

		FOR BHF USE					

LL1

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

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

I. IDPH License ID Number: 004-0683

Facility Name: Alden Long Grove Rehabilitation and Health Care Center, Inc.

Address: Box 2308, RFD Old Hicks Road Long Grove 60047
Number City Zip Code

County: Lake

Telephone Number: (847) 438-8275 Fax # (847) 438-3254

HFS ID Number:

Date of Initial License for Current Owners: 03/01/95

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
X Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 724-6622
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid Preparer

(Signed)
(Print Name and Title)
(Firm Name & Address)
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	3,032	991	6,519	10,542	8
9	SNF/PED					9
10	ICF	53,746	1,777	2,447	57,970	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	56,778	2,768	8,966	68,512	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 75.69%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) None

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

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

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

I. On what date did you start providing long term care at this location? Date started 3/01/1995

J. Was the facility purchased or leased after January 1, 1978? YES x Date 3/01/1995 NO

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 208 and days of care provided 5,777

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL x MODIFIED CASH* CASH*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health C # 004-0683 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	465,733	34,240	10,854	510,827	3,909	514,736	2,492	517,228			1
2	Food Purchase		484,018		484,018	(35,823)	448,195	(4,787)	443,408			2
3	Housekeeping	241,153	48,570		289,723	1,790	291,513	11,307	302,820			3
4	Laundry	87,228	18,242	280	105,750	775	106,525		106,525			4
5	Heat and Other Utilities			191,488	191,488		191,488	3,547	195,035			5
6	Maintenance	42,838		363,070	405,908	490	406,398	30,317	436,715			6
7	Other (specify):* Security/Related party	94,448			94,448		94,448	11,728	106,176			7
8	TOTAL General Services	931,400	585,070	565,692	2,082,162	(28,859)	2,053,303	54,604	2,107,907			8
	B. Health Care and Programs											
9	Medical Director			34,100	34,100		34,100		34,100			9
10	Nursing and Medical Records	3,871,544	335,336	6,011	4,212,891	(62,163)	4,150,728	60,843	4,211,571			10
10a	Therapy	135,413	1,620	11,400	148,433		148,433		148,433			10a
11	Activities	242,728	17,607	11,706	272,041	393	272,434		272,434			11
12	Social Services	38,011			38,011		38,011		38,011			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Related party							8,905	8,905			15
16	TOTAL Health Care and Programs	4,287,696	354,563	63,217	4,705,476	(61,770)	4,643,706	69,748	4,713,454			16
	C. General Administration											
17	Administrative	95,220			95,220		95,220	137,327	232,547			17
18	Directors Fees											18
19	Professional Services			957,242	957,242	(14,055)	943,187	(868,795)	74,392			19
20	Dues, Fees, Subscriptions & Promotions			137,026	137,026		137,026	(122,053)	14,973			20
21	Clerical & General Office Expenses	296,064	22,303	83,796	402,163	943	403,106	306,038	709,144			21
22	Employee Benefits & Payroll Taxes			801,494	801,494	14,516	816,010	(16,528)	799,482			22
23	Inservice Training & Education											23
24	Travel and Seminar			7,306	7,306		7,306	4,115	11,421			24
25	Other Admin. Staff Transportation			3,805	3,805		3,805	23,790	27,595			25
26	Insurance-Prop.Liab.Malpractice			273,823	273,823		273,823	213	274,036			26
27	Other (specify):* Related party			152,593	152,593		152,593	(76,621)	75,972			27
28	TOTAL General Administration	391,284	22,303	2,417,085	2,830,672	1,404	2,832,076	(612,514)	2,219,562			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,610,380	961,936	3,045,994	9,618,310	(89,225)	9,529,085	(488,162)	9,040,923			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.

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			250,678	250,678		250,678	(18,276)	232,402			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			153,077	153,077		153,077	(43,569)	109,508			32
33	Real Estate Taxes			163,753	163,753		163,753	7,832	171,585			33
34	Rent-Facility & Grounds			1,297,778	1,297,778		1,297,778		1,297,778			34
35	Rent-Equipment & Vehicles			14,034	14,034		14,034	54,819	68,853			35
36	Other (specify):*											36
37	TOTAL Ownership			1,879,320	1,879,320		1,879,320	806	1,880,126			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		466,503	710,148	1,176,651	89,225	1,265,876	58,044	1,323,920			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		135		135		135	(135)	0			41
42	Provider Participation Fee			135,780	135,780		135,780		135,780			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		466,638	845,928	1,312,566	89,225	1,401,791	57,909	1,459,700			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,610,380	1,428,574	5,771,242	12,810,196		12,810,196	(429,447)	12,380,749			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(35,823.47)	Employee Meals
	22	35,823.47	Employee Meals
22		(21,307.00)	Uniforms
	1	3,909.00	Uniforms
	3	1,790.00	Uniforms
	4	775.00	Uniforms
	6	490.00	Uniforms
	10	13,007.00	Uniforms
	11	393.00	Uniforms
	21	943.00	Uniforms
10		(89,224.84)	Oxygen - to appropriate cost center
	39	89,224.84	Oxygen - to appropriate cost center
<u>Others, if any:</u>			
19		(14,054.97)	Clinical Coordinators (Pathway Billing)
	10	14,054.97	Clinical Coordinators (Pathway Billing)
Net		0.00	

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(9,155)	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	(3,226)	30		9
10	Interest and Other Investment Income	(405)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,262)	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	(1,267)	21		17
18	Fines and Penalties	(12,409)	32		18
19	Entertainment	(3,759)	20		19
20	Contributions	(27,557)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(5,142)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(152,593)	27		24
25	Fund Raising, Advertising and Promotional	(32,830)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(2,034)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (251,639)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 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)	92,993	Various	34
35	Other- Attach Schedule	(270,801)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (177,808)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (429,447)		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 Yes	2 No	3 Amount	4 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

STATE OF ILLINOIS

Alden Long Grove Rehabilitation and Health Care Center, Inc.

