

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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 HCC Address: Bx 2308 RFD OldHicks Long Grove 60047 County: Lake Telephone Number: (847) 438-8275 Fax # (847) 438-3254 HFS ID Number: Date of Initial License for Current Owners: 03/01/95 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code x PROPRIETARY Individual Partnership x Corporation "Sub-S" Corp. Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Mark Novotny Telephone Number: 773-724-6362 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 01/01/2020 to 12/31/2020 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) Derek Smart (Title) CFO, Alden Management Services, Inc., as agent Paid Preparer (Signed) (Print Name and Title) (Firm Name & Address) (Telephone) 773-286-3883 Fax # 773-286-8038 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
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Facility Name & ID Number Alden Long Grove Rehab HCC

0040683 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

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

1	2	3	4		
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period		
1	248	248	90,768	1	
2	Skilled (SNF)		0	2	
3	Skilled Pediatric (SNF/PED)		0	3	
4	Intermediate (ICF)		0	4	
5	Intermediate/DD		0	5	
6	Sheltered Care (SC)		0	6	
7	ICF/DD 16 or Less		0	6	
7	248	TOTALS	248	90,768	7

B. Census-For the entire report period.

	1 Level of Care	2	3	4	5	
		Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	587	470	2,733	3,790	8
9	SNF/PED					9
10	ICF	48,110	1,552	3,203	52,865	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,697	2,022	5,936	56,655	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 62.42%

D. How many bed reserve days during this year were paid by the Department? 0 (Do not include bed reserve days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

N/A

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

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

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

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

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

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 208 and days of care provided 2,733

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

MODIFIED ACCRUAL x CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020 * All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Long Grove Rehab HCC # 0040683 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	421,928	39,684	20,594	482,207	2,414	484,621	(5,053)	479,568			1
2	Food Purchase		408,801		408,801	(36,779)	372,022	9,332	381,354			2
3	Housekeeping	304,811	63,062		367,873	1,105	368,978	19,762	388,740			3
4	Laundry	117,555	23,107		140,662	479	141,141		141,141			4
5	Heat and Other Utilities			198,311	198,311		198,311	2,270	200,581			5
6	Maintenance	59,774		306,683	366,457	303	366,760	67,070	433,830			6
7	Other (specify):* related party							9,151	9,151			7
8	TOTAL General Services	904,068	534,654	525,588	1,964,311	(32,478)	1,931,833	102,532	2,034,365			8
	B. Health Care and Programs											
9	Medical Director			8,000	8,000		8,000		8,000			9
10	Nursing and Medical Records	4,222,077	296,776	88,329	4,607,182	1,130	4,608,312	60,615	4,668,927			10
10a	Therapy	253,835	1,189	98,243	353,267		353,267		353,267			10a
11	Activities	163,560	2,283	4,436	170,279	243	170,522		170,522			11
12	Social Services	35,099			35,099		35,099		35,099			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* Res Att/rel party	13,643			13,643		13,643	7,886	21,529			15
16	TOTAL Health Care and Programs	4,688,214	300,248	199,008	5,187,470	1,373	5,188,843	68,501	5,257,344			16
	C. General Administration											
17	Administrative	117,860			117,860		117,860	340,552	458,412			17
18	Directors Fees											18
19	Professional Services			1,001,841	1,001,841		1,001,841	(897,753)	104,088			19
20	Dues, Fees, Subscriptions & Promotions			147,025	147,025		147,025	(104,160)	42,865			20
21	Clerical & General Office Expenses	126,488	18,628	207,691	352,807	(4,038)	348,769	331,184	679,953			21
22	Employee Benefits & Payroll Taxes			979,019	979,019	23,621	1,002,640	(3,007)	999,633			22
23	Inservice Training & Education											23
24	Travel and Seminar			23	23		23	1,207	1,230			24
25	Other Admin. Staff Transportation			2,808	2,808		2,808	10,792	13,600			25
26	Insurance-Prop.Liab.Malpractice			696,702	696,702		696,702	395	697,097			26
27	Other (specify):* related party			317,976	317,976		317,976	(248,423)	69,553			27
28	TOTAL General Administration	244,348	18,628	3,353,085	3,616,061	19,583	3,635,644	(569,213)	3,066,431			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,836,630	853,530	4,077,681	10,767,842	(11,522)	10,756,320	(398,180)	10,358,140			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			253,612	253,612		253,612	(28,496)	225,116			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			101,209	101,209		101,209	(26,939)	74,270			32
33	Real Estate Taxes			200,448	200,448		200,448	8,139	208,587			33
34	Rent-Facility & Grounds			1,046,240	1,046,240		1,046,240		1,046,240			34
35	Rent-Equipment & Vehicles			10,629	10,629		10,629	43,286	53,915			35
36	Other (specify):*											36
37	TOTAL Ownership			1,612,138	1,612,138		1,612,138	(4,010)	1,608,128			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		459,992	814,607	1,274,599	11,522	1,286,121	(320,287)	965,834			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			477,598	477,598		477,598		477,598			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		459,992	1,292,205	1,752,197	11,522	1,763,719	(320,287)	1,443,432			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,836,630	1,313,522	6,982,024	14,132,177		14,132,177	(722,477)	13,409,700			45

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

Alden Long Grove Rehab HCC
Period Beginning: 1/1/2020
Period Ending: 12/31/2020

IDPH License No. 0040683

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(36,779.00)	Employee Meals
	22	36,779.00	Employee Meals
22		(13,158.00)	Uniform Reclass
	1	2,414.00	Uniform Reclass
	3	1,105.00	Uniform Reclass
	4	479.00	Uniform Reclass
	6	303.00	Uniform Reclass
	10	8,032.00	Uniform Reclass
	11	243.00	Uniform Reclass
	21	582.00	Uniform Reclass
10		(11,522.00)	Oxygen Cost Reclass
	39	11,522.00	Oxygen Cost Reclass
21		(4,620.00)	Team TSI Reclass
	10	4,620.00	Team TSI Reclass
		-	

Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(13,806)	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	(2,021)	30		9
10	Interest and Other Investment Income	(14,477)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,273)	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	(27,224)	21		17
18	Fines and Penalties	(22,027)	32		18
19	Entertainment				19
20	Contributions	(9,488)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(26,318)	27		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(317,976)	27		24
25	Fund Raising, Advertising and Promotional	(96,104)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (530,714)		\$	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)	(123,573)		34
35	Other- Attach Schedule	(68,190)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (191,763)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (722,477)		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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (26,039)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(9,905)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	42,695	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	7,921	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -			6
7	Adj for ABC Related Party Profit - Pg 13			7
8				8
9				9
10	Late Fees on utilities	(1,806)	5	10
11	Other nursing income			11
12	Intercompany interest is not allowed (gl 7031)	(78,512)	32	12
13	Intercompany interest is not allowed (gl 7053)			13
14	A/P Adjustments (vendor discounts)	(92)	10	14
15	Miscellaneous Income - Medical Records	(783)	10	15
16	Miscellaneous Income - Incentives from United Health Care			16
17	Collection Fees (gl6965)	(20)	21	17
18	Dues, Fees & Subscriptions			18
19	AMS Depreciation Adj			19
20	Depreciation Adj	(1,649)	30	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(68,190)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	0	(5,053)	0	0	0	0	0	0	0	(5,053)	1
2	Food Purchase	(1,273)	0	0	10,605	0	0	0	0	0	0	0	9,332	2
3	Housekeeping	0	0	19,762	0	0	0	0	0	0	0	0	19,762	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,806)	0	4,076	0	0	0	0	0	0	0	0	2,270	5
6	Maintenance	36,810	0	27,172	0	0	0	112	2,976	0	0	0	67,070	6
7	Other (specify):*	0	0	9,151	0	0	0	0	0	0	0	0	9,151	7
8	TOTAL General Services	33,731	0	60,161	5,552	0	0	112	2,976	0	0	0	102,532	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	(875)	0	53,625	9,356	(1,491)	0	0	0	0	0	0	60,615	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	7,886	0	0	0	0	0	0	0	0	7,886	15
16	TOTAL Health Care and Programs	(875)	0	61,511	9,356	(1,491)	0	0	0	0	0	0	68,501	16
	C. General Administration													
17	Administrative	0	0	340,552	0	0	0	0	0	0	0	0	340,552	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	(897,753)	0	0	0	0	0	0	0	0	(897,753)	19
20	Fees, Subscriptions & Promotions	(105,592)	0	1,432	0	0	0	0	0	0	0	0	(104,160)	20
21	Clerical & General Office Expenses	(27,244)	0	358,428	0	0	0	0	0	0	0	0	331,184	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,007)	0	0	0	0	0	0	(3,007)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,207	0	0	0	0	0	0	0	0	1,207	24
25	Other Admin. Staff Transportation	0	0	10,792	0	0	0	0	0	0	0	0	10,792	25
26	Insurance-Prop.Liab.Malpractice	0	0	395	0	0	0	0	0	0	0	0	395	26
27	Other (specify):*	(344,294)	0	95,871	0	0	0	0	0	0	0	0	(248,423)	27
28	TOTAL General Administration	(477,130)	0	(89,076)	0	(3,007)	0	0	0	0	0	0	(569,213)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(444,274)	0	32,596	14,908	(4,498)	0	112	2,976	0	0	0	(398,180)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Long Grove Rehab HCC # 0040683 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	(39,614)	0	11,118	0	0	0	0	0	0	0	0	(28,496)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(115,016)	0	88,077	0	0	0	0	0	0	0	0	(26,939)	32
33	Real Estate Taxes	0	0	8,139	0	0	0	0	0	0	0	0	8,139	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	43,286	0	0	0	0	0	0	0	0	43,286	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(154,630)	0	150,620	0	0	0	0	0	0	0	0	(4,010)	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	(126,411)	(8,994)	(184,882)	0	0	0	0	0	(320,287)	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	(126,411)	(8,994)	(184,882)	0	0	0	0	0	(320,287)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(598,904)	0	183,216	(111,503)	(13,492)	(184,882)	112	2,976	0	0	0	(722,477)	45

VII. RELATED PARTIES

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

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

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

☒ YES

☐ NO

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

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

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,076	\$ 4,076	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		1,207	1,207	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		10,792	10,792	17
18	V	26	Insurance		Alden Management Services, Inc.		395	395	18
19	V	20	Dues/Subscriptions		Alden Management Services, Inc.		1,432	1,432	19
20	V	30	Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		8,139	8,139	21
22	V	35	Rent-Equip/Vehicles		Alden Management Services, Inc.		43,286	43,286	22
23	V	32	Interest		Alden Management Services, Inc.		88,077	88,077	23
24	V	1	Dietary Aide Coordinator Salary		Alden Management Services, Inc.				24
25	V	3	Housekeeping Coordinator Salary		Alden Management Services, Inc.		19,762	19,762	25
26	V	7	Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		9,151	9,151	26
27	V	10	Nurs/Med Records Salary		Alden Management Services, Inc.		53,625	53,625	27
28	V	15	Employee Benef % - Health Care		Alden Management Services, Inc.		7,886	7,886	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		340,552	340,552	29
30	V	27	Employee Benef %-Administrative		Alden Management Services, Inc.		95,871	95,871	30
31	V	19	Professional Fees	946,970	Alden Management Services, Inc.		49,217	(897,753)	31
32	V	21	Gen'l & Admin	41,040	Alden Management Services, Inc.		399,468	358,428	32
33	V	6	Repairs & Maintenance	33,158	Alden Management Services, Inc.		60,330	27,172	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,021,168			\$ 1,204,384	\$ * 183,216	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 Consult.	\$ 20,595	Prism Health Care Services, Inc.	0.00%	\$	\$ (20,595)	15
16	V	1	Dietary Salary		Prism Health Care Services, Inc.		11,579	11,579	16
17	V	2	Tube feeding	12,232	Prism Health Care Services, Inc.		10,763	(1,469)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39	Ancillary supplies	206,565	Prism Health Care Services, Inc.		58,015	(148,550)	19
20	V	39	Vent Rental		Prism Health Care Services, Inc.		215	215	20
21	V	1	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,963	3,963	21
22	V	2	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		12,074	12,074	22
23	V	10	Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,564	3,564	23
24	V	39	Gen'l & Admin & benefits				21,924	21,924	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			\$ 246,052			\$ 134,549	\$ * (111,503)	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	\$ 182,348	Forum Extended Care II, Inc.	0.00%	\$ 173,683	\$ (8,665)	15
16	V	39	I.V.	10,284	Forum Extended Care II, Inc.		9,796	(488)	16
17	V	39	Wound Care-Product only	56,928	Forum Extended Care II, Inc.		54,223	(2,705)	17
18	V	10	House Stock	25,411	Forum Extended Care II, Inc.		24,203	(1,208)	18
19	V	10	Pharm Consult	5,952	Forum Extended Care II, Inc.		5,669	(283)	19
20	V	22	Employee Vaccinations	3,007	Forum Extended Care II, Inc.			(3,007)	20
21	V	39	Employee Vaccinations		Forum Extended Care II, Inc.		2,864	2,864	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			\$ 283,930			\$ 270,438	\$ * (13,492)	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	\$ 904,464	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 719,582	\$ (184,882)	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			\$ 904,464			\$ 719,582	\$ * (184,882)	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	\$ 47,252	Alden Bennett Construction Company, Inc.	0.00%	\$ 47,364	\$ 112	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			\$ 47,252			\$ 47,364	\$ * 112	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	\$ 3,228	Alden Design Group, Ltd.	0.00%	\$ 6,204	\$ 2,976	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			\$ 3,228			\$ 6,204	\$ * 2,976	39

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

Facility Name & ID Number

Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry				6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shore	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts	Huntley	SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health	Long Grove				30

Facility Name & ID Number Alden Long Grove Rehab HCC # 0040683 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	176,332	1.876	4.69	Salary	\$ 8,668	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,314	1.876	4.69	Salary	4,686	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,314	1.876	4.69	Salary	4,686	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	108,478	1.876	4.69	Salary	5,333	17-7	4
5	Audra Elisco F.	Medical Records Cler	Medical Records	0.00	60,470	1.876	4.69	Salary	2,973	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,332	1.6415	4.69	Salary	8,668	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 35,014		13

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

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

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

Report Period Beginning:

