



Facility Name & ID Number Alden North Shore Rehab & HCC

# 0042028 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	93	Skilled (SNF)	93	33,945	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	93	TOTALS	93	33,945	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	226	4,759	16,643	21,628	8
9	SNF/PED					9
10	ICF	594	230		824	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	820	4,989	16,643	22,452	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 66.14%

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

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

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

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

YES  NO

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

Date started 8/14/1999

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

YES  Date 8/14/1999 NO

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

YES  NO  If YES, enter number of beds certified 93 and days of care provided 16,643

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/13 Fiscal Year: 12/31/13

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

Facility Name &amp; ID Number

Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

**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
	<b>A. General Services</b>										
1	Dietary	617,849	34,834		652,683	2,459	655,142	1,200	656,342		1
2	Food Purchase		322,881		322,881	(39,228)	283,653	(8,894)	274,759		2
3	Housekeeping	151,734	31,500		183,234	1,351	184,585	3,364	187,949		3
4	Laundry	37,776	26,368	20,669	84,813	394	85,207		85,207		4
5	Heat and Other Utilities			202,799	202,799		202,799	295	203,094		5
6	Maintenance	69,053		219,462	288,515	260	288,775	8,001	296,776		6
7	Other (specify):* related party							3,937	3,937		7
8	<b>TOTAL General Services</b>	876,412	415,583	442,930	1,734,925	(34,764)	1,700,161	7,903	1,708,064		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			(17,500)	(17,500)		(17,500)	29,500	12,000		9
10	Nursing and Medical Records	2,309,294	183,020	3,597	2,495,911	7,369	2,503,280	17,647	2,520,927		10
10a	Therapy	75,889	4,943	15,000	95,832		95,832		95,832		10a
11	Activities	98,319	1,331	4,660	104,310		104,310		104,310		11
12	Social Services	62,868			62,868		62,868		62,868		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,114	3,114		15
16	<b>TOTAL Health Care and Programs</b>	2,546,370	189,294	5,757	2,741,421	7,369	2,748,790	50,261	2,799,051		16
	<b>C. General Administration</b>										
17	Administrative	187,896			187,896		187,896	52,517	240,413		17
18	Directors Fees										18
19	Professional Services			905,019	905,019	(928)	904,091	(833,557)	70,534		19
20	Dues, Fees, Subscriptions & Promotions			72,688	72,688		72,688	(58,699)	13,989		20
21	Clerical & General Office Expenses	123,575	42,341	103,731	269,647	306	269,953	200,237	470,190		21
22	Employee Benefits & Payroll Taxes			612,502	612,502	27,045	639,547		639,547		22
23	Inservice Training & Education										23
24	Travel and Seminar			563	563		563	369	932		24
25	Other Admin. Staff Transportation			2,241	2,241		2,241	7,146	9,387		25
26	Insurance-Prop.Liab.Malpractice			107,056	107,056		107,056	11,860	118,916		26
27	Other (specify):* related party			95,534	95,534		95,534	(69,840)	25,694		27
28	<b>TOTAL General Administration</b>	311,471	42,341	1,899,334	2,253,146	26,423	2,279,569	(689,967)	1,589,602		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,734,253	647,218	2,348,021	6,729,492	(972)	6,728,520	(631,803)	6,096,717		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name &amp; ID Number

Alden North Shore Rehab &amp; HCC

#0042028

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			63,329	63,329		63,329	311,909	375,238			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			200,817	200,817		200,817	143,672	344,489			32
33	Real Estate Taxes			375,009	375,009	(375,009)		423,458	423,458			33
34	Rent-Facility & Grounds			441,183	441,183	375,009	816,192	(807,192)	9,000			34
35	Rent-Equipment & Vehicles			23,605	23,605		23,605	23,622	47,227			35
36	Other (specify):* MIP							61,720	61,720			36
37	<b>TOTAL Ownership</b>			1,103,943	1,103,943		1,103,943	157,189	1,261,132			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,090,410	1,983,586	3,073,996	972	3,074,968	(266,565)	2,808,403			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			85,999	85,999		85,999		85,999			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		1,090,410	2,069,585	3,159,995	972	3,160,967	(266,565)	2,894,402			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,734,253	1,737,628	5,521,549	10,993,430		10,993,430	(741,179)	10,252,251			45

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

**Reclassifications - Pages 3 & 4, Column 5**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(39,227.82)	Employee Meals
	22	39,227.82	Employee Meals
22		(12,183.00)	Uniforms
	1	1,531.00	Uniforms
	3	1,351.00	Uniforms
	4	394.00	Uniforms
	6	260.00	Uniforms
	10	8,341.00	Uniforms
	11	0.00	Uniforms
	21	306.00	Uniforms
10		(972.13)	Oxygen - to appropriate cost center
	39	972.13	Oxygen - to appropriate cost center
33		(375,009.05)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	375,009.05	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(928.00)	Dietary Consultant
	1	928.00	Dietary Consultant



