

		FOR BHF USE					

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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0040683</u></p> <p>Facility Name: <u>Alden Long Grove Rehab & HCC</u></p> <p>Address: <u>Bx2308 RFD Old Hicks</u> <u>Long Grove</u> <u>60047</u> Number City Zip Code</p> <p>County: <u>Lake</u></p> <p>Telephone Number: <u>(847) 438-8275</u> Fax # <u>(847) 438-3254</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>03/01/95</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Charitable Corp.</td> <td style="border: none;"><input type="checkbox"/> Individual</td> <td style="border: none;"><input type="checkbox"/> State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input checked="" type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;">(Signed) _____ (Type or Print Name) <u>Randi Schlossberg-Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;">(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u></td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schlossberg-Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>()</u> Fax # <u>()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	5,172	1,740	4,189	11,101	8
9	SNF/PED					9
10	ICF	38,912	2,959	2,180	44,051	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,084	4,699	6,369	55,152	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 60.93%

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 3,055

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	366,601	39,079	26,400	432,080	2,007	434,087	(6,570)	427,517		1
2	Food Purchase		436,938		436,938	(38,315)	398,623	(10,955)	387,668		2
3	Housekeeping	195,141	38,367		233,508	919	234,427	10,699	245,126		3
4	Laundry	52,740	18,530		71,270	398	71,668		71,668		4
5	Heat and Other Utilities			197,436	197,436		197,436	2,568	200,004		5
6	Maintenance	51,731		313,695	365,426	252	365,678	33,047	398,725		6
7	Other (specify):* security/related party			1,044	1,044		1,044	9,575	10,619		7
8	TOTAL General Services	666,213	532,914	538,575	1,737,702	(34,739)	1,702,963	38,363	1,741,326		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,364,885	253,438	12,669	3,630,992	(42,055)	3,588,937	62,985	3,651,922		10
10a	Therapy	133,045	1,599	70,769	205,413		205,413		205,413		10a
11	Activities	153,612	5,338	7,284	166,234	202	166,436		166,436		11
12	Social Services	43,584			43,584		43,584		43,584		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,615	9,615		15
16	TOTAL Health Care and Programs	3,695,126	260,375	114,722	4,070,223	(41,853)	4,028,370	72,600	4,100,970		16
	C. General Administration										
17	Administrative	127,689			127,689		127,689	348,252	475,941		17
18	Directors Fees										18
19	Professional Services			853,737	853,737		853,737	(756,202)	97,535		19
20	Dues, Fees, Subscriptions & Promotions			79,906	79,906		79,906	(46,345)	33,561		20
21	Clerical & General Office Expenses	112,582	18,154	148,223	278,959	484	279,443	304,561	584,004		21
22	Employee Benefits & Payroll Taxes			661,606	661,606	27,375	688,981	(4,576)	684,405		22
23	Inservice Training & Education										23
24	Travel and Seminar							1,420	1,420		24
25	Other Admin. Staff Transportation			3,043	3,043		3,043	16,541	19,584		25
26	Insurance-Prop.Liab.Malpractice			383,942	383,942		383,942	304	384,246		26
27	Other (specify):* related party				92,585		92,585	(18,810)	73,775		27
28	TOTAL General Administration	240,271	18,154	2,130,457	2,481,467	27,859	2,509,326	(154,856)	2,354,470		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,601,610	811,443	2,783,754	8,289,392	(48,733)	8,240,659	(43,893)	8,196,766		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: 01/01/2015 Ending: 12/31/2015

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			221,098	221,098		221,098	(25,260)	195,838			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			170,029	170,029		170,029	(54,045)	115,984			32
33	Real Estate Taxes			189,873	189,873		189,873	6,770	196,643			33
34	Rent-Facility & Grounds			1,046,240	1,046,240		1,046,240		1,046,240			34
35	Rent-Equipment & Vehicles			10,464	10,464		10,464	55,114	65,578			35
36	Other (specify):*											36
37	TOTAL Ownership			1,637,704	1,637,704		1,637,704	(17,421)	1,620,283			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		485,186	747,557	1,232,743	48,733	1,281,476	(54,112)	1,227,364			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			439,778	439,778		439,778		439,778			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		485,186	1,187,335	1,672,521	48,733	1,721,254	(54,112)	1,667,142			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,601,610	1,296,629	5,608,793	11,599,617		11,599,617	(115,426)	11,484,191			45

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

Alden Long Grove Rehab & HCC
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0040683

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (38,315.00)	Employee Meals
	22	\$ 38,315.00	Employee Meals
22		\$ (10,940.00)	Uniform Reclass
	1	\$ 2,007.00	Uniform Reclass
	3	\$ 919.00	Uniform Reclass
	4	\$ 398.00	Uniform Reclass
	6	\$ 252.00	Uniform Reclass
	10	\$ 6,678.00	Uniform Reclass
	11	\$ 202.00	Uniform Reclass
	21	\$ 484.00	Uniform Reclass
10		\$ (48,733.34)	Oxygen Cost Reclass
	39	\$ 48,733.34	Oxygen Cost Reclass

