

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC

0042028 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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	299	3,634	11,157	15,090	8
9	SNF/PED					9
10	ICF	6,818	1,160	42	8,020	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	7,117	4,794	11,199	23,110	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.08%

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 11,033

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC # 0042028 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	609,045	19,411	4,349	632,804	889	633,693	2,372	636,065		1
2	Food Purchase		224,623		224,623	(26,844)	197,779	1,526	199,304		2
3	Housekeeping	141,161	34,391		175,552	784	176,336	3,260	179,596		3
4	Laundry	18,942	18,400	10,943	48,285	229	48,514		48,514		4
5	Heat and Other Utilities			192,659	192,659		192,659	(691)	191,968		5
6	Maintenance	83,393		173,506	256,900	151	257,051	29,142	286,193		6
7	Other (specify):* related party/security			1,020	1,020		1,020	2,999	4,019		7
8	TOTAL General Services	852,541	296,824	382,477	1,531,843	(24,791)	1,507,052	38,608	1,545,660		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	2,105,256	144,341	7,672	2,257,269	4,841	2,262,110	37,499	2,299,610		10
10a	Therapy		2,164	681	2,845		2,845		2,845		10a
11	Activities	92,312	3,311	6,116	101,740		101,740		101,740		11
12	Social Services	57,855			57,855		57,855		57,855		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,075	3,075		15
16	TOTAL Health Care and Programs	2,255,423	149,816	26,470	2,431,709	4,841	2,436,550	40,574	2,477,124		16
	C. General Administration										
17	Administrative	185,057			185,057		185,057	92,531	277,588		17
18	Directors Fees										18
19	Professional Services			855,175	855,175		855,175	(778,976)	76,199		19
20	Dues, Fees, Subscriptions & Promotions			134,359	134,359		134,359	(105,471)	28,888		20
21	Clerical & General Office Expenses	123,161	22,231	175,082	320,473	177	320,650	71,972	392,622		21
22	Employee Benefits & Payroll Taxes			490,059	490,059	19,773	509,832	(3,167)	506,664		22
23	Inservice Training & Education										23
24	Travel and Seminar			716	716		716	688	1,404		24
25	Other Admin. Staff Transportation			1,940	1,940		1,940	6,503	8,443		25
26	Insurance-Prop.Liab.Malpractice			230,265	230,265		230,265	8,006	238,271		26
27	Other (specify):* related party			126,564	126,564		126,564	(94,505)	32,059		27
28	TOTAL General Administration	308,218	22,231	2,014,159	2,344,607	19,950	2,364,557	(802,420)	1,562,138		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,416,182	468,871	2,423,106	6,308,159		6,308,159	(723,238)	5,584,921		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 & ID Number ALDEN NORTH SHORE REHAB & HCC

#0042028

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	
	D. Ownership											
30	Depreciation			62,963	62,963		62,963	240,295	303,257			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			51,257	51,257		51,257	266,031	317,288			32
33	Real Estate Taxes			417,362	417,362	(417,362)	0	420,835	420,836			33
34	Rent-Facility & Grounds			634,708	634,708	417,362	1,052,070	(1,034,070)	18,000			34
35	Rent-Equipment & Vehicles			19,582	19,582		19,582	16,138	35,720			35
36	Other (specify):* MIP							51,424	51,424			36
37	TOTAL Ownership			1,185,872	1,185,872		1,185,872	(39,347)	1,146,525			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		997,211	1,462,776	2,459,987		2,459,987	(31,793)	2,428,194			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			125,519	125,519		125,519		125,519			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		997,211	1,588,295	2,585,506		2,585,506	(31,793)	2,553,713			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,416,182	1,466,082	5,197,273	10,079,537		10,079,537	(794,378)	9,285,159			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: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 36-3978207

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(26,844)	Employee Meals
	22	26,844	Employee Meals
22		(7,071)	Uniform Reclass
	1	889	Uniform Reclass
	3	784	Uniform Reclass
	4	229	Uniform Reclass
	6	151	Uniform Reclass
	10	4,841	Uniform Reclass
	11		Uniform Reclass
	21	177	Uniform Reclass
10		N/A	Oxygen Cost Reclass
	39	N/A	Oxygen Cost Reclass
33		(417,362)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	417,362	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	(490)	2		4
5	Telephone, TV & Radio in Resident Rooms	(5,296)	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	(8,023)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,918)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(6,154)	21		17
18	Fines and Penalties	(151)	32		18
19	Entertainment				19
20	Contributions	(2,596)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,076)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(126,564)	27		24
25	Fund Raising, Advertising and Promotional	(18,191)	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)	\$ (217,427)		\$	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)	(539,856)	Pg 6s	34
35	Other- Attach Schedule	(37,095)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (576,951)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (794,378)		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

