

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0040683

Facility Name: Alden Long Grove Rehab & Health Care Center

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	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☒	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883
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 01/01/2012 to 12/31/2012 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)		(Date)	
	(Type or Print Name)	Joan Carl		
	(Title)	Vice-President		
Paid Preparer	(Signed)		(Date)	
	(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 Rehab & Health Care Center# 0040683 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	<u>248</u>	Skilled (SNF)	<u>248</u>	<u>90,768</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>248</u>	TOTALS	<u>248</u>	<u>90,768</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>3,775</u>	<u>1,296</u>	<u>6,086</u>	<u>11,157</u>	8
9	SNF/PED					9
10	ICF	<u>53,403</u>	<u>1,990</u>	<u>2,496</u>	<u>57,889</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>57,178</u>	<u>3,286</u>	<u>8,582</u>	<u>69,046</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 76.07%

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?

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

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 3/01/1995

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 03/01/1995NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐If YES, enter number
of beds certified 208 and days of care provided 5,842Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12 Fiscal Year: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
		1	2	3	4	5	6	7	8		
	A. General Services										
1	Dietary	473,233	37,400	10,800	521,433	3,030	524,463	2,471	526,934		1
2	Food Purchase		496,823		496,823	(35,910)	460,913	(10,346)	450,567		2
3	Housekeeping	247,726	52,467		300,193	1,387	301,580	7,783	309,363		3
4	Laundry	107,568	19,694		127,262	601	127,863		127,863		4
5	Heat and Other Utilities			185,848	185,848		185,848	3,992	189,840		5
6	Maintenance	45,248		334,492	379,740	380	380,120	18,465	398,585		6
7	Other (specify):* Security/related party	57,690		393	58,083		58,083	9,682	67,765		7
8	TOTAL General Services	931,465	606,384	531,533	2,069,382	(30,512)	2,038,870	32,047	2,070,917		8
	B. Health Care and Programs										
9	Medical Director			44,850	44,850		44,850		44,850		9
10	Nursing and Medical Records	3,800,739	337,904	9,610	4,148,253	(25,824)	4,122,429	57,286	4,179,715		10
10a	Therapy	160,364	1,069	11,400	172,833		172,833		172,833		10a
11	Activities	256,520	18,049	5,120	279,689	305	279,994		279,994		11
12	Social Services	56,315			56,315		56,315		56,315		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							8,101	8,101		15
16	TOTAL Health Care and Programs	4,273,938	357,022	70,980	4,701,940	(25,519)	4,676,421	65,387	4,741,808		16
	C. General Administration										
17	Administrative	170,025			170,025		170,025	151,251	321,276		17
18	Directors Fees										18
19	Professional Services			924,351	924,351	(27,813)	896,538	(828,685)	67,853		19
20	Dues, Fees, Subscriptions & Promotions			101,253	101,253		101,253	(84,788)	16,465		20
21	Clerical & General Office Expenses	274,019	23,500	135,774	433,293	731	434,024	382,941	816,965		21
22	Employee Benefits & Payroll Taxes			836,860	836,860	19,395	856,255	(107)	856,148		22
23	Inservice Training & Education										23
24	Travel and Seminar			736	736		736	1,218	1,954		24
25	Other Admin. Staff Transportation			6,724	6,724		6,724	22,496	29,220		25
26	Insurance-Prop.Liab.Malpractice			271,143	271,143		271,143	340	271,483		26
27	Other (specify):* related party			120,619	120,619		120,619	(46,145)	74,474		27
28	TOTAL General Administration	444,044	23,500	2,397,460	2,865,004	(7,687)	2,857,317	(401,479)	2,455,838		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,649,447	986,906	2,999,973	9,636,326	(63,718)	9,572,608	(304,045)	9,268,563		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			208,523	208,523		208,523	(22,137)	186,386			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			247,791	247,791		247,791	(56,132)	191,659			32
33	Real Estate Taxes			194,420	194,420		194,420	8,672	203,092			33
34	Rent-Facility & Grounds			1,083,110	1,083,110		1,083,110		1,083,110			34
35	Rent-Equipment & Vehicles			12,097	12,097		12,097	67,998	80,095			35
36	Other (specify):*											36
37	TOTAL Ownership			1,745,941	1,745,941		1,745,941	(1,599)	1,744,342			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		477,755	690,335	1,168,090	63,718	1,231,808	75,462	1,307,270			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			518,847	518,847		518,847		518,847			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		477,755	1,209,182	1,686,937	63,718	1,750,655	75,462	1,826,117			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,649,447	1,464,661	5,955,096	13,069,204		13,069,204	(230,182)	12,839,022			45

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

Alden Long Grove Rehab & Health Care Center
Report Period Beginning: 01/01/2012
Report Period Ending: 12/31/2012

IDPH Facility No. 0040683

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(35,910.29)	Employee Meals
	22	35,910.29	Employee Meals
22		(16,515.00)	Uniforms
	1	3,030.00	Uniforms
	3	1,387.00	Uniforms
	4	601.00	Uniforms
	6	380.00	Uniforms
	10	10,081.00	Uniforms
	11	305.00	Uniforms
	21	731.00	Uniforms
10		(63,718.53)	Oxygen - to appropriate cost center
	39	63,718.53	Oxygen - to appropriate cost center
<u>Others, if any:</u>			
19		(27,813.24)	Clinical Coordinators (Pathway Billing)
	10	27,813.24	Clinical Coordinators (Pathway Billing)

