)	33,963	0	(61)	0	0	0	0	(213,368)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(31,512)	0	3,990	0	0	0	0	0	0	0	0	(27,522)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(138,145)	0	144,515	0	777	0	0	0	0	0	0	7,147	32
33	Real Estate Taxes	0	0	6,554	0	(96)	0	0	0	0	0	0	6,458	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	61,395	0	0	0	0	0	0	0	0	61,395	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(169,657)	0	216,454	0	681	0	0	0	0	0	0	47,478	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	(52,380)	(66,139)	57,215	0	0	0	0	0	(61,304)	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	(52,380)	(66,139)	57,215	0	0	0	0	0	(61,304)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(334,141)	0	146,421	(65,133)	(31,495)	57,215	(61)	0	0	0	0	(227,194)	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%	\$ 3,869	\$ 3,869
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,939	1,939
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,614	18,614
18	V	26 Insurance		Alden Management Services, Inc.		266	266
19	V	20 Dues/Subscriptions	24,816	Alden Management Services, Inc.		4,602	(20,214)
20	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,554	6,554
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		61,395	61,395
23	V	32 Interest		Alden Management Services, Inc.		144,515	144,515
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		3,118	3,118
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		10,452	10,452
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		9,505	9,505
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		59,118	59,118
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		9,143	9,143
29	V	17 Administrative Salary		Alden Management Services, Inc.		146,598	146,598
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		72,636	72,636
31	V	19 Professional Fees	779,088	Alden Management Services, Inc.		51,595	(727,493)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		338,158	338,158
33	V	6 Repairs & Maintenance	72,707	Alden Management Services, Inc.		76,965	4,258
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 876,611			\$ 1,023,032	\$ * 146,421

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consultant	\$ 22,500	Prism Health Care Services, Inc.	0.00%	\$ 54	\$ (22,446)	15
16	V	2 Tube Feeding	50,935	Prism Health Care Services, Inc.		14,294	(36,641)	16
17	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)	17
18	V			Prism Health Care Services, Inc.				18
19	V	39 Supplies	85,415	Prism Health Care Services, Inc.		33,035	(52,380)	19
20	V	1 Dietary Salary		Prism Health Care Services, Inc.		10,784	10,784	20
21	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		18,528	18,528	21
22	V	27 Employee Benefits		Prism Health Care Services, Inc.		3,081	3,081	22
23	V	7 Employee Benefits		Prism Health Care Services, Inc.		1,186	1,186	23
24	V	21 General & Administrative		Prism Health Care Services, Inc.		12,813	12,813	24
25	V			Prism Health Care Services, Inc.				25
26	V			Prism Health Care Services, Inc.				26
27	V			Prism Health Care Services, Inc.				27
28	V			Prism Health Care Services, Inc.				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		\$ 165,510			\$ 100,377	\$ * (65,133)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 241,725	Forum Extended Care Services II, Inc.	0.00%	\$ 204,795	\$ (36,930)
16	V	39 I.V.	175,418	Forum Extended Care Services II, Inc.		148,618	(26,800)
17	V	39 Wound Care	15,770	Forum Extended Care Services II, Inc.		13,361	(2,409)
18	V	10 House Stock	24,741	Forum Extended Care Services II, Inc.		20,961	(3,780)
19	V	10 Pharmacy Consultant	6,950	Forum Extended Care Services II, Inc.		5,888	(1,062)
20	V	27 Employee Vaccinations	1,363	Forum Extended Care Services II, Inc.		1,154	(209)
21	V	27 Employ. Benefits: G & A		Forum Extended Care Services II, Inc.		2,988	2,988
22	V	21 Salary - G&A		Forum Extended Care Services II, Inc.		19,814	19,814
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		16,212	16,212
24	V	32 Interest		Forum Extended Care Services II, Inc.		777	777
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(96)	(96)
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		\$ 465,967			\$ 434,472	\$ * (31,495)