ID# 0042028

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (14,141)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(4,048)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	16,687	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	7,651	6	4
5				5
6	Adj for ABC Related Party Profit - Pg 13	1,015	30	6
7	Depreciation Adj Sage Report		30	7
8				8
9	Valet cost (gl 6907)	(40,200)	21	9
10	Late fees on utilities	(2,293)	5	10
11				11
12	Other nursing income (flu, w/chair,etc)	(300)	21	12
13	Intercompany interest- Insurance Interest			13
14	Miscellaneous Income - Medical Records	(1,073)	10	14
15	A/P Adjustments (vendor discounts)	(394)	10	15
16				16
17				17
18				18
19	Refund on Real Estate Taxes 1		33	19
20	Refund on Real Estate Taxes 2		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	(37,095)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC# 0042028

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	1,225	1,147	0	0	0	0	0	0	0	2,372	1
2	Food Purchase	(4,408)	0	0	5,934	0	0	0	0	0	0	0	1,526	2
3	Housekeeping	0	0	3,260	0	0	0	0	0	0	0	0	3,260	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,293)	0	1,602	0	0	0	0	0	0	0	0	(691)	5
6	Maintenance	19,042	0	10,335	0	0	0	95	(330)	0	0	0	29,142	6
7	Other (specify):*	0	0	2,999	0	0	0	0	0	0	0	0	2,999	7
8	TOTAL General Services	12,342	0	19,421	7,080	0	0	95	(330)	0	0	0	38,608	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	(1,467)	0	33,936	6,528	(1,498)	0	0	0	0	0	0	37,499	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	3,075	0	0	0	0	0	0	0	0	3,075	15
16	TOTAL Health Care and Programs	(1,467)	0	37,011	6,528	(1,498)	0	0	0	0	0	0	40,574	16
	C. General Administration													
17	Administrative	0	0	92,531	0	0	0	0	0	0	0	0	92,531	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(12,076)	15,466	(782,366)	0	0	0	0	0	0	0	0	(778,976)	19
20	Fees, Subscriptions & Promotions	(20,787)	77	(84,761)	0	0	0	0	0	0	0	0	(105,471)	20
21	Clerical & General Office Expenses	(46,654)	0	118,626	0	0	0	0	0	0	0	0	71,972	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,167)	0	0	0	0	0	0	(3,167)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	688	0	0	0	0	0	0	0	0	688	24
25	Other Admin. Staff Transportation	0	0	6,503	0	0	0	0	0	0	0	0	6,503	25
26	Insurance-Prop.Liab.Malpractice	0	7,870	136	0	0	0	0	0	0	0	0	8,006	26
27	Other (specify):*	(126,564)	0	32,059	0	0	0	0	0	0	0	0	(94,505)	27
28	TOTAL General Administration	(206,081)	23,412	(616,584)	0	(3,167)	0	0	0	0	0	0	(802,420)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(195,207)	23,412	(560,152)	13,609	(4,665)	0	95	(330)	0	0	0	(723,238)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC # 0042028 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	(51,141)	285,351	6,085	0	0	0	0	0	0	0	0	240,295	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(8,174)	269,370	4,835	0	0	0	0	0	0	0	0	266,031	32
33	Real Estate Taxes	0	417,362	3,473	0	0	0	0	0	0	0	0	420,835	33
34	Rent-Facility & Grounds	0	(1,034,070)	0	0	0	0	0	0	0	0	0	(1,034,070)	34
35	Rent-Equipment & Vehicles	0	0	16,138	0	0	0	0	0	0	0	0	16,138	35
36	Other (specify):*	0	51,424	0	0	0	0	0	0	0	0	0	51,424	36