Net

0.00

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(15,546)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,596)	30		9
10	Interest and Other Investment Income	(2,822)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,124)	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	(29,454)	21		17
18	Fines and Penalties	(9,295)	32		18
19	Entertainment	(2,676)	20		19
20	Contributions	(11,876)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,684)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(120,619)	27		24
25	Fund Raising, Advertising and Promotional	(30,243)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising		20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (228,935)		\$	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)	243,813	Various	34
35	Other- Attach Schedule	(245,060)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (1,247)		36
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (230,182)		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 Rehab & Health Care Center

Page 5A

Report Period Beginning: ID# 0040683
Ending: 01/01/2012
12/31/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (11,100)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,792)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,058	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	21,337	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(2,219)	30	6
7	Adj for ABC Related Party Profit - Pg 13	(40)	30	7
8				8
9	Late Fees on Utilities	(431)	5	9
10				10
11	Other Nursing Income (flu,w/chair, etc.)	(112)	21	11
12	Intercompany Interest Not Allowed GL 7031	(230,711)	32	12
13				13
14	Miscellaneous Income (General)	2	2	14
15	Miscellaneous Income (Medical Records)	(2,165)	10	15
16	Miscellaneous Income (Jury Duty Receipt)	(39)	21	16
17				17
18	Marketing Manager & Aides Salaries	720	21	18
19	Back out % of Employee Benefits -.Mktg Manager	(107)	22	19
20				20
21	Eliminate MIDCAP Legal Fees - 2012	(2,064)	19	21
22	Eliminate MIDCAP Actg Fees - 2012	(3,229)	19	22
23				23
24	Back Out 30.0%(2012) of PAC Fees from IHCA Bills	(3,643)	20	24
25	Back Out Buffalo Grove Chamber Membership Appl	(525)	20	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(245,060)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center# 0040683

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	6,961	(4,490)	0	0	0	0	0	0	0	2,471	1
2	Food Purchase	(1,122)	0	0	(9,224)	0	0	0	0	0	0	0	(10,346)	2
3	Housekeeping	0	0	7,783	0	0	0	0	0	0	0	0	7,783	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(431)	0	4,423	0	0	0	0	0	0	0	0	3,992	5
6	Maintenance	11,849	0	3,704	0	0	0	2,912	0	0	0	0	18,465	6
7	Other (specify):*	0	0	8,644	1,038	0	0	0	0	0	0	0	9,682	7
8	TOTAL General Services	10,296	0	31,515	(12,676)	0	0	2,912	0	0	0	0	32,047	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	(2,165)	0	55,518	84	3,849	0	0	0	0	0	0	57,286	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	8,101	0	0	0	0	0	0	0	0	8,101	15
16	TOTAL Health Care and Programs	(2,165)	0	63,619	84	3,849	0	0	0	0	0	0	65,387	16
	C. General Administration													
17	Administrative	0	0	151,251	0	0	0	0	0	0	0	0	151,251	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,977)	0	(819,708)	0	0	0	0	0	0	0	0	(828,685)	19
20	Fees, Subscriptions & Promotions	(48,963)	0	(35,825)	0	0	0	0	0	0	0	0	(84,788)	20
21	Clerical & General Office Expenses	(28,885)	0	352,385	18,714	40,727	0	0	0	0	0	0	382,941	21
22	Employee Benefits & Payroll Taxes	(107)	0	0	0	0	0	0	0	0	0	0	(107)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,218	0	0	0	0	0	0	0	0	1,218	24
25	Other Admin. Staff Transportation	0	0	22,496	0	0	0	0	0	0	0	0	22,496	25
26	Insurance-Prop.Liab.Malpractice	0	0	340	0	0	0	0	0	0	0	0	340	26
27	Other (specify):*	(120,619)	0	69,356	2,132	2,986	0	0	0	0	0	0	(46,145)	27
28	TOTAL General Administration	(207,551)	0	(258,487)	20,846	43,713	0	0	0	0	0	0	(401,479)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(199,420)	0	(163,353)	8,254	47,562	0	2,912	0	0	0	0	(304,045)	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	
(to Sch V, col.7)														
30	Depreciation	(31,747)	0	9,610	0	0	0	0	0	0	0	0	(22,137)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(242,828)	0	186,422	0	274	0	0	0	0	0	0	(56,132)	32
33	Real Estate Taxes	0	0	8,271	0	401	0	0	0	0	0	0	8,672	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	67,998	0	0	0	0	0	0	0	0	67,998	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(274,575)	0	272,301	0	675	0	0	0	0	0	0	(1,599)	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	(38,886)	(83,091)	197,439	0	0	0	0	0	75,462	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(38,886)	(83,091)	197,439	0	0	0	0	0	75,462	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(473,995)	0	108,948	(30,632)	(34,854)	197,439	2,912	0	0	0	0	(230,182)	45