* 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	\$ 730,248	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 787,463	\$ 57,215	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		\$ 730,248			\$ 787,463	\$ *	57,215	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Repairs and Maintenance	\$ 32,146	Alden Bennett Construction Company, Inc.	0.00%	\$ 32,085	\$ (61)
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		\$ 32,146			\$ 32,085	\$ * (61)

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

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private Duty Care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Long Grove Rehab & HCC # 0040683 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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.	President	CEO	100.00	176,892	1.752	4.38	Salary	\$ 8,108	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	90,837	1.752	4.38	Salary	4,163	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	90,837	1.752	4.38	Salary	4,163	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	95,848	1.752	4.38	Salary	4,393	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	58,258	1.752	4.38	Salary	2,670	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	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											12
13								TOTAL	\$ 23,497		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending: 2/31/2014

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	1,278,025	35	\$ 88,281	\$ 56,010	\$ 3,869	1	
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	56,010	1,939	2	
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	56,010	18,614	3	
4	26	Insurance	Patient Days	1,278,025	35	6,060	56,010	266	4	
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	56,010	4,602	5	
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6	
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	56,010	6,554	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	56,010	61,395	8	
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	56,010	144,515	9	
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	71,149	56,010	3,118	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	238,482	56,010	10,452	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	56,010	9,505	12	
13	10	Nurs & Med Records Salary	Patient Days	1,278,025	35	1,414,605	1,414,605	56,010	59,118	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	56,010	9,143	14	
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	3,718,414	56,010	146,598	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	56,010	72,636	16	
17	19	Professional fees	Patient Days	1,278,025	35	1,311,498	850,594	56,010	51,595	17
18	21	Gen'I & Admin	Patient Days	1,278,025	35	7,716,027	6,669,245	56,010	338,158	18
19	6	Repair & Maint.	Patient Days	1,278,025	35	1,444,891	1,161,005	56,010	76,965	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 1,023,032	25	

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10					
		Related**					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 (GL07053)		X	Medical Malpractice							6,784					
5																
Working Capital																
6	Related party-AMS		X	Working Capital							144,516					
7	Related party-FECII		X	Working Capital							777					
8																
9	TOTAL Facility Related						\$	\$			\$ 152,077					
B. Non-Facility Related*																
10	Int Income (GL#4975)		X								(1,382)					
11																
12																
13																
14	TOTAL Non-Facility Related						\$	\$			\$ (1,382)					
15	TOTALS (line 9+line14)						\$	\$			\$ 150,695					

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

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

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

2013 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 2013 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 2013.

(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>317,349.00</u>	\$ <u>6,554.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(96.00)</u>
3. <u>14-36-100-002</u>	<u>Nursing Home Facility</u>	\$ <u>183,983.87</u>	\$ <u>183,983.87</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>492,166.87</u></u>	\$ <u><u>190,441.87</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 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.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1				\$	1
2					2
3	TOTALS			\$	3