**VI. ADJUSTMENT DETAIL**

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(576)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,283)	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	(65,940)	30		9
10	Interest and Other Investment Income	(3,217)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,422)	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	(6,571)	21		17
18	Fines and Penalties	(8)	32		18
19	Entertainment	(366)	20		19
20	Contributions	(3,250)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,242)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(95,534)	27		24
25	Fund Raising, Advertising and Promotional	(22,940)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (211,349)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(582,369)	Various	34
35	Other- Attach Schedule	52,539	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (529,830)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (741,179)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

## Alden North Shore Rehab &amp; HCC

ID# 0042028

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,619)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(16,479)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,511	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	19,208	6	4
5				5
6	Adj for ABC Related Party Profit - Pg 13	2,057	30	6
7	Depreciation Adj Sage Report	4,139	30	7
8				8
9	Valet Cost	(44,081)	21	9
10	Late Fees on Utilities	(1,100)	5	10
11	Eliminate Prior Year AT & T Settlement on Late Fees	16,169	21	11
12	Other Nursing Income (flu,w/chair, etc)	(756)	21	12
13				13
14	Miscellaneous Income - Medical Records	(1,460)	10	14
15	Miscellaneous Income - Jury Duty	(17)	21	15
16				16
17				17
18	Back Out 30%(2013)of PAC Fees from ILHCA Bills	(770)	20	18
19	Back Out Skokie Chamber of Commerce	(335)	20	19
20				20
21				21
22	Back Out Bank Fees - Northshore Associates LLC	(290)	19	22
23	Intercompany Adjustment to correct I/C Interest	(122)	32	23
24				24
25	Back out 2000 Real Estate Tax Refund	44,642	33	25
26	Back Out 2003 Real Estate Tax Refund	342	33	26
27				27
28	Add Prior Year Medical Director Settlement	29,500	9	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	<b>Total</b>		52,539	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## 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	1,200	0	0	0	0	0	0	0	0	1,200	1
2	Food Purchase	(4,998)	0	0	(3,896)	0	0	0	0	0	0	0	(8,894)	2
3	Housekeeping	0	0	3,364	0	0	0	0	0	0	0	0	3,364	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,100)	0	1,395	0	0	0	0	0	0	0	0	295	5
6	Maintenance	16,436	0	(8,813)	0	0	0	378	0	0	0	0	8,001	6
7	Other (specify):*	0	0	3,187	750	0	0	0	0	0	0	0	3,937	7
8	<b>TOTAL General Services</b>	<b>10,338</b>	<b>0</b>	<b>333</b>	<b>(3,146)</b>	<b>0</b>	<b>0</b>	<b>378</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,903</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	29,500	0	0	0	0	0	0	0	0	0	0	29,500	9
10	Nursing and Medical Records	(1,460)	0	20,212	1,351	(2,456)	0	0	0	0	0	0	17,647	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	3,114	0	0	0	0	0	0	0	0	3,114	15
16	<b>TOTAL Health Care and Programs</b>	<b>28,040</b>	<b>0</b>	<b>23,326</b>	<b>1,351</b>	<b>(2,456)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50,261</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	52,517	0	0	0	0	0	0	0	0	52,517	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,532)	28,636	(859,661)	0	0	0	0	0	0	0	0	(833,557)	19
20	Fees, Subscriptions & Promotions	(27,661)	309	(31,347)	0	0	0	0	0	0	0	0	(58,699)	20
21	Clerical & General Office Expenses	(35,256)	3,500	123,418	15,783	92,792	0	0	0	0	0	0	200,237	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	369	0	0	0	0	0	0	0	0	369	24
25	Other Admin. Staff Transportation	0	0	7,146	0	0	0	0	0	0	0	0	7,146	25
26	Insurance-Prop.Liab.Malpractice	0	11,759	101	0	0	0	0	0	0	0	0	11,860	26
27	Other (specify):*	(95,534)	0	24,549	1,614	(469)	0	0	0	0	0	0	(69,840)	27
28	<b>TOTAL General Administration</b>	<b>(160,983)</b>	<b>44,204</b>	<b>(682,908)</b>	<b>17,397</b>	<b>92,323</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(689,967)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(122,605)</b>	<b>44,204</b>	<b>(659,249)</b>	<b>15,602</b>	<b>89,867</b>	<b>0</b>	<b>378</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(631,803)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013 Ending:

12/31/2013

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(77,842)	380,675	9,076	0	0	0	0	0	0	0	0	311,909	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,347)	140,606	4,146	0	2,267	0	0	0	0	0	0	143,672	32
33	Real Estate Taxes	44,984	375,009	2,571	0	894	0	0	0	0	0	0	423,458	33
34	Rent-Facility & Grounds	0	(807,192)	0	0	0	0	0	0	0	0	0	(807,192)	34
35	Rent-Equipment & Vehicles	0	0	23,622	0	0	0	0	0	0	0	0	23,622	35
36	Other (specify):*	0	61,720	0	0	0	0	0	0	0	0	0	61,720	36
37	<b>TOTAL Ownership</b>	<b>(36,205)</b>	<b>150,818</b>	<b>39,415</b>	<b>0</b>	<b>3,161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>157,189</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(44,693)	(175,509)	(46,363)	0	0	0	0	0	(266,565)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(44,693)</b>	<b>(175,509)</b>	<b>(46,363)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(266,565)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(158,810)	195,022	(619,834)	(29,091)	(82,481)	(46,363)	378	0	0	0	0	(741,179)	45

