

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

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

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	248	Skilled (SNF)	248	90,768	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	90,768	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	1,306	1,724	2,907	5,937	8
9	SNF/PED					9
10	ICF	49,584	3,955	2,266	55,805	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,890	5,679	5,173	61,742	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.02%

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

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year?
 YES NO If YES, enter number of beds certified 208 and days of care provided 2,646

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Alden Long Grove Rehab & HCC # 0040683 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclassification 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	391,511	36,052	26,770	454,332	2,168	456,500	(4,702)	451,799		1
2	Food Purchase		436,201		436,201	(34,232)	401,969	(8,441)	393,528		2
3	Housekeeping	219,154	40,965		260,119	993	261,112	8,650	269,762		3
4	Laundry	56,974	19,822		76,797	430	77,227		77,227		4
5	Heat and Other Utilities			190,959	190,959		190,959	1,965	192,924		5
6	Maintenance	52,819		312,954	365,774	272	366,046	55,394	421,439		6
7	Other (specify):* security / related party			1,044	1,044		1,044	8,725	9,769		7
8	TOTAL General Services	720,458	533,040	531,727	1,785,225	(30,369)	1,754,856	61,591	1,816,448		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,593,306	257,220	14,111	3,864,637	(30,655)	3,833,982	91,536	3,925,518		10
10a	Therapy	126,284	3,698	111,090	241,072		241,072		241,072		10a
11	Activities	162,227	2,513	6,450	171,190	218	171,408		171,408		11
12	Social Services	49,101			49,101		49,101		49,101		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,663	8,663		15
16	TOTAL Health Care and Programs	3,930,918	263,430	155,652	4,350,000	(30,437)	4,319,563	100,199	4,419,762		16
	C. General Administration										
17	Administrative	126,482			126,482		126,482	246,144	372,626		17
18	Directors Fees										18
19	Professional Services			942,281	942,281		942,281	(872,029)	70,252		19
20	Dues, Fees, Subscriptions & Promotions			96,077	96,077		96,077	(63,732)	32,345		20
21	Clerical & General Office Expenses	152,010	13,712	189,933	355,655	523	356,178	304,726	660,904		21
22	Employee Benefits & Payroll Taxes			735,236	735,236	22,416	757,652	(7,645)	750,008		22
23	Inservice Training & Education										23
24	Travel and Seminar			282	282		282	1,704	1,986		24
25	Other Admin. Staff Transportation			3,255	3,255		3,255	16,656	19,911		25
26	Insurance-Prop.Liab.Malpractice			346,078	346,078		346,078	327	346,405		26
27	Other (specify):* related party			248,475	248,475		248,475	(178,279)	70,196		27
28	TOTAL General Administration	278,492	13,712	2,561,617	2,853,822	22,939	2,876,761	(552,128)	2,324,633		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,929,868	810,183	3,248,996	8,989,047	(37,867)	8,951,180	(390,337)	8,560,843		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:

01/01/2016

Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			215,532	215,532		215,532	(25,592)	189,941			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			107,744	107,744		107,744	10,382	118,126			32
33	Real Estate Taxes			169,707	169,707		169,707	7,027	176,734			33
34	Rent-Facility & Grounds			1,046,240	1,046,240		1,046,240		1,046,240			34
35	Rent-Equipment & Vehicles			7,640	7,640		7,640	49,594	57,234			35
36	Other (specify):*											36
37	TOTAL Ownership			1,546,863	1,546,863		1,546,863	41,411	1,588,274			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		498,703	777,213	1,275,916	37,867	1,313,783	(82,748)	1,231,035			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			484,649	484,649		484,649		484,649			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		498,703	1,261,862	1,760,565	37,867	1,798,432	(82,748)	1,715,684			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,929,868	1,308,886	6,057,721	12,296,475		12,296,475	(431,674)	11,864,801			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: 01/01/2016
 Period Ending: 12/31/2016

IDPH License No. 0040683

Page 4A

PG 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(34,232)	Employee Meals
	22	34,232	Employee Meals
22		(11,816)	Uniform Reclass
	1	2,168	Uniform Reclass
	3	993	Uniform Reclass
	4	430	Uniform Reclass
	6	272	Uniform Reclass
	10	7,213	Uniform Reclass
	11	218	Uniform Reclass
	21	522	Uniform Reclass
10		(37,867)	Oxygen Cost Reclass
	39	37,867	Oxygen Cost Reclass
Net (Should be zero)		\$ -	

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VI. ADJUSTMENT DETAIL

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer-ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(200)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,730)	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	(1,504)	30		9
10	Interest and Other Investment Income	(478)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,264)	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	(32,585)	21		17
18	Fines and Penalties				18
19	Entertainment	(325)	20		19
20	Contributions	(7,809)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,061)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(248,475)	27		24
25	Fund Raising, Advertising and Promotional	(16,641)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(525)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (325,597)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	1,941		34
35	Other- Attach Schedule	(108,018)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (106,077)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (431,674)		37