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	256	20	256		5,057	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	73	73	1,405	14
15	ELECTRICAL REPAIR/INSTALLATION		1996	2,110		20	106	106	1,996	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	1,688	20	1,688		31,079	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	405	20	405		7,391	22
23	WASHROOM IMPROVEMENTS		1996	2,186		20	109	109	2,003	23
24	PIPING-MAJ.REP.		1996	4,000		15			4,000	24
25	PIPING-MAJ.REP.		1996	3,500		15			3,500	25
26	ATASH(replaced heat detector&fire dampers)		1997	959		5			959	26
27	ATASH(installed access panels)		1997	924		5			924	27
28	ATASH(fire alarm repairs)		1997	2,212		5			2,212	28
29	CLIMATE(installation of water heaters)		1997	7,342		5			7,342	29
30	CLIMATE(replced hydro.boiler)		1997	4,568		5			4,568	30
31	Wally's flooring(install new tiles).		1997	2,659		5			2,659	31
32	ATASH(SPRINKLER WORK)INV.#9120&9121		1997	3,072		5			3,072	32
33	ATASH(SPRINKLER WORKS)		1997	2,062		5			2,062	33
34	Climate srvc(two water heater)		1997	15,600		5			15,600	34
35										35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	47	47	834	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	212	20	212		3,588	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534		10			2,534	51
52	REPAIR EMERGENCY CIRCUITS	1998	1,510		10			1,510	52
53	REPAIR EMERGENCY LIGHTING SYSTEM	1998	273		10			273	53
54	REPLACE 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	1,063	58
59	PATTEN-REPAIR GENERATOR	1998	655		20	33	33	538	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		20,907	61
62	D.B.S. Contracting(sleeve pipeline for sprinkler system)	1999	5,720		10			5,720	62
63	Climate Service (pipework for boiler and storage tank)	1999	2,032		5			2,032	63
64	D.B.S. Contracting (need invoice)	1999	3,425		10			3,425	64
65	Chicago Cooling (repair pump)	1999	2,482		5			2,482	65
66	AMC Building Material	1999	4,131		10			4,131	66
67	AMC Sprinklers	1999	3,853		10			3,853	67
68	System Electric(generator repair)	1999	2,720		10			2,720	68
69	Patten Industries(install starter)	1999	5,495		10			5,495	69
70	TOTAL (lines 4 thru 69)		\$ 286,794	\$ 3,874		\$ 4,306	\$ 432	\$ 269,964	70