01/01/2020Ending: 2/31/2020

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	36	\$ 86,976	\$	56,655	\$ 4,076	1
2	24	Trav & Seminar	Patient Days	36	25,753		56,655	1,207	2
3	25	Other Admin Travel	Patient Days	36	230,320		56,655	10,792	3
4	26	Insurance	Patient Days	36	8,433		56,655	395	4
5	20	Dues & Subscriptions	Patient Days	36	30,557		56,655	1,432	5
6	30	Depreciation	No of Providers/usage	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	36	200,354		56,655	8,139	7
8	35	Rent-Equip & Vehicle	Patient Days	36	923,790		56,655	43,286	8
9	32	Interest	Patient Days/usage	36	1,567,343		56,655	88,077	9
10	3	Housekeeping Salary	Patient Days	36	421,760	421,760	56,655	19,762	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	36	195,292		56,655	9,151	11
12	10	Nurs & Med Records Salary	Patient Days	36	1,149,694	1,149,694	56,655	53,625	12
13	15	Employee Benefits -Health Care	Patient Days	36	168,303		56,655	7,886	13
14	17	Administrative Salary	Patient Days/usage	36	5,264,790	5,264,790	56,655	340,552	14
15	27	Employee Benefits - Admin	Patient Days	36	2,046,057		56,655	95,871	15
16	19	Professional fees	Patient Days	36	1,372,458	1,094,350	56,655	49,217	16
17	21	Gen'I & Admin	Patient Days	36	8,525,354	7,617,708	56,655	399,468	17
18	6	Repair & Maint.	Patient Days	36	1,379,344	912,301	56,655	60,330	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 24,005,407	\$ 16,460,603		\$ 1,204,384	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													3						
4	Insurance Interest (GL7053)		x	Medical Malpractice								231	4						
5	MB Financing (GL 7035)		x	Capital Lease	\$4,277.87	06/16/17	135,519		06/15/20			440	5						
	Working Capital																		
6	Related party - AMS		x	Working capital								88,077	6						
7													7						
8													8						
9	TOTAL Facility Related				\$4,277.87		\$ 135,519	\$				\$ 88,747	9						
	B. Non-Facility Related*																		
10	Interest Income (GL 4975)		x									(14,477)	10						
11													11						
12													12						
13													13						
14	TOTAL Non-Facility Related						\$	\$				\$ (14,477)	14						
15	TOTALS (line 9+line14)						\$ 135,519	\$				\$ 74,270	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

1. Real Estate Tax accrual used on 2019 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	192,900	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.)				\$	193,748	2
3. Under or (over) accrual (line 2 minus line 1).				\$	848	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	199,600	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.				\$	200,448	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$ 8,139		
		Total Real Estate Tax Expense, Sch V, Line 33		\$ 208,587		
Real Estate Tax Bill for Calendar Year:		2015	178,407	8	FOR BHF USE ONLY	
		2016	178,553	9		
		2017	182,822	10		
		2018	187,241	11		
		2019	193,748	12		
The current year accrual is based on an estimated 3% increase of the prior year tax.				13	FROM R. E. TAX STATEMENT FOR 2019	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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Long Grove Rehab HCC COUNTY Lake

FACILITY IDPH LICENSE NUMBER 0040683

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party - Alden Management	\$ 173,696.00	\$ 8,139.00
2. 14-36-100-002	Nursing facility	\$ 193,747.58	\$ 193,747.58
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 367,443.58	\$ 201,886.58

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 89,632

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity?

☐ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☒ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity?

☒ (a) Own the Equipment

☒ (b) Rent equipment from a Related Organization.

☒ (c) Rent equipment from Completely Unrelated Organization.

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

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

None

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

If so, please complete the following:

1. Total Amount Incurred:

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

3. Current Period Amortization:

4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

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

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$		\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	SHELVING			1995	5,122		20			5,122	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			1,460	14
15	ELECTRICAL REPAIR/INSTALLATION			1996	2,110		20			2,110	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		20			33,750	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		20			8,100	22
23	WASHROOM IMPROVEMENTS			1996	2,186		20			2,186	23
24	PIPING-MAJ.REP.			1996	4,000		15			4,000	24
25	PIPING-MAJ.REP.			1996	3,500		15			3,500	25
26	ATASH(replaced heat detector&fire dampers)			1997	959		5			959	26
27	ATASH(installed access panels)			1997	924		5			924	27
28	ATASH(fire alarm repairs)			1997	2,212		5			2,212	28
29	CLIMATE(installation of water heaters)			1997	7,342		5			7,342	29
30	CLIMATE(replced hydro.boiler)			1997	4,568		5			4,568	30
31	Wally's flooring(install new tiles).			1997	2,659		5			2,659	31
32	ATASH(SPRINKLER WORK)INV.#9120&9121			1997	3,072		5			3,072	32
33	ATASH(SPRINKLER WORKS)			1997	2,062		5			2,062	33
34	Climate srvc(two water heater)			1997	15,600		5			15,600	34
35											35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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			931	46
47	NEW DRIVEWAY LIGHTING	1998	8,101		15			8,101	47
48	REPLACE WASHING MACHINE MOTORS	1998	1,752		5			1,752	48
49	REPLACE BOILER	1998	4,243		20			4,243	49
50	REPAIR PUMP MOTOR	1998	3,312		5			3,312	50
51	REPAIR DRYERS	1998	2,534		10			2,534	51
52	REPAIR EMEGENCY CIRCUITS	1998	1,510		10			1,510	52
53	REPAIR EMEGENCY LIGHTING SYSTEM	1998	273		10			273	53
54	REPLAC E COMPRESSOR	1998	1,301		10			1,301	54
55	REPLACE SEAVES ON ROOF	1998	10,500		15			10,500	55
56	REPLACE HOT WATER HEATER	1998	2,200		10			2,200	56
57	REPAIR GENERATOR	1998	5,228		15			5,228	57
58	REPLACE BEARING IN WASHER	1998	1,296		20			1,296	58
59	PATTEN-REPAIR GENERATOR	1998	655		20			655	59
60	Equipment International (replace bearings in washer)	1998	1,738		15			1,738	60
61	D.B.S. Contracting(sprinkler system installation)	1999	32,838	1,314	25	1,314		30,104	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)		\$ 286,795	\$ 1,314		\$ 1,314	\$	\$ 284,060	70

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 286,795	\$ 1,314		\$ 1,314		\$ 284,060	1
2	AMC Building Material	1999	1,876		10			1,876	2
3	Fox Valley(sprinkler repair)	1999	1,803		15			1,803	3
4	Alden Bennet Cons.install tank)	1999	6,281		10			6,278	4
5	Alden Bennet Cons.(repair wind damage)	1999	34,195	1,368	25	1,368		31,575	5
6	AMC Security system	1999	7,273		10			7,273	6
7	AMC carpentry	1999	8,577		10			8,577	7
8	Climate Service (repair HVAC)	1999	9,358		10			9,358	8
9	ABC-construction mainten. Adjustment-various	1999	1,129		10			1,129	9
10	Capital Report Adjustment - 2000	2000	514		10			514	10
11	Climate services (A/C REPAIR)	2000	2,482		5			2,482	11
12	B&L Locksmith (knob set)	2000	3,750		15			3,750	12
13	Alden Bennett Construction (major repairs)	2000	1,628		5			1,628	13
14	ABC-time & materials-maj. Leasehold improv-various	2000	1,918		15			1,918	14
15	Alden Bennett Construction (major repairs)	2000	2,643		10			2,643	15
16	Alden Bennett Construction (time & material billing per fac)	2000	2,105		10			2,105	16
17	alden design-architectural/designing	2000	2,628		20			2,628	17
18	alden design-architectural/designing	2000	3,300		20			3,300	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			1,096	22
23	T & T irrigation (lawn sprinkler system)	2001	2,064		10			2,064	23
24	Alden bennett construction	2001	9,690		10			9,690	24
25	New horizons commu1884(installation hardware phone)	2001	1,986		10			1,986	25
26	ABC-Pond, parking lot, and site improvements related to these	2001	642,434	27,718	25	25,697	(2,021)	524,048	26
27	ALDEN BENNETT CONSTRUCTION (FILE CABINET,NURSE	2002	3,927		15			3,927	27
28	Alden Bennett Constr.-Roof repairs	2002	1,856		5			1,856	28
29	CSI-Coker	2002	2,502		5			2,502	29
30	Alden Bennett Constr.-Misc repairs	2002	1,628		5			1,628	30
31	Valley Fire Protection Systems (replace fire sprinkler pipes)	2003	9,000		10			9,000	31
32	Capps Plumbing & Sewer (Pump For Sprinkler System)	2003	4,324		5			4,324	32
33	Alden Bennett Constr (Misc. repairs)	2003	5,417		5			5,417	33
34	TOTAL (lines 1 thru 33)		\$ 1,072,201	\$ 30,400		\$ 28,379	\$ (2,021)	\$ 948,458	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 1,072,201	\$ 30,400		\$ 28,379	\$ (2,021)	\$ 948,458	1
2	The Floor Source (Alden Design)(2nd flr-corridor carpet/public sp	2003	22,250		8			22,250	2
3	The Floor Source (Alden Design)(carpet-corridor attic stock)	2003	4,289		5			4,289	3
4	C I Service (Alden Design) (2nd floor-corridor window treatments	2003	12,949		8			12,949	4
5	Reagal Mirror & Art (resident room art tackboards)	2003	5,675		8			5,675	5
6	Controlled Irrigation (repair sprinkler system)	2003	2,137		5			2,137	6
7	Alden Bennett Constr (sink,drain,faucetsprinkler system)	2003	17,025		10			17,025	7
8	A & B Custom Cable (cable installation)	2003	3,100		10			3,100	8
9	Alden Bennett Constr (roof repairs)	2003	12,754		10			12,754	9
10	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2003	23,920		8			23,920	10
11	A&B CUSTOM CABLE (CABLE INSTALLATION)	2003	2,495		10			2,495	11
12	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	243,207		8			243,207	12
13	ALDEN BENNETT CONSTRUCTION (BULLETIN BOARDS,PI	2003	6,175		10			6,175	13
14	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	33,234		8			33,234	14
15	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR RESIDEN	2003	(33,234)		8			(33,234)	15
16	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	20,151		8			20,151	16
17	HENRICKSEN (ALDEN DESIGN)(SECOND FLOOR PUB SPA	2003	(20,151)		8			(20,151)	17
18	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	46,393		8			46,393	18
19	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2003	188,477		8			188,477	19
20	ALDEN BENNETT CONSTRUCTION (DOOR)	2003	4,065		10			4,065	20
21	Capital Report Adjustment - 2003	2003	677					677	21
22									22
23	Graphic Systems (remodelled second floor Signage)	2004	2,519		10			2,519	23
24	Alden Bennett Const (toilets, sheet metal work for oxygen tank)	2004	6,569		15			6,569	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		15			1,667	26
27	GT Mechanical (Cooling for Electric Suction Room)	2004	6,325		10			6,325	27
28	GT Mechanical (Rooftop,Boiler and Exhaust fan repairs)	2004	4,681	234	20	234		4,232	28
29	CSI Coker (Dishwasher, Steamer repairs)	2004	2,431		10			2,431	29
30	GT Mechanical (Repairs-electric feeds-RTU's-2nd floor roof)	2004	6,077	304	20	304		5,496	30
31	CSI Coker (Dishwasher, Steamer repairs)	2004	1,566		10			1,566	31
32	TNS Inc. (DSL cable)	2004	1,725		5			1,725	32
33	ALDEN BENNETT CONSTRUCTION (Unit 30 remodelling) recl	2004	13,902		8			13,902	33
34	TOTAL (lines 1 thru 33)		\$ 1,718,233	\$ 30,938		\$ 28,917	\$ (2,021)	\$ 1,593,458	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 1,718,233	\$ 30,938		\$ 28,917	\$ (2,021)	\$ 1,593,458	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,865,226	\$ 35,634		\$ 33,613	\$ (2,021)	\$ 1,689,229	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 1,865,226	\$ 35,634		\$ 33,613	\$ (2,021)	\$ 1,689,229	1
2	ALDEN BENNETT CONSTRUCTION (2ND FLOOR REMODEL	2004	(22,058)		8			(22,058)	2
3	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new s	2004	2,301	132	20	132	(17)	1,827	3
4	ALDEN BENNETT CONSTRUCTION (5 toilets bowl/tank new s	2004	878	51	20	51	(7)	702	4
5	ALDEN BENNETT CONSTRUCTION (FENCING, FLOORING,	2004	15,285		10			15,285	5
6	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	3,755		10			3,755	6
7	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	7,160		10			7,160	7
8	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2004	969		10			969	8
9	BROLIN LOCK & SAFE (REPLACE LOWER LEVEL LOCKS/	2004	5,512		10			5,512	9
10	ALDEN BENNETT CONSTRUCTION (West side-Permanent Lig	2004	3,541	177	20	177		2,950	10
11	C I SERVICE(ALDEN DESIGN)(BEDSPREADS,DRAPERIES)	2004	24,107		8			24,107	11
12	ALDEN BENNETT CONSTRUCTION (GT Mechanical-Generato	2004	10,656	426	25	426		6,961	12
13	ALDEN BENNETT CONSTRUCTION (Central States-Sprinkler	2004	13,017	521	25	521		8,680	13
14									14
15	NEW HORIZONS COMMUNIC-INCREASE CAPACITY OF PH	2005	7,347		10			7,347	15
16	Alden Bennett Comstruction(Passage on door)	2005	3,662		5			3,662	16
17	ABC(piping and electrical work)	2005	4,619		10			4,619	17
18	Central States Automatic Sprinklers(Dry Pipe Valve & Sprinkler	2005	9,514	381	25	381		6,027	18
19	GT Mechanical (2 Heater Unit repairs)	2005	1,813	107	17	107		1,690	19
20	Capps Plumbing (Triple Sink Grease Trap)	2005	1,920	77	25	77		1,217	20
21	CSI Coker(Refridgerator Repairs)	2005	1,511		10			1,511	21
22	GT Mechanical (Bathroom Exhaust Fan repairs)	2005	1,787	89	20	89		1,405	22
23	CSI Coker(Refridgerator Repairs)	2005	3,971		10			3,971	23
24	Alden Bennett Construct(New sidewalk, new plumbing)	2005	4,139		5			4,139	24
25	Cybor Fire Protection(Sprinkler repair)	2005	4,660		10			4,660	25
26	Cybor Fire Protection(Sprinkler repair)	2005	2,000		10			2,000	26
27	GT Mechanical(Dining room AC Repairs)	2005	1,922		10			1,922	27
28	Capps Plumbing (Drainage Major repairs)	2005	1,755		10			1,755	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 1,980,968	\$ 37,595		\$ 35,574	\$ (2,045)	\$ 1,791,004	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 1,980,968	\$ 37,595		\$ 35,574	\$ (2,021)	\$ 1,791,004	1
2	Capps Plumbing(Drainage major repairs)	2005	3,265		10			3,265	2
3	PattenCat(ATS Terminal Connect)	2005	4,454		10			4,454	3
4	TopNotch(Dishwasher major repairs)	2005	2,177		10			2,177	4
5	GT Mechanical Repair work on Heaters	2005	1,665		5			1,665	5
6	Replace CPU/Power supply on Fire Panel	2005	1,758		5			1,758	6
7	TopNotch service repairs to Hot Water Heater	2005	1,740		10			1,740	7
8									8
9	New Roof	2006	20,350		10			20,350	9
10	Replace Multiple Doors	2006	20,822		10			20,822	10
11	Replace Multiple Doors	2006	4,949		10			4,949	11
12	Replaced Pipe in Fire Sprinklers	2006	3,552		10			3,552	12
13	Installed new door required by Life safety code	2006	2,653		10			2,653	13
14	ABC-Replaced broken A/C pump	2006	5,821		10			5,821	14
15	ABC-Bathroom repairs	2006	6,217		10			6,217	15
16	Installed Exhaust for Elevator	2006	2,842	189	15	189		2,793	16
17	Installed Water Heater	2006	11,078	739	15	739		10,712	17
18	Repaired Boiler and Tank	2006	3,562	237	15	237		3,342	18
19	Installed new piping	2006	4,470	179	25	179		2,668	19
20	Replaced Fire Supression system in kitchen	2006	2,564	103	25	103		1,515	20
21	Roof - J.D. Sons	2006	16,900		10			16,900	21
22									22
23	ABC Wiring for Cable TV	2007	12,438		10			12,438	23
24	Aldben electrical secutity system	2007	11,248	750	15	750		10,499	24
25	Alden Bennett Conduit w/Switch	2007	7,500	500	15	500		6,958	25
26	Censau replaced broken pipe in attic	2007	3,807		10			3,807	26
27	Topnot Installed booster heater	2007	4,970		10			4,970	27
28	ALDBEN new wiring for fire and phone system	2007	19,644	1,310	15	1,310		18,118	28
29	ALDBEN install new expansion tank and valves dish washer	2007	3,387		10			3,387	29
30	ALDBEN Construct	2007	17,231		10			17,231	30
31	ALDBEN heating/vent work	2007	22,222		10			22,222	31
32	Topnot new kitchen freezer door	2007	4,655		10			4,655	32
33	ALDBEN new wiring for fire and phone system	2007	(8,745)		5			(8,745)	33
34	TOTAL (lines 1 thru 33)		\$ 2,200,162	\$ 41,602		\$ 39,581	\$ (2,021)	\$ 2,003,897	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 2,200,162	\$ 41,602		\$ 39,581	\$ (2,021)	\$ 2,003,897	1
2	ALDBEN install sprinkler drip	2007	6,063		10			6,063	2
3	US Foodservice	2007	4,445		5			4,445	3
4	Installed Cable wiring	2007	6,639		5			6,639	4
5	Resident room carpet	2007	5,390		5			5,390	5
6	Central States Automaiton A/C	2007	15,203		10			15,203	6
7	New Carpet	2007	5,392		10			5,392	7
8	Seal and stripe parking Lot	2007	7,229		8			7,229	8
9	Replaced 4in of sprinkler pipe	2007	4,399		10			4,399	9
10	Parking lot sealed	2007	8,308		10			8,308	10
11									11
12	Central States-Sprinklers in No. wing	2008	2,857		10			2,857	12
13	Muellermist-pump/45ft. under new sidewalk	2008	3,140	209	15	209		2,615	13
14	ABC - New laundry hot water storage tank/installation	2008	5,741		10			5,741	14
15									15
16	ABC - New Sewers and Portable Water	2009	13,838	692	20	692		8,246	16
17	ABC - New Sewer Main & Plumbing Fixtures	2009	18,230	912	20	912		10,713	17
18	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	5,957	397	15	397		4,633	18
19	ABC-Unit 50 Remodel-Demolition-Old Walls/Installation-New Walls	2009	25,351	1,690	15	1,690		19,435	19
20	Central States - New Spinkler Mains	2009	20,986	839	25	839		9,511	20
21	GT Mechanical - Heat-Modify HVAC New Baseboard Heat	2009	6,323	422	15	422		4,745	21
22	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	22,543	1,127	20	1,127		12,680	22
23	Stairwell Remodel - Village of Long Grove Permit Fee	2009	3,590	180	20	180		2,022	23
24	GT Mechanical - New Above Ground Piping for Heating System	2009	14,900	993	15	993		11,091	24
25	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	10,629	531	20	531		5,932	25
26	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	60,966	3,048	20	3,048		33,784	26
27	ABC-Stairwell Remodel-Switch Door Swings to exterior/New Sidewa	2009	6,058	303	20	303		3,332	27
28	Central States - New Sprinklers	2009	3,429		5			3,429	28
29	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,164	411	15	411		4,692	29
30	Peter Snelten - 1 New Motor/New Pump Pipe	2009	6,369	425	15	425		4,850	30
31	Oak Fire - New Fire Alarm, New Wiring	2009	2,505		5			2,505	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,502,807	\$ 53,781		\$ 51,760	\$ (2,021)	\$ 2,219,778	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 2,502,807	\$ 53,781		\$ 51,760	\$ (2,021)	\$ 2,219,778	1
2	Sprinkler System Overhaul:Heads Pendant - FOCFIR	2010	3,343	134	25	134		1,418	2
3	Fire Protection:Heads Sprinkler Dining Room - FOCFIR	2010	7,227		5			7,227	3
4	Sprinkler Heads Install - FOCFIR	2010	3,820		5			3,820	4
5	Pipes Sprinkler Fire Prtoect - FOCFIR	2010	3,162		5			3,162	5
6	Asphalt Sealcoating - ALDBEN	2010	15,479		8			15,479	6
7	Boiler 670000 BTU A.O. Smith Burkay - CAPPLU	2011	9,247	462	20	462		4,506	7
8	Sprinkler System Leak - New Sprinklers - CENSAU	2011	4,080		5			4,080	8
9	Sprinkler System Leak - New Sprinklers - CENSAU	2011	3,146		5			3,146	9
10	Sprinkler Systme Leak - New Pipe - CENSAU	2011	4,842		5			4,842	10
11	Fire Dry System Repair Pipes - USFIRE	2011	6,636		5			6,636	11
12	Paving: Concrete Dumpster Apreon - ALDBEN	2011	4,857	324	15	324		2,969	12
13	Asphalt Removal&Replacement Lot Marking Sealcoat-ROSEPAV	2011	10,383		8			10,383	13
14	Panel Electrical - BELEC	2011	2,557		5			2,557	14
15	Fire Protection, Elevator Shaft - USFIRE	2012	6,042	604	10	604		5,286	15
16	Fire Sprinkler;Bells-Pump,Move Smoke Distorter,Wiring - USFIR	2012	3,120	125	25	125		1,093	16
17	Elevator, Incl, Tank Unit, Motor, Pump,Hydraulic Power Unit-KC	2012	15,362	768	20	768		6,528	17
18	Railings, Aluminum (Steel Gratings) - ALDBEN	2012	2,937	196	15	196		1,600	18
19	Carpentry - Header Boards - ALDBEN	2012	4,891	326	15	326		2,608	19
20	Carpentry - Header Framing, Structural Columns - ALDBEN	2012	7,699	513	15	513		4,105	20
21	Sign - Monument - ALDBEN	2012	17,839	1,189	15	1,189		9,513	21
22	Repair Elevator Accelerator, Spare Head Cabinet - US Fire	2012	5,624	562	10	562		4,919	22
23	Repair Boiler, Heat Exchanger Block Assembly - GTMECH	2012	7,543	754	10	754		6,599	23
24	Reupholster Chairs, Bedspreads - ALDDDES	2012	8,772		5			8,772	24
25	Windows - ALDBEN	2012	2,571	257	10	257		2,056	25
26	Fire Protection System - VALFIR	2013	17,500	1,167	15	1,167		9,238	26
27	Boiler Rebuild - ALDBEN	2013	28,173	1,878	15	1,878		14,242	27
28	Fence and Guard Rail - ALDBEN	2013	3,727	248	15	248		1,840	28
29	Fire Protection System - VALFIR	2013	4,250	283	15	283		2,052	29
30	Fire Protection System - VALFIR	2013	4,264	284	15	284		2,059	30
31	Fire Protection System - VALFIR	2013	6,896	460	15	460		3,258	31
32	Fire Suppression Tank Refurbishment - ALDBEN	2013	41,135	2,742	15	2,742		21,251	32
33	Motor, Drive Dryer - EQUINT	2013	2,977		5			2,977	33
34	TOTAL (lines 1 thru 33)		\$ 2,772,908	\$ 67,057		\$ 65,036	\$ (2,021)	\$ 2,399,999	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 2,772,908	\$ 67,057		\$ 65,036	\$ (2,021)	\$ 2,399,999	1
2	Fire Suppression Tank Refurbishment - ALDBEN	2013	10,224	682	15	682		5,228	2
3	Fire Suppression Tank Refurbishment - ALDBEN	2013	5,470	365	15	365		2,707	3
4									4
5	Lower Level Hallway: Drywall Patched & Painted								5
6	Baseboard & electrical covers put back on								6
7	Also outside wall repair (Masonry) - ALDBEN	2014	9,373	625	15	625		3,854	7
8	Sprinkler System Repair - VALFIR	2014	13,199		5			13,199	8
9	Booster, repair - TOPNOT	2014	5,395		5			5,395	9
10									10
11	Waste treatment pond - engin - ALDBEN	2015	9,000	450	20	450		3,076	11
12	Boiler Valve Replace - GTMECH	2015	6,483	(1)	5	(1)		6,483	12
13	Exhaust Fan Repair - ALDBEN	2015	8,494		5			8,494	13
14	Plumbing Repair on fire equipment - VALFIR	2015	8,930	595	15	595		3,967	14
15	Fire Dampers - GTMECH	2015	2,523	252	10	252		1,470	15
16	Paving, asphalt replacement - J&JASP	2015	14,000	1,750	8	1,750		9,916	16
17	Washing Machine Motor - EQUINT	2015	2,826	472	5	472		2,826	17
18									18
19	Sand for waste filter, 60cubydrds -INTCON	2016	4,200	280	15	280		1,213	19
20	Sewer treatment ponds - INTCON	2016	21,000	1,400	15	1,400		6,067	20
21	Motor for Dryer- EQUINT	2016	4,208	842	5	842		4,069	21
22	Repair Oxyg tank level readers(2) - WELSUP	2016	7,148	1,430	5	1,430		6,316	22
23	Insulation-supply duct in attic - GTMECH	2016	3,084	308	10	308		1,335	23
24	Fire System Repaired - VALFIR	2016	4,640	928	5	928		3,944	24
25	Roof Repaired - JDROOF	2016	6,930	1,386	5	1,386		5,775	25
26	Fire alarm system Repaired - VALFIR	2016	5,644	1,129	5	1,129		4,610	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,925,677	\$ 79,950		\$ 77,929	\$ (2,021)	\$ 2,499,943	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12I, Carried Forward		\$ 2,925,677	\$ 79,950		\$ 77,929	\$ (2,021)	\$ 2,499,943	1
2								2
3 Adjust for ABC Related Party Profit	2008	(33)	(5)		(5)		(55)	3
4 Adjust for ABC Related Party Profit	2009	(2,179)					(2,179)	4
5 Adjust for ABC Related Party Profit	2010	(189)					(189)	5
6 Adjust for ABC Related Party Profit	2011	(38)					(38)	6
7 Adjust for ABC Related Party Profit	2012	2,219	158		158		2,219	7
8 Adjust for ABC Related Party Profit	2013	1,194	104		104		624	8
9 Adjust for ABC Related Party Profit	2014	(18)					(18)	9
10								10
11								11
12 Plumbing, drywall material- Lower level remodel - ALDBEN	2017	6,448	430	15	430		1,505	12
13 Demolition and clean up floor- Lower level remodeling- ALDBEN	2017	6,496	433	15	433		1,516	13
14 Remodeling resident room- ALDBEN	2017	8,392	336	25	336		1,176	14
15 Painting & carpenter remodeling lower level- AMS	2017	15,297	1,530	10	1,530		5,227	15
16 Sprinkler system repaired- VALFIR	2017	3,335	667	5	667		2,668	16
17 Sprinkler system repaired- VALFIR	2017	4,603	921	5	921		3,607	17
18 Roof repaired - JDROOF	2017	2,730	546	5	546		2,048	18
19 Closets remodeling - ALDBEN	2017	2,846	569	5	569		2,086	19
20 Paving, asphalt, replaced old road- WYNHOM	2017	12,677	1,585	8	1,585		5,679	20
21 Paving, Seal Coat- J&JASP	2017	6,858	857	8	857		3,071	21
22 Nurse call system repaired - ALDBEN	2017	4,912	982	5	982		3,355	22
23 Boiler repaired - TRIPLU	2017	4,428	886	5	886		2,953	23
24 Fire system repaired - VALFIR	2017	3,074	615	5	615		2,050	24
25 Motor (2) - TOPNOT	2017	3,902	780	5	780		2,470	25
26								26
27 see page 12L								27
28								28
29								29
30								30
31								31
32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 3,012,630	\$ 91,344		\$ 89,323	\$ (2,021)	\$ 2,539,718	34