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

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

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

BHF USE ONLY							
48		49		50		51	

Alden Long Grove Rehab & HCC

ID# 0040683

Report Period Beginning: 01/01/2016

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (8,794)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,978)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	5,165	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	24,184	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -			6
7	Adj for ABC Related Party Profit - Pg 13			7
8				8
9				9
10	Late Fees on utilities	(2,336)	5	10
11	Other nursing income	(14)	21	11
12	Intercompany interest is not allowed (gl 7031)	(103,306)	32	12
13	Intercompany interest is not allowed (gl 7053)	956	32	13
14	A/P Adjustments (vendor discounts)	(138)	10	14
15	Miscellaneous Income - Medical Records	(575)	10	15
16	Miscellaneous Income - Incentives from United Health C	(4,329)	22	16
17	Collection Fees (gl6965)			17
18				18
19	AMS Depreciation Adj			19
20	Depreciation Adj	(1,853)	30	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(108,018)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,512	(8,214)	0	0	0	0	0	0	0	(4,702)	1
2	Food Purchase	(2,464)	0	0	(5,977)	0	0	0	0	0	0	0	(8,441)	2
3	Housekeeping	0	0	8,650	0	0	0	0	0	0	0	0	8,650	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,336)	0	4,301	0	0	0	0	0	0	0	0	1,965	5
6	Maintenance	16,620	0	38,638	0	0	0	(255)	391	0	0	0	55,394	6
7	Other (specify):*	0	0	8,725	0	0	0	0	0	0	0	0	8,725	7
8	TOTAL General Services	11,820	0	63,826	(14,191)	0	0	(255)	391	0	0	0	61,591	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	(713)	0	85,239	9,252	(2,242)	0	0	0	0	0	0	91,536	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	8,663	0	0	0	0	0	0	0	0	8,663	15
16	TOTAL Health Care and Programs	(713)	0	93,902	9,252	(2,242)	0	0	0	0	0	0	100,199	16
	C. General Administration													
17	Administrative	0	0	246,144	0	0	0	0	0	0	0	0	246,144	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,061)	0	(869,968)	0	0	0	0	0	0	0	0	(872,029)	19
20	Fees, Subscriptions & Promotions	(25,300)	0	(38,432)	0	0	0	0	0	0	0	0	(63,732)	20
21	Clerical & General Office Expenses	(32,599)	0	337,325	0	0	0	0	0	0	0	0	304,726	21
22	Employee Benefits & Payroll Taxes	(4,329)	0	0	0	(3,316)	0	0	0	0	0	0	(7,645)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,704	0	0	0	0	0	0	0	0	1,704	24
25	Other Admin. Staff Transportation	0	0	16,656	0	0	0	0	0	0	0	0	16,656	25
26	Insurance-Prop.Liab.Malpractice	0	0	327	0	0	0	0	0	0	0	0	327	26
27	Other (specify):*	(248,475)	0	70,196	0	0	0	0	0	0	0	0	(178,279)	27
28	TOTAL General Administration	(312,764)	0	(236,048)	0	(3,316)	0	0	0	0	0	0	(552,128)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(301,657)	0	(78,320)	(4,939)	(5,557)	0	(255)	391	0	0	0	(390,337)	29

STATE OF ILLINOIS

Summary B

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

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(29,129)	0	3,537	0	0	0	0	0	0	0	0	(25,592)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(102,829)	0	113,211	0	0	0	0	0	0	0	0	10,382	32
33	Real Estate Taxes	0	0	7,027	0	0	0	0	0	0	0	0	7,027	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	49,594	0	0	0	0	0	0	0	0	49,594	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(131,958)	0	173,369	0	0	0	0	0	0	0	0	41,411	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	(44,833)	(22,716)	(15,199)	0	0	0	0	0	(82,748)	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	(44,833)	(22,716)	(15,199)	0	0	0	0	0	(82,748)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(433,615)	0	95,049	(49,772)	(28,274)	(15,199)	(255)	391	0	0	0	(431,674)	45

VII. RELATED PARTIES

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

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

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,301	\$	4,301	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,704		1,704	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		16,656		16,656	17
18	V	26 Insurance		Alden Management Services, Inc.		327		327	18
19	V	20 Dues/Subscriptions	41,868	Alden Management Services, Inc.		3,436		(38,432)	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537		3,537	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,027		7,027	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		49,594		49,594	22
23	V	32 Interest		Alden Management Services, Inc.		113,211		113,211	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		3,512		3,512	24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		8,650		8,650	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		8,725		8,725	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		85,239		85,239	27
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		8,663		8,663	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		246,144		246,144	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		70,196		70,196	30
31	V	19 Professional Fees	910,327	Alden Management Services, Inc.		40,359		(869,968)	31
32	V	21 Gen'l & Admin	41,688	Alden Management Services, Inc.		379,013		337,325	32
33	V	6 Repairs & Maintenance	55,047	Alden Management Services, Inc.		93,685		38,638	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,048,930			\$ 1,143,979	\$ *	95,049	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%	\$ 13	\$ (26,387)
16	V	1 Dietary salary		Prism Health Care Services, Inc.		13,696	13,696
17	V	2 Tube feeding	36,177	Prism Health Care Services, Inc.		14,496	(21,681)
18	V	10 Equipment rental	6,660	Prism Health Care Services, Inc.		11,380	4,720
19	V	39 Ancillary supplies		Prism Health Care Services, Inc.		51,531	51,531
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		4,478	4,478
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		15,704	15,704
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		4,532	4,532
23	V	39 Gen'l & admin & benefits	127,028	Prism Health Care Services, Inc.		30,664	(96,365)
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		\$ 196,265			\$ 146,493	\$ * (49,772)

* 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	\$ 268,538	Forum Extended Care Services II, Inc.	0.00%	\$ 249,807	\$ (18,731) 15
16	V	39 IV	51,840			48,224	(3,616) 16
17	V	39 wound care	49,525			46,071	(3,454) 17
18	V	10 house stock	26,187			24,360	(1,827) 18
19	V	10 pharmacy consultant	5,952			5,537	(415) 19
20	V	22 vaccinations	3,316				(3,316) 20
21	V	39 vaccinations				3,085	3,085 21
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		\$ 405,357			\$ 377,084	\$ * (28,274) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 844,446	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 829,247	\$ (15,199)
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		\$ 844,446			\$ 829,247	\$ * (15,199)