Report Period Beginning:
Ending:

ID# 004-0683
1/1/2011
12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (9,432)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(13,763)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	13,304	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	24,231	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(42)	30	6
7				7
8				8
9	Late Fees on Utilities	(548)	5	9
10	Gift Shop Expenses GL 6944	(135)	41	10
11	Other Nursing Income (flu,w/chair, etc.)	(279)	21	11
12	Intercompany Interest Not Allowed GL 7031	(137,178)	32	12
13				13
14	Miscellaneous Income (General)	(2)	2	14
15	Miscellaneous Income (Medical Records)	(558)	10	15
16	Miscellaneous Income (Jury Duty Receipt)	(34)	21	16
17				17
18	Marketing Manager & Aides Salaries	(115,694)	21	18
19	Back out % of Employee Benefits -.Mktg Manager	(16,528)	22	19
20				20
21	Eliminate MIDCAP Actg Fees - 2011	(3,237)	19	21
22	Eliminate MIDCAP Legal Fees - 2011	(6,429)	19	22
23				23
24	Back Out 30.0%(2011) of PAC Fees from IHCA Bills	(3,392)	20	24
25	Back Out Buffalo Grove Chamber Membership Appl	(535)	20	25
26	Deming Leadership Training adjustment	(550)	24	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	(270,801)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc # 004-0683 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	7,590	(5,098)	0	0	0	0	0	0	0	2,492	1
2	Food Purchase	(1,264)	0	0	(3,523)	0	0	0	0	0	0	0	(4,787)	2
3	Housekeeping	0	0	11,307	0	0	0	0	0	0	0	0	11,307	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(548)	0	4,095	0	0	0	0	0	0	0	0	3,547	5
6	Maintenance	28,380	0	1,431	0	0	0	506	0	0	0	0	30,317	6
7	Other (specify):*	0	0	10,828	900	0	0	0	0	0	0	0	11,728	7
8	TOTAL General Services	26,568	0	35,251	(7,721)	0	0	506	0	0	0	0	54,604	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	(558)	0	58,764	33	2,604	0	0	0	0	0	0	60,843	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	8,905	0	0	0	0	0	0	0	0	8,905	15
16	TOTAL Health Care and Programs	(558)	0	67,669	33	2,604	0	0	0	0	0	0	69,748	16
	C. General Administration													
17	Administrative	0	0	137,327	0	0	0	0	0	0	0	0	137,327	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(14,808)	0	(853,987)	0	0	0	0	0	0	0	0	(868,795)	19
20	Fees, Subscriptions & Promotions	(70,107)	0	(51,946)	0	0	0	0	0	0	0	0	(122,053)	20
21	Clerical & General Office Expenses	(117,274)	0	368,075	21,089	34,148	0	0	0	0	0	0	306,038	21
22	Employee Benefits & Payroll Taxes	(16,528)	0	0	0	0	0	0	0	0	0	0	(16,528)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(550)	0	4,665	0	0	0	0	0	0	0	0	4,115	24
25	Other Admin. Staff Transportation	0	0	23,790	0	0	0	0	0	0	0	0	23,790	25
26	Insurance-Prop.Liab.Malpractice	0	0	213	0	0	0	0	0	0	0	0	213	26
27	Other (specify):*	(152,593)	0	71,501	2,250	2,221	0	0	0	0	0	0	(76,621)	27
28	TOTAL General Administration	(371,860)	0	(300,362)	23,339	36,369	0	0	0	0	0	0	(612,514)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(345,850)	0	(197,442)	15,651	38,973	0	506	0	0	0	0	(488,162)	29