37	TOTAL Ownership	(59,315)	(10,563)	30,531	0	0	0	0	0	0	0	0	(39,347)	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	(44,134)	(69,089)	81,429	0	0	0	0	0	(31,793)	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	(44,134)	(69,089)	81,429	0	0	0	0	0	(31,793)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(254,522)	12,850	(529,621)	(30,525)	(73,754)	81,429	95	(330)	0	0	0	(794,378)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 1,034,070	North Shore Touhy Associates LLC		\$	\$ (1,034,070)	1
2	V	32 Interest Income-Repl Reserve/Misc	187	North Shore Touhy Associates LLC			(187)	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		9,021	9,021	4
5	V	20 Corporate Annual Report Fee		North Shore Touhy Associates LLC		77	77	5
6	V	33 Real Estate Tax Expense		North Shore Touhy Associates LLC		417,362	417,362	6
7	V	26 Property & Liability Insurance		North Shore Touhy Associates LLC		7,870	7,870	7
8	V	36 Mortgage Insurance Premium		North Shore Touhy Associates LLC		51,424	51,424	8
9	V	32 Interest - Other/Amortization		North Shore Touhy Associates LLC		269,558	269,558	9
10	V	30 Depreciation Expense		North Shore Touhy Associates LLC		285,351	285,351	10
11	V	19 Legal Fees: Non - Collections		North Shore Touhy Associates LLC		6,444	6,444	11
12	V	19 Professional Fees		North Shore Touhy Associates LLC				12
13	V	30 Gain on Sale of Assets		North Shore Touhy Associates LLC				13
14	Total		\$ 1,034,257			\$ 1,047,107	\$ * 12,850	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%	\$ 1,602	\$ 1,602 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		688	688 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,503	6,503 17
18	V	26 Insurance		Alden Management Services, Inc.		136	136 18
19	V	20 Dues/Subscriptions	85,584	Alden Management Services, Inc.		823	(84,761) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		3,473	3,473 21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		16,138	16,138 22
23	V	32 Interest		Alden Management Services, Inc.		4,835	4,835 23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,225	1,225 24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,260	3,260 25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		2,999	2,999 26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		33,936	33,936 27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,075	3,075 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		92,531	92,531 29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		32,059	32,059 30
31	V	19 Professional Fees	819,061	Alden Management Services, Inc.		36,695	(782,366) 31
32	V	21 Gen'l & Admin	29,508	Alden Management Services, Inc.		148,134	118,626 32
33	V	6 Repairs & Maintenance	15,183	Alden Management Services, Inc.		25,518	10,335 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 949,336			\$ 419,715	\$ * (529,621) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Dietary consultant	\$ 3,600	Prism Health Care Services, Inc.	0.00%	\$ 2,134	\$ (1,466)
16	V	1 Dietary salary		Prism Health Care Services, Inc.			
17	V	2 Tube feeding	9,354	Prism Health Care Services, Inc.		7,203	(2,151)
18	V	10 Equipment rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Ancillary supplies	83,922	Prism Health Care Services, Inc.		23,993	(59,930)
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		2,613	2,613
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		8,084	8,084
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		2,192	2,192
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		15,796	15,796
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		\$ 103,536			\$ 73,011	\$ * (30,525)