VII. RELATED PARTIES

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

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

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

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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%	\$ 4,423	\$ 4,423	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,218	1,218	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		22,496	22,496	17
18	V	26 Insurance		Alden Management Services, Inc.		340	340	18
19	V	20 Dues/Subscriptions	39,348	Alden Management Services, Inc.		3,523	(35,825)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,271	8,271	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		67,998	67,998	22
23	V	32 Interest		Alden Management Services, Inc.		186,422	186,422	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		6,961	6,961	24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		7,783	7,783	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		8,644	8,644	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		55,518	55,518	27
28	V	15 Employee Benef % -Health Care		Alden Management Services, Inc.		8,101	8,101	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		151,251	151,251	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		69,356	69,356	30
31	V	19 Professional Fees	872,206	Alden Management Services, Inc.		52,498	(819,708)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		352,385	352,385	32
33	V	6 Repairs & Maintenance	71,471	Alden Management Services, Inc.		75,175	3,704	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 983,025			\$ 1,091,973	\$ * 108,948	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 Sevices, Inc.	0.00%	\$ 46	\$ (10,754)	15
16	V	1	Dietary Salary		Prism Health Care Sevices, Inc.		6,264	6,264	16
17	V	2	Tube Feeding	33,025	Prism Health Care Sevices, Inc.		23,801	(9,224)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Ancillary Supplies	75,174	Prism Health Care Sevices, Inc.		36,288	(38,886)	19
20	V	21	Gen'l & Admin Salaries		Prism Health Care Sevices, Inc.		13,010	13,010	20
21	V	27	Employee Benefits		Prism Health Care Sevices, Inc.		2,132	2,132	21
22	V	7	Employee Benefits		Prism Health Care Sevices, Inc.		1,038	1,038	22
23	V	21	Gen'l & Admin Costs		Prism Health Care Sevices, Inc.		5,704	5,704	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			\$ 125,659			\$ 95,027	\$ * (30,632)	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	\$ 219,637	Forum Extended Care Services II, Inc.	0.00%	\$ 280,591	\$ 60,954	15
16	V	39	I.V.	161,888	Forum Extended Care Services II, Inc.		20,107	(141,781)	16
17	V	39	Wound Care	11,008	Forum Extended Care Services II, Inc.		8,744	(2,264)	17
18	V	10	House Stock	28,182	Forum Extended Care Services II, Inc.		26,068	(2,114)	18
19	V	10	Pharmacy Consultant	5,952	Forum Extended Care Services II, Inc.		11,915	5,963	19
20	V	27	Employee Vaccinations	900	Forum Extended Care Services II, Inc.		714	(186)	20
21	V	27	Employ. Benefits: G & A		Forum Extended Care Services II, Inc.		3,172	3,172	21
22	V	21	Salary - G&A		Forum Extended Care Services II, Inc.		23,169	23,169	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		17,558	17,558	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		274	274	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		401	401	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			\$ 427,567			\$ 392,713	\$ * (34,854)	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	\$ 671,975	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 869,414	\$ 197,439	15
16	V	4							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			\$ 671,975			\$ 869,414	\$ * 197,439	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	\$ 47,158	Alden Bennett Construction Company, Inc.	0.00%	\$ 50,070	\$ 2,912	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 47,158			\$ 50,070	\$ * 2,912	39

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care C # 0040683 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	175,431	2.068	5.17	Salary	\$ 9,569	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,089	2.068	5.17	Salary	3,551	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,476	2.068	5.17	Salary	2,044	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	\$ 15,164		13

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

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

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 (773-286-3883
Fax Number (773-286-8038

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,340,098	35	\$ 85,836	\$	69,046	\$ 4,423	1
2	24	Travel/Seminar	Patient Days	1,340,098	35	23,644		69,046	1,218	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530		69,046	22,496	3
4	26	Insurance	Patient Days	1,340,098	35	6,589		69,046	340	4
5	20	Dues/Subscriptions	Patient Days	1,340,098	35	68,371		69,046	3,523	5
6	30	Depreciation	No. of Providers/usage	35	35	340,112		1	9,610	6
7	33	Real Estate Tax	Patient Days/usage	1,340,098	35	184,769		69,046	8,271	7
8	35	Rent-Equip & Vehicles	Patient Days	1,340,098	35	1,319,497		69,046	67,998	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912		69,046	186,422	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	69,046	6,961	10
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	69,046	7,783	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,340,098	35	167,731		69,046	8,644	12
13	10	Nurs/Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	69,046	55,518	13
14	15	Employee Benef-Health Care	Patient Days	1,340,098	35	157,190		69,046	8,101	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	69,046	151,251	15
16	27	Employee Benef-Administrative	Patient Days	1,340,098	35	1,345,837		69,046	69,356	16
17	19	Professional Fees	Patient Days	1,340,098	35	1,018,709	751,716	69,046	52,498	17
18	21	Gen'l & Administrative	Patient Days	1,340,098	35	6,837,958	6,125,097	69,046	352,385	18
19	6	Repairs & Maintenance	Patient Days	1,340,098	35	1,458,765	980,107	69,046	75,175	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 1,091,973	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								7,664	3	
4	AFCO Haz Ins Interest GL#7053-101-		X	AFCO Hazrard Ins Interest								122	4	
5													5	
	Working Capital													
6	Related party-AMS		x									186,422	6	
7	Related party-FECII		x									274	7	
8													8	
9	TOTAL Facility Related						\$	\$				\$ 194,482	9	
	B. Non-Facility Related*													
10	Interest Income (GL 4975/4646)											(2,822)	10	
11													11	
12													12	
13													13	
14	TOTAL Non-Facility Related						\$	\$				\$ (2,822)	14	
15	TOTALS (line 9+line14)						\$	\$				\$ 191,659	15	