Net (Should be zero) \$ -

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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	(11,447)	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	(1,500)	30		9
10	Interest and Other Investment Income	(542)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,918)	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	(30,873)	21		17
18	Fines and Penalties	(62,413)	32		18
19	Entertainment	(1,308)	20		19
20	Contributions	(5,834)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,051)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(92,585)	27		24
25	Fund Raising, Advertising and Promotional	(19,392)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (229,863)		\$	30

BHF USE ONLY						
48		49		50		51
						52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	227,819		34
35	Other- Attach Schedule	(113,382)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 114,437		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (115,426)		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

Alden Long Grove Rehab & HCC

ID# 0040683

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (11,077)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,866)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	7,522	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	13,659	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -			6
7	Adj for ABC Related Party Profit - Pg 13			7
8	Depreciation Adjustment	(21)	30	8
9				9
10	Late fees on utilities	(1,638)	5	10
11				11
12				12
13	Intercompany interest is not allowed (gl 7031)	(101,763)	32	13
14				14
15	Miscellaneous Income (Medical Records)	(1,537)	10	15
16	Discounts Taken	(11)	10	16
17	Miscellaneous Income (Health Insurance Divident)	(1,650)	22	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		(113,382)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	3,217	(9,787)	0	0	0	0	0	0	0	(6,570)	1
2	Food Purchase	(1,918)	0	0	(9,037)	0	0	0	0	0	0	0	(10,955)	2
3	Housekeeping	0	0	10,699	0	0	0	0	0	0	0	0	10,699	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,638)	0	4,206	0	0	0	0	0	0	0	0	2,568	5
6	Maintenance	9,734	0	23,877	0	0	0	(562)	(2)	0	0	0	33,047	6
7	Other (specify):*	0	0	9,575	0	0	0	0	0	0	0	0	9,575	7
8	TOTAL General Services	6,178	0	51,573	(18,824)	0	0	(562)	(2)	0	0	0	38,363	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	(1,548)	0	60,611	4,853	(931)	0	0	0	0	0	0	62,985	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	9,615	0	0	0	0	0	0	0	0	9,615	15
16	TOTAL Health Care and Programs	(1,548)	0	70,226	4,853	(931)	0	0	0	0	0	0	72,600	16
	C. General Administration													
17	Administrative	0	0	348,252	0	0	0	0	0	0	0	0	348,252	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,051)	0	(754,151)	0	0	0	0	0	0	0	0	(756,202)	19
20	Fees, Subscriptions & Promotions	(26,534)	0	(19,811)	0	0	0	0	0	0	0	0	(46,345)	20
21	Clerical & General Office Expenses	(30,873)	0	335,434	0	0	0	0	0	0	0	0	304,561	21
22	Employee Benefits & Payroll Taxes	(1,650)	0	0	0	(2,926)	0	0	0	0	0	0	(4,576)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,420	0	0	0	0	0	0	0	0	1,420	24
25	Other Admin. Staff Transportation	0	0	16,541	0	0	0	0	0	0	0	0	16,541	25
26	Insurance-Prop.Liab.Malpractice	0	0	304	0	0	0	0	0	0	0	0	304	26
27	Other (specify):*	(92,585)	0	73,775	0	0	0	0	0	0	0	0	(18,810)	27
28	TOTAL General Administration	(153,693)	0	1,763	0	(2,926)	0	0	0	0	0	0	(154,856)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(149,063)	0	123,562	(13,971)	(3,857)	0	(562)	(2)	0	0	0	(43,893)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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	(29,464)	0	4,204	0	0	0	0	0	0	0	0	(25,260)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(164,718)	0	110,673	0	0	0	0	0	0	0	0	(54,045)	32
33	Real Estate Taxes	0	0	6,770	0	0	0	0	0	0	0	0	6,770	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	55,114	0	0	0	0	0	0	0	0	55,114	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(194,182)	0	176,760	0	0	0	0	0	0	0	0	(17,421)	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	(34,049)	(10,681)	(9,382)	0	0	0	0	0	(54,112)	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	(34,049)	(10,681)	(9,382)	0	0	0	0	0	(54,112)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(343,245)	0	300,322	(48,020)	(14,538)	(9,382)	(562)	(2)	0	0	0	(115,426)	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 PG 6-Supp		See PG 6-Supp		

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V		\$		0.00%	\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,206	\$	4,206	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,420		1,420	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,541		16,541	17
18	V	26 Insurance		Alden Management Services, Inc.		304		304	18
19	V	20 Dues/Subscriptions	24,816	Alden Management Services, Inc.		5,005		(19,811)	19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204		4,204	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		6,770		6,770	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		55,114		55,114	22
23	V	32 Interest		Alden Management Services, Inc.		110,673		110,673	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		3,217		3,217	24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		10,699		10,699	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		9,575		9,575	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		60,611		60,611	27
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		9,615		9,615	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		348,252		348,252	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		73,775		73,775	30
31	V	19 Professional Fees	801,103	Alden Management Services, Inc.		46,952		(754,151)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		335,434		335,434	32
33	V	6 Repairs & Maintenance	62,903	Alden Management Services, Inc.		86,780		23,877	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 888,822			\$ 1,189,144	\$ *	300,322	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 144	\$ (26,256)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		13,230	13,230
17	V	2 Tube feeding	30,657	Prism Health Care Services, Inc.		11,344	(19,313)
18	V	10 Equipment rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Ancillary supplies	95,685	Prism Health Care Services, Inc.		40,376	(55,308)
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		3,239	3,239
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		10,276	10,276
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		2,704	2,704
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		21,259	21,259
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		\$ 159,402			\$ 111,383	\$ * (48,020)

