



Facility Name & ID Number Alden North Shore Reh & HCC

# 0042028 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	322	3,580	11,755	15,657	8
9	SNF/PED					9
10	ICF	3,068	1,538	53	4,659	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,390	5,118	11,808	20,316	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 59.85%

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 11,755

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: 12/31/15 Fiscal Year: 12/31/15

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

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	540,350	33,509	300	574,159	1,298	575,457	3,027	578,484		1
2	Food Purchase		285,817		285,817	(37,824)	247,993	(1,013)	246,980		2
3	Housekeeping	126,613	29,543		156,156	1,145	157,301	3,941	161,242		3
4	Laundry	20,881	24,911	13,592	59,384	334	59,718		59,718		4
5	Heat and Other Utilities			199,313	199,313		199,313	(1,358)	197,955		5
6	Maintenance	73,550		257,389	330,939	221	331,160	36,775	367,935		6
7	Other (specify):* related party							3,527	3,527		7
8	<b>TOTAL General Services</b>	761,394	373,780	470,594	1,605,768	(34,826)	1,570,942	44,899	1,615,841		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,841,219	129,693	3,887	1,974,799	5,886	1,980,685	65,663	2,046,348		10
10a	Therapy		4,199	15,000	19,199		19,199		19,199		10a
11	Activities	67,380	2,485	4,764	74,629		74,629		74,629		11
12	Social Services	43,591			43,591		43,591		43,591		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,542	3,542		15
16	<b>TOTAL Health Care and Programs</b>	1,952,190	136,377	35,651	2,124,218	5,886	2,130,104	69,205	2,199,309		16
	<b>C. General Administration</b>										
17	Administrative	228,749			228,749		228,749	63,140	291,889		17
18	Directors Fees										18
19	Professional Services			768,320	768,320		768,320	(640,142)	128,178		19
20	Dues, Fees, Subscriptions & Promotions			97,441	97,441		97,441	(67,945)	29,496		20
21	Clerical & General Office Expenses	126,613	19,070	147,967	293,650	259	293,909	72,332	366,241		21
22	Employee Benefits & Payroll Taxes			480,213	480,213	27,496	507,709	(3,410)	504,299		22
23	Inservice Training & Education			848	848		848		848		23
24	Travel and Seminar							523	523		24
25	Other Admin. Staff Transportation			2,378	2,378		2,378	6,093	8,471		25
26	Insurance-Prop.Liab.Malpractice			75,668	75,668		75,668	10,271	85,939		26
27	Other (specify):* related party			(19,968)	(19,968)		(19,968)	47,144	27,176		27
28	<b>TOTAL General Administration</b>	355,362	19,070	1,552,867	1,927,299	27,755	1,955,054	(511,994)	1,443,060		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,068,946	529,227	2,059,112	5,657,285	(1,185)	5,656,100	(397,890)	5,258,210		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 Reh &amp; HCC

#0042028

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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			70,469	70,469		70,469	235,895	306,364			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			192,311	192,311		192,311	131,519	323,830			32
33	Real Estate Taxes			361,831	361,831	(361,831)		364,324	364,324			33
34	Rent-Facility & Grounds			368,221	368,221	361,831	730,052	(717,855)	12,197			34
35	Rent-Equipment & Vehicles			20,117	20,117		20,117	20,302	40,419			35
36	Other (specify):* MIP							54,643	54,643			36
37	<b>TOTAL Ownership</b>			1,012,949	1,012,949		1,012,949	88,828	1,101,777			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		850,501	1,466,566	2,317,067	1,185	2,318,252	12,043	2,330,295			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			96,352	96,352		96,352		96,352			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		850,501	1,562,918	2,413,419	1,185	2,414,604	12,043	2,426,647			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,068,946	1,379,728	4,634,979	9,083,653		9,083,653	(297,020)	8,786,633			45

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

Alden North Shore Reh & HCC  
 Period Beginning: 01/01/2015  
 Period Ending: 12/31/2015

IDPH License No. 0042028

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(37,824.00)	Employee Meals
	22	37,824.00	Employee Meals
22		(10,328.00)	Uniform Reclass
	1	1,298.00	Uniform Reclass
	3	1,145.00	Uniform Reclass
	4	334.00	Uniform Reclass
	6	221.00	Uniform Reclass
	10	7,071.00	Uniform Reclass
	11		Uniform Reclass
	21	259.00	Uniform Reclass
10		(1,185.00)	Oxygen Cost Reclass
	39	1,185.00	Oxygen Cost Reclass
33		(361,831.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	361,831.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Net (Should be zero)                     -

Facility Name & ID Number Alden North Shore Reh & HCC

# 0042028

Report Period Beginning: 01/01/2015

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**VI. ADJUSTMENT DETAIL**

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(709)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,826)	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	(34,521)	30		9
10	Interest and Other Investment Income	(7,273)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,186)	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	(2,883)	21		17
18	Fines and Penalties				18
19	Entertainment	(307)	20		19
20	Contributions	(2,116)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,461)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	19,968	27		24
25	Fund Raising, Advertising and Promotional	(42,455)	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>	\$ (84,769)		\$	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	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)	(332,554)		34
35	Other- Attach Schedule	120,303		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (212,251)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (297,020)		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