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 807,192	North Shore Touhy Associates LLC	0.00%	\$	\$ (807,192)	1
2	V	32 Interest Income-Repl Reserve/Misc	156,389	North Shore Touhy Associates LLC			(156,389)	2
3	V	6 R & M - Replacement Reserves		North Shore Touhy Associates LLC				3
4	V	19 Accounting Fees/Bank Charges		North Shore Touhy Associates LLC		7,640	7,640	4
5	V	21 Professional Fees		North Shore Touhy Associates LLC		3,500	3,500	5
6	V	20 Corporate Annual Report Fee		North Shore Touhy Associates LLC		309	309	6
7	V	33 Real Estate Tax Expense		North Shore Touhy Associates LLC		375,009	375,009	7
8	V	26 Property & Liability Insurance		North Shore Touhy Associates LLC		11,759	11,759	8
9	V	36 Mortgage Insurance Premium		North Shore Touhy Associates LLC		61,720	61,720	9
10	V	32 Interest - Other/Amortization		North Shore Touhy Associates LLC		296,995	296,995	10
11	V	30 Depreciation Expense		North Shore Touhy Associates LLC		380,675	380,675	11
12	V	19 Legal Fees: Non - Collections		North Shore Touhy Associates LLC		20,996	20,996	12
13	V	32 Debt Retirement Fee		North Shore Touhy Associates LLC				13
14	Total		\$ 963,581			\$ 1,158,603	\$ * 195,022	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%	\$ 1,395	\$ 1,395 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		369	369 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		7,146	7,146 17
18	V	26 Insurance		Alden Management Services, Inc.		101	101 18
19	V	20 Dues/Subscriptions	32,562	Alden Management Services, Inc.		1,215	(31,347) 19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076	9,076 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,571	2,571 21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		23,622	23,622 22
23	V	32 Interest		Alden Management Services, Inc.		4,146	4,146 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,200	1,200 24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,364	3,364 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		3,187	3,187 26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		20,212	20,212 27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,114	3,114 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		52,517	52,517 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		24,549	24,549 30
31	V	19 Professional Fees	881,190	Alden Management Services, Inc.		21,529	(859,661) 31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		123,418	123,418 32
33	V	6 Repairs & Maintenance	31,994	Alden Management Services, Inc.		23,181	(8,813) 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 945,746			\$ 325,912	\$ * (619,834) 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	2 Tube Feeding	\$ 9,191	Prism Health Care Sevices, Inc.	0.00%	\$ 5,295	\$	(3,896)	15
16	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		8,011		1,351	16
17	V	39 Ancillary Services	80,567	Prism Health Care Sevices, Inc.		35,874		(44,693)	17
18	V	21 Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		9,299		9,299	18
19	V	27 Employee Benefits		Prism Health Care Sevices, Inc.		1,614		1,614	19
20	V	7 Employee Benefits		Prism Health Care Sevices, Inc.		750		750	20
21	V	21 Gen'l & Admin		Prism Health Care Sevices, Inc.		6,484		6,484	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		\$ 96,418			\$ 67,327	\$ *	(29,091)	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	\$ 502,389	Forum Extended Care Services II, Inc.	0.00%	\$ 414,617	\$ (87,772)
16	V	39 I.V.	501,905	Forum Extended Care Services II, Inc.		414,218	(87,687)
17	V	39 Wound Care	290	Forum Extended Care Services II, Inc.		240	(50)
18	V	10 House Stock	11,703	Forum Extended Care Services II, Inc.		9,659	(2,044)
19	V	10 Pharmacy Consultant	2,357	Forum Extended Care Services II, Inc.		1,945	(412)
20	V	27 Employee Vaccinations	2,685	Forum Extended Care Services II, Inc.		2,216	(469)
21	V	21 Employee Benefit: G & A		Forum Extended Care Services II, Inc.		8,007	8,007
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		53,478	53,478
23	V	21 General & Administrative		Forum Extended Care Services II, Inc.		31,307	31,307
24	V	32 Interest		Forum Extended Care Services II, Inc.		2,267	2,267
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		894	894
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,021,329			\$ 938,848	\$ * (82,481)

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

**VII. RELATED PARTIES (continued)**

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy Revenue	\$ 1,936,123	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,889,760	\$ (46,363)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	<b>Total</b>		\$ 1,936,123			\$ 1,889,760	\$ * (46,363)

\* 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	\$ 28,059	Alden Bennett Construction Company, Inc.	0.00%	\$ 28,437	\$	378	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		\$ 28,059			\$ 28,437	\$ *	378	39

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

Facility Name &amp; ID Number

Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden North Shore Rehab & HCC # 0042028 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

## VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg	President	CEO	100.00	181,851	0.68	1.70	Salary	\$ 3,149	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	93,383	0.68	1.70	Salary	1,617	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	93,383	0.68	1.70	Salary	1,617	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	103,427	0.68	1.70	Salary	1,791	17-7	4
5	Audra Elisco	Training Coordinator	Train Employees	0.00	56,377	0.68	1.70	Salary	976	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our quality assurance program.										11
12											12
13								TOTAL	\$ 9,150		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 North Shore Rehab & HCC