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	
30	Depreciation	(26,463)	0	8,187	0	0	0	0	0	0	0	0	(18,276)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(149,992)	0	105,301	0	1,122	0	0	0	0	0	0	(43,569)	32
33	Real Estate Taxes	0	0	7,347	0	485	0	0	0	0	0	0	7,832	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	54,819	0	0	0	0	0	0	0	0	54,819	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(176,455)	0	175,654	0	1,607	0	0	0	0	0	0	806	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	(39,678)	(63,151)	160,873	0	0	0	0	0	58,044	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(135)	0	0	0	0	0	0	0	0	0	0	(135)	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	(135)	0	0	(39,678)	(63,151)	160,873	0	0	0	0	0	57,909	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(522,440)	0	(21,788)	(24,027)	(22,571)	160,873	506	0	0	0	0	(429,447)	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.		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:	
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)	
1	V			\$			\$	\$	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%	\$ 4,095	\$ 4,095	15
16	V	24	Travel/Seminar		Alden Management Services, Inc.		4,665	4,665	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		23,790	23,790	17
18	V	26	Insurance		Alden Management Services, Inc.		213	213	18
19	V	20	Dues/Subscriptions	54,882	Alden Management Services, Inc.		2,936	(51,946)	19
20	V	30	Depreciation		Alden Management Services, Inc.		8,187	8,187	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		7,347	7,347	21
22	V	35	Rent-Equip/Vehicles		Alden Management Services, Inc.		54,819	54,819	22
23	V	32	Interest		Alden Management Services, Inc.		105,301	105,301	23
24	V	1	Dietary Aide Coordinator Salary		Alden Management Services, Inc.		7,590	7,590	24
25	V	3	Housekeeping Coordinator Salary		Alden Management Services, Inc.		11,307	11,307	25
26	V	7	Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		10,828	10,828	26
27	V	10	Nurs/Med Records Salary		Alden Management Services, Inc.		58,764	58,764	27
28	V	15	Employee Benef % -Health Care		Alden Management Services, Inc.		8,905	8,905	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		137,327	137,327	29
30	V	27	Employee Benef %-Administrative		Alden Management Services, Inc.		71,501	71,501	30
31	V	19	Professional Fees	913,701	Alden Management Services, Inc.		59,714	(853,987)	31
32	V	21	Gen'l & Admin		Alden Management Services, Inc.		368,075	368,075	32
33	V	6	Repairs & Maintenance	68,537	Alden Management Services, Inc.		69,968	1,431	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,037,120			\$ 1,015,332	\$ * (21,788)	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	\$ 10,800	Prism Health Care Services, Inc.	0.00%	\$ 180	\$ (10,620)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		5,522	5,522	16
17	V	2	Tube Feeding	35,846	Prism Health Care Services, Inc.		32,323	(3,523)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		6,694	33	18
19	V	39	Ancillary Supplies	63,813	Prism Health Care Services, Inc.		24,135	(39,678)	19
20	V	21	Gen'l & Admin Salaries		Prism Health Care Services, Inc.		13,489	13,489	20
21	V	27	Employee Benefits		Prism Health Care Services, Inc.		2,250	2,250	21
22	V	7	Employee Benefits		Prism Health Care Services, Inc.		900	900	22
23	V	21	Gen'l & Admin Costs		Prism Health Care Services, Inc.		7,600	7,600	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			\$ 117,119			\$ 93,093	\$ * (24,027)	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	\$ 215,382	Forum Extended Care Services II, Inc.	0.00%	\$ 298,482	\$ 83,100	15
16	V	39	I.V.	161,687	Forum Extended Care Services II, Inc.		19,007	(142,680)	16
17	V	39	Wound Care	17,088	Forum Extended Care Services II, Inc.		13,517	(3,571)	17
18	V	10	House Stock	24,801	Forum Extended Care Services II, Inc.		22,947	(1,854)	18
19	V	10	Pharmacy Consultant	5,952	Forum Extended Care Services II, Inc.		10,410	4,458	19
20	V	27	Employee Vaccinations	2,185	Forum Extended Care Services II, Inc.		1,728	(457)	20
21	V	27	Employ. Benefits: G & A		Forum Extended Care Services II, Inc.		2,678	2,678	21
22	V	21	Salary - G&A		Forum Extended Care Services II, Inc.		21,513	21,513	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		12,635	12,635	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		1,122	1,122	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		485	485	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			\$ 427,095			\$ 404,524	\$ * (22,571)	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 Revenue	\$ 695,229	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 856,102	\$ 160,873	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			\$ 695,229			\$ 856,102	\$ * 160,873	39

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

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 65,063	Alden Bennett Construction Company, Inc.	0.00%	\$ 65,569	\$ 506	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			\$ 65,063			\$ 65,569	\$ * 506	39

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc. # 004-0683 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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								1
2			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	2
3			Alden-Lincoln Park Rehabilitation and Health Ca	Chicago				3
4			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	4
5			Alden-Lakeland Rehabilitation and Health Care (	Chicago	Alden Management Serv	Chicago	Management	5
6			Alden of Old Town East, Inc.	Bloomingtondale				6
7			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	7
8			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	8
9			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	9
10			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	10
11			Alden Village Health Facility for Children and Yo	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	11
12			Alden - Orland Park Rehabilitation and Health C	Orland Park	Community Physical The	Addison	Therapy Provider	12
13			Alden - Princeton Rehabilitation and Health Car	Chicago	Alden Bennett Construct	Chicago	General Contractor	13
14			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	14
15			Alden - Town Manor Rehabilitation and Health C	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	15
16			Alden Trails, Inc.	Bloomingtondale				16
17			Alden - Poplar Creek Rehabilitation and Health (	Hoffman Estates				17
18			Alden - North Shore Rehabilitation and Health C	Skokie				18
19			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				19
20			Alden Estates of Evanston, Inc.	Evanston				20
21			Alden - Alma Nelson Manor, Inc.	Rockford				21
22			Alden - Park Strathmoor, Inc.	Rockford				22
23			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				23
24			Alden Estates of Barrington, Inc.	Barrington				24
25			Alden of Waterford, LLC	Aurora				25
26			Alden Springs, Inc.	Bloomingtondale				26
27			Alden Village North, Inc.	Chicago				27
28			Alden Estates of Skokie, Inc.	Skokie				28
29			Alden Estates of Countryside, Inc.	Jefferson, WI				29
30								30

Facility Name & ID Number Alden Long Grove Rehabilitation and Health # 004-0683 Report Period Beginning: 1/1/2011 Ending: 12/31/2011

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	175,364	2.084	5.21	Salary	\$ 9,636	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,065	2.084	5.21	Salary	3,575	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,462	2.084	5.21	Salary	2,058	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 15,269		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 Rehabilitation and Health Care Center, I # 004-0683 Report Period Beginning: 1/1/2011 Ending: 2/31/2011

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 ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization Alden Management Services, Inc.
Street Address 4200 W. Peterson
City / State / Zip Code Chicago, IL 60646
Phone Number (773-724-6622
Fax Number (773-724-6622