* 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	\$ 40,395	Alden Bennett Construction Company, Inc.	0.00%	\$ 40,140	\$ (255)
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		\$ 40,395			\$ 40,140	\$ * (255)

* 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	\$ 1,370	Alden Design Group, Inc.	0.00%	\$ 1,761	\$ 391	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 1,370			\$ 1,761	\$ *	391	39

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

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	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			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden Long Grove Rehabilitation and Health Ca	Long Grove				30

Facility Name & ID Number Alden Long Grove Rehab & HCC # 0040683 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

1	2	3	4	5	6		7		8		
					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.	Chairman-Board of D	Chairman	100.00	176,134	1.916	4.79	Salary	\$ 8,866	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,208	1.916	4.79	Salary	4,792	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,208	1.916	4.79	Salary	4,792	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,906	1.916	4.79	Salary	5,583	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	59,283	1.916	4.79	Salary	2,984	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	141,487	1.3891	4.79	Salary	7,122	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F.Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 34,139		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:

01/01/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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	1,288,358	34	\$ 89,742	\$ 61,742	\$ 4,301	1	
2	24	Trav & Seminar	Patient Days	1,288,358	34	35,559	61,742	1,704	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	61,742	16,656	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	61,742	327	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	61,742	3,436	5	
6	30	Depreciation	No of Providers/usage	34	34	140,451	1	3,537	6	
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398	61,742	7,027	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	61,742	49,594	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	61,742	113,211	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	61,742	3,512	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	61,742	8,650	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,288,358	34	182,054	61,742	8,725	12	
13	10	Nurs & Med Records Salary	Patient Days	1,288,358	34	1,519,466	1,519,466	61,742	85,239	13
14	15	Employee Benefits -Health Care	Patient Days	1,288,358	34	180,775	61,742	8,663	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	61,742	246,144	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	61,742	70,196	16	
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	61,742	40,359	17
18	21	Gen'I & Admin	Patient Days	1,288,358	34	7,908,785	6,929,587	61,742	379,013	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	61,742	93,685	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 1,143,979	25	

Facility Name & ID Number

Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1							\$	\$			\$	1						
2												2						
3												3						
4												4						
5	Insurance Interest (GL7053)		x	Malpractice Insurance								4,438	5					
Working Capital																		
6	Related party-AMS		x	Working Capital								113,211	6					
7													7					
8													8					
9	TOTAL Facility Related						\$	\$			\$	117,649	9					
B. Non-Facility Related*																		
10	Interest Income (GL 4975)		x									478	10					
11													11					
12													12					
13													13					
14	TOTAL Non-Facility Related						\$	\$			\$	478	14					
15	TOTALS (line 9+line14)						\$	\$			\$	118,126	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 2015 report.			\$	192,500	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.)			\$	178,407	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	(14,093)	3
4.	Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	183,800	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.			\$	169,707	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	7,027	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	176,734	
Real Estate Tax Bill for Calendar Year:		2011	175,620	8	FOR BHF USE ONLY	
		2012	175,948	9	13	FROM R. E. TAX STATEMENT FOR 2015 \$
		2013	183,984	10	14	PLUS APPEAL COST FROM LINE 5 \$
		2014	186,873	11	15	LESS REFUND FROM LINE 6 \$
		2015	178,407	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
The current year accrual is based on an estimated 3% increase of the prior year tax.						

NOTES:

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden 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 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

(A)	(B)	(C)	(D) <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>146,629.00</u>	\$ <u>7,027.00</u>
2. <u>14-36-100-002</u>	<u>Nursing facility</u>	\$ <u>178,406.60</u>	\$ <u>178,406.60</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>325,035.60</u></u>	\$ <u><u>185,433.60</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning:

01/01/2016 Ending:

12/31/2016

X. BUILDING AND GENERAL INFORMATION:

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

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4				\$	\$		\$	\$	\$
5									
6									
7									
8									
	Improvement Type**								
9	SHELVING		1995	5,122		20			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	984	20	984	(1)	33,750
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	304	20	304		8,100
23	WASHROOM IMPROVEMENTS		1996	2,186		20	74	109	2,186
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		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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109		10			3,109	44
45	INSTALL NEW DROP CEILING	1997	2,175		12			2,175	45
46	DESIGN SERVICES	1997	931		20	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		4,224	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534		10			2,534	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510		10			1,510	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273		10			273	53
54	REPLAC E COMPRESSOR	1998	1,301		10			1,301	54
55	REPLACE SEAVES ON ROOF	1998	10,500		15			10,500	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228		15			5,228	57
58	REPLACE BEARING IN WASHER	1998	1,296		20	65	65	1,128	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		24,848	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	\$ 2,814		\$ 3,194	\$ 415	\$ 278,475	70