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 286,794	\$ 3,874		\$ 4,306	\$ 432	\$ 269,964	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803		15	101	101	1,803	3
4	Alden Bennet Cons.install tank)	1999	6,281		10			6,281	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		20,632	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	250	15	250		3,708	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	141	15	126	(15)	1,918	14
15	Alden Bennett Construction (major repairs)	2000	2,643		10			2,643	15
16	Alden Bennett Construction (time & material billing per fac)	2000	2,105		10			2,105	16
17	alden design-architectural/designing	2000	2,628	131	20	131		1,894	17
18	alden design-architectural/designing	2000	3,300	165	20	165		2,379	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	73	73	1,022	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)	359,760	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2002	3,927	288	15	262	(26)	3,143	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856		5			1,856	28
29	CSI-Coker	2002	2,502		5			2,502	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628		5			1,628	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000		10			9,000	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324		5			4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417		5			5,417	33
34	TOTAL (lines 1 thru 33)		\$ 1,072,200	\$ 33,935		\$ 32,479	\$ (1,456)	\$ 756,578	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,072,200	\$ 33,935		\$ 32,479	\$ (1,456)	\$ 756,578	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	Regal 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	20	10	20		2,519	23
24	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	4,818	24
25	CSI Coker -1 Walkin cooler replacement	2004	2,980		5			2,980	25
26	GT Mechanical (Circ Pump-Doctors' room leaking)	2004	1,667	111	15	111		1,139	26
27	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	527	10	527		6,325	27
28	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		2,360	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	223	10	223		2,431	29
30	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		3,064	30
31	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	143	10	143		1,566	31
32	TNS Inc. (DSL cable)	2004	1,725		5			1,725	32
33	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recl	2004	13,902		8			13,902	33
34	TOTAL (lines 1 thru 33)		\$ 1,718,231	\$ 35,958		\$ 34,479	\$ (1,479)	\$ 1,394,993	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,718,231	\$ 35,958		\$ 34,479	\$ (1,479)	\$ 1,394,993	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27	Adjust for ABC Related Party Profit	2008	(33)	(5)		(5)		(30)	27
28	Adjust for ABC Related Party Profit	2009	(2,179)	(311)		(311)		(1,711)	28
29	Adjust for ABC Related Party Profit	2010	(189)	(27)		(27)		(122)	29
30	Adjust for ABC Related Party Profit	2011	(38)	(5)		(5)		(19)	30
31	Adjust for ABC Related Party Profit	2012	2,219	317		317		793	31
32	Adjust for ABC Related Party Profit	2013	1,194	104		104		104	32
33	Adjust for ABC Related Party Profit	2014	(18)						33
34	TOTAL (lines 1 thru 33)		\$ 1,809,643	\$ 37,335		\$ 35,856	\$ (1,479)	\$ 1,476,042	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,809,643	\$ 37,335		\$ 35,856	\$ (1,479)	\$ 1,476,042	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)	1,035	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	396	4
5	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,)	2004	15,285	1,758	10	1,529	(229)	13,760	5
6	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755	31	10	31		3,755	6
7	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160	60	10	60		7,160	7
8	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969	8	10	8		969	8
9	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/I	2004	5,512		10			5,512	9
10	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		1,888	10
11	CI 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		4,404	12
13	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		5,554	13
14									14
15	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	735	10	735		6,980	15
16	Alden Bennett Construction(Passage on door)	2005	3,662		5			3,662	16
17	ABC(piping and electrical work)	2005	4,619	462	10	462		4,196	17
18	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler I	2005	9,514	381	25	381		3,742	18
19	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		1,048	19
20	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		756	20
21	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151		1,473	21
22	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		871	22
23	CSI Coker(Refridgerator Repairs)	2005	3,971	397	10	397		3,871	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	466	10	466		4,505	25
26	Cybor Fire Protection(Sprinkler repair)	2005	2,000	200	10	200		1,900	26
27	GT Mechanical(Dining room AC Repairs)	2005	1,922	192	10	192		1,810	27
28	Capps Plumbing (Drainage Major repairs)	2005	1,755	176	10	176		1,624	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,925,385	\$ 43,931		\$ 42,198	\$ (1,733)	\$ 1,563,100	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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		\$ 1,925,385	\$ 43,931		\$ 42,198	\$ (1,733)	\$ 1,563,100	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		3,020	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		4,120	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		1,995	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	174	10	174		1,581	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		17,467	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		17,351	10
11	Replace Multiple Doors	2006	4,949	495	10	495		4,042	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		3,108	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		2,322	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		4,948	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		4,974	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	189		1,659	16