* 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	\$ 222,650	Forum Extended Care Services II, Inc.	0.00%	\$ 214,891	\$ (7,759)
16	V	39 IV	146,604			141,495	(5,109)
17	V	39 wound care	18,272			17,635	(637)
18	V	10 house stock	20,785			20,061	(724)
19	V	10 pharmacy consultant	5,952			5,745	(207)
20	V	22 vaccinations	2,926				(2,926)
21	V	39 vaccinations				2,824	2,824
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		\$ 417,189			\$ 402,651	\$ * (14,538)

* 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	\$ 793,186	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 783,804	\$ (9,382)
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		\$ 793,186			\$ 783,804	\$ * (9,382)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 repairs & maintenance	\$ 47,250	Alden Bennett Construction Company, Inc.	0.00%	\$ 46,688	\$	(562)	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		\$ 47,250			\$ 46,688	\$ *	(562)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Repairs & Maintenance	\$ 891	Alden Design Group, Inc.	0.00%	\$ 889	\$ (2)
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		\$ 891			\$ 889	\$ * (2)

* 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:

01/01/2015

Ending:

12/31/2015

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: 01/01/2015 Ending: 12/31/2015

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg A.	President	CEO	100.00	176,848	1.764	4.41	Salary	\$ 8,152	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,593	1.764	4.41	Salary	4,407	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,593	1.764	4.41	Salary	4,407	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	104,338	1.764	4.41	Salary	4,810	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,762	1.764	4.41	Salary	2,755	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	\$ 24,530		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:

01/01/2015

Ending: 2/31/2015

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	1,251,552	34	\$ 95,438	\$ 55,152	\$ 4,206	1
2	24	Trav & Seminar	Patient Days	1,251,552	34	32,213	55,152	1,420	2
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	55,152	16,541	3
4	26	Insurance	Patient Days	1,251,552	34	6,897	55,152	304	4
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573	55,152	5,005	5
6	30	Depreciation	No of Providers/usage	34	34	156,306	1	4,204	6
7	33	Real Estate Tax	Patient Days/usage	1,251,552	34	176,959	55,152	6,770	7
8	35	Rent-Equip & Vehicle	Patient Days	1,251,552	34	1,250,701	55,152	55,114	8
9	32	Interest	Patient Days/usage	1,251,552	34	2,158,573	55,152	110,673	9
10	1	Dietary Salary	Patient Days	1,251,552	34	72,994	72,994	3,217	10
11	3	Housekeeping Salary	Patient Days	1,251,552	34	242,795	242,795	10,699	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,251,552	34	217,281	55,152	9,575	12
13	10	Nurs & Med Records Salary	Patient Days	1,251,552	34	1,562,220	1,562,220	60,611	13
14	15	Employee Benefits -Health Care	Patient Days	1,251,552	34	218,198	55,152	9,615	14
15	17	Administrative Salary	Patient Days/usage	1,251,552	34	4,332,153	4,332,153	348,252	15
16	27	Employee Benefits - Admin	Patient Days	1,251,552	34	1,674,148	55,152	73,775	16
17	19	Professional fees	Patient Days	1,251,552	34	1,213,223	909,774	46,952	17
18	21	Gen'I & Admin	Patient Days	1,251,552	34	7,611,926	6,744,406	335,431	18
19	6	Repair & Maint.	Patient Days	1,251,552	34	1,835,211	1,239,870	86,780	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 1,189,144	25

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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							\$	\$			\$	1				
2												2				
3												3				
4	Insurance Interest (GL07053)		x	Medical Malpractice							5,853	4				
5												5				
	Working Capital															
6	Related party-AMS										110,673	6				
7												7				
8												8				
9	TOTAL Facility Related						\$	\$			\$	116,526	9			
	B. Non-Facility Related*															
10	Int Income (GL#4975)		x								(542)	10				
11												11				
12												12				
13												13				
14	TOTAL Non-Facility Related						\$	\$			\$	(542)	14			
15	TOTALS (line 9+line14)						\$	\$			\$	115,984	15			

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2014 report.	\$	<u>189,500</u>		1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$	<u>186,873</u>		2
3.	Under or (over) accrual (line 2 minus line 1).	\$	<u>(2,627)</u>		3
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)	\$	<u>192,500</u>		4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$	<u>189,873</u>		7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>6,770</u>
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>196,643</u>
Real Estate Tax Bill for Calendar Year:		2010	<u>157,353</u>	8	
		2011	<u>175,620</u>	9	
		2012	<u>175,948</u>	10	
		2013	<u>183,984</u>	11	
		2014	<u>186,873</u>	12	
The current year accrual is based on an estimated 3% increase of the prior year tax					
				FOR BHF USE ONLY	
		13	FROM R. E. TAX STATEMENT FOR 2014	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

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

2014 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 2014 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 2014.