## Alden North Shore Reh &amp; HCC

ID# 0042028

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,692)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,454)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,452	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	30,062	6	4
5				5
6	Adj for ABC Related Party Profit - Pg 13			6
7	Depreciation Adj Sage Report			7
8				8
9	Valet cost (gl 6907)	(47,976)	21	9
10	Late fees on utilities	(2,907)	5	10
11				11
12	Other nursing income (flu, w/chair,etc)	(371)	21	12
13	A/P Adjustments (vendor discounts)	(171)	10	13
14	Miscellaneous Income - Medical Records	(674)	10	14
15	Miscellaneous Income - Jury Duty			15
16	Collection Fees (gl 6965)			16
17	Refund on Real Estate Taxes 1	72,652	33	17
18	Refund on Real Estate Taxes 2	79,727	33	18
19				19
20	Eliminate Skokie chamber of commerce fee	(345)	20	20
21				21
22	Back Out Bank Fees - Northshore Associates LLC			22
23	Intercompany Adjustment to correct I/C Interest			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	<b>Total</b>	120,303		49

## STATE OF ILLINOIS

Summary A

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

# 0042028

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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	1,185	1,842	0	0	0	0	0	0	0	3,027	1
2	Food Purchase	(4,895)	0	0	3,882	0	0	0	0	0	0	0	(1,013)	2
3	Housekeeping	0	0	3,941	0	0	0	0	0	0	0	0	3,941	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,907)	0	1,549	0	0	0	0	0	0	0	0	(1,358)	5
6	Maintenance	27,688	1,197	8,356	0	0	0	(454)	(12)	0	0	0	36,775	6
7	Other (specify):*	0	0	3,527	0	0	0	0	0	0	0	0	3,527	7
8	<b>TOTAL General Services</b>	<b>19,886</b>	<b>1,197</b>	<b>18,558</b>	<b>5,724</b>	<b>0</b>	<b>0</b>	<b>(454)</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44,899</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(845)	0	63,265	3,687	(444)	0	0	0	0	0	0	65,663	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	3,542	0	0	0	0	0	0	0	0	3,542	15
16	<b>TOTAL Health Care and Programs</b>	<b>(845)</b>	<b>0</b>	<b>66,807</b>	<b>3,687</b>	<b>(444)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>69,205</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	63,140	0	0	0	0	0	0	0	0	63,140	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,461)	62,481	(701,162)	0	0	0	0	0	0	0	0	(640,142)	19
20	Fees, Subscriptions & Promotions	(45,223)	250	(22,972)	0	0	0	0	0	0	0	0	(67,945)	20
21	Clerical & General Office Expenses	(51,230)	0	123,562	0	0	0	0	0	0	0	0	72,332	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,410)	0	0	0	0	0	0	(3,410)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	523	0	0	0	0	0	0	0	0	523	24
25	Other Admin. Staff Transportation	0	0	6,093	0	0	0	0	0	0	0	0	6,093	25
26	Insurance-Prop.Liab.Malpractice	0	10,159	112	0	0	0	0	0	0	0	0	10,271	26
27	Other (specify):*	19,968	0	27,176	0	0	0	0	0	0	0	0	47,144	27
28	<b>TOTAL General Administration</b>	<b>(77,946)</b>	<b>72,890</b>	<b>(503,528)</b>	<b>0</b>	<b>(3,410)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(511,994)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(58,905)</b>	<b>74,087</b>	<b>(418,163)</b>	<b>9,411</b>	<b>(3,854)</b>	<b>0</b>	<b>(454)</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(397,890)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