17	Installed Water Heater	2006	11,078	739	15	739		6,278	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		1,919	18
19	Installed new piping	2006	4,470	179	25	179		1,595	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		898	20
21	Roof - J.D. Sons	2006	16,900	1,690	10	1,690		13,661	21
22									22
23	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		9,018	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		5,999	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		3,958	25
26	Censau replaced broken pipe in attic	2007	3,807	381	10	381		3,014	26
27	Topnot Installed booster heater	2007	4,970	497	10	497		3,893	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		10,259	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		2,625	29
30	ALDBEN Construct	2007	17,231	1,723	10	1,723		13,211	30
31	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		16,851	31
32	Topnot new kitchen freezer door	2007	4,655	466	10	466		3,531	32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)		5			(8,745)	33
34	TOTAL (lines 1 thru 33)		\$ 2,144,579	\$ 64,098		\$ 62,365	\$ (1,733)	\$ 1,721,075	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,144,579	\$ 64,098		\$ 62,365	\$ (1,733)	\$ 1,721,075	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606		4,497	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 Automaiton A/C	2007	15,203	1,520	10	1,520		11,022	6
7	New Carpet	2007	5,392	539	10	539		3,864	7
8	Seal and stripe parking Lot	2007	7,229	904	8	904		6,476	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		3,079	9
10	Parking lot sealed	2007	8,308	831	10	831		5,816	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	286	10	286		1,976	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		1,361	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	574	10	574		3,492	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		4,094	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		5,241	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		2,251	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		9,295	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		4,477	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		2,213	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	22,543	1,127	20	1,127		5,918	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		942	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		5,132	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	10,629	531	20	531		2,746	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	60,966	3,048	20	3,048		15,496	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	6,058	303	20	303		1,515	27
28	Central States - New Sprinklers	2009	3,429	286	5	286		3,429	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		2,226	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		2,300	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505	459	5	459		2,505	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,447,224	\$ 82,722		\$ 80,989	\$ (1,733)	\$ 1,848,910	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 2,447,224	\$ 82,722		\$ 80,989	\$ (1,733)	\$ 1,848,910	1
2	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	134	25	134		614	2
3	Fire Protection:Heads Sprinkler Dining Room - FOCFIR	2010	7,227	1,445	5	1,445		6,384	3
4	Sprinkler Heads Install - FOCFIR	2010	3,820	764	5	764		3,312	4
5	Pipes Sprinkler Fire Prtoect - FOCFIR	2010	3,162	632	5	632		2,635	5
6	Asphalt Sealcoating - ALDBEN	2010	15,479	1,935	8	1,935		7,902	6
7	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	462	20	462		1,734	7
8	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080	816	5	816		3,060	8
9	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146	629	5	629		2,360	9
10	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842	968	5	968		3,632	10
11	Fire Dry System Repair Pipes - USFIRE	2011	6,636	1,327	5	1,327		4,203	11
12	Paving: Concrete Dumpster Apreon - ALDBEN	2011	4,857	324	15	324		1,025	12
13	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383	1,298	8	1,298		4,110	13
14	Panel Electrical - BELEC	2011	2,557	511	5	511		1,534	14
15	Fire Protection, Elevator Shaft - USFIRE	2012	6,042	604	10	604		1,662	15
16	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120	125	25	125		343	16
17	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362	768	20	768		1,920	17
18	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937	196	15	196		424	18
19	Carpentry - Header Boards - ALDBEN	2012	4,891	326	15	326		652	19
20	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699	513	15	513		1,027	20
21	Sign - Monument - ALDBEN	2012	17,839	1,189	15	1,189		2,379	21
22	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624	562	10	562		1,547	22
23	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543	754	10	754		2,074	23
24	Reupholster Chairs, Bedspreads - ALDDDES	2012	8,772	1,754	5	1,754		4,386	24
25	Windows - ALDBEN	2012	2,571	257	10	257		514	25
26	Fire Protection System - VALFIR	2013	17,500	1,167	15	1,167		2,236	26
27	Boiler Rebuild - ALDBEN	2013	28,173	1,878	15	1,878		2,974	27
28	Fence and Guard Rail - ALDBEN	2013	3,727	248	15	248		352	28
29	Fire Protection System - VALFIR	2013	4,250	283	15	283		354	29
30	Fire Protection System - VALFIR	2013	4,264	284	15	284		355	30
31	Fire Protection System - VALFIR	2013	6,896	460	15	460		498	31
32	Fire Suppression Tank Refurbishment - ALDBEN	2013	41,135	2,742	15	2,742		4,799	32
33	Motor, Drive Dryer - EQUINT	2013	2,977	595	5	595		992	33
34	TOTAL (lines 1 thru 33)		\$ 2,717,324	\$ 108,676		\$ 106,943	\$ (1,733)	\$ 1,920,900	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 2,717,324	\$ 108,676		\$ 106,943	\$ (1,733)	\$ 1,920,900	1
2	Fire Suppression Tank Refurbishment - ALDBEN	2013	10,224	682	15	682		1,136	2
3	Fire Suppression Tank Refurbishment - ALDBEN	2013	5,470	365	15	365		517	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	104	15	104		104	7
8	Sprinkler System Repair - VALFIR	2014	13,199	440	5	440		440	8
9	Booster, repair - TOPNOT	2014	5,395	90	5	90		90	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,760,985	\$ 110,357		\$ 108,624	\$ (1,733)	\$ 1,923,188	34