# 0042028

Report Period Beginning:

01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Alden Management Services, Inc.  
 Street Address 4200 W. Peterson  
 City / State / Zip Code Chicago, IL 60646  
 Phone Number ( 773-286-3883  
 Fax Number ( 773-286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,319,137	35	\$ 81,942	\$ 22,452	\$ 1,395	1
2	24	Travel/Seminar	Patient Days	1,319,137	35	21,681	22,452	369	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	22,452	7,146	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	22,452	101	4
5	20	Dues/Subscriptions	Patient Days	1,319,137	35	71,386	22,452	1,215	5
6	30	Depreciation	No. of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/usage	1,319,137	35	171,267	22,452	2,571	7
8	35	Rent-Equip & Vehicles	Patient Days	1,319,137	35	1,387,861	22,452	23,622	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	22,452	4,146	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	1,200	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	3,364	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,319,137	35	187,265	22,452	3,187	12
13	10	Nurs/Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	20,212	13
14	15	Employee Benef-Health Care	Patient Days	1,319,137	35	182,984	22,452	3,114	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	52,517	15
16	27	Employee Benef-Administrative	Patient Days	1,319,137	35	1,442,333	22,452	24,549	16
17	19	Professional Fees	Patient Days	1,319,137	35	1,264,885	822,981	21,529	17
18	21	Gen'l & Administrative	Patient Days	1,319,137	35	7,251,269	6,199,389	123,418	18
19	6	Repairs & Maintenance	Patient Days	1,319,137	35	1,361,952	1,077,972	23,181	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 325,912	25

Facility Name &amp; ID Number

Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

	1	Name of Lender	2		3	4	5	6		7	8	9	10						
			Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
			YES	NO											Original	Balance			
		<b>A. Directly Facility Related</b>																	
		<b>Long-Term</b>																	
1		Cambridge (GL 2505)		X	Mortgage	\$40,011.11	8/1/2012	\$ 11,486,700	\$ 11,241,943	3/1/2049	2.5000	\$ 283,309	1						
2													2						
3		Bank Leumi (GL 2503/7035)		X	LOC		10/23/10	1,103,270	844,532			42,989	3						
4													4						
5													5						
		<b>Working Capital</b>																	
6		Related party-AMS		x	Working Capital							4,146	6						
7		Related party-FECII		x	Working Capital							2,267	7						
8													8						
9		<b>TOTAL Facility Related</b>				\$40,011.11		\$ 12,589,970	\$ 12,086,475			\$ 332,711	9						
		<b>B. Non-Facility Related*</b>																	
10		Interest Income Repl Reserve		x								(41)	10						
11		Interest Income(4646/4975)		x								(3,217)	11						
12		Insurance Interest (GL 7053)		x	Medical Malpractice							1,349	12						
13		Amortization-Fin/Refin Fee		x	Working Capital							13,686	13						
14		<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 11,778	14						
15		<b>TOTALS (line 9+line14)</b>						\$ 12,589,970	\$ 12,086,475			\$ 344,489	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 61,720 Line # 36

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

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

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

B. Real Estate Taxes

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>390,600</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>399,293</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>8,693</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>411,300</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>419,993</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>3,465.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>423,458</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>260,044</u>			8
	2009	<u>307,288</u>			9
	2010	<u>376,132</u>			10
	2011	<u>379,236</u>			11
	2012	<u>399,293</u>			12
<u>the current year accrual is based on an estimated 3% increase of the prior year tax</u>					
<b>FOR BHF USE ONLY</b>					
	13	FROM R. E. TAX STATEMENT FOR 2012	\$		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.**

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden North Shore Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042028

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-8038

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2012 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 2012.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>285,389.00</u>	\$ <u>2,571.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>894.00</u>
3. <u>10-28-429-038-0000</u>	<u>Nursing Home Facility</u>	\$ <u>399,292.53</u>	\$ <u>399,292.53</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>720,362.53</u></u>	\$ <u><u>402,757.53</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?                 YES        x   NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.  
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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: 45,208 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