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

# 0042028

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

## 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	(50,667)	282,358	4,204	0	0	0	0	0	0	0	0	235,895	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,273)	135,510	3,282	0	0	0	0	0	0	0	0	131,519	32
33	Real Estate Taxes	152,379	209,451	2,494	0	0	0	0	0	0	0	0	364,324	33
34	Rent-Facility & Grounds	0	(717,855)	0	0	0	0	0	0	0	0	0	(717,855)	34
35	Rent-Equipment & Vehicles	0	0	20,302	0	0	0	0	0	0	0	0	20,302	35
36	Other (specify):*	0	54,643	0	0	0	0	0	0	0	0	0	54,643	36
37	<b>TOTAL Ownership</b>	<b>94,439</b>	<b>(35,893)</b>	<b>30,282</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>88,828</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	(31,177)	(23,540)	66,759	0	0	0	0	0	12,043	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>(31,177)</b>	<b>(23,540)</b>	<b>66,759</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,043</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	35,534	38,194	(387,881)	(21,766)	(27,394)	66,759	(454)	(12)	0	0	0	(297,020)	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 6-Supp		See PG 6-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	\$ 717,855	North Shore Touhy Associates LLC	0.00%	\$	\$ (717,855)	1
2	V	32 Interest Income-Repl Reserve/Misc	150,920	North Shore Touhy Associates LLC			(150,920)	2
3	V	6 R & M - Replacement Reserves		North Shore Touhy Associates LLC		1,197	1,197	3
4	V	19 Accounting Fees/Bank Charges		North Shore Touhy Associates LLC		8,414	8,414	4
5	V	20 Corporate Annual Report Fee		North Shore Touhy Associates LLC		250	250	5
6	V	33 Real Estate Tax Expense		North Shore Touhy Associates LLC		209,451	209,451	6
7	V	26 Property & Liability Insurance		North Shore Touhy Associates LLC		10,159	10,159	7
8	V	36 Mortgage Insurance Premium		North Shore Touhy Associates LLC		54,643	54,643	8
9	V	32 Interest - Other/Amortization		North Shore Touhy Associates LLC		286,430	286,430	9
10	V	30 Depreciation Expense		North Shore Touhy Associates LLC		282,358	282,358	10
11	V	19 Legal Fees: Non - Collections		North Shore Touhy Associates LLC		54,067	54,067	11
12	V							12
13	V							13
14	Total		\$ 868,775			\$ 906,969	\$ * 38,194	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%	\$ 1,549	\$ 1,549
16	V	24 Travel & Seminar		Alden Management Services, Inc.		523	523
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,093	6,093
18	V	26 Insurance		Alden Management Services, Inc.		112	112
19	V	20 Dues/Subscriptions	24,816	Alden Management Services, Inc.		1,844	(22,972)
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,494	2,494
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		20,302	20,302
23	V	32 Interest		Alden Management Services, Inc.		3,282	3,282
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,185	1,185
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,941	3,941
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		3,527	3,527
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		63,265	63,265
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,542	3,542
29	V	17 Administrative Salary		Alden Management Services, Inc.		63,140	63,140
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		27,176	27,176
31	V	19 Professional Fees	739,667	Alden Management Services, Inc.		38,505	(701,162)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		123,562	123,562
33	V	6 Repairs & Maintenance	34,892	Alden Management Services, Inc.		43,248	8,356
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 799,375			\$ 411,494	\$ * (387,881)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary consultant	\$	Prism Health Care Services, Inc.	0.00%	\$	\$	15
16	V	1 Dietary salary						16
17	V	2 Tube feeding	9,147			7,186	(1,962)	17
18	V	10 Equipment rental	6,660			8,809	2,149	18
19	V	39 Ancillary supplies	74,842			31,576	(43,267)	19
20	V	1 Gen'l & admin & benefits				1,842	1,842	20
21	V	2 Gen'l & admin & benefits				5,844	5,844	21
22	V	10 Gen'l & admin & benefits				1,538	1,538	22
23	V	39 Gen'l & admin & benefits				12,090	12,090	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		\$ 90,649			\$ 68,884	\$ * (21,766)	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	\$ 387,513	Forum Extended Care Services II, Inc.	0.00%	\$ 374,008	\$ (13,505)
16	V	39 IV	381,313	Forum Extended Care Services II, Inc.		368,024	(13,289)
17	V	39 Wound care	1,086	Forum Extended Care Services II, Inc.		1,048	(38)
18	V	10 House stock	10,508	Forum Extended Care Services II, Inc.		10,141	(366)
19	V	10 Pharmacy consultant	2,232	Forum Extended Care Services II, Inc.		2,154	(78)
20	V	22 Vaccinations	3,410	Forum Extended Care Services II, Inc.			(3,410)
21	V	39 Vaccinations				3,291	3,291
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 786,061			\$ 758,668	\$ * (27,394)

\* 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	\$ 1,443,094	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,509,853	\$	66,759	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,443,094			\$ 1,509,853	\$ *	66,759	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	\$ 38,196	Alden Bennett Construction Company, Inc.	0.00%	\$ 37,742	\$	(454)	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	<b>Total</b>		\$ 38,196			\$ 37,742	\$ *	(454)	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	\$ 6,209	Alden Design Group, Inc.	0.00%	\$ 6,197	\$ (12)
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>		\$ 6,209			\$ 6,197	\$ * (12)

\* 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		\$			\$	\$	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	<b>Total</b>		\$			\$	0	\$ *

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

Facility Name &amp; ID Number

Alden North Shore Reh &amp; HCC

# 0042028

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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 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	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden North Shore Reh & HCC # 0042028 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

## 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.	President	CEO	100.00	181,997	0.648	1.62	Salary	\$ 3,003	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,377	0.648	1.62	Salary	1,623	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,377	0.648	1.62	Salary	1,623	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	107,376	0.648	1.62	Salary	1,772	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,501	0.648	1.62	Salary	1,015	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	\$ 9,036		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 Reh & HCC

# 0042028

Report Period Beginning:

01/01/2015

Ending: 2/31/2015

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	34	\$ 95,438	\$	20,316	\$ 1,549	1
2	24	Travel & Seminar	Patient days	34	32,213		20,316	523	2
3	25	Other Admin Travel	Patient days	34	375,370		20,316	6,093	3
4	26	Insurance	Patient days	34	6,897		20,316	112	4
5	20	Dues/Subscriptions	Patient days	34	113,573		20,316	1,844	5
6	30	Depreciation	No. of providers	34	156,306		1	4,204	6
7	33	Real Estate Tax	Patient days/usage	34	176,959		20,316	2,494	7
8	35	Rent-Equip/Vehicles	Patient days	34	1,250,701		20,316	20,302	8
9	32	Interest	Patient days/usage	34	2,158,573		20,316	3,282	9
10	1	Dietary Aide Coordinator Salary	Patient days	34	72,994	72,994	20,316	1,185	10
11	3	Housekeeping Coordinator Salary	Patient days	34	242,795	242,795	20,316	3,941	11
12	7	Employee Benef % -Gen'l Servs	Patient days	34	217,281		20,316	3,527	12
13	10	Nurs/Med Records Salary	Patient days/usage	34	1,562,220	1,562,220	20,316	63,265	13
14	15	Employee Benef % - Health Care	Patient days	34	218,198		20,316	3,542	14
15	17	Administrative Salary	Patient days/usage	34	4,332,153	4,332,153	20,316	63,140	15
16	27	Employee Benef %-Administrativ	Patient days	34	1,674,148		20,316	27,176	16
17	19	Professional Fees	Patient days	34	1,213,223	909,774	20,316	38,505	17
18	21	Gen'l & Admin	Patient days/usage	34	7,611,926	6,744,406	20,316	123,562	18
19	6	Repairs & Maintenance	Patient days	34	1,835,211	1,239,870	20,316	43,248	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 411,494	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	Name of Lender	2		3	4	5	6		8	9	10	11						
		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	\$ 10,834,087	3/1/2049	2.5000	\$ 273,229	1						
2												2						
3	Bank Leumi (GL 2503/7035)		X	LOC		10/23/10	1,103,270	948,043			39,951	3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							1,345	4						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							13,201	5						
<b>Working Capital</b>																		
6	Related party-AMS		X	Working Capital							3,282	6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>				\$40,011.11		\$ 12,589,970	\$ 11,782,130			\$ 331,009	9						
<b>B. Non-Facility Related*</b>																		
10	Interest Income on R.R.		X								(28)	10						
11	Int Income (GL#4975)		X								(7,273)	11						
12	Int msc LLC		X								(119)	12						
13	Int msc LLC		X								242	13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (7,178)	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 12,589,970	\$ 11,782,130			\$ 323,830	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 54,643 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 2014 report.			\$	<u>384,900</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>367,830</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>(17,070)</u>	3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>378,900</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>361,830</u>	7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax		
			Total Real Estate Tax Expense, Sch V, Line 33		<u>2,494</u>
					<u>364,324</u>
Real Estate Tax Bill for Calendar Year:	2010	<u>376,132</u>			8
	2011	<u>379,236</u>			9
	2012	<u>399,293</u>			10
	2013	<u>373,659</u>			11
	2014	<u>367,831</u>			12
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>					
			<b>FOR BHF USE ONLY</b>		
	13	FROM R. E. TAX STATEMENT FOR 2014	\$		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.**

## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden North Shore Reh & 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 2014 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 2014.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>2,494.00</u>
2. <u>10-28-429-038-0000</u>	<u>Nursing facility</u>	\$ <u>367,830.53</u>	\$ <u>367,830.53</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>521,457.53</u></u>	\$ <u><u>370,324.53</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

**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</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)	\$ 2,713,184	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	122	15	122		1,990	11
12	tci cable-install cable		1999	1,254		10			1,254	12
13	ABC-install tiles/repair		2000	4,011	45	15	45		4,011	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	54	15	54		1,611	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		289,721	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		15,276	30
31										31
32	ABC-misc construction work		2003	2,116		10			2,116	32
33	GT Mechanical-repair exhaust fans		2003	6,080		10			6,080	33
34	EWS-repair opxyen alarm ssytem		2003	2,054		5			2,054	34
35	ABC-parking lot upgrades		2003	7,538		10			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 Reh &amp; HCC

# 0042028

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

## 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	\$	10	\$	\$	\$ 1,693	37
38	ABC-repair sewer	2004	19,580		10			19,580	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		10			1,813	42
43	ABC-painting supplies	2004	1,258		5			1,258	43
44	GT Mechanical-Electric improvement	2004	917		10			917	44
45	ABC-plumbing/misc. repairs	2004	3,971		10			3,971	45
46	TopNotch-motor drive repair	2004	3,139		10			3,139	46
47	ABD- carpet repairs	2004	4,943		10			4,943	47
48	ABC-misc repairs	2004	2,783		7			2,783	48
49	ABC parking lot improve.	2004	16,008		10			16,008	49
50									50
51	ABC-Cabinetry	2005	4,393	220	15	220		2,379	51
52	Patten CAT-Repair Generator	2005	2,074	104	20	104		1,115	52
53	GT Mechanical-No AC Water/Temp Low	2005	1,340	134	10	134		1,295	53
54	seal/crack/fill asphalt (LLC)	2005	6,045		8			6,045	54
55	Installed new alerton controll/rewire/cycling relay	2005	7,064	706	10	706		7,064	55
56	tile and grout restoration-all ceramic tile floors	2005	7,830	783	10	783		7,830	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		12,843	58
59	new hvac motor	2005	3,860	386	10	386		3,860	59
60	wired new electronic starter	2005	1,530	153	10	153		1,530	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		2,609	63
64	Second Floor Nurses Station	2007	4,246	425	10	425		3,822	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		2,476	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,314,197	\$ 228,958		\$ 194,990	\$ (33,968)	\$ 3,239,037	70