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	\$ 731,695	\$ 74,254	\$ 74,254	\$	varies	\$ 324,675	71
72	Current Year Purchases	77,844	4,099	4,099		varies	4,064	72
73	Fully Depreciated Assets	607,947	8,703	8,703		varies	607,946	73
74								74
75	TOTALS	\$ 1,417,486	\$ 87,056	\$ 87,056	\$		\$ 936,685	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	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,182,497	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 197,413	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 195,680	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,733)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,863,899	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.

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

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

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>3/1/1995</u>	<u>248</u>		\$ <u>1,027,302</u>	<u>4</u>	<u>10</u>	3
4	Additions							4
5								5
6								6
7	TOTAL		<u>248</u>		\$ <u>1,027,302</u>			7

10. Effective dates of current rental agreement:

Beginning 3/1/2013

Ending 2/28/2017

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

Fiscal Year Ending Annual Rent

12. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ varies

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: \$ 39,694 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>22,572</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>22,572</u>	21

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

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

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?</p> <p><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. CLASSROOM PORTION:</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. CLINICAL PORTION:</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		3	4
		1	2		
		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	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	238,700	\$		\$	238,700	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				71,490				71,490	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				416,702				416,702	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 prescripts					204,795			204,795	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):	39-1, 39-3, if any										12
13	Other (specify):	See Pg 16A					57,215	252,509			309,724	13
14	TOTAL			\$		\$	784,107	\$	457,304	\$	1,241,411	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.

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		

1.	OT		39-3	To Col 5		\$238,700.00	
2.	ST		39-3	To Col 5		71,490.00	
3.							
4.	PT		39-3	To Col 5		416,702.00	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					241,725.00	
	Manual Input from Related Party- Forum Drugs					(36,930.00)	
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6		204,795.00	931,687.00

10.							
11.							
12.	Exceptional Care-Salaries:		See pg 16A	To Col. 3		0.00	
12.	Exceptional Care-Supplies:		See pg 16A	To Col. 6		0.00	

	Total Exceptional Care (Line 12, Col 8)					0.00	0.00

13.	Other:		See Pg 16A				

13. Col 5: Manual Input: Related Party - CPT	To Col 5		57,215.00
Other		295,472.00	
Manual Input: Related Party - Prism		(52,380.00)	
Manual Input: Related Party FECII - I.V.		(26,800.00)	
Manual Input: Related Party FECII - Wound Care		(2,409.00)	
Oxygen, from reclass worksheet (Pg 4A)		38,626.00	
13. Col 6: Supplies Total	To Col 6	252,509.00	252,509.00
13. Total Line 13, Column 8		0.00	309,724.00
14. Total		0.00	1,241,411.00

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>100,000</u>)	2,048,048		3
4	Supply Inventory (priced at)	5,060		4
5	Short-Term Investments			5
6	Prepaid Insurance	8,826		6
7	Other Prepaid Expenses	47,335		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	7,470		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,116,739	\$	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	3,065,598		15
16	Equipment, at Historical Cost	1,461,975		16
17	Accumulated Depreciation (book methods)	(3,088,947)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	88,534		21
22	Other Long-Term Assets (spec <u>Purchase Option</u>	744,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,271,160	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,387,899	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 942,765	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	320,685		28
29	Short-Term Notes Payable	11,689		29
30	Accrued Salaries Payable	510,843		30
31	Accrued Taxes Payable (excluding real estate taxes)	19,534		31
32	Accrued Real Estate Taxes(Sch.IX-B)	189,500		32
33	Accrued Interest Payable	181		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr INS, Exps, IDPA, Sales Tax, etc.</u>	536,427		36
37	<u>Due to Affiliates (short term)</u>	1,198,663		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,730,287	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	12,732		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>	21,036,014		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 21,048,746	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 24,779,033	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (20,391,134)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,387,899	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (19,489,638)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (19,489,638)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(901,496)	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)	\$ (901,496)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (20,391,134)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,432,717	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,432,717	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	223,015	6
7	Oxygen	15,226	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 238,241	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	857	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(6,120)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(82)	19
20	Radiology and X-Ray		20
21	Other Medical Services	7,977	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,632	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,382	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,382	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	4,890	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,890	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,679,862	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,747,838	31
32	Health Care	3,959,510	32
33	General Administration	2,523,370	33
B. Capital Expense			
34	Ownership	1,620,430	34
C. Ancillary Expense			
35	Special Cost Centers	1,264,089	35
36	Provider Participation Fee	466,121	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,581,358	40
41	Income before Income Taxes (line 30 minus line 40)**	(901,496)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (901,496)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,516,148	44
45	Private Pay - Net Inpatient Revenue	687,686	45
46	Medicare - Net Inpatient Revenue	2,489,715	46
47	Other-(specify) <u>Hospice/Insurance</u>	717,037	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>	22,131	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,432,717	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Long Grove Rehab & HCC # 0040683 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Miscellaneous Income (Medical Records)	\$ 1,131
Adjustment to prior year expense	\$ 3,745
Vendor Discounts	\$ 14