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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 286,794	\$ 2,814		\$ 3,194	\$ 380	\$ 278,475	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803		15	101	101	1,803	3
4	Alden Bennet Cons.install tank	1999	6,281		10			6,278	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		26,103	5
6	AMC Security system	1999	7,273		10			7,273	6
7	AMC carpentry	1999	8,577		10			8,577	7
8	Climate Service (repair HVAC)	1999	9,358		10			9,358	8
9	ABC-construction mainten. Adjustment-various	1999	1,129		10			1,129	9
10	Capital Report Adjustment - 2000	2000	514		10			514	10
11	Climate services (A/C REPAIR)	2000	2,482		5			2,482	11
12	B&L Locksmith (knob set)	2000	3,750		15			3,750	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	ABC-time & materials-maj. Leasehold improv-various	2000	1,918		15			1,918	14
15	Alden Bennett Construction (major repairs)	2000	2,643		10			2,643	15
16	Alden Bennett Construction (time & material billing per fac)	2000	2,105		10			2,105	16
17	alden design-architectural/designing	2000	2,628	131	20	131		2,418	17
18	alden design-architectural/designing	2000	3,300	165	20	165		3,039	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)	413,176	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2002	3,927	288	15	262	(26)	3,692	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	\$ 32,484		\$ 30,992	\$ (1,492)	\$ 825,823	34

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

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,072,200	\$ 32,484		\$ 30,992	\$ (1,492)	\$ 825,823	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public sp	2003	22,250		8			22,250	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289		5			4,289	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments	2003	12,949		8			12,949	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675		8			5,675	5
6	Controlled Irrigation (repair sprinkler system)	2003	2,137		5			2,137	6
7	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025		10			17,025	7
8	A & B Custom Cable (cable installation)	2003	3,100		10			3,100	8
9	Alden Bennett Constr (roof repairs)	2003	12,754		10			12,754	9
10	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920		8			23,920	10
11	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495		10			2,495	11
12	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207		8			243,207	12
13	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	6,175		10			6,175	13
14	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	33,234		8			33,234	14
15	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	(33,234)		8			(33,234)	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	20,151		8			20,151	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	(20,151)		8			(20,151)	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393		8			46,393	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477		8			188,477	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065		10			4,065	20
21	Capital Report Adjustment - 2003	2003	677					677	21
22									22
23	Graphic Systems (remodelled second floor Signage)	2004	2,519		10	1	1	2,519	23
24	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	5,717	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		1,583	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		3,296	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431		10			2,431	29
30	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		4,280	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	\$ 33,595		\$ 32,080	\$ (1,515)	\$ 1,467,735	34

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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,718,231	\$ 33,595		\$ 32,080	\$ (1,515)	\$ 1,467,735	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28	Adjust for ABC Related Party Profit	2008	(33)	(5)		(5)		(35)	28
29	Adjust for ABC Related Party Profit	2009	(2,179)	(311)		(311)		(2,022)	29
30	Adjust for ABC Related Party Profit	2010	(189)	(27)		(27)		(149)	30
31	Adjust for ABC Related Party Profit	2011	(38)	(5)		(5)		(24)	31
32	Adjust for ABC Related Party Profit	2012	2,219	317		317		1,110	32
33	Adjust for ABC Related Party Profit	2013	1,194	104		104		208	33
34	TOTAL (lines 1 thru 33)		\$ 1,810,117	\$ 34,533		\$ 33,018	\$ (1,515)	\$ 1,553,161	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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,810,117	\$ 34,533		\$ 33,018	\$ (1,515)	\$ 1,553,161	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)	1,299	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	498	4
5	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,	2004	15,285		10		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/	2004	5,512		10			5,512	9
10	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		2,242	10
11	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107		8			24,107	11
12	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generat	2004	10,656	426	25	426		5,257	12
13	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		6,596	13
14									14
15	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347		10			7,347	15
16	Alden Bennett Comstruction(Passage on door)	2005	3,662		5			3,662	16
17	ABC(piping and electrical work)	2005	4,619		10			4,619	17
18	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler	2005	9,514	381	25	381		4,503	18
19	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		1,262	19
20	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		909	20
21	CSI Coker(Refridgerator Repairs)	2005	1,511		10		0	1,511	21
22	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		1,049	22
23	CSI Coker(Refridgerator Repairs)	2005	3,971		10			3,971	23
24	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139		5			4,139	24
25	Cybor Fire Protection(Sprinkler repair)	2005	4,660		10			4,660	25
26	Cybor Fire Protection(Sprinkler repair)	2005	2,000		10			2,000	26
27	GT Mechanical(Dining room AC Repairs)	2005	1,922		10			1,922	27
28	Capps Plumbing (Drainage Major repairs)	2005	1,755		10			1,755	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,925,859	\$ 36,494		\$ 34,955	\$ (1,536)	\$ 1,647,092	34