\*\*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 12A, Carried Forward</b>		\$ 7,314,197	\$ 228,958		\$ 194,990	\$ (33,968)	\$ 3,239,037	1
2	Repaired AC	2008	7,776	778	10	778		5,832	2
3	New Asphalt - ABC	2008	2,973	372	8	372		2,664	3
4	New Asphalt - ABC	2008	4,110	514	8	514		3,682	4
5	New Fire Alarm Printer/New Ceiling Tiles-ABC	2008	4,007	401	10	401		2,872	5
6	New Plumbing and Electrical Fixtures-ABC	2008	2,509	167	15	167		1,310	6
7	New Clear Acrylic-Oakton Glass&Mirror	2008	3,517	352	10	352		2,462	7
8	General Labor for Atrium-AMS Maintenance Allocation	2008	3,741		5			3,741	8
9	Repair Water Heater	2008	3,237	324	10	324		2,509	9
10									10
11	ABC - New Fire Alarm Annunciator	2009	2,637	264	10	264		1,670	11
12	ABC-New Carpeting ,New Overload Starter&Phase Motor Starter	2009	4,340		5			4,340	12
13	GT Mechanical-New Belts,New Starter&Coils for Chiller Pump	2009	4,602	460	10	460		2,914	13
14	GT Mechanical-New Pump Seals	2009	3,308	331	10	331		2,095	14
15									15
16	ABC - Exhaust Vent Shaft	2010	3,539	354	10	354		1,799	16
17	ABC- Concrete Driveway Sealcoat	2010	18,600	1,240	15	1,240		6,303	17
18	TOPNOT - Boiler Assembly - Kitchen Equipment	2010	3,018	553	5		(553)	3,018	18
19									19
20	Columns, Masonry at Handicapped Parking Area - ALDBEN	2011	2,959	592	5	592		2,910	20
21	Upholstrv: Fabric Chairs - Shades Window Sunscreen-ALDDES	2011	9,984	998	5	998		3,244	21
22									22
23	Sprinkler System, Fire Protection System - ALDBEN	2012	5,039	67	25	67		403	23
24	Duct Work - ALDBEN	2012	7,421	495	15	495		1,526	24
25	Reupholster Chairs/Fabric - ALDDES	2012	2,516	503	5	503		1,761	25
26	Parking Lot resurface - Kol Emeth - ALDBEN	2012	3,919	327	8	327		1,306	26
27	Parking Lot resurface - Kol Emeth - ALDBEN	2012	5,175	431	8	431		1,725	27
28	Conservatory Addiiton Project/Skylights - ALDBEN	2012	8,547	342	25	342		1,254	28
29	Conservatory/Flooring,Plumbing,Electrical Fixtures,Access Panes,	2012	16,782	671	25	671		2,461	29
30	Conservatory Addiiton Project/ Concrete, Roofing - ALDBEN	2012	36,550	1,462	25	1,462		5,361	30
31	Conservatory/Concrete, Doors/Frames,,Cabinets,Plumbing,HVAC	2012	38,758	1,550	25	1,550		5,685	31
32	Conservatory Addiiton Project/ Drywall - ALDBEN	2012	48,952	1,958	25	1,958		7,180	32
33	Conservatory Addiiton Project/ Masonrv, Drywall, Roofing - ALD	2012	59,394	2,376	25	2,376		8,711	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,632,107	\$ 246,840		\$ 212,319	\$ (34,521)	\$ 3,329,775	34