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

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12K, Carried Forward		\$ 3,012,630	\$ 91,344		\$ 89,323	\$ (2,021)	\$ 2,539,718	1
2									2
3	Demolition and clean up floor - ALDBEN (lower level)	2018	5,500	367	15	367		1,101	3
4	Boiler & water heater installation - TRIPLU (basement)	2018	9,197	920	10	920		2,070	4
5	Dishwasher repair - ALDBEN (kitchen)	2018	7,156	1,431	5	1,431		4,174	5
6	Generator & swith gear repair - BELELE (basement)	2018	3,661	732	5	732		1,891	6
7	Generator repair - PATCAT (basement)	2018	4,364	873	5	873		2,255	7
8	Air system repair - VALFIR (around facility)	2018	5,889	736	8	736		1,901	8
9	Fire system repair - OAKFIR (around facility)	2018	3,454	691	5	691		1,612	9
10	Repair Ball valve on the fire system installation - OAKFIR (aroun	2018	7,821	978	8	978		2,282	10
11	Air handling unit repair- GTMECH (basement)	2018	2,953	591	5	591		1,330	11
12	Canopy repair - ALDBEN (main entrance)	2018	2,588	518	5	518		1,165	12
13	Water tank repair - PITTAN (basement)	2018	45,390	4,539	10	4,539		9,078	13
14	Boiler repair - ALDBEN (basement)	2019	8,083	1,617	5	1,617		2,964	14
15	Fire system repair - VALFIR (around facility)	2019	12,298	2,460	5	2,460		4,305	15
16	Boiler repair - GTMECH (basement)	2019	3,787	757	5	757		1,199	16
17	Gutter repair - ALDBEN (around facility)	2019	4,650	930	5	930		1,318	17
18	Motor, Rack drive motor - ALDBEN (basement)	2019	5,224	653	8	653		871	18
19	Shower room tile replace- ALDBEN (shower room)	2019	5,571	1,114	5	1,114		1,114	19
20	Front door repair - ALDBEN (fron door area)	2019	3,325	665	5	665		665	20
21	Carpentry & tile replace - ALDBEN (beauty shop)	2020	7,158	437	15	437		437	21
22	Guard rail for oxygent equip - ALDBEN (basement)	2020	9,589	586	15	586		586	22
23	Fire system repair - VALFIR (around facility)	2020	5,672	1,040	5	1,040		1,040	23
24	Fire system repair - VALFIR (around facility)	2020	5,270	966	5	966		966	24
25	Shower room tile repair - ALDBEN (shower room)	2020	6,941	1,157	5	1,157		1,157	25
26	Fire system repair - VALFIR (around facility)	2020	3,378	450	5	450		450	26
27	Chiller repair - GTMECH (basement)	2020	5,591	652	5	652		652	27
28	Shower room tile replace - ALDBEN (shower room)	2020	5,542	646	5	646		646	28
29	Nurse console repair - TECELE (nursing station)	2020	2,562	256	5	256		256	29
30	Paving, fill pot holes, new asphalt - OLYPAV (sewer area)	2020	6,540	136	8	136		136	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,211,783	\$ 118,242		\$ 116,221	\$ (2,021)	\$ 2,587,339	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	\$1,034,256	\$97,968	\$97,968	\$	various	\$539,259	71
72	Current Year Purchases	171,325	4,916	4,916		various	4,916	72
73	Fully Depreciated Assets	965,309	6,011	6,011		various	965,309	73
74								74
75	TOTALS	\$2,170,890	\$108,895	\$108,895	\$		\$1,509,484	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76				\$	\$	\$	\$		\$	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$3,802	\$	\$	\$		\$3,802	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$5,386,475	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$227,137	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$225,116	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(2,021)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,100,625	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Roof repairs	\$2,290	92
93			93
94			94
95		\$2,290	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		\$ 1,046,240	5	10	3
4	Additions							4
5								5
6								6
7	TOTAL		248		\$ 1,046,240			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 Option / Deposit *