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	1,315,389	34	\$ 78,619	\$	68,512	\$ 4,095	1
2	24	Travel/Seminar	Patient Days	1,315,389	34	89,570		68,512	4,665	2
3	25	Other Admin Travel	Patient Days	1,315,389	34	456,762		68,512	23,790	3
4	26	Insurance	Patient Days	1,315,389	34	4,082		68,512	213	4
5	20	Dues/Subscriptions	Patient Days	1,315,389	34	56,361		68,512	2,936	5
6	30	Depreciation	No. of Providers	34	34	291,758		1	8,187	6
7	33	Real Estate Tax	Patient Days	1,315,389	34	156,401		68,512	7,347	7
8	35	Rent-Equip & Vehicles	Patient Days	1,315,389	34	1,052,493		68,512	54,819	8
9	32	Interest	Patient Days	1,315,389	34	1,368,621		68,512	105,301	9
10	1	Dietary Salary	Patient Days	1,315,389	34	145,718	145,718	68,512	7,590	10
11	3	Housekeeping Salary	Patient Days	1,315,389	34	217,102	217,102	68,512	11,307	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,315,389	34	207,899		68,512	10,828	12
13	10	Nurs/Med Records Salary	Patient Days	1,315,389	34	1,184,449	1,184,449	68,512	58,764	13
14	15	Employee Benef-Health Care	Patient Days	1,315,389	34	170,963		68,512	8,905	14
15	17	Administrative Salary	Patient Days	1,315,389	34	2,886,253	2,886,253	68,512	137,327	15
16	27	Employee Benef-Administrative	Patient Days	1,315,389	34	1,372,783		68,512	71,501	16
17	19	Professional Fees	Patient Days	1,315,389	34	1,146,467	654,108	68,512	59,714	17
18	21	Gen'l & Administrative	Patient Days	1,315,389	34	7,066,809	5,970,419	68,512	368,075	18
19	6	Repairs & Maintenance	Patient Days	1,315,389	34	1,343,350	1,077,524	68,512	69,968	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 19,296,460	\$ 12,135,573		\$ 1,015,332	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	2	3	4	5	6	7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related Long-Term											
1							\$	\$			\$	1
2												2
3	Insurance Interest (GL 7053)		X	Medical Malpractice							3,446	3
4	AFCO Hazrard Ins Interest GL#7053-	X		AFCO Hazrard Ins Interest							44	4
5												5
	Working Capital											
6	Related party-AMS		x	Working Capital							105,301	6
7	Related party-FECII		x	Working Capital							1,122	7
8												8
9	TOTAL Facility Related						\$	\$			\$ 109,913	9
	B. Non-Facility Related*											
10	Interest Income (GL 4975/4646)										(405)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (405)	14
15	TOTALS (line 9+line14)						\$	\$			\$ 109,508	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.

\$

Line #

36

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$155,700	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.)			\$157,353	2
3. Under or (over) accrual (line 2 minus line 1).			\$1,653	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)			\$162,100	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.			\$163,753	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax	\$7,832	
Real Estate Tax Bill for Calendar Year:			\$171,585	
2006	121,558	8	FOR BHF USE ONLY	
2007	139,071	9	13	FROM R. E. TAX STATEMENT FOR 2010 \$ 13
2008	145,516	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
2009	151,211	11	15	LESS REFUND FROM LINE 6 \$ 15
2010	157,353	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
The current year accrual is based on an estimated 3% increase of the prior year tax.				

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden - Long Grove Rehabilitation and Health Care Center, Inc COUNTY Lake

FACILITY IDPH LICENSE NUMBER 004-0683

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 724-6622 FAX #: (773)-283-3997

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2010 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 2010.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u>See attached supplement</u>	<u>Related Party-Alden Management Ser</u>	\$ <u>300,377.00</u>	\$ <u>7,347.00</u>
2. <u>See attached supplement</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>42,023.00</u>	\$ <u>485.00</u>
3. <u>14-3-100-002</u>	<u>Nursing Home Facility</u>	\$ <u>157,352.86</u>	\$ <u>157,352.86</u>
4. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
5. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
6. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
7. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10. <u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS		\$ <u>499,752.86</u>	\$ <u>165,184.86</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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:

89,632

B. General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

2

C. Does the Operating Entity?

☐

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☒

(c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒

(a) Own the Equipment

☒

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.

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

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		SHELVING		1995	5,122	256	20	256		4,289	9
10		ROOF REPAIR		1995	3,000		10			3,000	10
11		STEAMER REPAIR		1995	2,686		10			2,686	11
12		EXIT DOOR-FIRE		1995	4,225		15			4,225	12
13		REPAIR BOILER/HVAC-MAJ.REP.		1995	4,712		5			4,712	13
14		PIPE/VALVE/THERMOSTAT		1996	1,460		20	73	73	1,186	14
15		ELECTRICAL REPAIR/INSTALLATION		1996	2,110		20	106	106	1,680	15
16		SIGN		1996	7,233		5			7,233	16
17		WATER HEATER ON DISHWASHER		1996	7,464		10			7,464	17
18		WALLGUARD		1996	2,096		15	69	69	2,096	18
19		INSTALL BOILER-MAJ.REP.		1996	33,750	1,688	20	1,688		26,016	19
20		REPLACE CONDENSOR WALK IN COOLER		1996	5,514		10			5,514	20
21		INSTALL ALUM. LOGO		1996	1,995		12			1,995	21
22		DESIGN SERVICE		1996	8,100	405	20	405		6,176	22
23		WASHROOM IMPROVEMENTS		1996	2,186		20	109	109	1,675	23
24		PIPING-MAJ.REP.		1996	4,000	244	15	244		4,000	24
25		PIPING-MAJ.REP.		1996	3,500	176	15	176		3,500	25
26		ATASH(replaced heat detector&fire dampers)		1997	959		5			959	26
27		ATASH(installed access panels)		1997	924		5			924	27
28		ATASH(fire alarm repairs)		1997	2,212		5			2,212	28
29		CLIMATE(installation of water heaters)		1997	7,342		5			7,342	29
30		CLIMATE(replced hydro.boiler)		1997	4,568		5			4,568	30
31		Wally's flooring(install new tiles).		1997	2,659		5			2,659	31
32		ATASH(SPRINKLER WORK)INV.#9120&9121		1997	3,072		5			3,072	32
33		ATASH(SPRINKLER WORKS)		1997	2,062		5			2,062	33
34		Climate srvc(two water heater)		1997	15,600		5			15,600	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
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	694	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		7,516	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,243	212	20	212		2,952	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	700	15	700		9,392	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		4,647	57
58	REPLACE BEARING IN WASHER	1998	1,296		20	65	65	869	58
59	PATTEN-REPAIR GENERATOR	1998	655		20	33	33	440	59
60	Equipment International (replace bearings in washer)	1998	1,738		15	116	116	1,526	60
61	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		16,966	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	\$ 5,883		\$ 6,500	\$ 617	\$ 254,560	70