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

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2011 report.		\$	162,100	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.)		\$	175,620	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	13,520	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	180,900	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.		\$	194,420	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	8672
		Total Real Estate Tax Expense, Sch V, Line 33		\$	203,092
Real Estate Tax Bill for Calendar Year:		2007	139,071	8	
		2008	145,516	9	
		2009	151,211	10	
		2010	157,353	11	
		2011	175,620	12	
the current year accrual is based on an estimated 3% increase of the prior year tax					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

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

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

2011 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
773-286-3883
FAX #
773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
1. See attached supplement	Related party-Alden Management	\$ 299,128.00	\$ 8,271.00
2. See attached supplement	Related party-FECII	\$ 42,370.00	\$ 401.00
3. 14-3-100-002	Nursing Home Facility	\$ 175,620.00	\$ 175,620.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 517,118.00	\$ 184,292.00

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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		4,545	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	1,259	14
15		ELECTRICAL REPAIR/INSTALLATION		1996	2,110		20	106	106	1,785	15
16		SIGN		1996	7,233		5			7,233	16
17		WATER HEATER ON DISHWASHER		1996	7,464		10			7,464	17
18		WALLGUARD		1996	2,096		15			2,096	18
19		INSTALL BOILER-MAJ.REP.		1996	33,750	1,688	20	1,688		27,704	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		6,581	22
23		WASHROOM IMPROVEMENTS		1996	2,186		20	109	109	1,785	23
24		PIPING-MAJ.REP.		1996	4,000		15			4,000	24
25		PIPING-MAJ.REP.		1996	3,500		15			3,500	25
26		ATASH(replaced heat detector&fire dampers)		1997	959		5			959	26
27		ATASH(installed access panels)		1997	924		5			924	27
28		ATASH(fire alarm repairs)		1997	2,212		5			2,212	28
29		CLIMATE(installation of water heaters)		1997	7,342		5			7,342	29
30		CLIMATE(replced hydro.boiler)		1997	4,568		5			4,568	30
31		Wally's flooring(install new tiles).		1997	2,659		5			2,659	31
32		ATASH(SPRINKLER WORK)INV.#9120&9121		1997	3,072		5			3,072	32
33		ATASH(SPRINKLER WORKS)		1997	2,062		5			2,062	33
34		Climate srvc(two water heater)		1997	15,600		5			15,600	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

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Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Wigdahl(install light fixtures)	1997	\$ 7,207	\$	5	\$	\$	\$ 7,207	37
38	Wigdahl(install light fixtures)	1997	6,204		5			6,204	38
39	Climate(install compressor)	1997	6,750		5			6,750	39
40	Star contractor(door frame)	1997	2,973		5			2,973	40
41	Wally's flooring(install new tiles).	1997	2,659		5			2,659	41
42	Climate svcs(new pipe and air vents)	1997	6,354		5			6,354	42
43	EQUIPMENT INT'L LTD. (labor, parts, assembly)	1997	2,542		5			2,542	43
44	DOOR	1997	3,109		10			3,109	44
45	INSTALL NEW DROP CEILING	1997	2,175		12			2,175	45
46	DESIGN SERVICES	1997	931		20	47	47	741	46
47	NEW DRIVEWAY LIGHTING	1998	8,101	540	15	540		8,056	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,243	212	20	212		3,164	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		10,092	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228	349	15	349		4,996	57
58	REPLACE BEARING IN WASHER	1998	1,296		20	65	65	934	58
59	PATTEN-REPAIR GENERATOR	1998	655		20	33	33	473	59
60	Equipment International (replace bearings in washer)	1998	1,738		15	116	116	1,642	60
61	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		18,280	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	\$ 5,463		\$ 6,011	\$ 548	\$ 260,571	70

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

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Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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 12A, Carried Forward		\$ 286,794	\$ 5,463		\$ 6,011	\$ 548	\$ 260,571	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803		15	120	120	1,582	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		17,896	5
6	AMC Security system	1999	7,273		10			7,273	6
7	AMC carpentry	1999	8,577		10			8,577	7
8	Climate Service (repair HVAC)	1999	9,358		10			9,358	8
9	ABC-construction mainten. Adjustment-various	1999	1,129		10			1,129	9
10	Capital Report Adjustment - 2000	2000	514		10			514	10
11	Climate services (A/C REPAIR)	2000	2,482		5			2,482	11
12	B&L Locksmith (knob set)	2000	3,750	250	15	250		3,208	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)	1,664	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		1,631	17
18	alden design-architectural/designing	2000	3,300	165	20	165		2,049	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	876	22
23	T & T irrigation (lawn sprinkler system)	2001	2,064		10			2,064	23
24	Alden bennett construction	2001	9,690		10			9,690	24
25	New horizons commu1884(installation hardware phone)	2001	1,986		10			1,986	25
26	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	308,366	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2002	3,927	288	15	262	(26)	2,619	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		9,000	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324		5			4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417		5			5,417	33
34	TOTAL (lines 1 thru 33)		\$ 1,072,200	\$ 36,424		\$ 35,105	\$ (1,319)	\$ 690,817	34

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

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Report Period Beginning:

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

1	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 12B, Carried Forward		\$ 1,072,200	\$ 36,424		\$ 35,105	\$ (1,319)	\$ 690,817	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public sp	2003	22,250		8			22,250	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289		5			4,289	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments)	2003	12,949		8			12,949	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675		8			5,675	5
6	Controlled Irrigation (repair sprinkler system)	2003	2,137		5			2,137	6
7	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025	1,700	10	1,700		17,025	7
8	A & B Custom Cable (cable installation)	2003	3,100	310	10	310		2,868	8
9	Alden Bennett Constr (roof repairs)	2003	12,754	1,278	10	1,278		12,754	9
10	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920		8			23,920	10
11	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495	250	10	250		2,372	11
12	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207		8			243,207	12
13	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PU	2003	6,175	614	10	614		6,175	13
14	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	33,234		8			33,234	14
15	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	(33,234)		8			(33,234)	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2003	20,151		8			20,151	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPAC	2003	(20,151)		8			(20,151)	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393		8			46,393	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477		8			188,477	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065	407	10	407		3,997	20
21	Capital Report Adjustment - 2003	2003	677					677	21
22									22
23	Graphic Systems (remodelled second floor Signage)	2004	2,519	252	10	252		2,247	23
24	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569	462	15	438	(24)	3,942	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		917	26
27	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325	633	10	633		5,166	27
28	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		1,892	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431	243	10	243		1,965	29
30	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		2,456	30
31	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566	157	10	157		1,267	31
32	TNS Inc. (DSL cable)	2004	1,725		5			1,725	32
33	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recla	2004	13,902		8			13,902	33
34	TOTAL (lines 1 thru 33)		\$ 1,718,231	\$ 43,376		\$ 42,034	\$ (1,343)	\$ 1,324,438	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

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Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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	\$ 43,376		\$ 42,034	\$ (1,343)	\$ 1,324,438	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26									26
27									27
28									28
29	Adjust for ABC Related Party Profit	2008	(33)	(0)		(0)		(1)	29
30	Adjust for ABC Related Party Profit	2009	(2,179)	(40)		(40)		(162)	30
31	Adjust for ABC Related Party Profit	2010	(189)	(2)		(2)		(6)	31
32	Adjust for ABC Related Party Profit	2011	38	1		1		1	32
33	Adjust for ABC Related Party Profit	2012	2,219	2		2		2	33
34	TOTAL (lines 1 thru 33)		\$ 1,804,377	\$ 44,837		\$ 43,495	\$ (1,343)	\$ 1,402,937	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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 12D, Carried Forward		\$ 1,804,377	\$ 44,837		\$ 43,495	\$ (1,343)	\$ 1,402,937	1
2									2
3	<u>ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL</u>	2004	(22,058)	(230)	8	(230)		(22,058)	3
4	<u>ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy</u>	2004	2,301	132	20	115	(17)	805	4
5	<u>ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new sy</u>	2004	878	51	20	44	(7)	308	5
6	<u>ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,</u>	2004	15,285	1,758	10	1,529	(229)	10,703	6
7	<u>NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH</u>	2004	3,755	376	10	376		3,348	7
8	<u>NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH</u>	2004	7,160	716	10	716		6,384	8
9	<u>NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH</u>	2004	969	97	10	97		864	9
10	<u>BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/I</u>	2004	5,512	551	10	551		4,961	10
11	<u>ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig</u>	2004	3,541	177	20	177		1,534	11
12	<u>C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)</u>	2004	24,107	251	8	251		24,107	12
13	<u>ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generato</u>	2004	10,656	426	25	426		3,552	13
14	<u>ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler</u>	2004	13,017	521	25	521		4,513	14
15									15
16	<u>NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH</u>	2005	7,347	735	10	735		5,511	16
17	<u>Alden Bennett Construction(Passage on door)</u>	2005	3,662		5			3,662	17
18	<u>ABC(piping and electrical work)</u>	2005	4,619	462	10	462		3,272	18
19	<u>Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler I</u>	2005	9,514	381	25	381		2,981	19
20	<u>GT Mechanical (2 Heater Unit repairs)</u>	2005	1,813	107	17	107		836	20
21	<u>Capps Plumbing (Triple Sink Grease Trap)</u>	2005	1,920	77	25	77		602	21
22	<u>CSI Coker(Refridgerator Repairs)</u>	2005	1,511	151	10	151		1,171	22
23	<u>GT Mechanical (Bathroom Exhaust Fan repairs)</u>	2005	1,787	89	20	89		692	23
24	<u>CSI Coker(Refridgerator Repairs)</u>	2005	3,971	397	10	397		3,077	24
25	<u>Alden Bennett Construct(New sidewalk, new plumbing)</u>	2005	4,139		5			4,139	25
26	<u>Cybor Fire Protection(Sprinkler repair)</u>	2005	4,660	466	10	466		3,573	26
27	<u>Cybor Fire Protection(Sprinkler repair)</u>	2005	2,000	200	10	200		1,500	27
28	<u>GT Mechanical(Dining room AC Repairs)</u>	2005	1,922	192	10	192		1,426	28
29	<u>Capps Plumbing (Drainage Major repairs)</u>	2005	1,755	176	10	176		1,273	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,920,119	\$ 53,095		\$ 51,499	\$ (1,596)	\$ 1,475,671	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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		\$ 1,920,119	\$ 53,095		\$ 51,499	\$ (1,596)	\$ 1,475,671	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265	327	10	327		2,367	2
3	PattenCat(ATS Terminal Connect)	2005	4,454	445	10	445		3,230	3
4	TopNotch(Dishwasher major repairs)	2005	2,177	218	10	218		1,560	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		1,233	7
8									8
9	New Roof	2006	20,350	2,035	10	2,035		13,397	9
10	Replace Multiple Doors	2006	20,822	2,082	10	2,082		13,187	10
11	Replace Multiple Doors	2006	4,949	495	10	495		3,052	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552	355	10	355		2,397	12
13	Installed new door required by Life safety code	2006	2,653	265	10	265		1,792	13
14	ABC-Replaced broken A/C pump	2006	5,821	582	10	582		3,784	14
15	ABC-Bathroom repairs	2006	6,217	622	10	622		3,731	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	189		1,280	16
17	Installed Water Heater	2006	11,078	739	15	739		4,801	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		1,444	18
19	Installed new piping	2006	4,470	179	25	179		1,237	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		693	20
21	Roof - J.D. Sons	2006	16,900	1,690	10	1,690		10,281	21
22									22
23	ABC Wiring for Cable TV	2007	12,438	1,244	10	1,244		6,530	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		4,499	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		2,958	25
26	Censau replaced broken pipe in attic	2007	3,807	381	10	381		2,253	26
27	Topnot Installed booster heater	2007	4,970	497	10	497		2,899	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		7,640	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387	339	10	339		1,948	29
30	ALDBEN Construct	2007	17,231	1,723	10	1,723		9,764	30
31	ALDBEN heating/vent work	2007	22,222	2,222	10	2,222		12,407	31
32	Topnot new kitchen freezer door	2007	4,655	466	10	466		2,600	32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)	(874)	5	(874)		(8,745)	33
34	TOTAL (lines 1 thru 33)		\$ 2,139,313	\$ 72,388		\$ 70,792	\$ (1,596)	\$ 1,593,311	34

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

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,139,313	\$ 72,388		\$ 70,792	\$ (1,596)	\$ 1,593,311	1
2	ALDBEN install sprinkler drip	2007	6,063	606	10	606		3,284	2
3	US Foodservice	2007	4,445	371	5	371		4,445	3
4	Installed Cable wiring	2007	6,639	885	5	885		6,639	4
5	Resident room carpet	2007	5,390	718	5	718		5,390	5
6	Central States Automaiton A/C	2007	15,203	1,520	10	1,520		7,981	6
7	New Carpet	2007	5,392	539	10	539		2,786	7
8	Seal and stripe parking Lot	2007	7,229	904	8	904		4,668	8
9	Replaced 4in of sprinkler pipe	2007	4,399	440	10	440		2,200	9
10	Parking lot sealed	2007	8,308	831	10	831		4,154	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857	286	10	286		1,405	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		942	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741	574	10	574		2,344	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		2,710	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		3,418	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		1,456	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		5,915	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		2,798	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		1,370	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	22,543	1,127	20	1,127		3,663	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		583	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		3,146	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	10,629	531	20	531		1,683	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	60,966	3,048	20	3,048		9,399	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewal	2009	6,058	303	20	303		909	27
28	Central States - New Sprinklers	2009	3,429	686	5	686		2,457	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		1,404	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		1,451	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505	501	5	501		1,545	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,441,958	\$ 93,428		\$ 91,832	\$ (1,596)	\$ 1,683,456	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		\$ 2,441,958	\$ 93,428		\$ 91,832	\$ (1,596)	\$ 1,683,456	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	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	462	20	462		809	7
8	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080	816	5	816		1,428	8
9	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146	629	5	629		1,101	9
10	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842	968	5	968		1,695	10
11	Fire Dry System Repair Pipes - USFIRE	2011	6,636	1,327	5	1,327		1,548	11
12	Paving: Concrete Dumpster Apreon - ALDBEN	2011	4,857	324	15	324		378	12
13	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383	1,298	8	1,298		1,514	13
14	Panel Electrical - BELEC	2011	2,557	511	5	511		511	14
15	Fire Protection, Elevator Shaft - USFIRE	2012	6,042	453	10	453		453	15
16	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120	94	25	94		94	16
17	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362	384	20	384		384	17
18	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937	33	15	33		33	18
19	Carpentry - Header Boards - ALDBEN	2012	4,891		15				19
20	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699		15				20
21	Sign - Monument - ALDBEN	2012	17,839		15				21
22	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624	422	10	422		422	22
23	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543	566	10	566		566	23
24	Reupholster Chairs, Bedspreads - ALDDDES	2012	8,772	877	5	877		877	24
25	Windows - ALDBEN	2012	2,571		10				25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,603,137	\$ 107,502		\$ 105,906	\$ (1,596)	\$ 1,701,381	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	\$599,192	\$67,160	\$67,160	\$	various	\$304,919	71
72	Current Year Purchases	145,861	12,033	12,033		various	12,033	72
73	Fully Depreciated Assets	444,457	1,287	1,287		various	444,456	73
74								74
75	TOTALS	\$1,189,510	\$80,480	\$80,480	\$		\$761,408	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	\$	\$	\$		\$8,165	76
77										77
78	Related party - AMS	Various	'98 - '02	3,911				3	3,911	78
79										79
80	TOTALS			\$12,075	\$	\$	\$		\$12,076	80