* 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	\$ 778,419	Forum Extended Care Services II, Inc.	0.00%	\$ 716,583	\$ (61,836)
16	V	39 IV	123,760	Forum Extended Care Services II, Inc.		113,929	(9,831)
17	V	39 Wound care	4,248	Forum Extended Care Services II, Inc.		3,911	(337)
18	V	10 House stock	16,621	Forum Extended Care Services II, Inc.		15,301	(1,320)
19	V	10 Pharmacy consultant	2,232	Forum Extended Care Services II, Inc.		2,055	(177)
20	V	22 Vaccinations	3,167	Forum Extended Care Services II, Inc.			(3,167)
21	V	39 Vaccinations				2,916	2,916
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		\$ 928,447			\$ 854,693	\$ * (73,754)

* 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	\$ 1,411,263	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,492,692	\$ 81,429	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		\$ 1,411,263			\$ 1,492,692	\$ * 81,429	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	\$ 31,219	Alden Bennett Construction Company, Inc.	0.00%	\$ 31,314	\$	95	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		\$ 31,219			\$ 31,314	\$ *	95	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	\$ 501	Alden Design Group, Ltd.	0.00%	\$ 171	\$	(330)	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		\$ 501			\$ 171	\$ *	(330)	39

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

Facility Name & ID Number

ALDEN NORTH SHORE REHAB & HCC

0042028

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health	Long Grove				30

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC # 0042028 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	181,821	0.688	1.72	Salary	\$ 3,179	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,282	0.688	1.72	Salary	1,718	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,282	0.688	1.72	Salary	1,718	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	114,828	0.688	1.72	Salary	2,007	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,048	0.688	1.72	Salary	1,085	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	181,821	0.602	1.72	Salary	3,179	6-7, 17-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. 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	\$ 12,886		13

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

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

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC

0042028

Report Period Beginning:

1/1/2018

Ending: 2/31/2018

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	1,345,058	36	\$ 93,217	\$ 23,110	\$ 1,602	1	
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	23,110	688	2	
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	23,110	6,503	3	
4	26	Insurance	Patient Days	1,345,058	36	7,901	23,110	136	4	
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	23,110	823	5	
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6	
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	23,110	3,473	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	23,110	16,138	8	
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	23,110	4,835	9	
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	23,110	1,225	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	23,110	3,260	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	23,110	2,999	12	
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	23,110	33,936	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	23,110	3,075	14	
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	23,110	92,531	15	
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	23,110	32,059	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	23,110	36,695	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	23,110	148,134	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	23,110	25,518	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 419,715	25	

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC

0042028

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge (GL 2505)		x	Mortgage	\$40,011.11	8/1/2012	\$ 11,486,700	\$ 10,182,803	3/1/2049	2.5000	\$ 257,132	1								
2	Interest Capital Lease (GL 7030)		x	Phone Lease							835	2								
3	Bank Leumi (GL 2503/7035)		x	LOC		10/23/10	1,103,270	769,935			49,278	3								
4	Insurance Interest (GL7053)		x	Medical Malpractice							993	4								
5	Amort of Fin Fees (GL 1918)		x	Refinancing							12,426	5								
Working Capital																				
6	Related party - AMS		x	Working Capital							4,835	6								
7												7								
8												8								
9	TOTAL Facility Related				\$40,011.11		\$ 12,589,970	\$ 10,952,738			\$ 325,499	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x								(43)	10								
11	Int Income (GL#4975)		x								(8,023)	11								
12	Int msc LLC		x								(145)	12								
13												13								
14	TOTAL Non-Facility Related						\$	\$			\$ (8,210)	14								
15	TOTALS (line 9+line14)						\$ 12,589,970	\$ 10,952,738			\$ 317,288	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 51,424 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.)

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME ALDEN NORTH SHORE REHAB & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042028

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(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>202,125.00</u>	\$ <u>3,473.00</u>
2. <u>10-28-429-038-0000</u>	<u>Nursing facility</u>	\$ <u>396,662.36</u>	\$ <u>396,662.36</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ <u><u>598,787.36</u></u>	\$ <u><u>400,135.36</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 REHAB & HCC

0042028

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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)	\$ 3,221,906	4
5											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		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		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		15			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 REHAB & HCC

0042028

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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		3,039	51
52	Patten CAT-Repair Generator	2005	2,074	104	20	104		1,427	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 controls/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		10			3,032	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,314,198	\$ 203,866		\$ 169,898	\$ (33,968)	\$ 3,751,137	70

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

Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC

0042028

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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		\$ 7,314,198	\$ 203,866		\$ 169,898	\$ (33,968)	\$ 3,751,137	1
2	Repaired AC	2008	7,776	388	10	388		7,776	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	333	10	333		4,007	5
6	New Plumbing and Electrical Fixtures-ABC	2008	2,509	167	15	167		1,811	6
7	New Clear Acrylic-Oakton Glass&Mirror	2008	3,517	351	10	351		3,517	7
8	General Labor for Atrium-AMS Maintenance Allocation	2008	3,741		5			3,741	8
9	Repair Water Heater	2008	3,237	80	10	80		3,237	9
10									10
11	ABC - New Fire Alarm Annunciator	2009	2,637	264	10	264		2,462	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		4,294	13
14	GT Mechanical-New Pump Seals	2009	3,308	331	10	331		3,088	14
15									15
16	ABC - Exhaust Vent Shaft	2010	3,539	354	10	354		2,861	16
17	ABC- Concrete Driveway Sealcoat	2010	18,600	1,240	15	1,240		10,023	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		6,238	21
22									22
23	Sprinkler System, Fire Protection System - ALDBEN	2012	5,039	67	25	67		940	23
24	Duct Work - ALDBEN	2012	7,421	495	15	495		3,011	24
25	Reupholster Chairs/Fabric - ALDDES	2012	2,516		5			2,516	25
26	Parking Lot resurface - Kol Emeth - ALDBEN	2012	3,919	327	8	327		2,613	26
27	Parking Lot resurface - Kol Emeth - ALDBEN	2012	5,175	431	8	431		3,449	27
28	Conservatory Addiiton Project/Skylights - ALDBEN	2012	8,547	342	25	342		2,280	28
29	Conservatory/Flooring,Plumbing,Electrical Fixtures,Access Panes	2012	16,782	671	25	671		4,474	29
30	Conservatory Addiiton Project/ Concrete, Roofing - ALDBEN	2012	36,550	1,462	25	1,462		9,747	30
31	Conservatory/Concrete, Doors/Frames,,Cabinets,Plumbing,HVAC	2012	38,758	1,550	25	1,550		10,335	31
32	Conservatory Addiiton Project/ Drywall - ALDBEN	2012	48,952	1,958	25	1,958		13,054	32
33	Conservatory Addiiton Project/ Masonry, Drywall, Roofing - ALD	2012	59,394	2,376	25	2,376		15,839	33
34	TOTAL (lines 1 thru 33)		\$ 7,632,107	\$ 218,511		\$ 184,543	\$ (33,968)	\$ 3,889,850	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	\$ 218,511		\$ 184,543	\$ (33,968)	\$ 3,889,850	1
2	Conservatory Addiiton Project/Drywall/Caulking, Roofing, Plumbi	2012	26,018	4,180	25	4,180		10,077	2
3	Conservatory Addiiton Project/Structural Steel - ALDBEN	2012	13,500	540	25	540		3,330	3
4	Conservatory Drywall, Glass, Doors/Frames, Cabinets/Ceramic Stor	2012	59,694	2,388	25	2,388		14,526	4
5	Conservatory/HVAC, Electrical, Fire Protection, Furniture, Carpet,	2012	72,579	2,903	25	2,903		17,903	5
6	Conservatory /Doors, Cabinets/Tops, Painting/Decorating, - ALDB	2012	25,000	1,000	25	1,000		6,083	6
7	Conservatory Addiiton Project/Engineering/Permit/Blueprint Fees	2012	5,933	237	25	237		1,443	7
8	Conservatory Addiiton Project/Window Treatments/Panels/Curta	2012	10,376	415	25	415		2,559	8
9	Conservatory Addiiton Project/Window Treatments/Panels/Valen	2012	17,069	683	25	683		4,154	9
10	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	9,887	395	25	395		2,405	10
11	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	14,500	580	25	580		3,528	11
12									12
13	Dampers, Fire, Access Doors, Actuators - ALDBEN	2013	11,364	1,136	10	1,136		5,303	13
14	Chiller Fan Motor and Bracket, Condensor Coils - GTMECH	2013	5,168	431	5	431		5,168	14
15	Heating/Vent major repair, Pneumatic - ALDBEN	2013	11,573	1,929	5	1,929		11,573	15
16	Elevator, major repair, Hydraulic Piston Packing - KONINC	2013	2,871	479	5	479		2,871	16
17	Furniture, Fabric-Resident Room Converisons- ALDBEN	2013	21,991	1,466	15	1,466		10,262	17
18									18
19	Spray, Fireproof Spray-ALDBEN	2014	5,970	597	10	597		2,238	19
20	Chiller, Repair Chiller #1 Condenser Coil-ALDBEN	2014	6,826	1,365	5	1,365		6,484	20
21	Chiller, Replace EXV Valve and Cable-ALDBEN	2014	7,169	1,434	5	1,434		6,810	21