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

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility/SNF</u>	<u>34,483</u>	<u>1997</u>	<u>\$ 955,797</u>	1
2					2
3	<b>TOTALS</b>	<b>34,483</b>		<b>\$ 955,797</b>	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	93	1999	1999	\$ 6,782,967	\$ 203,542	40	\$ 169,574	\$ (33,968)	\$ 2,374,036	4
5										5
6										6
7										7
8										8
<b>Improvement Type**</b>										
9	draper corp-electric screen		1999	1,252		10			1,252	9
10	dakota wiring & comm.-wiring for cable tv		1999	2,500		10			2,500	10
11	climate serv-repair compressor		1999	1,990	133	15	133		1,868	11
12	tci cable-install cable		1999	1,254		10			1,254	12
13	ABC-install tiles/repair		2000	4,011	267	15	267		3,699	13
14	ABC-mainten-various/construction		2000	5,000		10			5,000	14
15	ABC-mainten-various/construction		2000	10,000		10			10,000	15
16	ABC-mainten-various/construction		2000	10,000		10			10,000	16
17	new horizons-phone system		2000	5,744		10			5,744	17
18	new horizons-phone system & cable		2000	2,784		10			2,784	18
19	new horizons-phone system		2000	3,742		10			3,742	19
20	dbs contract.-lawn sprinkler system		2000	1,611	107	15	107		1,450	20
21	ABC-misc construction work		2000	5,347		5			5,347	21
22	ABC-misc construction work		2000	13,118		5			13,118	22
23										23
24	ABC-misc construction work (12/31/01 finished-begin exp '02)		2001	3,361		10			3,361	24
25	Laport (walk off mat carpet/floor covering)		2001	3,548		5			3,548	25
26	The Floor Source (PT carpet/floor covering)		2001	1,576		5			1,576	26
27	ABC-beds/bedside cabinets/washers/dryers/bookcases/wallcover		2001	289,721	19,315	15	19,315		251,091	27
28	New Horizon (phone system)		2001	1,256		10			1,256	28
29										29
30	ABC-misc construction work		2002	16,368	1,091	15	1,091		13,094	30
31										31
32	ABC-misc construction work		2003	2,116		10			2,116	32
33	GT Mechanical-repair exhaust fans		2003	6,080	203	10	203		6,080	33
34	EWS-repair opxyen alarm ssytem		2003	2,054		5			2,054	34
35	ABC-parking lot upgrades		2003	7,538	377	10	377		7,538	35
36	ABC-parking lot repairs		2003	2,943		5			2,943	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 &amp; ID Number Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

**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	GT Mechanical-thermostat equip	2004	\$ 1,693	\$ 169	10	\$ 169	\$	\$ 1,693	37
38	ABC-repair sewer	2004	19,580	1,958	10	1,958		19,091	38
39	GT Mechanical-misc repairs	2004	1,442		5			1,442	39
40	GT Mechanical-replace pump	2004	2,496		5			2,496	40
41	GT Mechanical-misc repairs	2004	614		5			614	41
42	ABC-bath,plumb. Upgrade	2004	1,813	181	10	181		1,738	42
43	ABC-painting supplies	2004	1,258		5			1,258	43
44	GT Mechanical-Electric improvement	2004	917	92	10	92		856	44
45	ABC-plumbing/misc. repairs	2004	3,971	397	10	397		3,673	45
46	TopNotch-motor drive repair	2004	3,139	314	10	314		2,852	46
47	ABD- carpet repairs	2004	4,943	494	10	494		4,489	47
48	ABC-misc repairs	2004	2,783		7			2,783	48
49	ABC parking lot improve.	2004	16,008	1,601	10	1,601		14,807	49
50									50
51	ABC-Cabinetry	2005	4,393	220	15	220		1,940	51
52	Patten CAT-Repair Generator	2005	2,074	104	20	104		907	52
53	GT Mechanical-No AC Water/Temp Low	2005	1,340	134	10	134		1,027	53
54	seal/crack/fill asphalt (LLC)	2005	6,045	378	8	378		6,045	54
55	Installed new alerton controll/rewire/cycling relay	2005	7,064	706	10	706		6,004	55
56	tile and grout restoration-all ceramic tile floors	2005	7,830	783	10	783		6,655	56
57	replaced leaky ceiling parts	2005	1,480		5			1,480	57
58	fabricate/install elevator finishes/baseboards/etc.	2005	12,843	1,284	10	1,284		10,916	58
59	new hvac motor	2005	3,860	386	10	386		3,120	59
60	wired new electronic starter	2005	1,530	153	10	153		1,236	60
61									61
62	GT Mechanical - New Motors/brackets/fan blades	2007	4,497		5			4,497	62
63	ABC/Patten - Replace/Repair Generator	2007	2,898	290	10	290		2,029	63
64	Second Floor Nurses Station	2007	4,246	425	10	425		2,973	64
65	Repair Condensor/Fan Motor sensors	2007	2,529		5			2,529	65
66	Replaced Domestic Water Pump-ABC	2007	3,032	303	10	303		1,869	66
67									67
68									68
69									69
70	<b>TOTAL (lines 4 thru 69)</b>		\$ 7,314,197	\$ 235,408		\$ 201,440	\$ (33,968)	\$ 2,847,473	70