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

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,925,859	\$ 36,494		\$ 34,955	\$ (1,539)	\$ 1,647,092	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265		10			3,265	2
3	PattenCat(ATS Terminal Connect)	2005	4,454		10			4,454	3
4	TopNotch(Dishwasher major repairs)	2005	2,177		10			2,177	4
5	GT Mechanical Repair work on Heaters	2005	1,665		5			1,665	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758		5			1,758	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740		10			1,740	7
8									8
9	New Roof	2006	20,350	848	10	848		20,350	9
10	Replace Multiple Doors	2006	20,822	1,388	10	1,388		20,822	10
11	Replace Multiple Doors	2006	4,949	412	10	412		4,949	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	89	10	89		3,552	12
13	Installed new door required by Life safety code	2006	2,653	65	10	65		2,653	13
14	ABC-Replaced broken A/C pump	2006	5,821	291	10	291		5,821	14
15	ABC-Bathroom repairs	2006	6,217	621	10	621		6,217	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	189		2,037	16
17	Installed Water Heater	2006	11,078	739	15	739		7,756	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		2,394	18
19	Installed new piping	2006	4,470	179	25	179		1,952	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		1,103	20
21	Roof - J.D. Sons	2006	16,900	1,549	10	1,549		16,900	21
22									22
23	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		11,506	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		7,499	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		4,958	25
26	Censau replaced broken pipe in attic	2007	3,807	381	10	381		3,776	26
27	Topnot Installed booster heater	2007	4,970	497	10	497		4,887	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		12,878	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		3,303	29
30	ALDBEN Construct	2007	17,231	1,723	10	1,723		16,657	30
31	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		21,296	31
32	Topnot new kitchen freezer door	2007	4,655	466	10	466		4,462	32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)		5			(8,745)	33
34	TOTAL (lines 1 thru 33)		\$ 2,145,053	\$ 52,636		\$ 51,097	\$ (1,539)	\$ 1,841,134	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:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,145,053	\$ 52,636		\$ 51,097	\$ (1,539)	\$ 1,841,134	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606	0	5,709	2
3	US Foodservice	2007	4,445		5			4,445	3
4	Installed Cable wiring	2007	6,639		5			6,639	4
5	Resident room carpet	2007	5,390		5			5,390	5
6	Central States Automaition A/C	2007	15,203	1,520	10	1,520		14,062	6
7	New Carpet	2007	5,392	539	10	539		4,942	7
8	Seal and stripe parking Lot	2007	7,229		8			7,229	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		3,959	9
10	Parking lot sealed	2007	8,308	831	10	831		7,477	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	286	10	286		2,548	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		1,779	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	574	10	574		4,640	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		5,478	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		7,065	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		3,045	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		12,675	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		6,155	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		3,057	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	22,543	1,127	20	1,127		8,172	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		1,302	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		7,119	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	10,629	531	20	531		3,808	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	60,966	3,048	20	3,048		21,592	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	6,058	303	20	303		2,120	27
28	Central States - New Sprinklers	2009	3,429		5			3,429	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		3,048	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		3,150	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)		\$ 2,447,698	\$ 69,611		\$ 68,072	\$ (1,539)	\$ 2,003,673	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		\$ 2,717,799	\$ 90,689		\$ 89,150	\$ (1,539)	\$ 2,121,733	1
2	Fire Suppression Tank Refurbishment - ALDBEN	2013	10,224	682	15	682		2,500	2
3	Fire Suppression Tank Refurbishment - ALDBEN	2013	5,470	365	15	365		1,247	3
4									4
5	Lower Level Hallway: Drywall Patched & Painted								5
6	Baseboard & electrical covers put back on								6
7	Also outside wall repair (Masonry) - ALDBEN	2014	9,373	625	15	625		1,354	7
8	Sprinkler System Repair - VALFIR	2014	13,199	2,640	5	2,640		5,720	8
9	Booster, repair - TOPNOT	2014	5,395	1,079	5	1,079		2,248	9
10									10
11	Waste treatment pond - engin - ALDBEN	2015	9,000	450	20	450		1,276	11
12	Boiler Valve Replace - GTMECH	2015	6,483	1,297	5	1,297		3,673	12
13	Exhaust Fan Repair - ALDBEN	2015	8,494	1,699	5	1,699		4,813	13
14	Plumbing Repair on fire equipment - VALFIR	2015	8,930	595	15	595		1,587	14
15	Fire Dampers - GTMECH	2015	2,523	252	10	252		462	15
16	Paving, asphalt replacement - J&JASP	2015	14,000	1,750	8	1,750		2,916	16
17	Washing Machine Motor - EQUINT	2015	2,826	565	5	565		659	17
18									18
19	Sand for waste filter, 60cubyrds -INTCON	2016	4,200	93	15	93		93	19
20	Sewer treatment ponds - INTCON	2016	21,000	467	15	467		467	20
21	Motor for Dryer- EQUINT	2016	4,208	701	5	701		701	21
22	Repair Oxyg tank level readers(2) - WELSUP	2016	7,148	596	5	596		596	22
23	Insulation-supply duct in attic - GTMECH	2016	3,084	103	10	103		103	23
24	Fire System Repaired - VALFIR	2016	4,640	232	5	232		232	24
25	Roof Repaired - JDROOF	2016	6,930	231	5	231		231	25
26	Fire alarm system Repaired - VALFIR	2016	5,644	94	5	94		94	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,870,569	\$ 105,205		\$ 103,666	\$ (1,539)	\$ 2,152,705	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:

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 2,447,698	\$ 69,611		\$ 68,072	\$ (1,539)	\$ 2,003,673	1
2	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	134	25	134		882	2
3	Fire Protection:Heads Sprinkler Dining Room - FOCFIR	2010	7,227		5			7,227	3
4	Sprinkler Heads Install - FOCFIR	2010	3,820		5			3,820	4
5	Pipes Sprinkler Fire Prtoect - FOCFIR	2010	3,162		5			3,162	5
6	Asphalt Sealcoating - ALDBEN	2010	15,479	1,935	8	1,935		11,772	6
7	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	462	20	462		2,658	7
8	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080	204	5	204		4,080	8
9	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146	157	5	157		3,146	9
10	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842	242	5	242		4,842	10
11	Fire Dry System Repair Pipes - USFIRE	2011	6,636	1,106	5	1,106		6,636	11
12	Paving: Concrete Dumpster Apreon - ALDBEN	2011	4,857	324	15	324		1,673	12
13	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383	1,298	8	1,298		6,706	13
14	Panel Electrical - BELEC	2011	2,557	511	5	511		2,557	14
15	Fire Protection, Elevator Shaft - USFIRE	2012	6,042	604	10	604		2,870	15
16	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120	125	25	125		593	16
17	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362	768	20	768		3,456	17
18	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937	196	15	196		816	18
19	Carpentry - Header Boards - ALDBEN	2012	4,891	326	15	326		1,304	19
20	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699	513	15	513		2,053	20
21	Sign - Monument - ALDBEN	2012	17,839	1,189	15	1,189		4,757	21
22	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624	562	10	562		2,671	22
23	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543	754	10	754		3,583	23
24	Reupholster Chairs, Bedsreads - ALDDES	2012	8,772	1,754	5	1,754		7,894	24
25	Windows - ALDBEN	2012	2,571	257	10	257		1,028	25
26	Fire Protection System - VALFIR	2013	17,500	1,167	15	1,167		4,570	26
27	Boiler Rebuild - ALDBEN	2013	28,173	1,878	15	1,878		6,730	27
28	Fence and Guard Rail - ALDBEN	2013	3,727	248	15	248		848	28
29	Fire Protection System - VALFIR	2013	4,250	283	15	283		920	29
30	Fire Protection System - VALFIR	2013	4,264	284	15	284		923	30
31	Fire Protection System - VALFIR	2013	6,896	460	15	460		1,418	31
32	Fire Suppression Tank Refurbishment - ALDBEN	2013	41,135	2,742	15	2,742		10,283	32
33	Motor, Drive Dryer - EQUINT	2013	2,977	595	5	595		2,182	33
34	TOTAL (lines 1 thru 33)		\$ 2,717,799	\$ 90,689		\$ 89,150	\$ (1,539)	\$ 2,121,733	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 2,717,799	\$ 90,689		\$ 89,150	\$ (1,539)	\$ 2,121,733	1
2	Adjust for ABC Related Party Profit	2014	(18)						2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
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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)		\$ 2,717,781	\$ 90,689		\$ 89,150	\$ (1,539)	\$ 2,121,733	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:

01/01/2016

Ending:

12/31/2016

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	\$ 818,688	\$ 79,562	\$ 79,597	\$ 35	varies	\$ 397,005	71
72	Current Year Purchases	55,859	4,722	4,722		varies	4,721	72
73	Fully Depreciated Assets	693,684	1,956	1,956		varies	676,971	73
74								74
75	TOTALS	\$ 1,568,231	\$ 86,240	\$ 86,275	\$ 35		\$ 1,078,697	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					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)	\$ 4,442,825	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 191,445	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 189,941	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,504)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,235,427	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: 01/01/2016

Ending: 12/31/2016

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.	<u>12/31/2017</u>	\$ <u>1,046,240</u>
13.	<u>12/31/2018</u>	\$ <u>1,046,240</u>
14.	<u>12/31/2019</u>	\$ <u>1,046,240</u>

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: \$ 18,458 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>19,479</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>19,479</u>	21

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

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

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

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

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

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 286,495	\$		\$ 286,495	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			54,791			54,791	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			423,894			423,894	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				252,892		252,892	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				(15,200)	228,163		212,963	13
14	TOTAL			\$		\$ 749,980	\$ 481,055		\$ 1,231,035	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	286,495.05	
2.	ST	39-3	To Col 5	54,790.86	
3.					
4.	PT	39-3	To Col 5	423,894.21	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			268,538.22	
	Manual Input from Related Party- Forum Drugs			(15,646.01)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	252,892.21	1,018,072.33
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	-
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	-
	Total Exceptional Care (Line 12, Col 8)			-	-
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(15,199.00)	From Page 6D
	Other			242,199.00	
	Manual Input: Related Party - Prism			(44,833.22)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(3,615.81)	From Page 6C
	Manual Input: Related Party FECII - Wound Care			(3,454.37)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			37,867.00	
13.	Col 6: Supplies Total		To Col 6	228,162.60	228,162.60
13.	Total Line 13, Column 8			-	212,963.60
14.	Total			-	1,231,034.93

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(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>165,000</u>)	2,018,163		3
4	Supply Inventory (priced at)	5,060		4
5	Short-Term Investments			5
6	Prepaid Insurance	7,822		6
7	Other Prepaid Expenses	94,944		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	13,090		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,139,079	\$	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	3,187,394		15
16	Equipment, at Historical Cost	1,647,532		16
17	Accumulated Depreciation (book methods)	(3,525,577)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	92,888		21
22	Other Long-Term Assets (spe <u>Purchase Option</u>	744,000		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,146,237	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,285,316	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 926,250	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	289,372		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	591,676		30
31	Accrued Taxes Payable (excluding real estate taxes)	24,449		31
32	Accrued Real Estate Taxes(Sch.IX-B)	183,800		32
33	Accrued Interest Payable	16		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>	121,165		36
37	<u>Due to Affiliates (short term)</u>	1,307,253		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,443,981	\$	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>	21,796,416		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 21,796,416	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 25,240,397	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (20,955,081)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,285,316	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (20,923,505)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (20,923,505)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(31,576)	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)	\$ (31,576)	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)	\$ (20,955,081)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,810,530	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,810,530	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	393,005	6
7	Oxygen	31,400	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 424,405	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	513	13
14	Non-Patient Meals	200	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	23,732	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 24,445	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	478	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 478	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	5,042	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,042	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,264,899	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,785,225	31
32	Health Care	4,350,000	32
33	General Administration	2,853,822	33
B. Capital Expense			
34	Ownership	1,546,863	34
C. Ancillary Expense			
35	Special Cost Centers	1,275,916	35
36	Provider Participation Fee	484,649	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,296,475	40
41	Income before Income Taxes (line 30 minus line 40)**	(31,576)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (31,576)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,258,888	44
45	Private Pay - Net Inpatient Revenue	1,127,229	45
46	Medicare - Net Inpatient Revenue	1,671,863	46
47	Other-(specify)	291,232	47
48	Other-(specify) <u>Insurance/Veterans/Sales Allow.</u>	461,318	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,810,530	49

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

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

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

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

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

Report Period Beginning 01/01/2016 Ending:

12/31/2016**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	\$ 575
A/P Adjustments (vendor discounts)	\$ 100
Miscellaneous Income - Incentives from United Health Care	\$ 4,329
Vendor Discounts	\$ 38
Line 28 Total:	<u>5,042</u>

Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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	\$ 100,123	\$ 48.14	1
2	Assistant Director of Nursing	2,080	2,080	81,787	39.32	2
3	Registered Nurses	27,596	30,042	1,068,498	35.57	3
4	Licensed Practical Nurses	18,459	19,454	584,917	30.07	4
5	CNAs & Orderlies	94,455	102,004	1,472,434	14.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,582	2,777	53,048	19.10	8
9	Activity Director	2,080	2,080	53,854	25.89	9
10	Activity Assistants	7,483	7,947	108,373	13.64	10
11	Social Service Workers	2,080	2,080	49,101	23.61	11
12	Dietician					12
13	Food Service Supervisor	1,808	1,865	47,309	25.37	13
14	Head Cook	3,520	3,592	58,741	16.35	14
15	Cook Helpers/Assistants	23,889	25,482	285,460	11.20	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	52,819	25.39	17
18	Housekeepers	16,515	18,154	219,154	12.07	18
19	Laundry	4,618	4,985	56,974	11.43	19
20	Administrator	1,920	1,920	89,518	46.62	20
21	Assistant Administrator	960	960	36,964	38.50	21
22	Other Administrative	6,265	6,287	170,197	27.07	22
23	Office Manager					23
24	Clerical	4,540	4,801	55,049	11.47	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	160,878	38.67	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)	8,650	9,086	124,669	13.72	33
34	TOTAL (lines 1 - 33)	237,819	253,915	\$ 4,929,868 *	\$ 19.42	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 Monthly	26,770	1-3	35
36	Medical Director	\$2,000 Monthly	24,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$496 Monthly	5,952	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	880	11-3	44
45	Social Service Consultant	16	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	32	\$ 58,722		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	\$649 Monthly	7,791	10-3	52
53	TOTAL (lines 50 - 52)		\$ 7,791		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
<u>Guzman, Griselda</u>	<u>Administrator</u>		\$ <u>87,691</u>	<u>Workers' Compensation Insurance</u>	\$ <u>175,196</u>	<u>IDPH License Fee</u>	\$ <u>141</u>	
<u>Babani, David</u>	<u>Assist Administrator</u>		<u>4,615</u>	<u>Unemployment Compensation Insurance</u>	<u>39,716</u>	<u>Advertising: Employee Recruitment</u>	<u>260</u>	
<u>Schlack, John</u>	<u>Assist Administrator</u>		<u>27,830</u>	<u>FICA Taxes</u>	<u>363,576</u>	<u>Health Care Worker Background Check</u>	<u>2,340</u>	
<u>Guzman, Griselda</u>	<u>Assist Administrator</u>		<u>6,346</u>	<u>Employee Health Insurance</u>	<u>116,546</u>	(Indicate # of checks performed <u>8</u>)		
				<u>Employee Meals</u>	<u>34,232</u>	<u>Patient Background Checks</u>	<u>234</u>	
				<u>Illinois Municipal Retirement Fund (IMRF)*</u>		<u>Surety Bond Fee</u>	<u>738</u>	
				<u>Dental & Life Insurance</u>	<u>3,015</u>	<u>Lake County Health Dept</u>		
TOTAL (agree to Schedule V, line 17, col. 1)			\$ <u>126,482</u>	<u>Employee Relations/Tuition Reimbursement</u>	<u>12,654</u>	<u>Collaborative Healthcare/Health Care Council</u>	<u>25,430</u>	
(List each licensed administrator separately.)				<u>Misc Payroll Costs/401K Match</u>	<u>4,175</u>			
B. Administrative - Other				<u>Employee Drug Test/Vaccinations</u>	<u>4,213</u>	<u>Related Party-AMS</u>	<u>3,436</u>	
Description			Amount	<u>Related Party Fees</u>	<u>(3,315)</u>	<u>Less: Public Relations Expense</u>	()	
			\$			<u>Non-allowable advertising</u>	()	
						<u>Yellow page advertising</u>	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ <u>750,008</u>	TOTAL (agree to Sch. V, line 20, col. 8)	\$ <u>32,345</u>	
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
(Attach a copy of any management service agreement)				Description	Line #	Amount	Description	Amount
C. Professional Services							<u>Out-of-State Travel</u>	\$
Vendor/Payee	Type		Amount					
<u>Alden Management Services, Inc.</u>	<u>Consulting fee</u>		\$ <u>865,135</u>				<u>In-State Travel</u>	
<u>MIDCAP</u>	<u>Accounting Fees</u>		<u>3,098</u>					
<u>Christine Novotny/KPMG Cost Repor</u>	<u>Accounting Fees</u>		<u>216</u>				<u>Related Party - AMS</u>	<u>1,704</u>
<u>BDO USA, LLC</u>	<u>Accounting Fees</u>		<u>2,616</u>				<u>Seminar Expense</u>	<u>282</u>
<u>Baker Tilly</u>	<u>Accounting Fees</u>		<u>6,594</u>					
<u>AMS (Eliminated)</u>	<u>Legal Fees-Non Collections</u>		<u>45,192</u>				<u>Entertainment Expense</u>	()
<u>Gozdecki Farkas / Clerk of Cicuit Co</u>	<u>Legal Fees-Non Collections</u>		<u>1,909</u>				(agree to Sch. V, line 24, col. 8)	
<u>Law Officed of Chicago Kent/Stone P</u>	<u>Legal Fees-Non Collections</u>		<u>3,431</u>				TOTAL	\$ <u>1,986</u>
<u>Ariana Fisch, Chicago Title, Clerk of</u>	<u>Legal Fees-Collections</u>		<u>2,061</u>					
<u>Achieve Accreditation, LLC</u>	<u>Professional Fees</u>		<u>4,332</u>					
<u>MB Financial/Simandl Law</u>	<u>Professional Fees</u>		<u>4,487</u>					
<u>Joint Commission/First Advantage C</u>	<u>Professional Fees</u>		<u>3,210</u>					
TOTAL (agree to Schedule V, line 19, column 3)			\$ <u>942,281</u>	TOTAL				
(For legal fee disclosure, see page 39 of instructions)								

* Attach copy of IMRF notifications

**See instructions.

	PG 21A
Alden Long Grove Rehab & HCC Legal Fee Support 2016	
Legal Fees Reported on Pg 21, Section C:	52,593.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(2,061.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	<u> </u>
Allowable Legal Fees	<u><u>5,340.00</u></u>

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

<u>In Detail:</u>		
<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Clerk of the Circuit Court	3/23/2016	112.00
Gozdecki, Farkas & Bro	2/10/2016	144.08
Gozdecki, Farkas & Bro	2/10/2016	159.96
Gozdecki, Farkas & Bro	4/6/2016	372.74
Jennifer Cunningham Beeler	6/22/2016	590.00
Jennifer Cunningham Beeler	7/19/2016	530.00
Law Offices of Chicago-Kent	5/5/2016	318.75
Law Offices of Chicago-Kent	5/5/2016	584.38
Law Offices of Chicago-Kent	11/7/2016	172.66
LegalFees on Medicaid Rec'le,	1/25/2017	300.00
Sheff of Lake County	3/23/2016	46.00
Stone Pogrund & Korey LLC	3/8/2016	165.00
Stone Pogrund & Korey LLC	2/10/2016	1,222.40
The Alden Group, LTD.	02/10/16	43.00
The Alden Group, LTD.	4/6/2016	579.18
TOTAL ALLOWABLE LEGAL FEES		<u><u>5,340.15</u></u>

6806 Lgl Non Coll

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Ariana Fisch	8/30/2016	5.00
Ariana Fisch	8/30/2016	92.00
Chicago Title Company	5/27/2016	120.00
Chicago Title Company	4/26/2016	60.00
Clerk of the Circuit Court	7/19/2016	50.00
Clerk of the Circuit Court	3/1/2016	30.00
Clerk of the Circuit Court	10/20/2016	291.00
Clerk of the Circuit Court	10/20/2016	213.00
Clerk of the Circuit Court	10/20/2016	167.00
Clerk of the Circuit Court	10/20/2016	291.00
Clerk of the Circuit Court	10/20/2016	258.00
Markley Investigations Inc	5/27/2016	50.00
Markley Investigations Inc	10/20/2016	78.00
Markley Investigations Inc	6/17/2016	78.00
Markley Investigations Inc	10/20/2016	78.00
Recorder of Dedds McHenry County	7/19/2016	40.00
Sheriff of Cook County	3/1/2016	45.65
Sheriff of Cook County	10/20/2016	60.00
Sheriff of Cook County	4/18/2016	(45.65)
Sheriff of Cook County	11/18/2016	(37.00)
Sheriff of Cook County	10/20/2016	37.00
Sheriff of Cook County	10/20/2016	43.00
Sheriff of Cook County	10/20/2016	44.00
Sheriff of Cook County	2/22/2016	(46.00)
Sheriff of Cook County	2/22/2016	(46.00)
Sheriff of Cook County	10/20/2016	49.65
Stone Pogrund & Korey	7/7/2016	55.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u><u>2,060.65</u></u>

6966 Lgl Collect

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Corp Legal Allocation'16	12/29/16	3,766.00
AMS Corp Legal Allocation'16	12/01/16	3,766.00
AMS Corp Legal Allocation'16	10/26/16	3,766.00
AMS Corp Legal Allocation'16	09/30/16	3,766.00
AMS Corp Legal Allocation'16	08/29/16	3,766.00
AMS Corp Legal Allocation'16	07/28/16	3,766.00
AMS Corp Legal Allocation'16	06/29/16	3,766.00
AMS Corp Legal Allocation'16	05/27/16	3,766.00
AMS Corp Legal Allocation'16	04/27/16	3,766.00
AMS Corp Legal Allocation'16	03/31/16	3,766.00
AMS Corp Legal Allocation'16	03/09/16	3,766.00
AMS Corp Legal Allocation'16	02/10/16	3,766.00
TOTAL Allocated Legal Fees		<u><u>45,192.00</u></u>

6806-100-003 Lgl Non Coll

Total Legal Cost	<u><u>52,592.80</u></u>
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Facility Name & ID Number Alden Long Grove Rehab & HCC

0040683

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA:Yes, RN/LPN:No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of IL &23,808
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 45,889 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 484,649
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 34,232 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