Line 28 Total: 4,890

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 92,254	\$ 44.35	1
2	Assistant Director of Nursing	2,160	2,268	86,012	37.92	2
3	Registered Nurses	30,740	33,451	1,053,826	31.50	3
4	Licensed Practical Nurses	16,640	17,856	511,355	28.64	4
5	CNAs & Orderlies	87,357	94,880	1,221,735	12.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,698	7,587	120,820	15.92	8
9	Activity Director	2,080	2,080	48,659	23.39	9
10	Activity Assistants	6,152	6,753	86,393	12.79	10
11	Social Service Workers	1,512	1,583	34,530	21.81	11
12	Dietician					12
13	Food Service Supervisor	2,008	2,096	55,375	26.42	13
14	Head Cook	4,136	4,136	63,035	15.24	14
15	Cook Helpers/Assistants	22,485	24,296	269,491	11.09	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	49,296	23.70	17
18	Housekeepers	19,319	21,027	235,754	11.21	18
19	Laundry	2,930	3,547	36,049	10.16	19
20	Administrator	2,080	2,080	138,727	66.70	20
21	Assistant Administrator	2,080	2,080	70,192	33.75	21
22	Other Administrative	3,560	3,584	86,718	24.20	22
23	Office Manager	704	709	9,990	14.09	23
24	Clerical	3,701	3,800	42,701	11.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	151,872	36.51	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Director	868	868	23,327	26.87	32
33	Other(specify) Security, ALZ Dir.	9,087	9,736	144,751	14.87	33
34	TOTAL (lines 1 - 33)	234,617	252,737	\$ 4,632,862 *	\$ 18.33	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	\$1,955 Monthl	23,460	1-3	35
36	Medical Director	\$2,666 Monthly	32,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	\$457.50 Monthly	5,490	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	880	11-3	44
45	Social Service Consultant	4	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	20	\$ 62,110		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses			10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides	344	3,096	10-3	52
53	TOTAL (lines 50 - 52)	344	\$ 3,096		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Lesley A Hieras	Administrator	0	\$ 138,728	Workers' Compensation Insurance	\$ 206,459	IDPH License Fee	\$	
Catalin Dragomir	Assistant Administrator	0	70,192	Unemployment Compensation Insurance	41,167	Advertising: Employee Recruitment	208	
				FICA Taxes	341,544	Health Care Worker Background Check		
				Employee Health Insurance	158,048	(Indicate # of checks performed 11)	358	
				Employee Meals	35,825	Patient Background Checks	1,449	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee	738	
				Dental & Life Insurance	3,552	Lake County Health Dept	368	
				Employee Relations/Tuition Reimbursement	8,651	Collaborative Healthcare/Health Care Council	13,690	
				Misc Payroll Costs/401K Match	3,921	Nina Ramirez Quarterly Newspaper	143	
				Employee Drug Test/Vaccinations	2,515	Related party- AMS, LLC	4,602	
						Less: Public Relations Expense	()	
				Back Out % of Employee Benefits		Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 208,920	TOTAL (agree to Schedule V, line 22, col.8)	\$ 801,682	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 21,556	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Related party- AMS	1,939
C. Professional Services							Seminar Expense	
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting Fees		\$ 732,180				Illinois Council on Long Term Care	
MIDCAP	Accounting Fees		1,671				The Ritz-Carlton Hotel Co LLC	
BDO Seidman	Accounting Fees		2,974				Entertainment Expense	
Virchow Krause/KPMG	Accounting Fees		7,780				()	
Kent College of Law/Recorder	Legal Fees-Non Collections		7,040					
AMS (Eliminated)	Legal Fees-Non Collections		46,908					
CICENT First Adv Corp/Christine N	Professional Fees		578					
Achieve Accreditation, LLC	Professional Fees		15,557					
Ariana Fisch/Clerk of the Circuit Co	Legal Fees-Collections		1,145					
Markley Inv/Sheriff/Real Estate Ind	Legal Fees-Collections		664					
Recorder of Deeds/Edgerton & Edge	Legal Fees-Collections		187					
Note: \$291 of the above Employee background cost was reclassified to Ln 20 on Pg 3.								
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 816,684	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 7,843

* Attach copy of IMRF notifications

**See instructions.

Alden Long Grove Rehab & HCC
 Legal Fee Support
 2014

Legal Fees Reported on Pg 21, Section C:	\$	55,944.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,996.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	<u>\$</u>	<u>7,040.00</u>

In Detail:

Insert GL detail, providing the following details: invoice date, vendor name, allow. amount or non-allowable an
 Have a total column for each: allowable and non-allowable.

Vendor Name	Invoice Date	Non-Allowable Amount	Allowable A
Clerk of the Circuit Court	10/15/2013	(5.00)	
Clerk of the Circuit Court	3/11/2014	80.00	
Clerk of the Circuit Court	1/13/2014	193.00	
Clerk of the Circuit Court	5/12/2014	116.00	
Clerk of the Circuit Court	2/25/2014	116.00	
Clerk of the Circuit Court	8/19/2014	193.00	
Clerk of the Circuit Court	8/19/2014	109.00	
Clerk of the Circuit Court	12/29/2014	193.00	
Clerk of the Circuit Court	12/9/2014	100.00	
Clerk of the Circuit Court	2/25/2014	50.00	
Markley Investigations Inc.	6/9/2014	78.00	
Markley Investigations Inc.	4/29/2014	78.00	
Markley Investigations Inc.	6/30/2014	50.00	
Markley Investigations Inc.	1/13/2014	78.00	
Recorder of Deeds Lake County	1/13/2014	29.00	
Recorder of Deeds Lake County	2/25/2014	29.00	
Recorder of Deeds Lake County	12/9/2014	29.00	
Sheriff of Cook County	8/19/2014	120.00	

Sheriff of Cook County	8/19/2014	60.00
Sheriff of Lake County	2/25/2014	46.00
Sheriff of Lake County	5/12/2014	46.00
Sheriff of Lake County	12/29/2014	62.00
Sheriff of McHenry County	1/13/2014	45.65
Valer Enterprise Inc.	9/1/2014	100.00

1,995.65

Vendor Name	Invoice Date	Non-Allowable Amount	Allowable A
AMS Corp Legal Allocation'14	1/31/2014	3,909.00	
AMS Corp Legal Allocation'14	2/28/2014	3,909.00	
AMS Corp Legal Allocation'14	3/31/2014	3,909.00	
AMS Corp Legal Allocation'14	4/30/2014	3,909.00	
AMS Corp Legal Allocation'14	5/31/2014	3,909.00	
AMS Corp Legal Allocation'14	6/30/2014	3,909.00	
AMS Corp Legal Allocation'14	7/31/2014	3,909.00	
AMS Corp Legal Allocation'14	8/31/2014	3,909.00	
AMS Corp Legal Allocation'14	9/30/2014	3,909.00	
AMS Corp Legal Allocation'14	10/31/2014	3,909.00	
AMS Corp Legal Allocation'14	11/30/2014	3,909.00	
AMS Corp Legal Allocation'14	12/31/2014	3,909.00	

46,908.00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA:Yes, RN/LPN:No (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (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 ILL \$13690
- (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. \$ 51,544 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 _____ 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. \$ 466,121
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 35,825 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? Yes
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. \$ N/A
- (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.