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

Facility Name &amp; ID Number Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 7,314,197	\$ 235,408		\$ 201,440	\$ (33,968)	\$ 2,847,473	1
2	Repaired AC	2008	7,776	778	10	778		4,277	2
3	New Asphalt - ABC	2008	2,973	372	8	372		1,920	3
4	New Asphalt - ABC	2008	4,110	514	8	514		2,654	4
5	New Fire Alarm Printer/New Ceiling Tiles-ABC	2008	4,007	401	10	401		2,070	5
6	New Plumbing and Electrical Fixtures-ABC	2008	2,509	167	15	167		976	6
7	New Clear Acrylic-Oakton Glass&Mirror	2008	3,517	352	10	352		1,759	7
8	General Labor for Atrium-AMS Maintenance Allocation	2008	3,741	748	5	748		3,741	8
9	Repair Water Heater	2008	3,237	324	10	324		1,861	9
10									10
11	ABC - New Fire Alarm Annunciator	2009	2,637	264	10	264		1,143	11
12	ABC-New Carpeting ,New Overload Starter&Phase Motor Starter	2009	4,340	868	5	868		3,762	12
13	GT Mechanical-New Belts,New Starter&Coils for Chiller Pump	2009	4,602	460	10	460		1,994	13
14	GT Mechanical-New Pump Seals	2009	3,308	331	10	331		1,434	14
15									15
16	ABC - Exhaust Vent Shaft	2010	3,539	354	10	354		1,091	16
17	ABC- Concrete Driveway Sealcoat	2010	18,600	1,240	15	1,240		3,823	17
18	TOPNOT - Boiler Assembly - Kitchen Equipment	2010	3,018	604	5	604		1,861	18
19									19
20	Columns, Masonry at Handicapped Parking Area - ALDBEN	2011	2,959	592	5	592		1,726	20
21	Upholstrv: Fabric Chairs - Shades Window Sunscreen-ALDDES	2011	9,984	998	5	998		1,248	21
22									22
23	Sprinkler System, Fire Protection System - ALDBEN	2012	5,039	67	25	67		269	23
24	Duct Work - ALDBEN	2012	7,421	495	15	495		537	24
25	Reupholster Chairs/Fabric - ALDDES	2012	2,516	503	5	503		755	25
26	Parking Lot resurface - Kol Emeth - ALDBEN	2012	3,919	327	8	327		653	26
27	Parking Lot resurface - Kol Emeth - ALDBEN	2012	5,175	431	8	431		863	27
28	Conservatory Addiiton Project/Skylights - ALDBEN	2012	8,547	342	25	342		570	28
29	Conservatory/Flooring,Plumbing,Electrical Fixtures,Access Panes,	2012	16,782	671	25	671		1,119	29
30	Conservatory Addiiton Project/ Concrete, Roofing - ALDBEN	2012	36,550	1,462	25	1,462		2,437	30
31	Conservatory/Concrete, Doors/Frames,,Cabinets,Plumbing,HVAC	2012	38,758	1,550	25	1,550		2,584	31
32	Conservatory Addiiton Project/ Drywall - ALDBEN	2012	48,952	1,958	25	1,958		3,263	32
33	Conservatory Addiiton Project/ Masonrv, Drywall, Roofing - ALD	2012	59,394	2,376	25	2,376		3,960	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,632,107	\$ 254,955		\$ 220,987	\$ (33,968)	\$ 2,901,821	34

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,632,107	\$ 254,955		\$ 220,987	\$ (33,968)	\$ 2,901,821	1
2	Conservatory Addiiton Project/Drywall/Caulking, Roofing, Plumbin	2012	104,492	4,180	25	4,180		6,966	2
3	Conservatory Addiiton Project/Structural Steel - ALDBEN	2012	13,500	540	25	540		630	3
4	Conservatory Drywall, Glass, Doors/Frames, Cabinets/Ceramic Ston	2012	59,694	2,388	25	2,388		2,587	4
5	Conservatory/HVAC, Electrical, Fire Protection, Furniture, Carpet,	2012	72,579	2,903	25	2,903		3,387	5
6	Conservatory /Doors, Cabinets/Tops, Painting/Decorating, - ALDBE	2012	25,000	1,000	25	1,000		2,194	6
7	Conservatory Addiiton Project/Engineering/Permit/Blueprint Fees	2012	5,933	237	25	237		257	7
8	Conservatory Addiiton Project/Window Treatments/Panels/Curtai	2012	10,376	415	25	415		484	8
9	Conservatory Addiiton Project/Window Treatments/Panels/Valenc	2012	17,069	683	25	683		740	9
10	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	9,887	395	25	395		428	10
11	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	14,500	580	25	580		628	11
12									12
13	Dampers, Fire, Access Doors, Actuators - ALDBEN	2013	11,364	663	10	663		663	13
14	Chiller Fan Motor and Bracket, Condensor Coils - GTMECH	2013	5,168	603	5	603		603	14
15	Heating/Vent major repair, Pneumatic - ALDBEN	2013	11,573	386	5	386		386	15
16	Elevator, major repair, Hydraulic Piston Packing - KONINC	2013	2,871	96	5	96		96	16
17	Furniture, Fabric-Resident Room Converisons- ALDBEN	2013	21,991	1,466	15	1,466		1,466	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,018,104	\$ 271,490		\$ 237,522	\$ (33,968)	\$ 2,923,337	34

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

Facility Name &amp; ID Number Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 8,018,104	\$ 271,490		\$ 237,522	\$ (33,968)	\$ 2,923,337	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26									26
27									27
28	Adjust for ABC Related Party Profit	2008	(204)	(12)		(12)		(60)	28
29	Adjust for ABC Related Party Profit	2009	(92)	(15)		(15)		(60)	29
30	Adjust for ABC Related Party Profit	2010	(271)	(8)		(8)		(25)	30
31	Adjust for ABC Related Party Profit	2011	23	4		4		8	31
32	Adjust for ABC Related Party Profit	2012	31,228	1,839		1,839		1,839	32
33	Adjust for ABC Related Party Profit	2013	499	25		25		25	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,136,054	\$ 274,634		\$ 240,666	\$ (33,968)	\$ 3,005,014	34