(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>153,627.00</u>	\$ <u>6,770.00</u>
2. <u>14-36-100-002</u>	<u>Nursing facility</u>	\$ <u>186,872.62</u>	\$ <u>186,872.62</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>340,499.62</u></u>	\$ <u><u>193,642.62</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>			\$	1
2					2
3	TOTALS			\$	3

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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				\$	\$		\$	\$	\$
5									
6									
7									
8									
	Improvement Type**								
9	SHELVING	1995		5,122	65	20	65		5,122
10	ROOF REPAIR	1995		3,000		10			3,000
11	STEAMER REPAIR	1995		2,686		10			2,686
12	EXIT DOOR-FIRE	1995		4,225		15			4,225
13	REPAIR BOILER/HVAC-MAJ.REP.	1995		4,712		5			4,712
14	PIPE/VALVE/THERMOSTAT	1996		1,460		20	55	55	1,460
15	ELECTRICAL REPAIR/INSTALLATION	1996		2,110		20	106	106	2,102
16	SIGN	1996		7,233		5			7,233
17	WATER HEATER ON DISHWASHER	1996		7,464		10			7,464
18	WALLGUARD	1996		2,096		15			2,096
19	INSTALL BOILER-MAJ.REP.	1996		33,750	1,688	20	1,688	(1)	32,766
20	REPLACE CONDENSOR WALK IN COOLER	1996		5,514		10			5,514
21	INSTALL ALUM. LOGO	1996		1,995		12			1,995
22	DESIGN SERVICE	1996		8,100	405	20	405		7,796
23	WASHROOM IMPROVEMENTS	1996		2,186		20	109	109	2,112
24	PIPING-MAJ.REP.	1996		4,000		15			4,000
25	PIPING-MAJ.REP.	1996		3,500		15			3,500
26	ATASH(replaced heat detector&fire dampers)	1997		959		5			959
27	ATASH(installed access panels)	1997		924	(1)	5		1	924
28	ATASH(fire alarm repairs)	1997		2,212		5			2,212
29	CLIMATE(installation of water heaters)	1997		7,342		5			7,342
30	CLIMATE(replced hydro.boiler)	1997		4,568		5			4,568
31	Wally's flooring(install new tiles).	1997		2,659		5			2,659
32	ATASH(SPRINKLER WORK)INV.#9120&9121	1997		3,072		5			3,072
33	ATASH(SPRINKLER WORKS)	1997		2,062		5			2,062
34	Climate srvc(two water heater)	1997		15,600		5			15,600
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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	(1)	5	(1)		2,541	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	881	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		4,012	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	REPLAC E COMPRESSOR	1998	1,301		10			1,301	54
55	REPLACE SEAVES ON ROOF	1998	10,500		15			10,500	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228		15			5,228	57
58	REPLACE BEARING IN WASHER	1998	1,296		20	65	65	1,128	58
59	PATTEN-REPAIR GENERATOR	1998	655		20	33	33	571	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		23,534	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	\$ 3,682		\$ 4,097	\$ 415	\$ 275,586	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:

01/01/2015 Ending: 12/31/2015

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	\$ 3,682		\$ 4,097	\$ 415	\$ 275,586	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	(1)	10	(1)		6,279	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		24,735	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	(1)	10	(1)		1,127	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	42	15	42		3,750	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	ABC-time & materials-maj. Leasehold improv-various	2000	1,918		15			1,918	14
15	Alden Bennett Construction (major repairs)	2000	2,643		10			2,643	15
16	Alden Bennett Construction (time & material billing per fac)	2000	2,105		10			2,105	16
17	alden design-architectural/designing	2000	2,628	131	20	131		2,287	17
18	alden design-architectural/designing	2000	3,300	165	20	165		2,874	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	74	74	1,096	22
23	T & T irrigation (lawn sprinkler system)	2001	2,064		10			2,064	23
24	Alden bennett construction	2001	9,690		10			9,690	24
25	New horizons commu1884(installation hardware phone)	2001	1,986		10			1,986	25
26	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	385,458	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2002	3,927	288	15	262	(26)	3,404	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	\$ 33,392		\$ 31,935	\$ (1,457)	\$ 793,263	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,072,200	\$ 33,392		\$ 31,935	\$ (1,457)	\$ 793,263	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	(1)	8	(1)		46,391	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477		8			188,477	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065		10			4,065	20
21	Capital Report Adjustment - 2003	2003	677					677	21
22									22
23	Graphic Systems (remodelled second floor Signage)	2004	2,519		10	1	1	2,519	23
24	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	5,255	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		1,472	26
27	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325		10			6,325	27
28	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		3,062	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431		10			2,431	29
30	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		3,976	30
31	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566		10			1,566	31
32	TNS Inc. (DSL cable)	2004	1,725		5			1,725	32
33	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recl	2004	13,902		8			13,902	33
34	TOTAL (lines 1 thru 33)		\$ 1,718,231	\$ 34,502		\$ 33,022	\$ (1,480)	\$ 1,434,063	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:

01/01/2015 Ending: 12/31/2015

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	\$ 34,502		\$ 33,022	\$ (1,480)	\$ 1,434,063	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	\$ 35,879		\$ 34,399	\$ (1,480)	\$ 1,515,112	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:

01/01/2015 Ending: 12/31/2015

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	\$ 35,879		\$ 34,399	\$ (1,480)	\$ 1,515,112	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)	1,167	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	447	4
5	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,	2004	15,285	1,526	10	1,529	3	15,285	5
6	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755		10			3,755	6
7	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160		10			7,160	7
8	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969		10			969	8
9	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/I	2004	5,512		10			5,512	9
10	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		2,065	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		4,831	12
13	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		6,075	13
14									14
15	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	735	10	735		7,347	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		4,619	17
18	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler I	2005	9,514	381	25	381		4,122	18
19	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		1,155	19
20	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		832	20
21	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151	0	1,511	21
22	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		960	22
23	CSI Coker(Refridgerator Repairs)	2005	3,971	100	10	100		3,971	23
24	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139		5			4,139	24
25	Cybor Fire Protection(Sprinkler repair)	2005	4,660	155	10	155		4,660	25
26	Cybor Fire Protection(Sprinkler repair)	2005	2,000	100	10	100		2,000	26
27	GT Mechanical(Dining room AC Repairs)	2005	1,922	112	10	112		1,922	27
28	Capps Plumbing (Drainage Major repairs)	2005	1,755	132	10	132		1,755	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,925,385	\$ 41,313		\$ 39,812	\$ (1,501)	\$ 1,607,082	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:

01/01/2015 Ending: 12/31/2015

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	\$ 41,313		\$ 39,812	\$ (1,501)	\$ 1,607,082	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	245	10	245		3,265	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	334	10	334		4,454	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	181	10	181		2,177	4
5	GT Mechanical Repair work on Heaters	2005	1,665		5			1,665	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758		5			1,758	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	159	10	159		1,740	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		19,502	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		19,434	10
11	Replace Multiple Doors	2006	4,949	495	10	495		4,537	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		3,463	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		2,588	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		5,530	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		5,596	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	189		1,848	16
17	Installed Water Heater	2006	11,078	739	15	739		7,017	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		2,157	18
19	Installed new piping	2006	4,470	179	25	179		1,773	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		1,000	20
21	Roof - J.D. Sons	2006	16,900	1,690	10	1,690		15,351	21
22									22
23	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		10,262	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		6,749	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		4,458	25
26	Censau replaced broken pipe in attic	2007	3,807	381	10	381		3,395	26
27	Topnot Installed booster heater	2007	4,970	497	10	497		4,390	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		11,568	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		2,964	29
30	ALDBEN Construct	2007	17,231	1,723	10	1,723		14,934	30
31	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		19,074	31
32	Topnot new kitchen freezer door	2007	4,655	466	10	466		3,996	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	\$ 61,237		\$ 59,736	\$ (1,501)	\$ 1,784,982	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	\$ 61,237		\$ 59,736	\$ (1,501)	\$ 1,784,982	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606	0	5,103	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		12,542	6
7	New Carpet	2007	5,392	539	10	539		4,403	7
8	Seal and stripe parking Lot	2007	7,229	754	8	754		7,229	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		3,519	9
10	Parking lot sealed	2007	8,308	831	10	831		6,646	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	286	10	286		2,262	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		1,570	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	574	10	574		4,066	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		4,786	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		6,153	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		2,648	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		10,985	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		5,316	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		2,635	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	22,543	1,127	20	1,127		7,045	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		1,122	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		6,126	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	10,629	531	20	531		3,277	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	60,966	3,048	20	3,048		18,544	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	6,058	303	20	303		1,817	27
28	Central States - New Sprinklers	2009	3,429		5			3,429	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		2,637	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		2,725	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505		5			2,505	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,447,224	\$ 78,966		\$ 77,466	\$ (1,500)	\$ 1,930,546	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 12G, Carried Forward		\$ 2,447,224	\$ 78,966		\$ 77,466	\$ (1,500)	\$ 1,930,546	1
2	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	134	25	134		748	2
3	Fire Protection:Heads Sprinkler Dining Room - FOCFIR	2010	7,227	843	5	843		7,227	3
4	Sprinkler Heads Install - FOCFIR	2010	3,820	508	5	508		3,820	4
5	Pipes Sprinkler Fire Prtoect - FOCFIR	2010	3,162	527	5	527		3,162	5
6	Asphalt Sealcoating - ALDBEN	2010	15,479	1,935	8	1,935		9,837	6
7	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	462	20	462		2,196	7
8	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080	816	5	816		3,876	8
9	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146	629	5	629		2,989	9
10	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842	968	5	968		4,600	10
11	Fire Dry System Repair Pipes - USFIRE	2011	6,636	1,327	5	1,327		5,530	11
12	Paving: Concrete Dumpster Apreon - ALDBEN	2011	4,857	324	15	324		1,349	12
13	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383	1,298	8	1,298		5,408	13
14	Panel Electrical - BELEC	2011	2,557	511	5	511		2,046	14
15	Fire Protection, Elevator Shaft - USFIRE	2012	6,042	604	10	604		2,266	15
16	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120	125	25	125		468	16
17	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362	768	20	768		2,688	17
18	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937	196	15	196		620	18
19	Carpentry - Header Boards - ALDBEN	2012	4,891	326	15	326		978	19
20	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699	513	15	513		1,540	20
21	Sign - Monument - ALDBEN	2012	17,839	1,189	15	1,189		3,568	21
22	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624	562	10	562		2,109	22
23	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543	754	10	754		2,829	23
24	Reupholster Chairs, Bedspreads - ALDDDES	2012	8,772	1,754	5	1,754		6,140	24
25	Windows - ALDBEN	2012	2,571	257	10	257		771	25
26	Fire Protection System - VALFIR	2013	17,500	1,167	15	1,167		3,403	26
27	Boiler Rebuild - ALDBEN	2013	28,173	1,878	15	1,878		4,852	27
28	Fence and Guard Rail - ALDBEN	2013	3,727	248	15	248		600	28
29	Fire Protection System - VALFIR	2013	4,250	283	15	283		637	29
30	Fire Protection System - VALFIR	2013	4,264	284	15	284		639	30
31	Fire Protection System - VALFIR	2013	6,896	460	15	460		958	31
32	Fire Suppression Tank Refurbishment - ALDBEN	2013	41,135	2,742	15	2,742		7,541	32
33	Motor, Drive Dryer - EQUINT	2013	2,977	595	5	595		1,587	33
34	TOTAL (lines 1 thru 33)		\$ 2,717,324	\$ 103,953		\$ 102,453	\$ (1,500)	\$ 2,027,528	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 2,717,324	\$ 103,953		\$ 102,453	\$ (1,500)	\$ 2,027,528	1
2	Fire Suppression Tank Refurbishment - ALDBEN	2013	10,224	682	15	682		1,818	2
3	Fire Suppression Tank Refurbishment - ALDBEN	2013	5,470	365	15	365		882	3
4									4
5	Lower Level Hallway: Drywall Patched & Painted								5
6	Baseboard & electrical covers put back on								6
7	Also outside wall repair (Masonry) - ALDBEN	2014	9,373	625	15	625		729	7
8	Sprinkler System Repair - VALFIR	2014	13,199	2,640	5	2,640		3,080	8
9	Booster, repair - TOPNOT	2014	5,395	1,079	5	1,079		1,169	9
10									10
11	Waste treatment pond - engin - ALDBEN	2015	9,000	413	20	413		826	11
12	Boiler Valve Replace - GTMECH	2015	6,483	1,188	5	1,188		2,376	12
13	Exhaust Fan Repair - ALDBEN	2015	8,494	1,557	5	1,557		3,114	13
14	Plumbing Repair on fire equipment - VALFIR	2015	8,930	496	15	496		992	14
15	Fire Dampers - GTMECH	2015	2,523	105	10	105		210	15
16	Paving, asphalt replacement - J&JASP	2015	14,000	583	8	583		1,166	16
17	Washing Machine Motor - EQUINT	2015	2,826	47	5	47		94	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)		\$ 2,813,241	\$ 113,733		\$ 112,233	\$ (1,500)	\$ 2,043,984	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:

01/01/2015

Ending:

12/31/2015

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	\$ 738,605	\$ 71,886	\$ 71,886	\$	varies	\$ 335,768	71
72	Current Year Purchases	95,337	5,389	5,389		varies	5,389	72
73	Fully Depreciated Assets	678,430	6,331	6,331		varies	668,430	73
74								74
75	TOTALS	\$ 1,512,372	\$ 83,606	\$ 83,606	\$		\$ 1,009,587	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)	\$ 4,329,639	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 197,339	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 195,838	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,500)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,057,597	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: 01/01/2015

Ending: 12/31/2015

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. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 35,599 Description: copy machine gl 6861 & equip 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>17,012</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>17,012</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.

Facility Name & ID Number Alden Long Grove Rehab & HCC # 0040683 Report Period Beginning: 01/01/2015 Ending: 12/31/2015
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>skilled nursing on site</u></p>	<p>2. 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	\$		\$	251,483	\$		\$	251,483	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				54,243				54,243	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				434,242				434,242	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					217,715			217,715	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					(9,382)	279,064			269,682	13
14	TOTAL			\$		\$	730,586	\$	496,779	\$	1,227,364	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	251,482.96	
2.	ST	39-3	To Col 5	54,242.96	
3.					
4.	PT	39-3	To Col 5	434,241.88	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			222,650.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(4,935.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	217,715.00	957,682.80
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00
	Total Exceptional Care (Line 12, Col 8)			-	0.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(9,382.00)	From Page 6D