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

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

# 0042028

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

## 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 12B, Carried Forward</b>		\$ 7,632,107	\$ 246,840		\$ 212,319	\$ (34,521)	\$ 3,329,775	1
2	Conservatory Addiiton Project/Drywall/Caulking, Roofing, Plumbin	2012	104,492	4,180	25	4,180		19,506	2
3	Conservatory Addiiton Project/Structural Steel - ALDBEN	2012	13,500	540	25	540		2,250	3
4	Conservatory Drywall, Glass, Doors/Frames, Cabinets/Ceramic Ston	2012	59,694	2,388	25	2,388		9,751	4
5	Conservatory/HVAC, Electrical, Fire Protection, Furniture, Carpet,	2012	72,579	2,903	25	2,903		12,096	5
6	Conservatory /Doors, Cabinets/Tops, Painting/Decorating, - ALDBE	2012	25,000	1,000	25	1,000		5,194	6
7	Conservatory Addiiton Project/Engineering/Permit/Blueprint Fees	2012	5,933	237	25	237		968	7
8	Conservatory Addiiton Project/Window Treatments/Panels/Curtai	2012	10,376	415	25	415		1,729	8
9	Conservatory Addiiton Project/Window Treatments/Panels/Valenc	2012	17,069	683	25	683		2,788	9
10	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	9,887	395	25	395		1,614	10
11	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	14,500	580	25	580		2,368	11
12									12
13	Dampers, Fire, Access Doors, Actuators - ALDBEN	2013	11,364	1,136	10	1,136		4,071	13
14	Chiller Fan Motor and Bracket, Condensor Coils - GTMECH	2013	5,168	1,034	5	1,034		3,705	14
15	Heating/Vent major repair, Pneumatic - ALDBEN	2013	11,573	2,315	5	2,315		7,331	15
16	Elevator, major repair, Hydraulic Piston Packing - KONINC	2013	2,871	574	5	574		1,818	16
17	Furniture, Fabric-Resident Room Converisons- ALDBEN	2013	21,991	1,466	15	1,466		5,864	17
18									18
19	Spray, Fireproof Spray-ALDBEN	2014	5,970	597	10	597		1,493	19
20	Chiller, Repair Chiller #1 Condenser Coil-ALDBEN	2014	6,826	1,365	5	1,365		3,754	20
21	Chiller, Replace EXV Valve and Cable-ALDBEN	2014	7,169	1,434	5	1,434		3,943	21
22	Fridge, Repair - TOPNOT	2014	5,567	1,113	5	1,113		2,597	22
23	Asphalt, Parking Lot - ALDBEN	2014	10,002	1,250	8	1,250		2,813	23
24									24
25	Wall repair-FOXBUY	2015	4,100	410	5	410		1,230	25
26	Motot, Condenser - GT Mechanical	2015	3,439	287	5	287		860	26
27	Motor, Rack - TopNot	2015	3,195	53	5	53		160	27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,064,372	\$ 273,195		\$ 238,674	\$ (34,521)	\$ 3,427,678	34

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

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

# 0042028

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

**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>		\$ 8,064,372	\$ 273,195		\$ 238,674	\$ (34,521)	\$ 3,427,678	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993			10				24
25	Alden Mgt Servs: Remodel suites	2002			13				25
26	Alden Mgt Servs: Remodel suites	2003			11				26
27	Alden Mgt Servs: Motor Controller PC Board	2014							27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,141,648	\$ 274,446		\$ 239,925	\$ (34,521)	\$ 3,499,573	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12D, Carried Forward	\$ 8,141,648	\$ 274,446		\$ 239,925	\$ (34,521)	\$ 3,499,573	1	
2	Adjust for ABC Related Party Profit	2008	(204)	(12)	(12)		(84)	2	
3	Adjust for ABC Related Party Profit	2009	(92)	(15)	(15)		(90)	3	
4	Adjust for ABC Related Party Profit	2010	(271)	(8)	(8)		(41)	4	
5	Adjust for ABC Related Party Profit	2011	23	4	4		16	5	
6	Adjust for ABC Related Party Profit	2012	31,228	1,839	1,839		5,517	6	
7	Adjust for ABC Related Party Profit	2013	499	50	50		125	7	
8	Adjust for ABC Related Party Profit	2014	(57)	(5)	(5)		(17)	8	
9								9	
10								10	
11								11	
12								12	
13								13	
14								14	
15								15	
16								16	
17								17	
18								18	
19								19	
20								20	
21								21	
22								22	
23								23	
24								24	
25								25	
26								26	
27								27	
28								28	
29								29	
30								30	
31								31	
32								32	
33								33	
34	TOTAL (lines 1 thru 33)	\$ 8,172,774	\$ 276,299		\$ 241,778	\$ (34,521)	\$ 3,505,000	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	\$ 578,571	\$ 53,807	\$ 53,807	\$	varies	\$ 238,659	71
72	Current Year Purchases	150,152	7,247	7,247		varies	7,247	72
73	Fully Depreciated Assets	854,724	3,533	3,533		varies	854,724	73
74								74
75	TOTALS	\$ 1,583,447	\$ 64,587	\$ 64,587	\$		\$ 1,100,630	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	Bus-van	01 Bus	2001	\$ 49,826	\$	\$	\$	5	\$ 49,826	76
77	related party-AMS	various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 53,852	\$	\$	\$		\$ 53,852	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)	\$ 10,765,870	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 340,885	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 306,364	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (34,521)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,659,482	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	CIP	\$ 39,754	92
93			93
94			94
95		\$ 39,754	95

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

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

Facility Name & ID Number Alden North Shore Reh & HCC

# 0042028

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

**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. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 25,201 Description: <---copy machine gl 6861 & equip lease gl 6959

(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>522.17</u>	\$ <u>6,266</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>522.17</u>	\$ <u>6,266</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 Staff		3		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost						
1	Licensed Occupational Therapist	39-3	hrs	\$			\$ 566,148	\$		\$ 566,148	1	
2	Licensed Speech and Language Development Therapist	39-3	hrs				42,478			42,478	2	
3	Licensed Recreational Therapist		hrs								3	
4	Licensed Physical Therapist	39-3	hrs				820,520			820,520	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					377,299		377,299	9	
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10	
11	Academic Education		hrs								11	
12	Other (specify):	39-1, 39-3, if any									12	
13	Other (specify):	See Pg 16A					66,759	457,091		523,850	13	
14	TOTAL			\$			\$ 1,495,905	\$ 834,390		\$ 2,330,295	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	566,148.00	
2.	ST	39-3	To Col 5	42,478.00	
3.					
4.	PT	39-3	To Col 5	820,520.00	
5.					
6.					
7.					
8.				387,512.00	
W	Manual Input from Related Party- Forum Drugs & Vaccinations			(10,213.47)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	377,298.53	1,806,444.53
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:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		66,759.00
					From Page 6D

Other		500,409.29	
Manual Input: Related Party - Prism		(31,176.66)	From Page 6B
Manual Input: Related Party FECII - I.V.		(13,288.51)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(38.00)	From Page 6C
		1,185.00	
13. Col 6: Supplies Total	To Col 6	457,091.12	457,091.12
13. Total Line 13, Column 8		-	523,850.12
14. Total		-	2,330,295

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

# 0042028

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$	\$ 48,657	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 85,000 )	1,316,311	1,316,311	3
4	Supply Inventory (priced at )	3,344	3,344	4
5	Short-Term Investments			5
6	Prepaid Insurance		48,553	6
7	Other Prepaid Expenses	46,246	46,246	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	8,593	225,842	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,374,494	\$ 1,688,953	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	592,183	1,160,405	15
16	Equipment, at Historical Cost	535,442	2,312,645	16
17	Accumulated Depreciation (book methods)	(778,245)	(5,574,566)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		25,048	21
22	Other Long-Term Assets (spec CIP, RR, S/H loan		287,230	22
23	Other(specify): Due from Affiliates	6,732,988	9,317,878	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,082,368	\$ 16,362,570	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 8,456,862	\$ 18,051,523	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 454,611	\$ 454,611	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	95,463	95,463	28
29	Short-Term Notes Payable	948,043	1,159,739	29
30	Accrued Salaries Payable	424,040	424,040	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,712	14,712	31
32	Accrued Real Estate Taxes(Sch.IX-B)		378,900	32
33	Accrued Interest Payable	15,106	37,677	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	Accr Ins, Exps, IDPA, Sales tx, etc.	48,684	48,684	36
37	Due to affiliates (Short term)	1,517,695	1,463,981	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 3,518,354	\$ 4,077,807	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,622,391	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$	\$ 10,622,391	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 3,518,354	\$ 14,700,198	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 4,938,508	\$ 3,351,325	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 8,456,862	\$ 18,051,523	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 4,766,889	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 4,766,889	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	171,619	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	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 171,619	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>		23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 4,938,508	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	\$ 9,184,810	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 9,184,810</b>	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	45,790	6
7	Oxygen	331	7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 46,121</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	197	12
13	Barber and Beauty Care	521	13
14	Non-Patient Meals	709	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	879	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	11,992	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 14,298</b>	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	7,273	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$ 7,273</b>	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See page 19A, if any	2,770	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 2,770</b>	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 9,255,272</b>	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,605,768	31
32	Health Care	2,124,218	32
33	General Administration	1,927,299	33
<b>B. Capital Expense</b>			
34	Ownership	1,012,949	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	2,317,067	35
36	Provider Participation Fee	96,352	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>\$ 9,083,653</b>	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>171,619</b>	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 171,619</b>	43

<b>III. Net Inpatient Revenue detailed by Payer Source</b>			
44	Medicaid - Net Inpatient Revenue	\$ 528,002	44
45	Private Pay - Net Inpatient Revenue	542,211	45
46	Medicare - Net Inpatient Revenue	6,609,987	46
47	Other-(specify) <u>Hospice</u>	11,297	47
48	Other-(specify) <u>Insurance/Veterans/Charity/Sales Allow</u>	1,493,312	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 9,184,810</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>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Miscellaneous Income - Medical Records	\$ 674
A/P Adjustments (vendor discounts)	\$ 171
Gain on Sale of Assets	\$ 1,925

Line 28 Total: 2,770

**Ending:** 12/31/2015

Facility Name & ID Number Alden North Shore Reh & HCC

# 0042028

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	1,400	1,611	\$ 86,222	\$ 53.52	1
2	Assistant Director of Nursing	709	709	28,358	40.01	2
3	Registered Nurses	25,000	26,532	896,978	33.81	3
4	Licensed Practical Nurses	207	207	9,016	43.50	4
5	CNAs & Orderlies	41,982	45,739	688,164	15.05	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,025	5,593	67,380	12.05	10
11	Social Service Workers	2,080	2,080	43,591	20.96	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	55,429	26.65	13
14	Head Cook	6,240	6,240	121,978	19.55	14
15	Cook Helpers/Assistants	24,058	26,010	362,943	13.95	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	73,550	35.36	17
18	Housekeepers	10,639	11,647	126,613	10.87	18
19	Laundry	1,946	2,102	20,881	9.93	19
20	Administrator	2,080	2,080	149,651	71.95	20
21	Assistant Administrator	2,552	2,552	79,098	30.99	21
22	Other Administrative	2,762	2,855	72,040	25.24	22
23	Office Manager					23
24	Clerical	4,511	4,718	54,573	11.57	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,080	85,610	41.16	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	2,975	3,006	46,872	15.59	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	140,403	149,919	\$ 3,068,946 *	\$ 20.47	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	\$25 Monthly	300	1-3	35
36	Medical Director	\$1,000 Monthly	12,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	\$186 Monthly	2,232		39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	60	3,320	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	60	\$ 17,852		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	8	\$ 387	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	8	\$ 387		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	
Illarde, Jennifer	Administrator	0	\$ 149,651	Workers' Compensation Insurance	\$ 112,312	IDPH License Fee	\$	
Oh, Angela A	Assistant Administrator	0	67,627	Unemployment Compensation Insurance	23,265	Advertising: Employee Recruitment		
Pomer, Kyla	Assistant Administrator	0	11,471	FICA Taxes	225,897	Health Care Worker Background Check		
		0		Employee Health Insurance	83,508	(Indicate # of checks performed 15 )	501	
				Employee Meals	37,824	Patient Background Checks	755 7,545	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond/Corp Annual Fee	255	
				Dental/Life Insurance	3,340	Health Care Council/Chicago Tribune	17,996	
				Employee Relations	13,569	Collaborative Healthcare/Relias Learning	283	
				Misc Payroll Costs/401K Match	3,496	Tribune Interactive	821	
				Employee Drug Tests/Vaccinations	4,498	Related Party-AMS LLC	2,094	
				Related Party Vaccines	(3,410)	Less: Public Relations Expense	( )	
						Non-allowable advertising	( )	
						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)		
\$ 228,749				\$ 504,299		\$ 29,496		
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	
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)	
\$				\$			\$ 523	
C. Professional Services								
Vendor/Payee	Type	Amount						
Alden Management Services, Inc.	Consulting fees	\$ 692,759						
Virchow Krause	Accounting Fees	15,565						
AMS (Eliminated)	Legal Fees: Non-Collections	46,908						
Christine Novotny	Professional Fees	100						
Achieve Accreditation/Joing Commis	Professional Fees	5,573						
eHealth Date/Direct Supply	Professional Fees	4,438						
ABC Accounts/Clerk of the Circuit	Legal Fees: Collections	85					Related Party-AMS 523	
Pogrund & Korey/Markley Investiga	Legal Fees: Collections	1,063					Seminar Expense	
Valer Enterprise Inc.	Legal Fees: Collections	313						
Bank Leumi/Edward Clancy	Financing/Medicaid Legal Non-t	1,516						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			Entertainment Expense ( ) (agree to Sch. V, line 24, col. 8)	
\$ 768,320				\$			\$ 523	

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden North Shore Reh & HCC  
 Legal Fee Support  
 2015

Legal Fees Reported on Pg 21, Section C:	\$	48,369.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(1,461.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(46,908.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	<u>\$</u>	<u>-</u>

In Detail:

Vendor Name	Invoice Date	Amount
		-
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u>-</u>

Vendor Name	Invoice Date	Amount
ABC Accounts Corp	11/4/2015	43.00
ABC Accounts Corp	4/17/2015	43.00
ABC Accounts Corp	2/24/2015	43.00
Clerk of the Circuit Court	2/12/2015	12.00
Clerk of the Circuit Court	2/12/2015	6.00
Clerk of the Circuit Court	12/10/2015	(80.00)
Clerk of the Circuit Court	7/7/2015	12.00
Clerk of the Circuit Court	1/29/2015	6.00
Pogrund & Korey LLC	1/12/2016	807.30
Markley Investigations Inc	3/10/2015	100.00
Markley Investigations Inc	8/6/2015	78.00
Markley Investigations Inc	6/11/2015	78.00
Valer Enterprises Inc.	6/29/2015	2.24

Valer Enterprises Inc.

4/29/2015

310.94

**TOTAL Collection-NOT ALLOWABLE LEGAL FEES** 1,461.48

<b>Vendor Name</b>	<b>Invoice Date</b>	<b>Amount</b>
AMS Corp Legal Cost Alloc-'15	12/29/15	3,909.00
AMS Corp Legal Cost Alloc-'15	12/02/15	3,909.00
AMS Corp Legal Cost Alloc-'15	11/02/15	3,909.00
AMS Corp Legal Cost Alloc-'15	09/29/15	3,909.00
AMS Corp Legal Cost Alloc-'15	09/02/15	3,909.00
AMS Corp Legal Cost Alloc-'15	08/05/15	3,909.00
AMS Corp Legal Cost Alloc-'15	06/26/15	3,909.00
AMS Corp Legal Cost Alloc-'15	06/08/15	3,909.00
AMS Corp Legal Cost Alloc-'15	05/05/15	3,909.00
AMS Corp Legal Cost Alloc-'15	03/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	03/04/15	3,909.00
AMS Corp Legal Cost Alloc-'15	02/06/15	3,909.00
	<b>TOTAL Allocated Legal Fees</b>	<u><u>46,908.00</u></u>
	<b>Total Legal Cost</b>	<u><u>48,369.48</u></u>

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 Reh &amp; HCC

# 0042028

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

## 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. Health Care Council of IL \$8,928
- (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. \$ 16,450 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. \$ 96,352  
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. \$ 37,824 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. \$ \_\_\_\_\_  
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: Yes
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes  
Attach invoices and a summary of services for all architect and appraisal fees.