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning:

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Ending:

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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	\$ 5,883		\$ 6,500	\$ 617	\$ 254,560	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803		15	120	120	1,462	3
4	Alden Bennet Cons.install tank	1999	6,281		10			6,281	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		16,528	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	409	10	409		1,129	9
10	Capital Report Adjustment - 2000	2000	514	514		514		514	10
11	Climate services (A/C REPAIR)	2000	2,482		5			2,482	11
12	B&L Locksmith (knob set)	2000	3,750	250	15	250		2,958	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	ABC-time & materials-maj. Leasehold improv-various	2000	1,918	141	15	128	(13)	1,536	14
15	Alden Bennett Construction (major repairs)	2000	2,643		10			2,643	15
16	Alden Bennett Construction (time & material billing per fac)	2000	2,105		10			2,105	16
17	alden design-architectural/designing	2000	2,628	131	20	131		1,500	17
18	alden design-architectural/designing	2000	3,300	165	20	165		1,884	18
19	Patten industries 1137844(major repair for electric starting motor	2000	4,103		10			4,103	19
20	D.B.S. Contracting (repair lawn sprikler system)	2001	2,285		5			2,285	20
21	D.B.S. Contracting (repair lawn sprikler system)	2001	1,635		5			1,635	21
22	Alden bennett construction (drive way improvement)	2001	1,096		15	73	73	803	22
23	T & T irrigation (lawn sprinkler system)	2001	2,064		10	156	156	2,064	23
24	Alden bennett construction	2001	9,690	178	10	178		9,690	24
25	New horizons commu1884(installation hardware phone)	2001	1,986		10	16	16	1,986	25
26	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	282,668	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2002	3,927	288	15	262	(26)	2,357	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	900	10	900		8,100	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	\$ 37,944		\$ 36,866	\$ (1,078)	\$ 655,712	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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	\$ 37,944		\$ 36,866	\$ (1,078)	\$ 655,712	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public sp	2003	22,250	1,159	8	1,159		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	1,077	8	1,077		12,949	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675	474	8	474		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	1,873	10	1,703	(170)	15,325	7
8	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		2,558	8
9	Alden Bennett Constr (roof repairs)	2003	12,754	1,403	10	1,275	(128)	11,476	9
10	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920	1,495	8	1,495		23,920	10
11	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		2,122	11
12	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207	15,200	8	15,200		243,207	12
13	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PI	2003	6,175	710	10	618	(93)	5,562	13
14	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	33,234	2,770	8	2,770		33,234	14
15	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	(33,234)	(2,770)	8	(2,770)		(33,234)	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	20,151	1,889	8	1,889		20,151	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	(20,151)	(1,889)	8	(1,889)		(20,151)	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393	7,366	8	7,366		46,393	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477	23,715	8	23,715		188,477	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		3,590	20
21	Capital Report Adjustment - 2003	2003	677	677		677		677	21
22									22
23	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		1,995	23
24	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	3,504	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		806	26
27	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		4,533	27
28	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		1,658	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		1,722	29
30	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		2,152	30
31	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		1,110	31
32	TNS Inc. (DSL cable)	2004	1,725		5			1,725	32
33	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recl	2004	13,902	2,228	8	1,737	(491)	13,902	33
34	TOTAL (lines 1 thru 33)		\$ 1,718,231	\$ 98,682		\$ 96,699	\$ (1,983)	\$ 1,282,404	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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 12C, Carried Forward		\$ 1,718,231	\$ 98,682		\$ 96,699	\$ (1,983)	\$ 1,282,404	1
2	Forum Prof Ctr: Remodeling	1979	13,418		20			13,418	2
3	Forum Prof Ctr: Build Improv - multiple	1980	26,131		15			26,131	3
4	Forum Prof Ctr: Tennant Improv	1986	824		13			824	4
5	Forum Prof Ctr: AMS remodel	1990	5,604		10			5,604	5
6	Forum Prof Ctr: Roof	1994	2,956		16			2,956	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,042	65	16	65		1,039	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,646	13	10	13		1,605	8
9	Forum Prof Ctr: Remodel/electrical	2001	641	24	7	24		595	9
10	Forum Prof Ctr: bathroom remodel	2002	567	53	5	53		527	10
11	Forum Prof Ctr: remodel suites/etc.	2003	729	74	9	74		657	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,245	104	7	104		1,954	12
13	Forum Prof Ctr: Suite renovation	2005	453	27	10	27		537	13
14	Forum Prof Ctr: Superior installations, etc.	2006	108	3	4	3		108	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	435	68	7	68		294	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	374	54	7	54		208	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	761	73	7	73		162	17
18	Forum Prof Ctr: Building Renovations	2010	1,296	263	7	263		340	18
19	Forum Prof Ctr: Building Renovations	2011	5,684	137	7	137		137	19
20	Alden Mgt Servs: Remodel suites	1993	6,963		7			6,963	20
21	Alden Mgt Servs: Remodel suites	2002	290		7			290	21
22	Alden Mgt Servs: Remodel suites	2003	6,295		7			6,295	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30	Adjust for ABC Related Party Profit	2008	(33)	(0)		(0)		(1)	30
31	Adjust for ABC Related Party Profit	2009	(2,179)	(40)		(40)		(121)	31
32	Adjust for ABC Related Party Profit	2010	(189)	(2)		(2)		(4)	32
33	Adjust for ABC Related Party Profit	2011	38	1		1		1	33
34	TOTAL (lines 1 thru 33)		\$ 1,794,330	\$ 99,598		\$ 97,615	\$ (1,983)	\$ 1,352,923	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,794,330	\$ 99,598		\$ 97,615	\$ (1,983)	\$ 1,352,923	1
2									2
3	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)	(2,757)	8	(2,757)		(21,828)	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	2,301	132	20	115	(17)	690	4
5	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy	2004	878	51	20	44	(7)	264	5
6	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,	2004	15,285	1,758	10	1,529	(229)	9,174	6
7	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755	376	10	376		2,973	7
8	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160	716	10	716		5,668	8
9	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969	97	10	97		767	9
10	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/	2004	5,512	551	10	551		4,410	10
11	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		1,357	11
12	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107	3,013	8	3,013		23,856	12
13	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generato	2004	10,656	426	25	426		3,126	13
14	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		3,992	14
15									15
16	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347	735	10	735		4,776	16
17	Alden Bennett Comstruction(Passage on door)	2005	3,662		5			3,662	17
18	ABC(piping and electrical work)	2005	4,619	462	10	462		2,810	18
19	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler	2005	9,514	381	25	381		2,600	19
20	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		729	20
21	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		525	21
22	CSI Coker(Refridgerator Repairs)	2005	1,511	151	10	151		1,020	22
23	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		603	23
24	CSI Coker(Refridgerator Repairs)	2005	3,971	397	10	397		2,680	24
25	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139		5			4,139	25
26	Cybor Fire Protection(Sprinkler repair)	2005	4,660	466	10	466		3,107	26
27	Cybor Fire Protection(Sprinkler repair)	2005	2,000	200	10	200		1,300	27
28	GT Mechanical(Dining room AC Repairs)	2005	1,922	192	10	192		1,234	28
29	Capps Plumbing (Drainage Major repairs)	2005	1,755	176	10	176		1,097	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,910,072	\$ 108,090		\$ 105,854	\$ (2,237)	\$ 1,417,653	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,910,072	\$ 108,090		\$ 105,854	\$ (2,237)	\$ 1,417,653	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		2,041	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		2,784	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		1,342	4
5	GT Mechanical Repair work on Heaters	2005	1,665		5			1,665	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758		5			1,758	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740	174	10	174		1,059	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		11,362	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		11,105	10
11	Replace Multiple Doors	2006	4,949	495	10	495		2,557	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		2,042	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		1,526	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		3,201	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		3,109	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	189		1,090	16
17	Installed Water Heater	2006	11,078	739	15	739		4,062	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		1,207	18
19	Installed new piping	2006	4,470	179	25	179		1,058	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		590	20
21	Roof - J.D. Sons	2006	16,900	1,690	10	1,690		8,591	21
22									22
23	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		5,286	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		3,749	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		2,458	25
26	Censau replaced broken pipe in attic	2007	3,807	381	10	381		1,872	26
27	Topnot Installed booster heater	2007	4,970	497	10	497		2,402	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		6,330	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		1,609	29
30	ALDBEN Construct	2007	17,231	1,723	10	1,723		8,041	30
31	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		10,185	31
32	Topnot new kitchen freezer door	2007	4,655	466	10	466		2,134	32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)	(1,749)	5	(1,749)		(7,871)	33
34	TOTAL (lines 1 thru 33)		\$ 2,129,266	\$ 126,509		\$ 124,272	\$ (2,237)	\$ 1,516,000	34