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

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 13,639 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ 0.00	\$	17
18					18
19	Related party-PG 6A		#####	20,139	19
20					20
21	TOTAL		\$ #####	\$ 20,139	21

10. Effective dates of current rental agreement:

Beginning 3/1/2013

Ending 2/28/2023

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

	Fiscal Year Ending	Annual Rent
12.	12/31/2021	\$ 1,046,240
13.	12/31/2022	\$ 1,046,240
14.	12/31/2023	\$ 174,373

* 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

C. CONTRACTUAL INCOME

ALLOCATION OF COSTS (d)

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

		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)	\$			

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
2	Licensed Speech and Language Development Therapist	39-3	hrs				94,027			94,027	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				407,195			407,195	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	See PG16A	# of prescrpts					176,547		176,547	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
	Academic Education		hrs								11
12	Other (specify):										12
13	Other (specify): See PG16A	39-1, 39-3, if any					(184,882)	166,664		(18,218)	13
14	TOTAL			\$			\$ 622,623	\$ 343,211		\$ 965,834	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	306,283.00	
2.	ST	39-3	To Col 5	94,027.00	
3.					
4.	PT	39-3	To Col 5	407,195.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			182,348.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(5,801.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	176,547.00	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(184,882.00)	From Page 6D, Col 8 (Except DD homes)
	Other			284,746.00	
	Manual Input: Related Party - Prism			(126,411.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(488.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(2,705.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			11,522.00	
13.	Col 6: Supplies Total		To Col 6	166,664.00	
13.	Total Line 13, Column 8			(18,218.00)	
14.	Total			965,834.00	

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

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 255,000)	1,356,637		3
4	Supply Inventory (priced at)	77,514		4
5	Short-Term Investments			5
6	Prepaid Insurance	13,685		6
7	Other Prepaid Expenses	50,090		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Medicare Settlements	2,961		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,500,887	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	3,568,243		15
16	Equipment, at Historical Cost	2,348,182		16
17	Accumulated Depreciation (book methods)	(4,529,293)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	93,648		21
22	Other Long-Term Assets (spec Purchase Option	746,290		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,227,070	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,727,957	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 955,378	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	657,189		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	500,773		30
31	Accrued Taxes Payable (excluding real estate taxes)	201,428		31
32	Accrued Real Estate Taxes(Sch.IX-B)	199,600		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax, Prov	6,130,338		36
37	Due to Affiliates (current)	732,455		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,377,161	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	926,560		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates (long term)	16,048,224		43
44	Mcr Adv Fund & Fica-Deferred	324,432		44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 17,299,216	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 26,676,377	\$	46
47	TOTAL EQUITY (page 18, line 24)	\$ (22,948,420)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,727,957	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (21,757,376)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (21,757,376)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,191,044)	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)	\$ (1,191,044)	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)	\$ (22,948,420)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Long Grove Rehab HCC

0040683

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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

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

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 12,448,324	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 12,448,324	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	456,738	6
7	Oxygen	20,719	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 477,457	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		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		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	14,477	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 14,477	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See page 19A</u>	875	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 875	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,941,133	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,964,311	31
32	Health Care	5,187,470	32
33	General Administration	3,616,061	33
	B. Capital Expense		
34	Ownership	1,612,138	34
	C. Ancillary Expense		
35	Special Cost Centers	1,274,599	35
36	Provider Participation Fee	477,598	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,132,177	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,191,044)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,191,044)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 9,562,276	44
45	Private Pay - Net Inpatient Revenue	457,247	45
46	Medicare - Net Inpatient Revenue	1,601,520	46
47	Other-(specify) <u>Hospice</u>	687,484	47
48	Other-(specify) <u>Insur,Vets,Charity/Sales Allows</u>	139,797	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 12,448,324	49

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

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

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

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

Facility Name & ID Number	Alden Long Grove Rehab HCC	# 0040683	Report Period Beginning: 01/01/2020	Ending: 12/31/2020
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Details of Page 19, Line 28

Description	Amount
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 783
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	92
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	
Line 28 Total:	<u>875</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	2,554	2,562	\$ 129,895	\$ 50.70	1
2	Assistant Director of Nursing	1,912	1,912	84,296	44.09	2
3	Registered Nurses	23,701	25,810	980,220	37.98	3
4	Licensed Practical Nurses	29,284	31,776	979,712	30.83	4
5	CNAs & Orderlies	79,006	88,804	1,710,760	19.26	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,706	6,368	143,714	22.57	8
9	Activity Director	2,000	2,024	55,688	27.51	9
10	Activity Assistants	6,764	7,148	107,873	15.09	10
11	Social Service Workers	1,138	1,138	35,099	30.84	11
12	Dietician					12
13	Food Service Supervisor	2,040	2,064	58,082	28.14	13
14	Head Cook	1,240	1,240	23,895	19.27	14
15	Cook Helpers/Assistants	19,039	21,342	339,950	15.93	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,088	59,774	28.63	17
18	Housekeepers	17,075	18,579	304,810	16.41	18
19	Laundry	6,737	7,154	117,555	16.43	19
20	Administrator	1,300	1,390	68,456	49.25	20
21	Assistant Administrator	1,469	1,469	49,404	33.63	21
22	Other Administrative	5,867	5,891	177,354	30.11	22
23	Office Manager					23
24	Clerical	4,145	4,200	59,256	14.11	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,475	4,499	173,047	38.46	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,067	1,314	24,929	18.97	31
32	Other Health C: Resident Att / Tem	657	695	13,643	19.63	32
33	Other(specify) Memory Care Acti	6,916	7,546	139,218	18.45	33
34	TOTAL (lines 1 - 33)	226,156	247,013	\$ 5,836,630 *	\$ 23.63	34

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

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	294	\$ 20,595	1-3	35
36	Medical Director	133	8,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	297	5,951	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	5	278	11-3	44
45	Social Service Consultant	668	2,520	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	1,397	\$ 37,344		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	4,280	81,312	10-3	52
53	TOTAL (lines 50 - 52)	4,280	\$ 81,312		53

Facility Name & ID Number

Alden Long Grove Rehab HCC

STATE OF ILLINOIS

0040683

Report Period Beginning:

01/01/2020

Page 21

Ending: 12/31/2020

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
REFVIK, KIRSTEN J	Administrator	0	\$ 5,811
STREIT, ERIKA K	Administrator	0	63,374
SALDANA, YVETTE	Assistant Administrator	0	48,675
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 117,860