E. Summary of Care-Related Assets

	1	2	
	Reference	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)	\$3,804,72281
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$187,98282
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$186,38683**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(1,596)84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,474,86585

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	3/1/1995	248		\$ 1,399,160	4	10	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,399,160			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 Portion/Deposits *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$ 16,722 Description: copy mach gl 6861, postage meter gl 6850, & office equip gl 6859
(Attach a schedule detailing the breakdown of movable equipment)
- ☐ YES☒ NO

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	\$ #####	\$ 34,104	17
18					18
19					19
20					20
21	TOTAL		\$ #####	\$ 34,104	21

10. Effective dates of current rental agreement:

Beginning 3/1/2013

Ending 2/28/2017

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

	Fiscal Year Ending	Annual Rent
12.	12/31/13	\$ #####
13.	12/31/14	\$ #####
14.	12/31/15	\$ #####

* 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.)

	1	2	3	4	5	6	7	8		
	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	\$		\$ 248,458	\$		\$ 248,458	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			67,692			67,692	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			355,825			355,825	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				280,591		280,591	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3								12
13	Other (specify): <u>See Pg 16A</u>					197,439	157,265		354,704	13
14	TOTAL			\$		\$ 869,414	\$ 437,856		\$ 1,307,270	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1:	Ref. No.	To Pg 16: Col. No.		
1.	OT		39-3	To Col 5	\$0.00	\$248,458.08
2.	ST		39-3	To Col 5	0.00	67,692.33
3.						
4.	PT		39-3	To Col 5	0.00	355,824.80
5.						
6.						
7.						
8.						
	Pharmacy Supplies per GL				0.00	219,636.88
	Manual Input from Related Party- Forum Drugs					60,954.00
9.	Total to line 9 Pharmacy		See Pg 16A	To Col 6	0.00	280,590.88
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		197,439.00
Other		0.00	276,478.13
Manual Input: Related Party - Prism			(38,887.00)
Manual Input: Related Party Forum - I.V.			(141,781.00)
Manual Input: Related Party FECII - Wound Care			(2,264.00)
Oxygen, from reclass worksheet (Pg 4A)			63,718.53

13. Col 6: Supplies Total	To Col 6	0.00	157,264.66

13. Total Line 13, Column 8		0.00	354,703.66

14. Total		0.00	1,307,270.05
			=====

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 160,000)	2,643,657		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,770		6
7	Other Prepaid Expenses	29,146		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	134,898		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,817,471	\$	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	2,900,702		15
16	Equipment, at Historical Cost	1,213,152		16
17	Accumulated Depreciation (book methods)	(2,643,546)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	77,165		21
22	Other Long-Term Assets (specify):	744,000		22
23	Other(specify): Due from affiliates			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,291,474	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,108,945	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,024,846	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	180,792		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	509,604		30
31	Accrued Taxes Payable (excluding real estate taxes)	79,885		31
32	Accrued Real Estate Taxes(Sch.IX-B)	180,900		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp,Due HFS,SalesTax,Etc.	250,067		36
37	Due to affiliates	1,114,566		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,340,660	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	45,788		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to affiliates	19,958,782		43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 20,004,570	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 23,345,231	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ (18,236,286)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 5,108,945	\$	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (17,424,479)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	167,412	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (17,257,067)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(979,219)	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)	\$ (979,219)	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)	\$ (18,236,286)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab & Health Care Center # 0040683 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 11,824,829	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 11,824,829	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	168,063	6
7	Oxygen	61,816	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 229,879	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	1,052	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	7,409	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,461	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,822	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,822	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	23,994	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 23,994	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,089,985	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,069,382	31
32	Health Care	4,701,940	32
33	General Administration	2,865,004	33
	B. Capital Expense		
34	Ownership	1,745,941	34
	C. Ancillary Expense		
35	Special Cost Centers	1,168,090	35
36	Provider Participation Fee	518,847	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,069,204	40
41	Income before Income Taxes (line 30 minus line 40)**	(979,219)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (979,219)	43

	1		2
	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 7,861,560	44
45	Private Pay - Net Inpatient Revenue	580,250	45
46	Medicare - Net Inpatient Revenue	2,906,912	46
47	Other-(specify) Hospice/Charity/Sales Allowance	179,870	47
48	Other-(specify) Insurance/Veterans	296,237	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 11,824,829	49

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

** Does this agree with taxable income (loss) per Federal Income

Tax Return? not yet 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 Rehab & Health Care Center **#** 0040683 **Report Period Beginning** 01/01/2012 **Ending:** 12/31/2012

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous Income - Miscellaneous	(2.39)
Miscellaneous Income - Medical records	2,165.01
Miscellaneous Income - Jury Duty Receipt	39.20
Gain on Disposal of Assets	21,792
Line 28 Total:	<u><u>23,994</u></u>

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,080	\$ 90,494	\$ 43.51	1
2	Assistant Director of Nursing	3,080	3,085	111,722	36.21	2
3	Registered Nurses	40,635	43,152	1,305,825	30.26	3
4	Licensed Practical Nurses	22,520	23,872	627,380	26.28	4
5	CNAs & Orderlies	106,275	114,700	1,415,328	12.34	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,654	5,156	82,286	15.96	8
9	Activity Director	4,080	4,080	123,945	30.38	9
10	Activity Assistants	5,765	6,150	67,565	10.99	10
11	Social Service Workers	2,000	2,191	56,316	25.70	11
12	Dietician					12
13	Food Service Supervisor	2,120	2,120	59,404	28.02	13
14	Head Cook	5,384	5,384	80,102	14.88	14
15	Cook Helpers/Assistants	29,481	31,290	333,726	10.67	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	45,248	21.75	17
18	Housekeepers	21,919	23,634	247,726	10.48	18
19	Laundry	10,362	11,098	107,568	9.69	19
20	Administrator	2,080	2,080	107,168	51.52	20
21	Assistant Administrator	1,920	1,920	62,857	32.74	21
22	Other Administrative	7,296	7,384	195,980	26.54	22
23	Office Manager	2,080	2,080	30,571	14.70	23
24	Clerical	2,860	2,938	26,328	8.96	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,128	4,128	148,724	36.03	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Clinical Dir	2,080	2,080	55,303	26.59	32
33	Other(specify) Security,ALZ Dir	18,125	19,447	267,881	13.77	33
34	TOTAL (lines 1 - 33)	303,004	322,129	\$ 5,649,447 *	\$ 17.54	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	44,850	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	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)		\$ 62,706		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.

STATE OF ILLINOIS

Facility Name & ID Number

Alden Long Grove Rehab & Health Care Center

0040683

Report Period Beginning: 01/01/2012

Page 21

Ending: 12/31/2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Lesley A Hieras	Administrator	0	\$ 108,816
Catalin Dragomir	Assistant Administrator	0	61,209
		0	
		0	
		0	
		0	
		0	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 170,025

B. Administrative - Other

Description	Amount
	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management Services, Inc.	Consulting Fees	\$ 834,394
MIDCAP (Eliminated)	Accounting Fees	3,229
BDO Seidman/Ava Daley/AMS Audi	Accounting Fees	1,574
Virchow Krause/KPMG	Accounting Fees	3,449
MIDCAP (Eliminated)	Legal Fees-Non Collections	2,064
Barry H. Greenburg/Edgerton & Ed	Legal Fees-Non Collections	1,075
Recorder/Clerk	Legal Fees-Non Collections	352
AMS (Eliminated)	Allocated Legal Fees	37,812
CICENT First Adv Corp/Linda Rob	Tax Consultants/Food Service A	1,412
Risk Management/Renzi & Assoc	Consulting/Appraisal Services F	7,493
Pathway	Clinical Consultant	27,813
Kenneth J Fisch	Legal Fees-Collections	3,685
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)		\$ 924,351

D. Employee Benefits and Payroll Taxes

Description	Amount	
Workers' Compensation Insurance	\$ 174,771	
Unemployment Compensation Insurance	55,636	
FICA Taxes	415,531	
Employee Health Insurance	149,487	
Employee Meals	35,910	
Illinois Municipal Retirement Fund (IMRF)*		
Dental & Life Insurance	3,908	
Employee Relations/Tuition Reimbursement	15,614	
Misc Payroll Costs/401K Match	3,074	
Employee Drug Test/Vaccinations	2,324	
Back Out % of Employee Benefits	(107)	
TOTAL (agree to Schedule V, line 22, col.8)		\$ 856,148

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		\$
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount	
IDPH License Fee	\$	
Advertising: Employee Recruitment	27	
Health Care Worker Background Check (Indicate # of checks performed 125)	1,250	
Patient Background Checks 152	1,796	
Surety Bond Fee	938	
IL Health Care Association	8,501	
Collaborative Healthcare	405	
Secretary of State	25	
Related party - AMS	3,523	
Less: Public Relations Expense	()	
Non-allowable advertising	()	
Yellow page advertising	()	
TOTAL (agree to Sch. V, line 20, col. 8)		\$ 16,465

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	
Related party - AMS	1,218
Seminar Expense	
ILLHCA Sponsorship	526
Illinois Council Seminar	210
Entertainment Expense	()
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 1,954

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

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													
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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 = \$8,500.80**

(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.

\$ **51,210** 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.

\$ **518,847**

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.

\$ **35,910**

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.