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

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc.

004-0683

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

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		\$ 2,129,266	\$ 126,509		\$ 124,272	\$ (2,237)	\$ 1,516,000	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606		2,678	2
3	US Foodservice	2007	4,445	889	5	889		4,074	3
4	Installed Cable wiring	2007	6,639	1,328	5	1,328		5,754	4
5	Resident room carpet	2007	5,390	1,078	5	1,078		4,672	5
6	Central States Automaiton A/C	2007	15,203	1,520	10	1,520		6,461	6
7	New Carpet	2007	5,392	539	10	539		2,247	7
8	Seal and stripe parking Lot	2007	7,229	904	8	904		3,765	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		1,760	9
10	Parking lot sealed	2007	8,308	831	10	831		3,323	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	286	10	286		1,119	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		733	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	574	10	574		1,770	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		2,018	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		2,507	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		1,059	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		4,225	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		1,959	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		948	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	22,543	1,127	20	1,127		2,536	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		404	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		2,152	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	10,629	531	20	531		1,151	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	60,966	3,048	20	3,048		6,351	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	6,058	303	20	303		606	27
28	Central States - New Sprinklers	2009	3,429	686	5	686		1,772	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		993	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		1,026	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505	501	5	501		1,044	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,431,911	\$ 148,869		\$ 146,633	\$ (2,237)	\$ 1,585,106	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		\$ 2,431,911	\$ 148,869		\$ 146,633	\$ (2,237)	\$ 1,585,106	1
2	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	134	25	134		212	2
3	Fire Protection:Heads Sprinkler Dining Room - FOCFIR	2010	7,227	1,445	5	1,445		2,048	3
4	Sprinkler Heads Install - FOCFIR	2010	3,820	764	5	764		1,019	4
5	Pipes Sprinkler Fire Prtoect - FOCFIR	2010	3,162	632	5	632		738	5
6	Asphalt Sealcoating - ALDBEN	2010	15,479	1,935	8	1,935		2,096	6
7									7
8	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	347	20	347		347	8
9	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080	612	5	612		612	9
10	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146	472	5	472		472	10
11	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842	726	5	726		726	11
12	Fire Dry System Repair Pipes - USFIRE	2011	6,636	221	5	221		221	12
13	Paving: Concrete Dumpster Apreon - ALDBEN	2011	4,857	54	15	54		54	13
14	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383	216	8	216		216	14
15	Panel Electrical - BELEC	2011	2,557		5				15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,510,690	\$ 156,428		\$ 154,191	\$ (2,237)	\$ 1,593,866	34