Other		270,125.25	
Manual Input: Related Party - Prism		(34,049.00)	From Page 6B
Manual Input: Related Party FECII - I.V.		(5,109.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(637.00)	From Page 6C
		48,733.34	
13. Col 6: Supplies Total	To Col 6	279,063.59	279,063.59
13. Total Line 13, Column 8		-	269,681.59
14. Total		-	1,227,364.39

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015 (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>149,000</u>)	2,174,988		3
4	Supply Inventory (priced at)	5,060		4
5	Short-Term Investments			5
6	Prepaid Insurance	8,004		6
7	Other Prepaid Expenses	44,204		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	5,233		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,237,489	\$	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	3,125,375		15
16	Equipment, at Historical Cost	1,567,587		16
17	Accumulated Depreciation (book methods)	(3,310,045)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	84,578		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)	\$ 2,211,495	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,448,984	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 889,722	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	239,383		28
29	Short-Term Notes Payable	12,732		29
30	Accrued Salaries Payable	553,277		30
31	Accrued Taxes Payable (excluding real estate taxes)	20,981		31
32	Accrued Real Estate Taxes(Sch.IX-B)	192,500		32
33	Accrued Interest Payable	91		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>	393,331		36
37	<u>Due to Affiliates (short term)</u>	1,196,237		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,498,254	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			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>	21,874,237		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 21,874,237	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,372,491	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (20,923,507)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,448,984	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (20,391,134)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (20,391,134)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(532,373)	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)	\$ (532,373)	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)	\$ (20,923,507)	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	\$ 10,672,324	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,672,324	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	358,394	6
7	Oxygen	22,541	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 380,935	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	934	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	9,312	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 10,245	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	542	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 542	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	3,198	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,198	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,067,244	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,737,702	31
32	Health Care	4,070,223	32
33	General Administration	2,481,467	33
B. Capital Expense			
34	Ownership	1,637,704	34
C. Ancillary Expense			
35	Special Cost Centers	1,232,743	35
36	Provider Participation Fee	439,778	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,599,617	40
41	Income before Income Taxes (line 30 minus line 40)**	(532,373)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (532,373)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,076,465	44
45	Private Pay - Net Inpatient Revenue	878,465	45
46	Medicare - Net Inpatient Revenue	1,864,561	46
47	Other-(specify) <u>Hospice</u>	411,637	47
48	Other-(specify) <u>Insurance/Veterans/Sales Allow.</u>	441,195	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,672,324	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.

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)	\$ 1,537
Discounts Taken	\$ 11
Miscellaneous Income (Health Insurance Divident)	\$ 1,650

Line 28 Total: 3,198

Ending: 12/31/2015

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	\$ 95,500	\$ 45.91	1
2	Assistant Director of Nursing	2,080	2,080	86,229	41.46	2
3	Registered Nurses	29,234	31,154	1,087,328	34.90	3
4	Licensed Practical Nurses	14,415	15,891	484,263	30.47	4
5	CNAs & Orderlies	88,431	95,192	1,306,217	13.72	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	3,689	3,984	69,994	17.57	8
9	Activity Director	2,080	2,080	52,818	25.39	9
10	Activity Assistants	6,356	6,934	100,794	14.54	10
11	Social Service Workers	1,840	1,840	43,584	23.69	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	50,793	24.42	13
14	Head Cook	3,848	4,046	64,496	15.94	14
15	Cook Helpers/Assistants	20,839	22,082	251,312	11.38	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	51,731	24.87	17
18	Housekeepers	14,788	15,991	195,141	12.20	18
19	Laundry	4,190	4,738	52,739	11.13	19
20	Administrator	408	636	41,686	65.59	20
21	Assistant Administrator	2,288	2,395	86,004	35.91	21
22	Other Administrative	5,123	5,242	133,152	25.40	22
23	Office Manager					23
24	Clerical	3,283	3,564	42,481	11.92	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,080	4,278	164,481	38.45	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>Memory Care Coo</u>	9,975	10,404	140,867	13.54	33
34	TOTAL (lines 1 - 33)	223,186	238,769	\$ 4,601,610 *	\$ 19.27	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	\$2,200 Monthl	26,400	1-3	35
36	Medical Director	\$2,000 Monthly	24,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$496 Monthly	5,952		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	12	840		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	28	\$ 58,072		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			10-3	52
53	TOTAL (lines 50 - 52)		\$ 1,161		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership %	Amount	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function				Description	Amount	Description	Amount	
Hieras, Lesley A	Administrator			Workers' Compensation Insurance	\$ 163,518	IDPH License Fee	\$		
Babani, David Anthony	Assistant Administrator		6,880	Unemployment Compensation Insurance	32,615	Advertising: Employee Recruitment		318	
Dragomir, Catalin	Assistant Administrator		17,201	FICA Taxes	344,607	Health Care Worker Background Check			
Grabot, Zachary A	Assistant Administrator		26,661	Employee Health Insurance	110,258	(Indicate # of checks performed 16)		520	
Guzman, Griselda	Assistant Administrator		35,262	Employee Meals	38,315	Patient Background Checks	232	2,552	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee		738	
				Dental & Life Insurance	3,469	Lake County Health Dept		371	
				Employee Relations/Tuition Reimbursement	(13,070)	Collaborative Healthcare/Health Care Council		24,057	
				Misc Payroll Costs/401K Match	3,397				
				Employee Drug Test/Vaccinations	1,296	Related Party-AMS		5,005	
						Less: Public Relations Expense	(
						Non-allowable advertising	(
						Yellow page advertising	(
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 127,689	TOTAL (agree to Schedule V, line 22, col.8)		\$ 684,405	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 33,561
B. Administrative - Other			Amount	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Description				Description	Line #	Amount	Description	Amount	
			\$			\$	Out-of-State Travel	\$	
							In-State Travel		
							Related Party-AMS	1,420	
							Seminar Expense		
							Entertainment Expense	(
							(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL		\$	TOTAL	\$ 1,420	
C. Professional Services			Amount						
Vendor/Payee	Type			Description	Line #	Amount	Description	Amount	
Alden Management Services, Inc.	Consulting fees		\$ 754,195						
MIDCAP	Accounting Fees		3,311						
BDO Seidman	Accounting Fees		2,540						
Christine Novotny	Accounting Fees		100						
Baker Tilly Virchow Krause LLP	Accounting Fees		6,365						
Alden Group/Jack Olson/IIT Chicag	Legal Fees-Non Collections		18,969						
AMS (Eliminated)	Legal Fees-Non Collections		46,908						
McCorkle Litigation/Real-Time	Legal Fees-Non Collections		3,205						
Clerk of the Circuit Court/ Markley	Legal Fees-Collections		755						
Valer Enterprises Inc	Legal Fees-Collections		1,296						
Joint Commission/ Renzi & Associati	Professional Fees		10,785						
Achieve Accreditation, LLC	Professional Fees		5,308						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 853,737	TOTAL		\$			