22	Fridge, Repair - TOPNOT	2014	5,567	1,113	5	1,113		4,824	22
23	Asphalt, Parking Lot - ALDBEN	2014	10,002	1,250	8	1,250		5,313	23
24									24
25	Wall repair-FOXBU	2015	4,100	820	5	820		2,870	25
26	Motot, Condenser - GT Mechanical	2015	3,439	688	5	688		2,351	26
27	Motor, Rack - TopNot	2015	3,195	639	5	639		1,970	27
28	Railing replacement - ALDBEN	2016	3,608	241	15	241		723	28
29	Motor Starter - ALDBEN	2016	3,681	736	5	736		1,472	29
30	Paving parking lot crack -ALDBEN	2016	4,259	852	5	852		2,379	30
31	Doors repaired- ALDBEN	2016	3,403	681	5	681		1,859	31
32	Water Heater, Repaired - AIDBEN	2016	4,673	935	5	935		2,154	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,005,522	\$ 248,624		\$ 214,656	\$ (33,968)	\$ 4,032,482	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	\$ 248,624		\$ 214,656	\$ (33,968)	\$ 4,032,482	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,150,698	\$ 251,371		\$ 217,403	\$ (33,968)	\$ 4,118,751	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	\$ 8,150,698	\$ 251,371		\$ 217,403	\$ (33,968)	\$ 4,118,751	1	
2	Adjust for ABC Related Party Profit	2008 (204)	(96)		(96)		(204)	2	
3	Adjust for ABC Related Party Profit	2009 (92)	2		2		(96)	3	
4	Adjust for ABC Related Party Profit	2010 (271)	(214)		(214)		(271)	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		11,035	6	
7	Adjust for ABC Related Party Profit	2013 499	50		50		275	7	
8	Adjust for ABC Related Party Profit	2014 (57)	(18)		(18)		(57)	8	
9	Adjust for ABC Related Party Profit	2016 (596)	(548)		(548)		(596)	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)	\$ 8,181,229	\$ 252,386		\$ 218,418	\$ (33,968)	\$ 4,128,860	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 12E, Carried Forward		\$ 8,181,229	\$ 252,386		\$ 218,418	\$ (33,968)	\$ 4,128,860	1
2	Conservatory rebuilt ALDBEN								2
3	roof replacement, gutter repair	2016	50,569	2,023	25	2,023		5,057	3
4	Conservatory rebuilt - ALDBEN								4
5	masonry repairs, skylite replacement,								5
6	wall repairs, landscaping	2016	24,297	1,620	15	1,620		4,050	6
7									7
8	Fencing- ALDBEN	2017	7,951	795	10	795		1,259	8
9	Cmpresor, Repaired-GTMECH	2017	5,574	1,115	5	1,115		1,765	9
10	Motor Installed on Front Slider Door-ALDBEN	2017	3,230	646	5	646		754	10
11	Motor Starter- ALDBEN	2017	3,681	736	5	736		1,411	11
12	Doors, Repaired- ALDBEN	2017	3,403	681	5	681		1,135	12
13	Paving, Asphalt & Crack Fill on Lot-ALDBEN	2017	4,259	532	8	532		887	13
14	Water Heater, Repaired - ALDBEN	2017	4,673	935	5	935		1,247	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23	Valve & Piple Line Installed - DOCOXY, basement	2018	3,425	343	10	343		343	23
24	Repaired Water Heater- GTMECH, basement	2018	10,700	1,070	5	1,070		1,070	24
25	Concrete Removed & Replaced - ALDBEN, parking lot	2018	7,888	329	10	329		329	25
26	Door Repair - ALDBEN, front entrance	2018	2,577	43	5	43		43	26
27	Boiler Repair - ALDBEN, basement	2018	6,524	109	5	109		109	27
28	Door Repair - ALDBEN, front entrance	2018	3,230	377	5	377		377	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,323,208	\$ 263,739		\$ 229,771	\$ (33,968)	\$ 4,148,695	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	\$ 894,669	\$ 67,152	\$ 65,668	\$ (1,484)	varies	\$ 418,028	71
72	Current Year Purchases	35,645	5,324	5,324		varies	3,836	72
73	Fully Depreciated Assets	947,417	2,495	2,495		varies	947,417	73
74								74
75	TOTALS	\$ 1,877,731	\$ 74,970	\$ 73,486	\$ (1,484)		\$ 1,369,281	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	\$	\$	\$		\$ 49,826	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 53,628	\$	\$	\$		\$ 53,628	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)	\$ 11,210,365	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 338,709	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 303,257	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (35,452)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 5,571,604	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 3/1/2000

Ending 12/31/2029

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

Fiscal Year Ending Annual Rent

12. 12/31/2019 \$ varies

13. 12/31/2020 \$ varies

14. 12/31/2021 \$ 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: \$ 24,025 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>765.17</u>	\$ <u>9,182</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>765.17</u>	\$ <u>9,182</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	\$		\$ 525,731	\$		\$ 525,731	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			48,638			48,638	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			830,917			830,917	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				719,499		719,499	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG 16A	39-1, 39-3, if any				81,429	221,981		303,410	13
14	TOTAL			\$		\$ 1,486,715	\$ 941,480		\$ 2,428,194	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	525,730.94	
2.	ST	39-3	To Col 5	48,637.50	
3.					
4.	PT	39-3	To Col 5	830,916.64	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			778,419.35	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(58,920.38)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	719,498.97	2,124,784.05
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	81,429.46	From Page 6D
	Other			276,282.81	
	Manual Input: Related Party - Prism			(44,133.51)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(9,831.23)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(337.45)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)		N/A		
13.	Col 6: Supplies Total		To Col 6	221,980.63	221,980.63
13.	Total Line 13, Column 8				303,410.09
14.	Total				2,428,194.14

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	\$	\$ 19,564	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>122,500</u>)	1,160,715	1,160,715	3
4	Supply Inventory (priced at)	3,344	3,344	4
5	Short-Term Investments			5
6	Prepaid Insurance		45,797	6
7	Other Prepaid Expenses	17,445	17,445	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Medicare Settlements/Interest R</u>	2,476	231,177	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,183,979	\$ 1,478,041	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	8,929	8,929	12
13	Land		955,797	13
14	Buildings, at Historical Cost		7,878,133	14
15	Leasehold Improvements, at Historical Cost	657,085	1,372,714	15
16	Equipment, at Historical Cost	623,858	2,446,000	16
17	Accumulated Depreciation (book methods)	(946,558)	(6,583,922)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		46,238	21
22	Other Long-Term Assets (specify):		209,410	22
23	Other(specify): <u>Due from Affiliates</u>	9,197,859	9,218,361	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,541,172	\$ 15,551,658	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,725,151	\$ 17,029,699	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 471,560	\$ 471,560	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	126,633	126,633	28
29	Short-Term Notes Payable		228,166	29
30	Accrued Salaries Payable	494,372	494,372	30
31	Accrued Taxes Payable (excluding real estate taxes)	17,287	17,287	31
32	Accrued Real Estate Taxes(Sch.IX-B)		408,600	32
33	Accrued Interest Payable	2,929	24,155	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	103,492	103,492	36
37	<u>Due to Affiliates (current)</u>	1,266,980	1,266,980	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,483,253	\$ 3,141,245	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	775,298	775,298	39
40	Mortgage Payable		9,954,639	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)	\$ 775,298	\$ 10,729,937	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,258,551	\$ 13,871,182	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,466,600	\$ 3,158,517	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,725,151	\$ 17,029,699	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,745,376	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,745,376	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(278,777)	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)	\$ (278,777)	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)	\$ 7,466,600	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	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 9,694,260	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,694,260	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	86,507	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 86,507	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	675	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	490	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	270	19
20	Radiology and X-Ray		20
21	Other Medical Services	703	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,138	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	8,023	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 8,023	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	9,832	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,832	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,800,760	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,531,843	31
32	Health Care	2,431,709	32
33	General Administration	2,344,607	33
B. Capital Expense			
34	Ownership	1,185,872	34
C. Ancillary Expense			
35	Special Cost Centers	2,459,987	35
36	Provider Participation Fee	125,519	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,079,537	40
41	Income before Income Taxes (line 30 minus line 40)**	(278,777)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (278,777)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,321,812	44
45	Private Pay - Net Inpatient Revenue	396,724	45
46	Medicare - Net Inpatient Revenue	6,357,933	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,618,156	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(366)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,694,260	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 Rehabilitation and Health Care Center, Inc.# 004-2028Report Period Beginning 1/1/2018

Ending:

12/31/2018**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discrbe) (is offset against Sch.# V)	
Miscellaneous Income (medical records)	\$ 1,073
A/P Adjustments (vendor discounts)	\$ 3,225
Gain on Sale of Assets	\$ 5,533
Line 28 Total:	<u>9,832</u>

Facility Name & ID Number **ALDEN NORTH SHORE REHAB & HCC**

0042028

Report Period Beginning: **1/1/2018**

Ending:

12/31/2018

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	1,899	1,907	\$ 79,251	\$ 41.56	1
2	Assistant Director of Nursing					2
3	Registered Nurses	18,947	20,788	812,627	39.09	3
4	Licensed Practical Nurses	8,379	8,931	255,420	28.60	4
5	CNAs & Orderlies	41,630	44,943	749,967	16.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	6,292	6,763	92,312	13.65	10
11	Social Service Workers	2,668	2,926	57,855	19.77	11
12	Dietician					12
13	Food Service Supervisor	1,808	1,899	54,313	28.61	13
14	Head Cook	6,240	6,240	125,575	20.12	14
15	Cook Helpers/Assistants	25,340	27,851	429,156	15.41	15
16	Dishwashers					16
17	Maintenance Workers	2,024	2,367	83,393	35.23	17
18	Housekeepers	11,041	11,596	141,161	12.17	18
19	Laundry	1,642	1,846	18,942	10.26	19
20	Administrator	1,976	2,000	110,750	55.37	20
21	Assistant Administrator	2,280	2,280	74,308	32.59	21
22	Other Administrative	2,222	2,238	65,555	29.29	22
23	Office Manager					23
24	Clerical	4,249	4,358	52,229	11.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,948	4,988	190,394	38.17	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: <u>Unit Manager</u>	752	904	17,598	19.48	32
33	Other(specify) <u>Intern</u>	445	445	5,376	12.07	33
34	TOTAL (lines 1 - 33)	144,781	155,268	\$ 3,416,182 *	\$ 22.00	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	\$362 Monthly	4,349	1-3	35
36	Medical Director	\$1,000 Monthly	12,000	10-3	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	\$220 Monthly	2,640	11-3	44
45	Social Service Consultant	\$23 Monthly	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 21,501		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	\$221 Monthly	2,649	10-3	52
53	TOTAL (lines 50 - 52)		\$ 2,649		53

Alden - North Shore Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2018

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	57,660.07
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(12,076.07)
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>392.00</u>

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

In Detail:

Vendor Name	Invoice Date	Amount
Ariana Fisch	5/4/2018	6.13
Ariana Fisch	2/6/2018	122.52
Ariana Fisch	2/6/2018	263.42
TOTAL ALLOWABLE LEGAL FEES		<u>392.07</u>

6806 Lgl Non Coll

Vendor Name	Invoice Date	Amount
Kerry R. Polizzi	5/15/2018	100.00
Kerry R. Polizzi	5/15/2018	175.00
SB2 Inc	1/8/2019	204.55
SB2 Inc	11/6/2018	295.45
SB2 Inc	10/4/2018	295.45
SB2 Inc	8/6/2018	295.45
SB2 Inc	4/5/2018	295.45
Stone Pogrund	1/8/2019	1,018.40
Stone Pogrund	1/8/2019	856.67
Stone Pogrund	12/6/2018	965.40
Stone Pogrund	11/6/2018	883.35
Stone Pogrund	10/4/2018	884.04
Stone Pogrund	9/7/2018	850.00
Stone Pogrund	8/6/2018	850.00
Stone Pogrund	7/6/2018	750.00
Stone Pogrund	6/8/2018	750.00
Stone Pogrund	5/4/2018	500.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>12,076.07</u>

6966 Lgl collect

Vendor Name	Invoice Date	Amount
Corporate Legal Fee 2018	12/21/2018	3,766.00
Corporate Legal Fee 2018	11/26/2018	3,766.00
Corporate Legal Fee 2018	10/29/2018	3,766.00
Corporate Legal Fee 2018	9/26/2018	3,766.00
Corporate Legal Fee 2018	9/4/2018	3,766.00
Corporate Legal Fee 2018	7/26/2018	3,766.00
Corporate Legal Fee 2018	6/27/2018	3,766.00
Corporate Legal Fee 2018	5/25/2018	3,766.00
Corporate Legal Fee 2018	04/27/18	3,766.00
Corporate Legal Fee 2018	03/29/18	3,766.00
Corporate Legal Fee 2018	03/02/18	3,766.00
Corporate Legal Fee 2018	02/07/18	3,766.00
TOTAL Allocated Legal Fees		<u>45,192.00</u>

6806-100-003 Lgl non coll

Total Legal Cost		<u><u>57,660.14</u></u>
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Facility Name & ID Number ALDEN NORTH SHORE REHAB & HCC

0042028

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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. \$ 15,078 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. \$ 125,519
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 benefit on Schedule V. \$ 26,844 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: n/a
- (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