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

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	\$563,233	\$65,821	\$65,821	\$		\$293,465	71
72	Current Year Purchases	88,924	7,018	7,018			7,018	72
73	Fully Depreciated Assets	396,496	5,372	5,372			396,496	73
74								74
75	TOTALS	\$1,048,653	\$78,211	\$78,211	\$		\$696,978	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	Car Engine/Bus/Van	Dodge Van/Various	'98 - '04	\$8,164	\$	\$	\$		\$8,164	76
77										77
78										78
79	Related party - AMS	Various	'98 - '02	4,026					4,026	79
80	TOTALS			\$12,190	\$	\$	\$		\$12,190	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)	\$3,571,533	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$234,639	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$232,402	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(2,237)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,303,035	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	Fire Alarm Upgrade	\$3,572	92
93			93
94			94
95		\$3,572	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: T. L. Enterprises
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☒ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	248	3/1/1995		\$ 1,448,320	15	15	3
4	Additions							4
5								5
6								6
7	TOTAL		34759		\$ 1,448,320			7

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 Potion/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: \$ 16,370 Description: copy mach gl 6861, postage meter gl 6850, & office equip 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	related party- Pg 6A	various	\$ #####	\$ 37,236	17
18					18
19	Auto lease GL 6890	various	58.33	700	19
20					20
21	TOTAL		\$ #####	\$ 37,936	21

10. Effective dates of current rental agreement:
Beginning 3/1/1995
Ending 2/28/2013
11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending	Annual Rent
12. 12/31/2012	\$ 1,448,320
13. 02/28/2013	\$ 241,387
14.	\$

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		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.)

12345678										
	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	\$		\$ 265,366	\$		\$ 265,366	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			71,546			71,546	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			358,317			358,317	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				298,482		298,482	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					160,873	169,336		330,209	13
14	TOTAL			\$		\$ 856,102	\$ 467,818		\$ 1,323,920	14

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

XIV. Special Services (Direct Cost)				Page 16	
				Col 5: PT,OT, & ST	Col 6: Supplies
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$0.00	\$265,365.63
2.	ST	39-3	To Col 5	0.00	71,546.01
3.					
4.	PT	39-3	To Col 5	0.00	358,316.89
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			0.00	215,382.25
	Manual Input from Related Party- Forum Drugs				83,100.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	0.00	298,482.25
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00	0.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		160,873.00
	Other			0.00	266,039.67
	Manual Input: Related Party - Prism				(39,678.00)
	Manual Input: Related Party FECII - I.V.				(142,680.00)
	Manual Input: Related Party FECII - Wound Care				(3,571.00)
	Oxygen, from reclass worksheet (Pg 4A)				89,224.84
13.	Col 6: Supplies Total		To Col 6	0.00	169,335.51
13.	Total Line 13, Column 8			0.00	330,208.51
14.	Total			0.00	1,323,919.59

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care Center, Inc # 004-0683Report Period Beginning: 1/1/2011Ending: 12/31/2011

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

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

		1 Operating	2 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>85,000</u>)	<u>2,228,776</u>		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	<u>9,052</u>		6
7	Other Prepaid Expenses	<u>22,702</u>		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	<u>13,132</u>		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,273,662	\$	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	<u>2,814,230</u>		15
16	Equipment, at Historical Cost	<u>1,074,039</u>		16
17	Accumulated Depreciation (book methods)	<u>(2,456,815)</u>		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	<u>100,889</u>		21
22	Other Long-Term Assets (spe <u>Purchase Option,CIP</u>	<u>747,572</u>		22
23	Other(specify): <u>Due from affiliates</u>			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,279,915	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,553,577	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ <u>1,240,127</u>	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	<u>126,005</u>		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	<u>455,288</u>		30
31	Accrued Taxes Payable (excluding real estate taxes)	<u>84,357</u>		31
32	Accrued Real Estate Taxes(Sch.IX-B)	<u>162,100</u>		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	<u>226,159</u>		36
37	<u>Due to affiliates</u>	<u>1,086,032</u>		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,380,068	\$	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</u>	<u>18,597,987</u>		43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 18,597,987	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 21,978,055	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (17,424,479)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 4,553,577	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (16,626,344)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (16,626,344)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(798,135)	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)	\$ (798,135)	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)	\$ (17,424,479)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehabilitation and Health Care C # 004-0683 Report Period Beginning: 1/1/2011Ending: 12/31/2011

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			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,714,996	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,714,996	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	204,046	6
7	Oxygen	86,199	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 290,245	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	980	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	4,842	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,821	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	405	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 405	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Pg 19A</u>	595	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 595	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,012,061	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,082,162	31
32	Health Care	4,705,476	32
33	General Administration	2,830,672	33
	B. Capital Expense		
34	Ownership	1,879,320	34
	C. Ancillary Expense		
35	Special Cost Centers	1,176,786	35
36	Provider Participation Fee	135,780	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,810,196	40
41	Income before Income Taxes (line 30 minus line 40)**	(798,135)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (798,135)	43

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

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

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

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

Facility Name & ID Number	Alden Long Grove Rehabilitation and Hea	#	001-7319	Report Period Beginning:	1/1/2011	Ending:	12/31/2011
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Details of Page 19, Line 28

Description	Amount
Miscellaneous Income - Miscellaneous	2.00
Miscellaneous Income - Medical records	558.40
Miscellaneous Income - Jury Duty Receipt	34.40
Line 28 Total:	595

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	2,216	2,228	\$ 99,099	\$ 44.48	1
2	Assistant Director of Nursing	3,320	3,320	123,985	37.34	2
3	Registered Nurses	37,572	40,076	1,239,711	30.93	3
4	Licensed Practical Nurses	28,150	29,464	793,845	26.94	4
5	CNAs & Orderlies	107,453	115,481	1,391,550	12.05	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,162	2,543	42,642	16.77	8
9	Activity Director	1,920	1,920	33,655	17.53	9
10	Activity Assistants	5,870	6,159	76,724	12.46	10
11	Social Service Workers	2,080	2,080	38,010	18.27	11
12	Dietician					12
13	Food Service Supervisor	2,128	2,128	58,555	27.52	13
14	Head Cook	2,080	2,080	28,015	13.47	14
15	Cook Helpers/Assistants	33,869	35,623	379,164	10.64	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	42,837	20.59	17
18	Housekeepers	22,189	23,798	241,153	10.13	18
19	Laundry	8,460	8,894	87,228	9.81	19
20	Administrator	2,080	2,080	95,220	45.78	20
21	Assistant Administrator					21
22	Other Administrative	10,377	10,503	306,060	29.14	22
23	Office Manager	2,080	2,080	29,066	13.97	23
24	Clerical	2,735	2,818	24,245	8.60	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	136,998	32.93	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Dir	2,080	2,080	54,516	26.21	32
33	Other(specify) Security,Alz Dir&	20,040	21,013	288,102	13.71	33
34	TOTAL (lines 1 - 33)	305,101	322,608	\$ 5,610,380 *	\$ 17.39	34

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	Monthly	\$ 10,800	1-3	35
36	Medical Director	Monthly	34,100	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	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	Monthly	3,544	11-3	44
45	Social Service Consultant	Monthly	560	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 54,956		49

C. CONTRACT NURSES

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

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

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name	Function	%	Amount	Description	Amount	Description	Amount				
Lesley A Hieras	Administrator	0	\$ 95,220	Workers' Compensation Insurance	\$ 143,199	IDPH License Fee	\$				
		0		Unemployment Compensation Insurance	57,373	Advertising: Employee Recruitment	(75)				
		0		FICA Taxes	414,073	Health Care Worker Background Check					
		0		Employee Health Insurance	151,614	(Indicate # of checks performed 150)	1,500				
		0		Employee Meals	35,823	Patient Background Checks	185.8 1,858				
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fee	838				
		0		Dental & Life Insurance	4,109	IL Health Care Association	7,916				
TOTAL (agree to Schedule V, line 17, col. 1)				Employee Relations/Tuition Reimbursement	2,615						
(List each licensed administrator separately.)			\$ 95,220	Misc Payroll Costs/401K Match	3,050						
B. Administrative - Other				Employee Drug Test/Vaccinations	4,153	Related party - AMS	2,936				
Description			Amount			Less: Public Relations Expense	()				
			\$	Back Out % of Employee Benefits	(16,528)	Non-allowable advertising	()				
						Yellow page advertising	()				
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 799,482	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 14,973				
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees							
(Attach a copy of any management service agreement)				G. Schedule of Travel and Seminar**							
C. Professional Services				Description	Line #	Amount	Description	Amount			
Vendor/Payee	Type		Amount								
Alden Management Services, Inc.	Consulting Fees	\$	877,701			\$	Out-of-State Travel	\$			
MIDCAP (Eliminated)	Accounting Fees		3,237								
BDO Seidman/Ava Daley/AMS Audi	Accounting Fees		3,034								
Virchow Krause/KPMG	Accounting Fees		8,585				In-State Travel				
MIDCAP (Eliminated)	Legal Fees-Non Collections		6,429								
AMS (Eliminated)	Allocated Legal Fees		36,000				HIN/INR/CAMTRA/HEAINF/Richard/BLR	1,281			
Pathway	Clinical Consultant		14,055				Related party - AMS	4,665			
Medifax	Billing Consultant		567				Seminar Expense				
Linda Roberts & Assoc	Food Service Audit		2,493				Leadership/Deming Training	2,200			
Kenneth J Fisch	Legal Fees-Collections		5,142				SONMIX/OCC/ILMENT/NATINV/ALZASS	733			
							ILLHCA/Illinois Council Sem/PESI/HARCC	2,541			
							Entertainment Expense	()			
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL	\$		(agree to Sch. V, line 24, col. 8)				
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 957,242				TOTAL	\$ 11,421			

*** Attach copy of IMRF notifications**

****See instructions.**

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

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	Maj Serv Cleveland Mach	2/02	3,373	10	337	337	337	337	337	28	\$	\$	\$
2	Chemical Filter	11/96	2,229	15	149	149	149	149	149	0			
3	GTMECH-Compressor	5/04	3,120	5	624	624	208	0	0	0			
4	TOPNOT-Cooler Repair	10/05	1,590	5	318	318	318	265	0	0			
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 10,312		\$ 1,428	\$ 1,428	\$ 1,012	\$ 751	\$ 486	\$ 28	\$	\$	\$

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

IHCA=\$7,915.60
- (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?

7.5 yrs
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$

50,409

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.
- (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.

\$

135,780

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$

35,823

Has any meal income been offset against related costs?

No

Indicate the amount.

\$

N/A
- (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 out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report?

N/A

Attach invoices and a summary of services for all architect and appraisal fees.