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	Consulting fee	\$ 899,663
MIDCAP	Accounting Fees	7,893
Baker Tilly , C. Novotny	Accounting Fees	9,367
MidCap, Salvi & Wifler, P.C.	Legal Fees-Non Collections	3,097
AMS (Eliminated)	Legal Fees-Non Collections	47,520
SB2, Stone Pogrund	Legal Fees-Collections	12,845
Midwest Care, Stern \$ Assoc.	Legal Fees-Collections	13,473
Joint Commission, Achieve Accredita	Professional Fees	7,983
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)		\$ 1,001,841

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 177,246
Unemployment Compensation Insurance	23,918
FICA Taxes	427,959
Employee Health Insurance	286,796
Employee Meals	36,779
Illinois Municipal Retirement Fund (IMRF)*	
Dental, Vision & Life Insurance	3,134
Employee Relations	13,666
Misc Payroll Costs/401K Match	8,952
Employee Drug Test/Vaccinations	24,190
Related Party Fees	
Insurance savings program	
Related Party -Forum Pharmacy	(3,007)
TOTAL (agree to Schedule V, line 22, col.8)	\$ 999,633

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	8,965
Health Care Worker Background Check (Indicate # of checks performed 6)	195
Patient Background Checks	144 1,442
Surety Bond Fee	713
Collaborative Healthcare/Health Care Council	25,424
Broadcast Music/ American Health Care/Link	4,694
Related party-AMS	1,432
Less: Public Relations Expense	()
Non-allowable advertising	()
Yellow page advertising	()
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 42,865

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$
In-State Travel	23
Related party	1,207
Seminar Expense	
Entertainment Expense	()
TOTAL (agree to Sch. V, line 24, col. 8)	\$ 1,230

* Attach copy of IMRF notifications

**See instructions.

Alden - Long Grove Rehabilitation and Health Care Center, Inc.
Legal Fee Support
2020

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	76,935.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(26,318.00)
Non-allowable legal fees, if any, deducted on - AMS Allocated Legal Fees: GL 680600-100-003 + Add Back voided invoice of prior year, if any		(47,520.00)
Allowable Legal Fees	\$	3,097.00

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

In Detail: Vendor Name	Invoice Date	Amount
MidCap	1/5/2021	191.03
MidCap	7/6/2020	483.02
MidCap	2/7/2020	1,212.69
Salvi & Weller, P.C.	11/23/2020	1,210.00
TOTAL ALLOWABLE LEGAL FEES		3,096.74

6806 Lgl Non Coll

Vendor Name	Invoice Date	Amount
SB2 Inc	1/9/2021	204.55
SB2 Inc	12/4/2020	204.55
SB2 Inc	11/6/2020	204.55
SB2 Inc	10/6/2020	204.55
SB2 Inc	9/4/2020	204.55
SB2 Inc	8/8/2020	204.55
SB2 Inc	7/7/2020	204.55
SB2 Inc	6/4/2020	204.55
SB2 Inc	5/6/2020	204.55
SB2 Inc	4/6/2020	204.55
SB2 Inc	3/5/2020	204.55
SB2 Inc	2/6/2020	204.55
Stone Pogrund	12/4/2020	700.00
Stone Pogrund	11/6/2020	700.00
Stone Pogrund	10/6/2020	727.70
Stone Pogrund	9/4/2020	700.00
Stone Pogrund	8/8/2020	1,011.14
Stone Pogrund	7/7/2020	880.80
Stone Pogrund	6/4/2020	962.09
Stone Pogrund	5/6/2020	856.90
Stone Pogrund	4/6/2020	966.17
Stone Pogrund	3/5/2020	947.14
Stone Pogrund	1/9/2021	1,151.21
Stone Pogrund	1/9/2021	786.41
Midwest Care Management Services	1/6/2021	250.00
Midwest Care Management Services	1/6/2021	50.00
Midwest Care Management Services	1/6/2021	37.50
Midwest Care Management Services	1/6/2021	1,337.50
Midwest Care Management Services	1/4/2021	100.00
Midwest Care Management Services	1/4/2021	126.05
Midwest Care Management Services	1/4/2021	125.00
Midwest Care Management Services	1/4/2021	412.50
Midwest Care Management Services	1/4/2021	50.00
Midwest Care Management Services	1/4/2021	162.50
Midwest Care Management Services	11/3/2020	75.00
Midwest Care Management Services	11/3/2020	450.00
Midwest Care Management Services	10/5/2020	25.00
Midwest Care Management Services	9/14/2020	100.00
Midwest Care Management Services	9/14/2020	87.50
Midwest Care Management Services	9/14/2020	425.00
Midwest Care Management Services	1/28/2020	837.50
Midwest Care Management Services	1/28/2020	648.12
Midwest Care Management Services	5/27/2020	156.25
Midwest Care Management Services	5/27/2020	350.00
Midwest Care Management Services	5/27/2020	796.25
Midwest Care Management Services	4/28/2020	25.00
Midwest Care Management Services	4/28/2020	600.00
Midwest Care Management Services	4/28/2020	162.50
Midwest Care Management Services	2/24/2020	300.00
Midwest Care Management Services	2/24/2020	112.50
Midwest Care Management Services	7/21/2020	275.00
Midwest Care Management Services	7/21/2020	543.75
Midwest Care Management Services	7/21/2020	12.50
Midwest Care Management Services	7/21/2020	275.00
Midwest Care Management Services	7/21/2020	2,055.84
Midwest Care Management Services	4/6/2020	200.00
Midwest Care Management Services	4/6/2020	25.00
Midwest Care Management Services	4/6/2020	25.00
Stern & Associates	7/29/2020	829.98
Stern & Associates	7/21/2020	990.00
Stern & Associates	2/29/2020	330.00
Stern & Associates	3/30/2020	110.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 26,317.90

6966 Lgl collect

Vendor Name	Invoice Date	Amount
Corporate Legal Fee 2020	12/30/2020	3,960.00
Corporate Legal Fee 2020	12/1/2020	3,960.00
Corporate Legal Fee 2020	10/29/2020	3,960.00
Corporate Legal Fee 2020	10/1/2020	3,960.00
Corporate Legal Fee 2020	8/27/2020	3,960.00
Corporate Legal Fee 2020	7/29/2020	3,960.00
Corporate Legal Fee 2020	6/30/2020	3,960.00
Corporate Legal Fee 2020	5/28/2020	3,960.00
Corporate Legal Fee 2020	4/30/2020	3,960.00
Corporate Legal Fee 2020	3/26/2020	3,960.00
Corporate Legal Fee 2020	2/28/2020	3,960.00
Corporate Legal Fee 2020	2/10/2020	3,960.00
TOTAL Allocated Legal Fees		47,520.00
Total Legal Cost		76,934.64

6806-100-003 Lgl non coll

XX. GENERAL INFORMATION:

- (1)

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

CNA:Yes, RN/LPN:No
- (2)

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

yes

If YES, give association name and amount.

Health Care Council of IL \$23,808
- (3)

Did the nursing home make political contributions or payments to a political action organization?

yes

If YES, have these costs been properly adjusted out of the cost report?

yes
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

no

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

yes

What was the average life used for new equipment added during this period?

10 years
- (6)

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

\$ 48,144

Line 10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

no

If YES, give effective date of lease.

n/a
- (9)

Are you presently operating under a sublease agreement?

YES

x

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

x

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$ 477,598

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.

\$ 36,779

Has any meal income been offset against related costs?

no

Indicate the amount.

\$
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

no

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

no

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$ no

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)

Has a schedule for the legal fees reported on the cost report been provided by the facility?

See page 39 of the instructions for details.

yes

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