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

Facility Name & ID Number Alden North Shore Rehab & HCC

# 0042028

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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	\$ 1,064,274	\$ 138,861	\$ 106,889	\$ (31,972)	Various	\$ 667,850	71
72	Current Year Purchases	33,279	1,377	1,377		Various	1,377	72
73	Fully Depreciated Assets	284,091	26,305	26,305		Various	284,091	73
74								74
75	TOTALS	\$ 1,381,644	\$ 166,543	\$ 134,571	\$ (31,972)		\$ 953,318	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	Related Party - AMS	98 - '02	Various	\$ 3,911	\$	\$	\$	3	\$ 3,911	76
77	Bus-van	01 Bus	2001	49,826				5	49,826	77
78										78
79										79
80	TOTALS			\$ 53,737	\$	\$	\$		\$ 53,737	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)	\$ 10,527,231	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 441,178	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 375,238	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (65,940)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,012,069	85

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

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

G. Construction-in-Progress

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

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

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

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: Related Party - Cost is Backed Out

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
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 3/1/2000

Ending 12/31/2029

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

Fiscal Year Ending Annual Rent

12. 12/31/2014 \$ Varies

13. 12/31/2015 \$ Varies

14. 12/31/2016 \$ Varies

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**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: \$ 20,655 Description: Copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>763.92</u>	\$ <u>9,167</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>763.92</u>	\$ <u>9,167</u>	21

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

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

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	825,505	\$		\$	825,505	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				34,213				34,213	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				1,076,405				1,076,405	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See Pg 16A	# of prescripts					414,618			414,618	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any										12
13	Other (specify): <u>See Pg 16A</u>						(46,363)	504,025			457,662	13
14	TOTAL			\$		\$	1,889,760	\$	918,643	\$	2,808,403	14

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

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1:	Ref. No.	To Pg 16:	Col. No.		
1.	OT		39-3	To Col 5		\$0.00	\$825,505.27
2.	ST		39-3	To Col 5		0.00	34,212.96
3.							
4.	PT		39-3	To Col 5		0.00	1,076,404.83
5.							
6.							
7.							
8.	Pharmacy Supplies per GL					0.00	502,388.77
	Manual Input from Related Party- Forum Drugs						(87,771.00)
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		0.00	414,617.77
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	0.00
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(46,363.00)
Other		0.00	635,483.98
Manual Input: Related Party - Prism			(44,693.00)
Manual Input: Related Party FECII - I.V.			(87,687.00)
Manual Input: Related Party FECII - Wound Care			(51.00)
Oxygen, from reclass worksheet (Pg 4A)			972.13
			-----
13. Col 6: Supplies Total	To Col 6	0.00	504,025.11
			-----
13. Total Line 13, Column 8		0.00	457,662.11
			-----
14. Total		0.00	2,808,402.94
			=====

Facility Name &amp; ID Number Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,765	\$ 56,130	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 60,000 )	964,043	964,043	3
4	Supply Inventory (priced at )	3,344	3,344	4
5	Short-Term Investments			5
6	Prepaid Insurance		52,359	6
7	Other Prepaid Expenses	32,691	32,691	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	3,511	200,384	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,006,354	\$ 1,308,950	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		955,797	13
14	Buildings, at Historical Cost		7,878,133	14
15	Leasehold Improvements, at Historical Cost	556,798	1,119,050	15
16	Equipment, at Historical Cost	445,271	2,134,589	16
17	Accumulated Depreciation (book methods)	(646,696)	(4,829,406)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		54,526	21
22	Other Long-Term Assets (spec RR, CIP, S/H loan)		274,122	22
23	Other(specify): Due from Affiliate,	7,140,742	9,830,760	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,496,115	\$ 17,417,571	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,502,469	\$ 18,726,522	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 465,729	\$ 469,229	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	60,928	60,928	28
29	Short-Term Notes Payable	844,532	1,045,914	29
30	Accrued Salaries Payable	392,102	392,102	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,819	13,819	31
32	Accrued Real Estate Taxes(Sch.IX-B)		411,300	32
33	Accrued Interest Payable	15,244	38,665	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	60,893	72,261	36
37	Due to Affiliates	2,082,334	1,968,715	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,935,582	\$ 4,472,934	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable			39
40	Mortgage Payable		11,040,561	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	Due to Affiliates			43
44	Sharehold.loan, other			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 11,040,561	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,935,582	\$ 15,513,495	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,566,887	\$ 3,213,026	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,502,469	\$ 18,726,522	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,364,485	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(1,449)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 4,363,036	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	203,851	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)	\$ 203,851	17
<b>B. Transfers (Itemize):</b>			
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)	\$ 4,566,887	24 *

\* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 11,142,201	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 11,142,201</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	32,583	6
7	Oxygen	6,673	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 39,256</b>	8
<b>C. Other Operating Revenue</b>			
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	664	13
14	Non-Patient Meals	576	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	3,311	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 4,550</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	3,217	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 3,217</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Page 19A	8,056	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 8,056</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 11,197,281</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,734,925	31
32	Health Care	2,741,421	32
33	General Administration	2,253,146	33
<b>B. Capital Expense</b>			
34	Ownership	1,103,943	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,073,996	35
36	Provider Participation Fee	85,999	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 10,993,430</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>203,851</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 203,851</b>	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 119,900	44
45	Private Pay - Net Inpatient Revenue	310,253	45
46	Medicare - Net Inpatient Revenue	8,924,057	46
47	Other-(specify) Hospice/Insurance		47
48	Other-(specify) Veterans/Sales Allow.	1,787,990	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 11,142,201</b>	49

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

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

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

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

## Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
<b>Misc. Income GL#4977 (discribe) (is offset against Sch.# V)</b>	
Miscellaneous Income/Medical Records	\$ 1,460
Miscellaneous Income/Jury Duty Receipt	\$ 17
Miscellaneous Income - Refund from State of Illinois for late license fee paymen	\$ 634
Gain on Sale of Assets	\$ 5,945
Line 28 Total:	<u><u>8,056</u></u>

**Ending:** 12/31/2013

Facility Name & ID Number Alden North Shore Rehab & HCC

# 0042028

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,080	2,080	\$ 102,040	\$ 49.06	1
2	Assistant Director of Nursing					2
3	Registered Nurses	32,586	35,398	1,151,761	32.54	3
4	Licensed Practical Nurses	1,475	1,643	41,268	25.12	4
5	CNAs & Orderlies	51,611	54,935	774,998	14.11	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	39,380	18.93	9
10	Activity Assistants	5,098	5,714	58,939	10.31	10
11	Social Service Workers	3,146	3,225	62,867	19.49	11
12	Dietician					12
13	Food Service Supervisor	2,032	2,032	49,547	24.38	13
14	Head Cook	6,248	6,414	118,437	18.47	14
15	Cook Helpers/Assistants	33,152	35,882	449,865	12.54	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	69,053	33.20	17
18	Housekeepers	11,947	13,158	151,734	11.53	18
19	Laundry	3,746	4,099	37,776	9.22	19
20	Administrator	2,080	2,081	134,619	64.69	20
21	Assistant Administrator	1,680	1,762	53,277	30.24	21
22	Other Administrative	4,571	4,591	139,538	30.39	22
23	Office Manager	2,096	2,096	33,344	15.91	23
24	Clerical	2,849	2,928	26,583	9.08	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,993	4,028	150,123	37.27	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	5,536	5,970	89,104	14.93	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	180,086	192,196	\$ 3,734,253 *	\$ 19.43	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		1-3	35
36	Medical Director	Monthly 17,500	10-3	36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant	Monthly 2,232	10-3	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	Monthly 2,700	11-3	44
45	Social Service Consultant	Monthly 840	11-3	45
46	Other(specify)			46
47				47
48				48
49	TOTAL (lines 35 - 48)	\$ 23,272		49

C. CONTRACT NURSES

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

**XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jennifer Illarde	Administrator	0	\$ 134,591	Workers' Compensation Insurance	\$ 155,237	IDPH License Fee	\$	
Angela Oh	Assistant Administrator	0	48,363	Unemployment Compensation Insurance	18,349	Advertising: Employee Recruitment	129	
Cynthia Palao	Assistant Administrator	0	4,943	FICA Taxes	274,141	Health Care Worker Background Check		
		0		Employee Health Insurance	151,712	(Indicate # of checks performed 63 )	630	
		0		Employee Meals	39,228	Patient Background Checks	463 4,630	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond	440	
		0		Dental/Life Insurance	3,876	ILL Health Care Association/Joint Commission	4,142	
		0		Employee Relations	2,982	Chicago Title/Sec of State	464	
		0		Misc Payroll Costs/401K Match	6,076	Collaborative Healthcare/Health Care Council	2,339	
		0		Employee Drug Tests/Vaccinations	3,613	Related party- AMS	1,215	
		0		Tuition Reimbursement	(15,668)	Less: Public Relations Expense	( )	
		0				Non-allowable advertising	( )	
		0				Yellow page advertising	( )	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 187,896				\$ 639,547			\$ 13,989	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
	\$					\$	Out-of-State Travel	\$
							In-State Travel	
							Related party- AMS	369
							Seminar Expense	
							IL Council Seminar	563
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 932	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services	Consulting Fees	\$ 837,198						
Virchow Krause	Accounting Fees	14,478						
Ava P. Daley/KPMG	Accounting Fees	333						
AMS (Eliminated)	Allocated Legal Fees	43,992						
Linda Roberts & Assoc	Food Service Audit	928						
Plante Moran	Medicare Compliance	5,079						
CICENT First Adv Corp	Tax Consultants	768						
Clerk of the Circuit Court/Joseph Sc	Legal Fees: Collections	1,316						
Sheriff of Cook County/Leonard Smi	Legal Fees: Collections	926						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 905,019								

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden North Shore Rehab & HCC		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	46,234.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,242.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		(43,992.00)
Allowable Legal Fees	\$	-

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

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name &amp; ID Number Alden North Shore Rehab &amp; HCC

# 0042028

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. ILHCA \$1,796.76, Health Care Council \$2,139
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 16,407 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. \$ 85,999  
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. \$ 39,228 Has any meal income been offset against related costs? None Indicate the amount. \$ N/A
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A  
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. \$ N/A**
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No  
Attach invoices and a summary of services for all architect and appraisal fees.