* Attach copy of IMRF notifications

**See instructions.

Alden Long Grove Rehab & HCC
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	71,133.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(2,051.00)
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>22,174.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
The Alden Group LTD	2/6/2015	74.31
The Alden Group LTD	3/5/2015	121.77
The Alden Group LTD	4/8/2015	632.86
The Alden Group LTD	5/7/2015	(754.63)
The Alden Group LTD	9/9/2015	-
The Alden Group LTD	11/6/2015	475.29
The Alden Group LTD	1/13/2016	-
Jack Olson, MD	4/7/2015	15,308.00
Jack Olson, MD	1/13/2015	414.60
Jack Olson, MD	3/9/2015	200.00
IIT Chicago Kent	6/24/2015	2,125.00
IIT Chicago Kent	11/11/2015	212.50
IIT Chicago Kent	12/10/2015	106.25
IIT Chicago Kent	12/10/2015	53.13
McCorkle Litigation	4/7/2015	577.10
Real-Time Reporters, Inc.	5/7/2015	92.25
Simandi Law Graoup	9/1/2015	310.90
Pogrund & Korey LLC	4/7/2015	116.48
Pogrund & Korey LLC	6/4/2015	61.48
Pogrund & Korey LLC	7/8/2015	446.48
Pogrund & Korey LLC	8/10/2015	472.99
Pogrund & Korey LLC	9/9/2015	179.00

Pogrund & Korey LLC	10/6/2015	220.00
Pogrund & Korey LLC	12/10/2015	728.46

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TOTAL ALLOWABLE LEGAL FEES 22,174.22

Vendor Name	Invoice Date	Amount
Clerk of the Circuit Court	12/17/2015	116.00
Clerk of the Circuit Court	2/3/2015	271.00
Clerk of the Circuit Court	12/17/2015	116.00
Markley Investigations Inc	4/1/2015	117.00
Markley Investigations Inc	4/1/2015	42.60
Markley Investigations Inc	12/17/2015	46.00
Valer Enterprises Inc	12/17/2015	46.00
Valer Enterprises Inc	5/5/2015	115.05
Valer Enterprises Inc	5/5/2015	293.04
Valer Enterprises Inc	5/5/2015	124.00
Valer Enterprises Inc	5/5/2015	132.00
Valer Enterprises Inc	6/29/2015	632.09

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 2,050.78

Vendor Name	Invoice Date	Amount
AMS Corp Legal Allocation'15	01/11/16	3,909.00
AMS Corp Legal Allocation'15	12/04/15	3,909.00
AMS Corp Legal Allocation'15	11/02/15	3,909.00
AMS Corp Legal Allocation'15	09/29/15	3,909.00
AMS Corp Legal Allocation'15	09/02/15	3,909.00
AMS Corp Legal Allocation'15	08/05/15	3,909.00
AMS Corp Legal Allocation'15	06/26/15	3,909.00
AMS Corp Legal Allocation'15	06/08/15	3,909.00
AMS Corp Legal Allocation'15	05/07/15	3,909.00
AMS Corp Legal Allocation'15	03/31/15	3,909.00
AMS Corp Legal Allocation'15	03/04/15	3,909.00
AMS Corp Legal Allocation'15	02/06/15	3,909.00

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 71,133.00

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: 01/01/2015

Ending: 12/31/2015

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 IL &23,808
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 48,635 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. \$ 439,778
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. \$ 38,315 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees.