

Facility Name & ID Number Alden North Shore Reha & HCC

0042028 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	79	3,489	11,139	14,707	8
9	SNF/PED					9
10	ICF	6,588	1,691	104	8,383	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,667	5,180	11,243	23,090	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.02%

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

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

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

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

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 10,891

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden North Shore Reha & HCC # 0042028 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	615,121	19,690		634,811	1,228	636,039	3,828	639,867		1
2	Food Purchase		223,875		223,875	(26,356)	197,519	2,655	200,175		2
3	Housekeeping	126,795	31,944		158,739	1,083	159,822	3,816	163,638		3
4	Laundry	10,531	21,898	12,542	44,971	316	45,287		45,287		4
5	Heat and Other Utilities			195,068	195,068		195,068	(1,482)	193,587		5
6	Maintenance	75,339		207,258	282,598	209	282,807	34,487	317,293		6
7	Other (specify):* related party/security			765	765		765	4,277	5,042		7
8	TOTAL General Services	827,786	297,408	415,634	1,540,828	(23,520)	1,517,308	47,582	1,564,889		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	2,046,305	130,718	6,830	2,183,853	6,690	2,190,543	29,869	2,220,412		10
10a	Therapy		2,651	11,580	14,231		14,231		14,231		10a
11	Activities	76,261	3,244	7,094	86,599		86,599		86,599		11
12	Social Services	68,692			68,692		68,692		68,692		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party/security							4,139	4,139		15
16	TOTAL Health Care and Programs	2,191,258	136,613	37,504	2,365,375	6,690	2,372,065	34,008	2,406,073		16
	C. General Administration										
17	Administrative	154,548			154,548		154,548	81,737	236,285		17
18	Directors Fees										18
19	Professional Services			848,461	848,461		848,461	(746,348)	102,113		19
20	Dues, Fees, Subscriptions & Promotions			130,456	130,456		130,456	(105,221)	25,235		20
21	Clerical & General Office Expenses	108,561	18,755	178,697	306,014	245	306,259	58,729	364,988		21
22	Employee Benefits & Payroll Taxes			513,553	513,553	16,585	530,138	(3,102)	527,036		22
23	Inservice Training & Education										23
24	Travel and Seminar			125	125		125	555	680		24
25	Other Admin. Staff Transportation			1,669	1,669		1,669	6,096	7,765		25
26	Insurance-Prop.Liab.Malpractice			144,045	144,045		144,045	8,356	152,401		26
27	Other (specify):* related party			75,304	75,304		75,304	(42,711)	32,593		27
28	TOTAL General Administration	263,110	18,755	1,892,310	2,174,175	16,830	2,191,005	(741,909)	1,449,096		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,282,154	452,776	2,345,448	6,080,378		6,080,378	(660,320)	5,420,058		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			60,615	60,615		60,615	226,907	287,522		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			52,577	52,577		52,577	272,012	324,589		32
33	Real Estate Taxes			319,098	319,098	(319,098)	0	374,358	374,358		33
34	Rent-Facility & Grounds			649,728	649,728	319,098	968,826	(950,827)	18,000		34
35	Rent-Equipment & Vehicles			18,418	18,418		18,418	16,644	35,062		35
36	Other (specify):* MIP							52,524	52,524		36
37	TOTAL Ownership			1,100,436	1,100,436		1,100,436	(8,381)	1,092,055		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		920,984	1,411,879	2,332,863		2,332,863	28,147	2,361,010		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			125,688	125,688		125,688		125,688		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		920,984	1,537,567	2,458,552		2,458,552	28,147	2,486,699		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,282,154	1,373,760	4,983,451	9,639,366		9,639,366	(640,554)	8,998,812		45

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

0042028
 Period Beginning: 01/01/2017
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,356)	Employee Meals
	22	26,356	Employee Meals
22		(9,771)	Uniform Reclass
	1	1,228	Uniform Reclass
	3	1,083	Uniform Reclass
	4	316	Uniform Reclass
	6	209	Uniform Reclass
	10	6,690	Uniform Reclass
	11		Uniform Reclass
	21	245	Uniform Reclass
10		N/A	Oxygen Cost Reclass
	39	N/A	Oxygen Cost Reclass
33		(319,098)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	319,098	Rent - Real Estate Tax on associated landowner (Pg 6)

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

VI. ADJUSTMENT DETAIL

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

		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	(530)	2		4
5	Telephone, TV & Radio in Resident Rooms	(6,377)	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	(33,968)	30		9
10	Interest and Other Investment Income	(4,706)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,397)	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	(5,623)	21		17
18	Fines and Penalties	(3,113)	32		18
19	Entertainment				19
20	Contributions	(3,046)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,450)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(75,304)	27		24
25	Fund Raising, Advertising and Promotional	(17,485)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (155,999)		\$	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)	(496,767)	Pg 6s	34
35	Other- Attach Schedule	12,213	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (484,555)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (640,554)		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	TOTAL (C): (sum of lines 38-46)			\$	47

BHF USE ONLY							
48		49		50		51	52

Alden North Shore Reha & HCC

ID# 0042028

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (11,789)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(3,300)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	15,699	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	11,472	6	4
5				5
6	Adj for ABC Related Party Profit - Pg 13	1,832	30	6
7	Depreciation Adj Sage Report	(1,642)	30	7
8				8
9	Valet cost (gl 6907)	(49,110)	21	9
10	Late fees on utilities	(3,061)	5	10
11				11
12	Other nursing income (flu, w/chair,etc)	0	21	12
13	Intercompany interest- Insurance Interest			13
14	Miscellaneous Income - Medical Records	(961)	10	14
15	A/P Adjustments (vendor discounts)	(345)	10	15
16				16
17				17
18				18
19	Refund on Real Estate Taxes 1	53,234	33	19
20	Refund on Real Estate Taxes 2	183	33	20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	12,213		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	1,302	2,526	0	0	0	0	0	0	0	3,828	1
2	Food Purchase	(4,927)	0	0	7,582	0	0	0	0	0	0	0	2,655	2
3	Housekeeping	0	0	3,816	0	0	0	0	0	0	0	0	3,816	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,061)	0	1,579	0	0	0	0	0	0	0	0	(1,482)	5
6	Maintenance	20,794	0	13,617	0	0	0	(36)	112	0	0	0	34,487	6
7	Other (specify):*	0	0	4,277	0	0	0	0	0	0	0	0	4,277	7
8	TOTAL General Services	12,806	0	24,591	10,109	0	0	(36)	112	0	0	0	47,582	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,306)	0	27,448	4,846	(1,120)	0	0	0	0	0	0	29,869	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	4,139	0	0	0	0	0	0	0	0	4,139	15
16	TOTAL Health Care and Programs	(1,306)	0	31,587	4,846	(1,120)	0	0	0	0	0	0	34,008	16
	C. General Administration													
17	Administrative	0	0	81,737	0	0	0	0	0	0	0	0	81,737	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,450)	33,057	(777,955)	0	0	0	0	0	0	0	0	(746,348)	19
20	Fees, Subscriptions & Promotions	(20,531)	307	(84,997)	0	0	0	0	0	0	0	0	(105,221)	20
21	Clerical & General Office Expenses	(54,733)	0	113,462	0	0	0	0	0	0	0	0	58,729	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,102)	0	0	0	0	0	0	(3,102)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	555	0	0	0	0	0	0	0	0	555	24
25	Other Admin. Staff Transportation	0	0	6,096	0	0	0	0	0	0	0	0	6,096	25
26	Insurance-Prop.Liab.Malpractice	0	8,227	129	0	0	0	0	0	0	0	0	8,356	26
27	Other (specify):*	(75,304)	0	32,593	0	0	0	0	0	0	0	0	(42,711)	27
28	TOTAL General Administration	(152,018)	41,591	(628,380)	0	(3,102)	0	0	0	0	0	0	(741,909)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(140,518)	41,591	(572,202)	14,955	(4,222)	0	(36)	112	0	0	0	(660,320)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden North Shore Reha & HCC # 0042028 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I		
30	Depreciation	(48,867)	272,992	2,782	0	0	0	0	0	0	0	0	226,907	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(7,819)	275,151	4,680	0	0	0	0	0	0	0	0	272,012	32
33	Real Estate Taxes	53,417	319,098	1,843	0	0	0	0	0	0	0	0	374,358	33
34	Rent-Facility & Grounds	0	(950,827)	0	0	0	0	0	0	0	0	0	(950,827)	34
35	Rent-Equipment & Vehicles	0	0	16,644	0	0	0	0	0	0	0	0	16,644	35
36	Other (specify):*	0	52,524	0	0	0	0	0	0	0	0	0	52,524	36
37	TOTAL Ownership	(3,269)	(31,061)	25,949	0	0	0	0	0	0	0	0	(8,381)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(46,420)	(60,832)	135,399	0	0	0	0	0	28,147	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(46,420)	(60,832)	135,399	0	0	0	0	0	28,147	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(143,786)	10,529	(546,253)	(31,465)	(65,054)	135,399	(36)	112	0	0	0	(640,554)	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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 950,827	North Shore Touhy Associates LLC	0.00%	\$	\$ (950,827)	1
2	V	32 Interest Income-Repl Reserve/Misc	172	North Shore Touhy Associates LLC			(172)	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		8,884	8,884	4
5	V	20 Corporate Annual Report Fee		North Shore Touhy Associates LLC		307	307	5
6	V	33 Real Estate Tax Expense		North Shore Touhy Associates LLC		319,098	319,098	6
7	V	26 Property & Liability Insurance		North Shore Touhy Associates LLC		8,227	8,227	7
8	V	36 Mortgage Insurance Premium		North Shore Touhy Associates LLC		52,524	52,524	8
9	V	32 Interest - Other/Amortization		North Shore Touhy Associates LLC		275,323	275,323	9
10	V	30 Depreciation Expense		North Shore Touhy Associates LLC		284,899	284,899	10
11	V	19 Legal Fees: Non - Collections		North Shore Touhy Associates LLC		24,173	24,173	11
12	V	19 Professional Fees		North Shore Touhy Associates LLC				12
13	V	30 Gain on Sale of Assets	11,907	North Shore Touhy Associates LLC			(11,907)	13
14	Total		\$ 962,906			\$ 973,435	\$ * 10,529	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%	\$ 1,579	\$ 1,579
16	V	24 Travel & Seminar		Alden Management Services, Inc.		555	555
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,096	6,096
18	V	26 Insurance		Alden Management Services, Inc.		129	129
19	V	20 Dues/Subscriptions	85,584	Alden Management Services, Inc.		587	(84,997)
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782
21	V	33 Real Estate Tax		Alden Management Services, Inc.		1,843	1,843
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		16,644	16,644
23	V	32 Interest		Alden Management Services, Inc.		4,680	4,680
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,302	1,302
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,816	3,816
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		4,277	4,277
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		27,448	27,448
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		4,139	4,139
29	V	17 Administrative Salary		Alden Management Services, Inc.		81,737	81,737
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		32,593	32,593
31	V	19 Professional Fees	812,913	Alden Management Services, Inc.		34,958	(777,955)
32	V	21 Gen'l & Admin	29,760	Alden Management Services, Inc.		143,222	113,462
33	V	6 Repairs & Maintenance	34,350	Alden Management Services, Inc.		47,967	13,617
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 962,607			\$ 416,354	\$ * (546,253)

* 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		Prism Health Care Services, Inc.				16
17	V	2 Tube feeding	7,307	Prism Health Care Services, Inc.		6,250	(1,057)	17
18	V	10 Equipment rental	6,105	Prism Health Care Services, Inc.		8,886	2,781	18
19	V	39 Ancillary supplies	88,842	Prism Health Care Services, Inc.		26,873	(61,969)	19
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		2,526	2,526	20
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		8,640	8,640	21
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		2,065	2,065	22
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		15,549	15,549	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		\$ 102,254			\$ 70,789	\$ * (31,465)	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	\$ 702,438	Forum Extended Care Services II, Inc.	0.00%	\$ 648,394	\$ (54,044)
16	V	39 IV	123,719	Forum Extended Care Services II, Inc.		114,200	(9,519)
17	V	39 Wound care	1,727	Forum Extended Care Services II, Inc.		1,595	(133)
18	V	10 House stock	12,324	Forum Extended Care Services II, Inc.		11,376	(948)
19	V	10 Pharmacy consultant	2,232	Forum Extended Care Services II, Inc.		2,060	(172)
20	V	22 Vaccinations	3,102	Forum Extended Care Services II, Inc.			(3,102)
21	V	39 Vaccinations				2,863	2,863
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		\$ 845,542			\$ 780,488	\$ * (65,054)

* 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	\$ 1,357,670	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,493,070	\$	135,399	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		\$ 1,357,670			\$ 1,493,070	\$ *	135,399	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	\$ 26,812	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,776	\$ (36)	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		\$ 26,812			\$ 26,776	\$ * (36)	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	\$ 510	Alden Design Group, Inc.	0.00%	\$ 622	\$ 112	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 510			\$ 622	\$ *	112 39

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

Facility Name & ID Number

Alden North Shore Reha & HCC

0042028

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name & ID Number Alden North Shore Reha & HCC # 0042028 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	181,764	0.7	1.75	Salary	\$ 3,236	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,251	0.7	1.75	Salary	1,749	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,251	0.7	1.75	Salary	1,749	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	112,888	0.7	1.75	Salary	2,009	17-7	4
5	Randi Schlossberg-Schullo F.	President	General Operation	0.00	181,765	0.525	1.75	Salary	3,235	6-7	5
6	Audra Elisco E.	Training Coordinator	Train employees	0.00	61,857	0.7	1.75	Salary	1,101	21-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. 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	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 13,079		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 Reha & HCC

0042028

Report Period Beginning:

01/01/2017

Ending: 2/31/2017

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	1,320,269	35	\$ 90,340	\$ 23,090	\$ 1,579	1	
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	23,090	555	2	
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	23,090	6,096	3	
4	26	Insurance	Patient Days	1,320,269	35	7,373	23,090	129	4	
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	23,090	587	5	
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6	
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	23,090	1,843	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	23,090	16,644	8	
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	23,090	4,680	9	
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	23,090	1,302	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	23,090	3,816	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557		23,090	4,277	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	23,090	27,448	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654		23,090	4,139	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	23,090	81,737	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643		23,090	32,593	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	23,090	34,958	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	23,090	143,222	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	23,090	47,967	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 416,354	25	

Facility Name & ID Number

Alden North Shore Reha & HCC

0042028

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge (GL 2505)		X	Mortgage	\$40,011.11	8/1/2012	\$ 11,486,700	\$ 10,405,342	3/1/2049	2.5000	\$ 262,632	1
2	Interest Capital Lease (GL 7030)		X	Phone Lease							714	2
3	Bank Leumi (GL 2503/7035)		X	LOC		10/23/10	1,103,270	771,510			47,133	3
4	Insurance Interest (GL7053)		X	Medical Malpractice							1,617	4
5	Amort of Fin Fees (GL 1918)		X	Refinancing							12,691	5
Working Capital												
6	Related party-AMS		X	Working Capital							4,680	6
7												7
8												8
9	TOTAL Facility Related				\$40,011.11		\$ 12,589,970	\$ 11,176,852			\$ 329,467	9
B. Non-Facility Related*												
10	Interest Income on R.R.		X								(43)	10
11	Int Income (GL#4975)		X								(4,706)	11
12	Int msc LLC		X								(130)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (4,878)	14
15	TOTALS (line 9+line14)						\$ 12,589,970	\$ 11,176,852			\$ 324,589	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 52,524 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.					
1.	Real Estate Tax accrual used on 2016 report.			\$	392,000	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.)			\$	376,615	2	
3.	Under or (over) accrual (line 2 minus line 1).			\$	(15,385)	3	
4.	Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	387,900	4	
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5	
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6	
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	372,515	7	
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	1,843		
		Total Real Estate Tax Expense, Sch V, Line 33		\$	374,358		
Real Estate Tax Bill for Calendar Year:	2012	399,293	8	FOR BHF USE ONLY			
	2013	373,659	9	13	FROM R. E. TAX STATEMENT FOR 2016	\$	13
	2014	367,831	10	14	PLUS APPEAL COST FROM LINE 5	\$	14
	2015	380,586	11	15	LESS REFUND FROM LINE 6	\$	15
	2016	376,615	12	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

The current year accrual is based on an estimated 3% increase of the prior year tax.

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden North Shore Reha & 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 2016 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 2016.

(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>105,372.00</u>	\$ <u>1,843.00</u>
2. <u>10-28-429-038-0000</u>	<u>Nursing facility</u>	\$ <u>376,615.27</u>	\$ <u>376,615.27</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>481,987.27</u></u>	\$ <u><u>378,458.27</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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.**

Facility Name & ID Number Alden North Shore Reha & HCC

0042028 Report Period Beginning:

01/01/2017 Ending:

12/31/2017

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>	<u>1</u>
2					<u>2</u>
3	TOTALS	34,483		\$ 955,797	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)	\$ 3,052,332	4
5					98_Disk					5
6										6
7										7
8										8
Improvement Type**										
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		15			1,990	11
12	tci cable-install cable		1999	1,254		10			1,254	12
13	ABC-install tiles/repair		2000	4,011		15			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		15			1,611	20
21	ABC-misc construction work		2000	5,347		5			5,347	21
22	ABC-misc construction work		2000	13,118	(1)	5	(1)		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		15			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	15	1		16,368	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 & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning:

01/01/2017 Ending: 12/31/2017

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		2,819	51
52	Patten CAT-Repair Generator	2005	2,074	104	20	104		1,323	52
53	GT Mechanical-No AC Water/Temp Low	2005	1,340		10			1,340	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		10			7,064	55
56	tile and grout restoration-all ceramic tile floors	2005	7,830		10			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		10			12,843	58
59	new hvac motor	2005	3,860		10			3,860	59
60	wired new electronic starter	2005	1,530		10			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		10			2,898	63
64	Second Floor Nurses Station	2007	4,246		10			4,246	64
65	Repair Condensor/Fan Motor sensors	2007	2,529		5			2,529	65
66	Replaced Domestic Water Pump-ABC	2007	3,032	253	10	253		3,032	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,314,197	\$ 204,119		\$ 170,151	\$ (33,968)	\$ 3,581,239	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	Totals from Page 12A, Carried Forward		\$ 7,314,197	\$ 204,119		\$ 170,151	\$ (33,968)	\$ 3,581,239	1
2	Repaired AC	2008	7,776	778	10	778		7,388	2
3	New Asphalt - ABC	2008	2,973		8			2,973	3
4	New Asphalt - ABC	2008	4,110		8			4,110	4
5	New Fire Alarm Printer/New Ceiling Tiles-ABC	2008	4,007	401	10	401		3,674	5
6	New Plumbing and Electrical Fixtures-ABC	2008	2,509	167	15	167		1,644	6
7	New Clear Acrylic-Oakton Glass&Mirror	2008	3,517	352	10	352		3,166	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		3,157	9
10									10
11	ABC - New Fire Alarm Annunciator	2009	2,637	264	10	264		2,198	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		3,834	13
14	GT Mechanical-New Pump Seals	2009	3,308	331	10	331		2,757	14
15									15
16	ABC - Exhaust Vent Shaft	2010	3,539	354	10	354		2,507	16
17	ABC- Concrete Driveway Sealcoat	2010	18,600	1,240	15	1,240		8,783	17
18	TOPNOT - Boiler Assembly - Kitchen Equipment	2010	3,018		5			3,018	18
19									19
20	Columns, Masonry at Handicapped Parking Area - ALDBEN	2011	2,959		5			2,959	20
21	Upholstry: Fabric Chairs - Shades Window Sunscreen-ALDDES	2011	9,984	998	5	998		5,240	21
22									22
23	Sprinkler System, Fire Protection System - ALDBEN	2012	5,039	67	25	67		873	23
24	Duct Work - ALDBEN	2012	7,421	495	15	495		2,516	24
25	Reupholster Chairs/Fabric - ALDDES	2012	2,516	252	5	252		2,516	25
26	Parking Lot resurface - Kol Emeth - ALDBEN	2012	3,919	327	8	327		2,286	26
27	Parking Lot resurface - Kol Emeth - ALDBEN	2012	5,175	431	8	431		3,018	27
28	Conservatory Addiiton Project/Skylights - ALDBEN	2012	8,547	342	25	342		1,938	28
29	Conservatory/Flooring,Plumbing,Electrical Fixtures,Access Panes	2012	16,782	671	25	671		3,803	29
30	Conservatory Addiiton Project/ Concrete, Roofing - ALDBEN	2012	36,550	1,462	25	1,462		8,285	30
31	Conservatory/Concrete, Doors/Frames,,Cabinets,Plumbing,HVAC	2012	38,758	1,550	25	1,550		8,785	31
32	Conservatory Addiiton Project/ Drywall - ALDBEN	2012	48,952	1,958	25	1,958		11,096	32
33	Conservatory Addiiton Project/ Masonry, Drywall, Roofing - ALD	2012	59,394	2,376	25	2,376		13,463	33
34	TOTAL (lines 1 thru 33)		\$ 7,632,107	\$ 219,719		\$ 185,751	\$ (33,968)	\$ 3,705,307	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 12B, Carried Forward		\$ 7,632,107	\$ 219,719		\$ 185,751	\$ (33,968)	\$ 3,705,307	1
2	Conservatory Addiiton Project/Drywall/Caulking, Roofing, Plumbi	2012	26,018	4,180	25	4,180		5,897	2
3	Conservatory Addiiton Project/Structural Steel - ALDBEN	2012	13,500	540	25	540		2,790	3
4	Conservatory Drywall, Glass, Doors/Frames, Cabinets/Ceramic Stor	2012	59,694	2,388	25	2,388		12,138	4
5	Conservatory/HVAC, Electrical, Fire Protection, Furniture, Carpet,	2012	72,579	2,903	25	2,903		15,000	5
6	Conservatory /Doors, Cabinets/Tops, Painting/Decorating, - ALDB	2012	25,000	1,000	25	1,000		5,083	6
7	Conservatory Addiiton Project/Engineering/Permit/Blueprint Fees	2012	5,933	237	25	237		1,206	7
8	Conservatory Addiiton Project/Window Treatments/Panels/Curta	2012	10,376	415	25	415		2,144	8
9	Conservatory Addiiton Project/Window Treatments/Panels/Valen	2012	17,069	683	25	683		3,471	9
10	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	9,887	395	25	395		2,010	10
11	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	14,500	580	25	580		2,948	11
12									12
13	Dampers, Fire, Access Doors, Actuators - ALDBEN	2013	11,364	1,136	10	1,136		4,167	13
14	Chiller Fan Motor and Bracket, Condensor Coils - GTMECH	2013	5,168	1,034	5	1,034		4,737	14
15	Heating/Vent major repair, Pneumatic - ALDBEN	2013	11,573	2,315	5	2,315		9,644	15
16	Elevator, major repair, Hydraulic Piston Packing - KONINC	2013	2,871	574	5	574		2,392	16
17	Furniture, Fabric-Resident Room Converisons- ALDBEN	2013	21,991	1,466	15	1,466		8,796	17
18									18
19	Spray, Fireproof Spray-ALDBEN	2014	5,970	597	10	597		1,641	19
20	Chiller, Repair Chiller #1 Condenser Coil-ALDBEN	2014	6,826	1,365	5	1,365		5,119	20
21	Chiller, Replace EXV Valve and Cable-ALDBEN	2014	7,169	1,434	5	1,434		5,376	21
22	Fridge, Repair - TOPNOT	2014	5,567	1,113	5	1,113		3,711	22
23	Asphalt, Parking Lot - ALDBEN	2014	10,002	1,250	8	1,250		4,063	23
24									24
25	Wall repair-FOXBU	2015	4,100	820	5	820		2,050	25
26	Motot, Condenser - GT Mechanical	2015	3,439	688	5	688		1,663	26
27	Motor, Rack - TopNot	2015	3,195	639	5	639		1,331	27
28	Railing replacement - ALDBEN	2016	3,608	241	15	241		482	28
29	Motor Starter - ALDBEN	2016	3,681	736	5	736		736	29
30	Paving parking lot crack -ALDBEN	2016	4,259	852	5	852		1,527	30
31	Doors repaired- ALDBEN	2016	3,403	681	5	681		1,178	31
32	Water Heater, Repaired - AIDBEN	2016	4,673	935	5	935		1,219	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,005,522	\$ 250,916		\$ 216,948	\$ (33,968)	\$ 3,817,826	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 12C, Carried Forward		\$ 8,005,522	\$ 250,916		\$ 216,948	\$ (33,968)	\$ 3,817,826	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,084,476	\$ 251,956		\$ 217,988	\$ (33,968)	\$ 3,906,787	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,084,476	\$ 251,956		\$ 217,988	\$ (33,968)	\$ 3,906,787	1
2	Adjust for ABC Related Party Profit	2008	(204)	(12)		(12)		(108)	2
3	Adjust for ABC Related Party Profit	2009	(92)	(2)		(2)		(94)	3
4	Adjust for ABC Related Party Profit	2010	(271)	(8)		(8)		(57)	4
5	Adjust for ABC Related Party Profit	2011	23					23	5
6	Adjust for ABC Related Party Profit	2012	31,228	1,839		1,839		9,195	6
7	Adjust for ABC Related Party Profit	2013	499	50		50		225	7
8	Adjust for ABC Related Party Profit	2014	(57)	(11)		(11)		(39)	8
9	Adjust for ABC Related Party Profit	2016	(596)	(24)		(24)		(48)	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)		\$ 8,115,006	\$ 253,788		\$ 219,820	\$ (33,968)	\$ 3,915,885	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 12E, Carried Forward	\$ 8,115,006	\$ 253,788		\$ 219,820	\$ (33,968)	\$ 3,915,885		1
2	Conservatory rebuilt ALDBEN								2
3	roof replacement, gutter repair	2016	50,569	2,023	25	2,023		3,034	3
4	Conservatory rebuilt - ALDBEN								4
5	masonry repairs, skylite replacement,								5
6	wall repairs, landscaping	2016	24,297	1,620	15	1,620		2,430	6
7									7
8	Fencing- ALDBEN	2017	7,951	464	10	464	0	464	8
9	Cmpresor, Repaired-GTMECH	2017	5,574	650	5	650		650	9
10	Motor Installed on Front Slider Door-ALDBEN	2017	3,230	108	5	108		108	10
11	Motor Starter- ALDBEN	2017	3,681	675	5	675		675	11
12	Doors, Repaired- ALDBEN	2017	3,403	454	5	454		454	12
13	Paving, Asphalt & Crack Fill on Lot-ALDBEN	2017	4,259	355 #	8	355		355	13
14	Water Heater, Repaired - ALDBEN	2017	4,673	312	5	312		312	14
15									15
16	Additional gain recorded in 2017 on asset disposed in 2016			(11,907)		(11,907)			16
17	this is a one time, 2017 line item								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)		\$ 8,222,642	\$ 248,542		\$ 214,574	\$ (33,968)	\$ 3,924,367	34

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

Facility Name & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	\$ 761,193	\$ 62,168	\$ 62,168	\$	various	\$ 355,249	71
72	Current Year Purchases	156,607	4,625	4,625		various	4,267	72
73	Fully Depreciated Assets	922,764	6,155	6,155		various	922,764	73
74								74
75	TOTALS	\$ 1,840,564	\$ 72,948	\$ 72,948	\$		\$ 1,282,280	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)	\$ 11,072,855	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 321,490	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 287,522	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (33,968)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,260,499	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.

Facility Name & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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.	<u>12/31/2018</u>	\$ <u>varies</u>
13.	<u>12/31/2019</u>	\$ <u>varies</u>
14.	<u>12/31/2020</u>	\$ <u>varies</u>

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: \$ 22,135 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>related party-PG 6A</u>	<u>various</u>	\$ <u>619.25</u>	\$ <u>7,431</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>619.25</u>	\$ <u>7,431</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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <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>2. <u>CLASSROOM PORTION:</u></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>3. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 522,603	\$		\$ 522,603	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			47,268			47,268	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			787,930			787,930	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescrpts				651,258		651,258	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					135,399	216,552		351,951	13
14	TOTAL			\$		\$ 1,493,201	\$ 867,810		\$ 2,361,010	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	522,603.47	
2.	ST	39-3	To Col 5	47,268.01	
3.					
4.	PT	39-3	To Col 5	787,929.92	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			702,438.49	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(51,180.56)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	651,257.93	2,009,059.33
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	135,399.32	From Page 6D
	Other			272,623.39	
	Manual Input: Related Party - Prism			(46,420.07)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(9,518.64)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(132.91)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)		N/A		
13.	Col 6: Supplies Total		To Col 6	216,551.77	216,551.77
13.	Total Line 13, Column 8				351,951.09
14.	Total				2,361,010.42

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 74,167	\$ 99,621	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 46,500)	1,304,664	1,304,664	3
4	Supply Inventory (priced at)	3,344	3,344	4
5	Short-Term Investments			5
6	Prepaid Insurance		45,933	6
7	Other Prepaid Expenses	48,262	48,262	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Medicare Settlements/Interest R	6,094	218,747	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,436,531	\$ 1,720,571	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	10,022	10,022	12
13	Land		955,797	13
14	Buildings, at Historical Cost		7,878,133	14
15	Leasehold Improvements, at Historical Cost	642,224	1,185,035	15
16	Equipment, at Historical Cost	623,301	2,565,905	16
17	Accumulated Depreciation (book methods)	(889,259)	(6,241,272)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		50,551	21
22	Other Long-Term Assets (spe CIP, RR, S/H Loan		221,836	22
23	Other(specify): Due from Affiliate,	9,240,633	9,240,633	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,626,921	\$ 15,866,639	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,063,452	\$ 17,587,210	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 561,330	\$ 561,330	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	147,905	147,905	28
29	Short-Term Notes Payable	779,170	1,001,708	29
30	Accrued Salaries Payable	477,820	477,820	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,508	17,508	31
32	Accrued Real Estate Taxes(Sch.IX-B)		387,900	32
33	Accrued Interest Payable	2,527	24,205	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,Sales Tax	49,834	49,834	36
37	Due to affiliates	1,281,981	1,286,052	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,318,075	\$ 3,954,263	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,182,803	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 10,182,803	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,318,075	\$ 14,137,066	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,745,376	\$ 3,450,143	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,063,452	\$ 17,587,210	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,713,885	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,713,885	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	31,491	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)	\$ 31,491	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 7,745,376	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,584,619	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,584,619	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	70,855	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 70,855	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	401	12
13	Barber and Beauty Care	222	13
14	Non-Patient Meals	530	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	443	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,596	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	4,706	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,706	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	9,081	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,081	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,670,857	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,540,828	31
32	Health Care	2,365,375	32
33	General Administration	2,174,175	33
B. Capital Expense			
34	Ownership	1,100,436	34
C. Ancillary Expense			
35	Special Cost Centers	2,332,863	35
36	Provider Participation Fee	125,688	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,639,366	40
41	Income before Income Taxes (line 30 minus line 40)**	31,491	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 31,491	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,246,239	44
45	Private Pay - Net Inpatient Revenue	561,711	45
46	Medicare - Net Inpatient Revenue	6,149,836	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,626,967	47
48	Other-(specify) <u>Veterans/Charity/Sales Allow</u>	(134)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,584,619	49

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

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

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

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

Facility Name & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning 01/01/2017 Ending:

12/31/2017

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	\$ 40
Miscellaneous Income - Interest	\$ 961
Adjustment to prior year expense	\$ 106
A/P Adjustments (vendor discounts)	\$ 345
Gain on Sale of Assets	\$ 7,629
Line 28 Total:	<u>9,081</u>

Facility Name & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	2,138	2,138	\$ 105,083	\$ 49.15	1
2	Assistant Director of Nursing	1,282	1,371	52,166	38.04	2
3	Registered Nurses	22,015	23,829	838,153	35.17	3
4	Licensed Practical Nurses	5,413	5,639	152,149	26.98	4
5	CNAs & Orderlies	41,126	44,815	711,520	15.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,341	5,850	76,261	13.04	10
11	Social Service Workers	3,119	3,276	68,692	20.97	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	60,509	29.09	13
14	Head Cook	6,192	6,329	126,223	19.94	14
15	Cook Helpers/Assistants	26,703	29,217	428,389	14.66	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	75,339	36.22	17
18	Housekeepers	10,174	11,277	126,795	11.24	18
19	Laundry	983	1,030	10,531	10.23	19
20	Administrator	2,056	2,080	107,882	51.87	20
21	Assistant Administrator	1,616	1,717	46,666	27.18	21
22	Other Administrative	2,111	2,111	60,746	28.78	22
23	Office Manager					23
24	Clerical	3,733	3,970	47,815	12.04	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,656	3,704	143,904	38.85	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	2,183	2,399	43,329	18.06	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	143,999	154,910	\$ 3,282,154 *	\$ 21.19	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	\$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	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	\$267 Monthly	3,200	11-3	44
45	Social Service Consultant	60	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	60	\$ 18,272		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	40	2,098	10-3	52
53	TOTAL (lines 50 - 52)	40	\$ 2,098		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	
Angela Ditangco	Administrator	0.00	\$ 106,638	Workers' Compensation Insurance	\$ 90,333	IDPH License Fee	\$	
Alexis Effert	Assistant Administrator	0.00	15,455	Unemployment Compensation Insurance	49,488	Advertising: Employee Recruitment		
Kyla Pomer	Assistant Administrator	0.00	32,455	FICA Taxes	223,660	Health Care Worker Background Check		
				Employee Health Insurance	125,201	(Indicate # of checks performed 10)	325	
				Employee Meals	26,356	Patient Background Checks	570 5,700	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond/Corp Annual Fee	254	
				Dental/Life Insurance	3,372	Health Care Council/Chicago Tribune	17,687	
				Employee Relations	4,840	Skokie Chamber of Commerce	375	
				Misc Payroll Costs/401K Match	2,942	North Shore LLC	307	
				Employee Drug Tests//Vaccinations	3,945	Related Party - AMS	587	
				Related Party Vaccines	(3,102)	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 154,548	TOTAL (agree to Schedule V, line 22, col.8)		\$ 25,235		
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	125
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Related Party - AMS	555
C. Professional Services							Seminar Expense	
Vendor/Payee	Type		Amount					
Alden Management Services, Inc.	Consulting fees		\$ 767,721					
Baker Tilly Virchow Krause LLP	Accounting Fees		16,596					
AMS (Eliminated)	Legal Fees: Non-Collections		45,192					
KPMG Cost Report	Accounting Fees		234					
Achieve Accreditation/First Advantage	Professional Fees		16,288					
Clerk of the Circuit Court/Sheriff of Cook County	Legal Fees: Collections		1,075					
ABC Accounts/Pogrund & Korey/Ariz	Legal Fees: Collections		498					
C.Novotny/Vikus Corporatoin	Accounting Fees		857					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 848,461	TOTAL		\$	Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 680

* Attach copy of IMRF notifications

**See instructions.

Alden North Shore Reha & HCC
 Legal Fee Support
 2017

Legal Fees Reported on Pg 21, Section C:	\$ 46,764.52
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(1,450.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(45,192.00)
Allowable Legal Fees	<u>\$ 122.52</u>

In Detail:

Vendor Name	Invoice Date	Amount
Cook County Sherrif	11/6/2017	122.52
TOTAL ALLOWABLE LEGAL FEES		<u>122.52</u>

Vendor Name	Invoice Date	Amount
ABC Accounts Corp	4/12/2017	43.00
Ariana Fisch	2/3/2017	6.00
Ariana Fisch	2/3/2017	9.00
Clerk of Circuit Court	11/8/2017	6.00
Clerk of Circuit Court	11/8/2017	12.00
Clerk of Circuit Court	4/12/2017	278.00
Clerk of Circuit Court	8/25/2017	258.00
Clerk of Circuit Court	8/25/2017	278.00
Pgrund & Korey	1/8/2018	440.00
Sheriff of Cook County	4/12/2017	60.00
Sheriff of Cook County	8/25/2017	60.00
Sheriff of Cook County	8/25/2017	60.00
Sheriff of Cook County	9/25/2017	(60.00)
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>1,450.00</u>

Vendor Name	Invoice Date	Amount
Corporate Legal Fee 2017	12/29/2016	3,766.00
Corporate Legal Fee 2017	12/1/2016	3,766.00
Corporate Legal Fee 2017	10/26/2016	3,766.00
Corporate Legal Fee 2017	9/30/2016	3,766.00
Corporate Legal Fee 2017	8/29/2016	3,766.00
Corporate Legal Fee 2017	7/28/2016	3,766.00
Corporate Legal Fee 2017	6/29/2016	3,766.00
Corporate Legal Fee 2017	5/27/2016	3,766.00
Corporate Legal Fee 2017	04/27/16	3,766.00
Corporate Legal Fee 2017	03/31/16	3,766.00
Corporate Legal Fee 2017	03/09/16	3,766.00
Corporate Legal Fee 2017	02/10/16	3,766.00
TOTAL Allocated Legal Fees		<u>45,192.00</u>
Total Legal Cost		<u>46,764.52</u>

Facility Name & ID Number Alden North Shore Reha & HCC

0042028

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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. \$ 17,243 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? N/A
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. \$ 125,688
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. \$ 26,356 Has any meal income been offset against related costs? None Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
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) 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