

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0042028

Facility Name: Alden North Shore Rehab HCC

Address: 5050 West Touhy Ave Skokie 60077
Number City Zip Code

County: Cook

Telephone Number: (847)679-6100 Fax # (847) 679-3822

HFS ID Number:

Date of Initial License for Current Owners: 8/6/1999

Type of Ownership:

☐	VOLUNTARY,NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☒	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)
	(Type or Print Name)	Randi Schlossberg-Schullo	
	(Title)	President, Alden Management Services, Inc.	
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	()	Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden North Shore Rehab HCC

0042028 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	<u>93</u>	Skilled (SNF)	<u>93</u>	<u>34,038</u>	1
2		Skilled Pediatric (SNF/PED)		<u>0</u>	2
3		Intermediate (ICF)		<u>0</u>	3
4		Intermediate/DD		<u>0</u>	4
5		Sheltered Care (SC)		<u>0</u>	5
6		ICF/DD 16 or Less		<u>0</u>	6
7	<u>93</u>	TOTALS	<u>93</u>	<u>34,038</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	<u>0</u>	<u>3,944</u>	<u>11,462</u>	<u>15,406</u>	8
9	SNF/PED					9
10	ICF	<u>5,965</u>	<u>1,623</u>	<u>96</u>	<u>7,684</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>5,965</u>	<u>5,567</u>	<u>11,558</u>	<u>23,090</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 67.84%

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

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

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

N/A

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES ☐ NO ☒

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

YES ☐ NO ☒

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

Date started 8/14/1999

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

YES ☒ Date 8/14/1999 NO ☐

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

YES ☒ NO ☐ If YES, enter number of beds certified 93 and days of care provided 11,462

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: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Alden North Shore Rehab HCC # 0042028 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	528,030	25,943	941	554,914	1,184	556,098	3,127	559,224			1
2	Food Purchase		234,283		234,283	(27,856)	206,427	2,140	208,567			2
3	Housekeeping	141,111	31,215		172,326	1,044	173,370	3,235	176,605			3
4	Laundry	13,339	18,553	12,565	44,457	305	44,762		44,762			4
5	Heat and Other Utilities			202,456	202,456		202,456	(2,007)	200,449			5
6	Maintenance	74,688		225,081	299,768	201	299,969	24,843	324,812			6
7	Other (specify):* related party							3,263	3,263			7
8	TOTAL General Services	757,167	309,994	441,043	1,508,204	(25,122)	1,483,082	34,600	1,517,683			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	1,989,441	133,298	6,217	2,128,956	6,448	2,135,404	30,786	2,166,190			10
10a	Therapy		3,697	16,401	20,098		20,098		20,098			10a
11	Activities	70,329	3,068	4,480	77,877		77,877		77,877			11
12	Social Services	56,754			56,754		56,754		56,754			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							3,240	3,240			15
16	TOTAL Health Care and Programs	2,116,524	140,063	39,098	2,295,685	6,448	2,302,133	34,026	2,336,159			16
	C. General Administration											
17	Administrative	164,755			164,755		164,755	73,964	238,719			17
18	Directors Fees											18
19	Professional Services			814,249	814,249		814,249	(728,623)	85,626			19
20	Dues, Fees, Subscriptions & Promotions			91,130	91,130		91,130	(61,504)	29,626			20
21	Clerical & General Office Expenses	125,211	17,388	179,784	322,383	236	322,619	59,828	382,447			21
22	Employee Benefits & Payroll Taxes			490,632	490,632	18,438	509,070	(4,937)	504,133			22
23	Inservice Training & Education											23
24	Travel and Seminar			432	432		432	637	1,069			24
25	Other Admin. Staff Transportation			1,685	1,685		1,685	6,229	7,914			25
26	Insurance-Prop.Liab.Malpractice			140,136	140,136		140,136	9,056	149,192			26
27	Other (specify):* related party			25,071	25,071		25,071	1,181	26,252			27
28	TOTAL General Administration	289,966	17,388	1,743,119	2,050,474	18,674	2,069,148	(644,169)	1,424,979			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,163,657	467,445	2,223,261	5,854,363		5,854,363	(575,543)	5,278,820			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			62,465	62,465		62,465	237,394	299,859			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			196,005	196,005		196,005	135,953	331,958			32
33	Real Estate Taxes			369,365	369,365	(369,365)	0	396,314	396,314			33
34	Rent-Facility & Grounds			445,536	445,536	369,365	814,901	(796,900)	18,001			34
35	Rent-Equipment & Vehicles			16,846	16,846		16,846	18,547	35,393			35
36	Other (specify):* M.I.P.							53,597	53,597			36
37	TOTAL Ownership			1,090,217	1,090,217		1,090,217	44,906	1,135,122			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		837,299	1,470,460	2,307,759		2,307,759	12,460	2,320,219			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			113,500	113,500		113,500		113,500			42
43	Other (specify):* Loss on Asset Disposal							16,395	16,395			43
44	TOTAL Special Cost Centers		837,299	1,583,960	2,421,259		2,421,259	28,855	2,450,114			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,163,657	1,304,744	4,897,437	9,365,839		9,365,839	(501,782)	8,864,056			45

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

Alden North Shore Rehab HCC
Period Beginning: 01/01/2016
Period Ending: 12/31/2016

IDPH License No. 0042028

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(27,856)	Employee Meals
	22	27,856	Employee Meals
22		(9,418)	Uniform Reclass
	1	1,184	Uniform Reclass
	3	1,044	Uniform Reclass
	4	305	Uniform Reclass
	6	201	Uniform Reclass
	10	6,448	Uniform Reclass
	11	-	Uniform Reclass
	21	236	Uniform Reclass
10		N/A	Oxygen Cost Reclass
	39	N/A	Oxygen Cost Reclass
33		(369,365)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	369,365	Rent - Real Estate Tax on associated landowner (Pg 6)

VI. ADJUSTMENT DETAIL

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

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(956)	2		4
5	Telephone, TV & Radio in Resident Rooms	(10,657)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(34,521)	30		9
10	Interest and Other Investment Income	(554)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,813)	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	(3,688)	21		17
18	Fines and Penalties	(260)	32		18
19	Entertainment	(52)	20		19
20	Contributions	(4,616)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,237)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(25,071)	27		24
25	Fund Raising, Advertising and Promotional	(16,794)	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)	\$ (102,219)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(373,369)		34
35	Other- Attach Schedule	(26,195)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (399,563)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (501,782)		37

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

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

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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (2,353)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(14,380)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,090	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	11,034	6	4
5				5
6	Adj for ABC Related Party Profit - Pg 13	1,836	30	6
7	Depreciation Adj Sage Report	973	30	7
8				8
9	Valet cost (gl 6907)	(47,969)	21	9
10	Late fees on utilities	(3,615)	5	10
11				11
12	Other nursing income (flu, w/chair,etc)	(497)	21	12
13	Intercompany interest- Insurance Interest			13
14	Miscellaneous Income - Medical Records	(1,142)	10	14
15	A/P Adjustments (vendor discounts)	(493)	10	15
16				16
17				17
18				18
19	Refund on Real Estate Taxes 1	23,862	33	19
20	Refund on Real Estate Taxes 2	459	33	20
21				21
22	Eliminate Skokie chamber of commerce fee			22
23				23
24	Back Out Bank Fees - Northshore Associates LLC			24
25	Intercompany Adjustment to correct I/C Interest			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	(26,195)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden North Shore Rehab HCC # 0042028 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	1,313	1,814	0	0	0	0	0	0	0	3,127	1
2	Food Purchase	(4,769)	0	0	6,909	0	0	0	0	0	0	0	2,140	2
3	Housekeeping	0	0	3,235	0	0	0	0	0	0	0	0	3,235	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,615)	0	1,608	0	0	0	0	0	0	0	0	(2,007)	5
6	Maintenance	6,467	0	15,173	0	0	0	(217)	3,419	0	0	0	24,843	6
7	Other (specify):*	0	0	3,263	0	0	0	0	0	0	0	0	3,263	7
8	TOTAL General Services	(1,917)	0	24,592	8,723	0	0	(217)	3,419	0	0	0	34,600	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	(1,635)	0	26,923	6,556	(1,057)	0	0	0	0	0	0	30,786	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	3,240	0	0	0	0	0	0	0	0	3,240	15
16	TOTAL Health Care and Programs	(1,635)	0	30,163	6,556	(1,057)	0	0	0	0	0	0	34,026	16
	C. General Administration													
17	Administrative	0	0	73,964	0	0	0	0	0	0	0	0	73,964	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,237)	23,103	(750,489)	0	0	0	0	0	0	0	0	(728,623)	19
20	Fees, Subscriptions & Promotions	(21,462)	541	(40,583)	0	0	0	0	0	0	0	0	(61,504)	20
21	Clerical & General Office Expenses	(52,154)	0	111,982	0	0	0	0	0	0	0	0	59,828	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,937)	0	0	0	0	0	0	(4,937)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	637	0	0	0	0	0	0	0	0	637	24
25	Other Admin. Staff Transportation	0	0	6,229	0	0	0	0	0	0	0	0	6,229	25
26	Insurance-Prop.Liab.Malpractice	0	8,934	122	0	0	0	0	0	0	0	0	9,056	26
27	Other (specify):*	(25,071)	0	26,252	0	0	0	0	0	0	0	0	1,181	27
28	TOTAL General Administration	(99,924)	32,578	(571,886)	0	(4,937)	0	0	0	0	0	0	(644,169)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(103,476)	32,578	(517,131)	15,278	(5,994)	0	(217)	3,419	0	0	0	(575,543)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden North Shore Rehab HCC # 0042028 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(48,445)	282,302	3,537	0	0	0	0	0	0	0	0	237,394	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(814)	133,063	3,704	0	0	0	0	0	0	0	0	135,953	32
33	Real Estate Taxes	24,321	369,365	2,628	0	0	0	0	0	0	0	0	396,314	33
34	Rent-Facility & Grounds	0	(796,900)	0	0	0	0	0	0	0	0	0	(796,900)	34
35	Rent-Equipment & Vehicles	0	0	18,547	0	0	0	0	0	0	0	0	18,547	35
36	Other (specify):*	0	53,597	0	0	0	0	0	0	0	0	0	53,597	36
37	TOTAL Ownership	(24,938)	41,427	28,416	0	0	0	0	0	0	0	0	44,906	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	(28,219)	(48,846)	89,525	0	0	0	0	0	12,460	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	16,395	0	0	0	0	0	0	0	0	0	16,395	43
44	TOTAL Special Cost Centers	0	16,395	0	(28,219)	(48,846)	89,525	0	0	0	0	0	28,855	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(128,414)	90,400	(488,715)	(12,941)	(54,840)	89,525	(217)	3,419	0	0	0	(501,782)	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	\$ 796,900	North Shore Touhy Associates LLC	0.00%	\$	\$ (796,900)	1
2	V	32	Interest Income-Repl Reserve/Misc	147,882	North Shore Touhy Associates LLC			(147,882)	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		8,375	8,375	4
5	V	20	Corporate Annual Report Fee		North Shore Touhy Associates LLC		541	541	5
6	V	33	Real Estate Tax Expense		North Shore Touhy Associates LLC		369,365	369,365	6
7	V	26	Property & Liability Insurance		North Shore Touhy Associates LLC		8,934	8,934	7
8	V	36	Mortgage Insurance Premium		North Shore Touhy Associates LLC		53,597	53,597	8
9	V	32	Interest - Other/Amortization		North Shore Touhy Associates LLC		280,945	280,945	9
10	V	30	Depreciation Expense		North Shore Touhy Associates LLC		282,302	282,302	10
11	V	19	Legal Fees: Non - Collections		North Shore Touhy Associates LLC		11,228	11,228	11
12	V	19	Professional Fees		North Shore Touhy Associates LLC		3,500	3,500	12
13	V	43	Loss on Sale of Assets		North Shore Touhy Associates LLC		16,395	16,395	13
14	Total			\$ 944,782			\$ 1,035,182	\$ * 90,400	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
		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%	\$ 1,608	\$ 1,608	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		637	637	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,229	6,229	17
18	V	26 Insurance		Alden Management Services, Inc.		122	122	18
19	V	20 Dues/Subscriptions	41,868	Alden Management Services, Inc.		1,285	(40,583)	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,537	3,537	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,628	2,628	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		18,547	18,547	22
23	V	32 Interest		Alden Management Services, Inc.		3,704	3,704	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,313	1,313	24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,235	3,235	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		3,263	3,263	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		26,923	26,923	27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,240	3,240	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		73,964	73,964	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		26,252	26,252	30
31	V	19 Professional Fees	784,460	Alden Management Services, Inc.		33,971	(750,489)	31
32	V	21 Gen'l & Admin	29,760	Alden Management Services, Inc.		141,742	111,982	32
33	V	6 Repairs & Maintenance	24,387	Alden Management Services, Inc.		39,560	15,173	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 880,475			\$ 391,760	\$ * (488,715)	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	\$	Prism Health Care Services, Inc.	0.00%	\$	\$	15
16	V	1	Dietary salary		Prism Health Care Services, Inc.				16
17	V	2	Tube feeding	4,886	Prism Health Care Services, Inc.		5,434	548	17
18	V	10	Equipment rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary supplies		Prism Health Care Services, Inc.		27,313	27,313	19
20	V	1	Gen'l & admin & benefits		Prism Health Care Services, Inc.		1,814	1,814	20
21	V	2	Gen'l & admin & benefits		Prism Health Care Services, Inc.		6,361	6,361	21
22	V	10	Gen'l & admin & benefits		Prism Health Care Services, Inc.		1,836	1,836	22
23	V	39	Gen'l & admin & benefits	67,953	Prism Health Care Services, Inc.		12,421	(55,532)	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			\$ 79,499			\$ 66,558	\$ * (12,941)	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	\$ 696,891	Forum Extended Care Services II, Inc.	0.00%	\$ 648,283	\$ (48,608)	15
16	V	39	IV	67,498	Forum Extended Care Services II, Inc.		62,790	(4,708)	16
17	V	39	Wound care	1,759	Forum Extended Care Services II, Inc.		1,636	(123)	17
18	V	10	House stock	12,924	Forum Extended Care Services II, Inc.		12,023	(901)	18
19	V	10	Pharmacy consultant	2,232	Forum Extended Care Services II, Inc.		2,076	(156)	19
20	V	22	Vaccinations	4,937	Forum Extended Care Services II, Inc.			(4,937)	20
21	V	39	Vaccinations				4,593	4,593	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			\$ 786,241			\$ 731,401	\$ * (54,840)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	\$ 1,424,270	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,513,795	\$ 89,525	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			\$ 1,424,270			\$ 1,513,795	\$ * 89,525	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	\$ 34,431	Alden Bennett Construction Company, Inc.	0.00%	\$ 34,214	\$ (217)	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			\$ 34,431			\$ 34,214	\$ * (217)	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	\$ 11,992	Alden Design Group, Inc.	0.00%	\$ 15,412	\$ 3,419	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			\$ 11,992			\$ 15,412	\$ * 3,419	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:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden North Shore Rehab HCC # 0042028 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	181,684	0.716	1.79	Salary	\$ 3,316	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,208	0.716	1.79	Salary	1,792	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,208	0.716	1.79	Salary	1,792	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	114,401	0.716	1.79	Salary	2,088	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	61,151	0.716	1.79	Salary	1,116	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	145,946	0.5191	1.79	Salary	2,663	6-7	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	\$ 12,767		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
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0042028

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Alden Management Services, Inc.

Street Address

4200 W. Peterson

City / State / Zip Code

Chicago, IL 60646

Phone Number

(773-286-3883

Fax Number

(773-286-8038

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference	Item	Square Feet)	Total Units	Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	1,288,358	34	\$ 89,742	\$	23,090	\$ 1,608	1
2	24	Trav & Seminar	Patient Days	1,288,358	34	35,559		23,090	637	2
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560		23,090	6,229	3
4	26	Insurance	Patient Days	1,288,358	34	6,826		23,090	122	4
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705		23,090	1,285	5
6	30	Depreciation	No of Providers/usage	34	34	140,451		1	3,537	6
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398		23,090	2,628	7
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867		23,090	18,547	8
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273		23,090	3,704	9
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	23,090	1,313	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	23,090	3,235	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,288,358	34	182,054		23,090	3,263	12
13	10	Nurs & Med Records Salary	Patient Days	1,288,358	34	1,519,466	1,519,466	23,090	26,923	13
14	15	Employee Benefits -Health Care	Patient Days	1,288,358	34	180,775		23,090	3,240	14
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	23,090	73,964	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772		23,090	26,252	16
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	23,090	33,971	17
18	21	Gen'I & Admin	Patient Days	1,288,358	34	7,908,785	6,929,587	23,090	141,742	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	23,090	39,560	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 22,760,371	\$ 15,361,511		\$ 391,760	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge (GL 2505)		X	Mortgage	\$40,011.11	8/1/2012	\$ 11,486,700	\$ 10,622,391	3/1/2049	2.5000	\$ 267,996	1	
2												2	
3	Bank Leumi (GL 2503/7035)		X	LOC		10/23/10	1,103,270	921,627			46,488	3	
4	Insurance Interest (GL=7053)		X	Medical Malpractice							1,467	4	
5	Amort of Fin Fees (GL 1918)		X	Refinancing							12,949	5	
	Working Capital												
6	Related party-AMS		X	Working Capital							3,704	6	
7												7	
8												8	
9	TOTAL Facility Related				\$40,011.11		\$ 12,589,970	\$ 11,544,018			\$ 332,604	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		X								(41)	10	
11	Int Income (GL#4975)		X								(554)	11	
12	Int msc LLC		X								(51)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (646)	14	
15	TOTALS (line 9+line14)						\$ 12,589,970	\$ 11,544,018			\$ 331,958	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 53,597 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

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	378,900	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	380,586	2
3. Under or (over) accrual (line 2 minus line 1).				\$	1,686	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	392,000	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.				\$	393,686	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	2,628	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	396,314	
Real Estate Tax Bill for Calendar Year:		2011	379,236	8	FOR BHF USE ONLY	
		2012	399,293	9		
		2013	373,659	10	13	FROM R. E. TAX STATEMENT FOR 2015 \$ 13
		2014	367,831	11	14	PLUS APPEAL COST FROM LINE 5 \$ 14
		2015	380,586	12	15	LESS REFUND FROM LINE 6 \$ 15
The current year accrual is based on an estimated 3% increase of the prior year tax.				16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

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

2015 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 2015 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 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party-Alden Management	\$ 146,629.00	\$ 2,628.00
2. 10-28-429-038-0000	Nursing facility	\$ 380,586.15	\$ 380,586.15
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 527,215.15	\$ 383,214.15

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	45,208	B. General Construction Type:	Exterior	Brick	Frame	Steel	Number of Stories	2
------------------------	---------------	--------------------------------------	-----------------	--------------	--------------	--------------	--------------------------	----------

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

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

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	nursing facility	34,483	1997	\$ 955,797	1
2					2
3	TOTALS	34,483		\$ 955,797	3

Facility Name & ID Number Alden North Shore Rehab HCC

#

0042028

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	93		1999	1999	\$ 6,782,967	\$ 203,542	40	\$ 169,574	\$ (33,968)	\$ 2,882,758
5										
6										
7										
8										
	Improvement Type**									
9	draper corp-electric screen			1999	1,252		10			1,252
10	dakota wiring & comm.-wiring for cable tv			1999	2,500		10			2,500
11	climate serv-repair compressor			1999	1,990		15			1,990
12	tci cable-install cable			1999	1,254		10			1,254
13	ABC-install tiles/repair			2000	4,011		15			4,011
14	ABC-mainten-various/construction			2000	5,000		10			5,000
15	ABC-mainten-various/construction			2000	10,000		10			10,000
16	ABC-mainten-various/construction			2000	10,000		10			10,000
17	new horizons-phone system			2000	5,744		10			5,744
18	new horizons-phone system & cable			2000	2,784		10			2,784
19	new horizons-phone system			2000	3,742		10			3,742
20	dbs contract.-lawn sprinkler system			2000	1,611		15			1,611
21	ABC-misc construction work			2000	5,347		5			5,347
22	ABC-misc construction work			2000	13,118		5			13,118
23										
24	ABC-misc construction work (12/31/01 finished-begin exp '02)			2001	3,361		10			3,361
25	Laport (walk off mat carpet/floor covering)			2001	3,548		5			3,548
26	The Floor Source (PT carpet/floor covering)			2001	1,576		5			1,576
27	ABC-beds/bedside cabinets/washers/dryers/bookcases/wallcover			2001	289,721		15			289,721
28	New Horizon (phone system)			2001	1,256		10			1,256
29										
30	ABC-misc construction work			2002	16,368	1,091	15	1,091		16,367
31										
32	ABC-misc construction work			2003	2,116		10			2,116
33	GT Mechanical-repair exhaust fans			2003	6,080		10			6,080
34	EWS-repair opxyen alarm ssytem			2003	2,054		5			2,054
35	ABC-parking lot upgrades			2003	7,538		10			7,538
36	ABC-parking lot repairs			2003	2,943		5			2,943

*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:

01/01/2016 Ending: 12/31/2016

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		2,599	51
52	Patten CAT-Repair Generator	2005	2,074	104	20	104		1,219	52
53	GT Mechanical-No AC Water/Temp Low	2005	1,340	45	10	45		1,340	53
54	seal/crack/fill asphalt (LLC)	2005	6,045		8			6,045	54
55	Installed new alerton controlls/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	289	10	289		2,898	63
64	Second Floor Nurses Station	2007	4,246	424	10	424		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	303	10	303		2,779	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,314,197	\$ 206,018		\$ 172,050	\$ (33,968)	\$ 3,411,087	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:

01/01/2016 Ending: 12/31/2016

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	\$ 206,018		\$ 172,050	\$ (33,968)	\$ 3,411,087	1
2	Repaired AC	2008	7,776	778	10	778		6,610	2
3	New Asphalt - ABC	2008	2,973	309	8	309		2,973	3
4	New Asphalt - ABC	2008	4,110	428	8	428		4,110	4
5	New Fire Alarm Printer/New Ceiling Tiles-ABC	2008	4,007	401	10	401		3,273	5
6	New Plumbing and Electrical Fixtures-ABC	2008	2,509	167	15	167		1,477	6
7	New Clear Acrylic-Oakton Glass&Mirror	2008	3,517	352	10	352		2,814	7
8	General Labor for Atrium-AMS Maintenance Allocation	2008	3,741		5			3,741	8
9	Repair Water Heater	2008	3,237	324	10	324		2,833	9
10									10
11	ABC - New Fire Alarm Annunciator	2009	2,637	264	10	264		1,934	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		3,374	13
14	GT Mechanical-New Pump Seals	2009	3,308	331	10	331		2,426	14
15									15
16	ABC - Exhaust Vent Shaft	2010	3,539	354	10	354		2,153	16
17	ABC- Concrete Driveway Sealcoat	2010	18,600	1,240	15	1,240		7,543	17
18	TOPNOT - Boiler Assembly - Kitchen Equipment	2010	3,018	553	5		(553)	3,018	18
19									19
20	Columns, Masonry at Handicapped Parking Area - ALDBEN	2011	2,959	49	5	49		2,959	20
21	Upholstry: Fabric Chairs - Shades Window Sunscreen-ALDDES	2011	9,984	998	5	998		4,242	21
22									22
23	Sprinkler System, Fire Protection System - ALDBEN	2012	5,039	67	25	67		470	23
24	Duct Work - ALDBEN	2012	7,421	495	15	495		2,021	24
25	Reupholster Chairs/Fabric - ALDDES	2012	2,516	503	5	503		2,264	25
26	Parking Lot resurface - Kol Emeth - ALDBEN	2012	3,919	327	8	327		1,633	26
27	Parking Lot resurface - Kol Emeth - ALDBEN	2012	5,175	431	8	431		2,156	27
28	Conservatory Addiiton Project/Skylights - ALDBEN	2012	8,547	342	25	342		1,596	28
29	Conservatory/Flooring,Plumbing,Electrical Fixtures,Access Panes	2012	16,782	671	25	671		3,132	29
30	Conservatory Addiiton Project/ Concrete, Roofing - ALDBEN	2012	36,550	1,462	25	1,462		6,823	30
31	Conservatory/Concrete, Doors/Frames,,Cabinets,Plumbing,HVAC	2012	38,758	1,550	25	1,550		7,235	31
32	Conservatory Addiiton Project/ Drywall - ALDBEN	2012	48,952	1,958	25	1,958		9,138	32
33	Conservatory Addiiton Project/ Masonry, Drywall, Roofing - ALD	2012	59,394	2,376	25	2,376		11,087	33
34	TOTAL (lines 1 thru 33)		\$ 7,632,107	\$ 223,208		\$ 188,687	\$ (34,521)	\$ 3,518,462	34

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

Facility Name & ID Number Alden North Shore Rehab HCC

0042028

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 223,208		\$ 188,687	\$ (34,521)	\$ 3,518,462	1
2	Conservatory Addiiton Project/Drywall/Caulking, Roofing, Plumbi	2012	26,018	4,180	25	4,180		12,177	2
3	Conservatory Addiiton Project/Structural Steel - ALDBEN	2012	13,500	540	25	540		2,790	3
4	ConservatoryDrywall,Glass,Doors/Frames, Cabinets/Ceramic Stor	2012	59,694	2,388	25	2,388		12,139	4
5	Conservatory/HVAC,Electrical,Fire Protection, Furniture,Carpet,	2012	72,579	2,903	25	2,903		14,999	5
6	Conservatory /Doors,Cabinets/Tops,Painting/Decorating, - ALDBI	2012	25,000	1,000	25	1,000		6,194	6
7	Conservatory Addiiton Project/Engineering/Permit/Blueprint Fees	2012	5,933	237	25	237		1,205	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		2,009	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		5,207	13
14	Chiller Fan Motor and Bracket, Condensor Coils - GTMECH	2013	5,168	1,034	5	1,034		4,739	14
15	Heating/Vent major repair, Pneumatic - ALDBEN	2013	11,573	2,315	5	2,315		9,646	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		7,330	17
18									18
19	Spray, Fireproof Spray-ALDBEN	2014	5,970	597	10	597		2,090	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		5,377	21
22	Fridge, Repair - TOPNOT	2014	5,567	1,113	5	1,113		3,710	22
23	Asphalt, Parking Lot - ALDBEN	2014	10,002	1,250	8	1,250		4,063	23
24									24
25	Wall repair-FOXBUI	2015	4,100	820	5	820		1,230	25
26	Motot, Condenser - GT Mechanical	2015	3,439	688	5	688		975	26
27	Motor, Rack - TopNot	2015	3,195	639	5	639		692	27
28	Railing replacement - ALDBEN	2016	3,608	241	15	241		241	28
29	Motor Starter - ALDBEN	2016	3,681	675	5	675			29
30	Paving parking lot crack -ALDBEN	2016	4,259	497	5	497		675	30
31	Doors repaired- ALDBEN	2016	3,403	284	5	284		497	31
32	Water Heater, Repaired - AIDBEN	2016	4,673	312	5	312		284	32
33								312	33
34	TOTAL (lines 1 thru 33)		\$ 8,005,522	\$ 252,967		\$ 218,446	\$ (34,521)	\$ 3,633,115	34

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

Facility Name & ID Number Alden North Shore Rehab HCC

0042028

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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	\$ 252,967		\$ 218,446	\$ (34,521)	\$ 3,633,115	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,096,434	\$ 253,832		\$ 219,311	\$ (34,521)	\$ 3,719,454	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12D, Carried Forward		\$ 8,096,434	\$ 253,832		\$ 219,311	\$ (34,521)	\$ 3,719,454	1
2 Adjust for ABC Related Party Profit	2008	(204)	(12)		(12)		(96)	2
3 Adjust for ABC Related Party Profit	2009	(92)	(2)		(2)		(92)	3
4 Adjust for ABC Related Party Profit	2010	(271)	(8)		(8)		(49)	4
5 Adjust for ABC Related Party Profit	2011	23	4		4		20	5
6 Adjust for ABC Related Party Profit	2012	31,228	1,839		1,839		7,356	6
7 Adjust for ABC Related Party Profit	2013	499	50		50		175	7
8 Adjust for ABC Related Party Profit	2014	(57)	(11)		(11)		(28)	8
9 Adjust for ABC Related Party Profit	2016	(596)	(24)		(24)		(24)	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)		\$ 8,126,964	\$ 255,669		\$ 221,148	\$ (34,521)	\$ 3,726,717	34

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

XI. OWNERSHIP COSTS (continued)

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

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Totals from Page 12E, Carried Forward		\$ 8,126,964	\$ 255,669		\$ 221,148	\$ (34,521)	\$ 3,726,717	1
2 Conservatory rebuilt ALDBEN								2
3 roof replacement, gutter repair	2016	50,569	1,011	25	1,011		1,011	3
4 Conservatory rebuilt - ALDBEN								4
5 masonry repairs, skylite replacement,								5
6 wall repairs, landscaping	2016	24,297	810	15	810		810	6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
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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)		\$ 8,201,830	\$ 257,490		\$ 222,969	\$ (34,521)	\$ 3,728,538	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	\$689,972	\$67,304	\$67,304	\$	varies	\$325,897	71
72	Current Year Purchases	130,645	6,980	6,980		varies	6,979	72
73	Fully Depreciated Assets	870,012	2,606	2,606		varies	870,012	73
74								74
75	TOTALS	\$1,690,628	\$76,890	\$76,890	\$		\$1,202,888	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	4,026					4,026	77
78										78
79										79
80	TOTALS			\$53,852	\$	\$	\$		\$53,852	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$10,902,107	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$334,380	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$299,859	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(34,521)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$4,985,278	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

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:

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.	12/31/2017	\$ varies
13.	12/31/2018	\$ varies
14.	12/31/2019	\$ varies

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: \$16,913 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	related party-PG 6A	various	\$ 607.08	\$ 7,285	17
18					18
19	Auto lease - gl 6890	various	0.00		19
20					20
21	TOTAL		\$ 607.08	\$ 7,285	21

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility		Contract	Total
		Drop-outs	Completed		
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)	\$			

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)										
		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 553,840	\$		\$ 553,840	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			44,409			44,409	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			823,317			823,317	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				652,876		652,876	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					89,525	156,252		245,777	13
14	TOTAL			\$		\$ 1,511,091	\$ 809,127		\$ 2,320,219	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	
XIV. Special Services (Direct Cost)				Col 6: Supplies	
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	553,839.65	
2.	ST	39-3	To Col 5	44,409.44	
3.					
4.	PT	39-3	To Col 5	823,317.02	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			696,891.21	
	Manual Input from Related Party- Forum Drugs			(44,015.49)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	652,875.72	2,074,441.83
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	89,525.00	From Page 6D
	Other			189,301.76	
	Manual Input: Related Party - Prism			(28,219.30)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(4,707.99)	From Page 6C
	Manual Input: Related Party FECII - Wound Care			(122.69)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				
13.	Col 6: Supplies Total		To Col 6	156,251.78	156,251.78
13.	Total Line 13, Column 8			-	245,776.78
14.	Total			-	2,320,218.61

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	\$ 290,393	\$ 305,533	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 55,000)	1,537,618	1,537,618	3
4	Supply Inventory (priced at)	3,344	3,344	4
5	Short-Term Investments			5
6	Prepaid Insurance		47,174	6
7	Other Prepaid Expenses	47,024	47,024	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Medicare Settlements/Interest R	10,078	205,988	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,888,457	\$ 2,146,681	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		955,797	13
14	Buildings, at Historical Cost		7,878,133	14
15	Leasehold Improvements, at Historical Cost	642,193	1,182,510	15
16	Equipment, at Historical Cost	579,588	2,469,543	16
17	Accumulated Depreciation (book methods)	(837,185)	(5,904,298)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		57,651	21
22	Other Long-Term Assets (spe CIP, RR, S/H Loan		234,527	22
23	Other(specify): Due from Affiliates	9,237,501	9,237,501	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,622,097	\$ 16,111,363	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,510,554	\$ 18,258,044	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 509,196	\$ 509,196	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	81,503	81,503	28
29	Short-Term Notes Payable	921,627	1,138,676	29
30	Accrued Salaries Payable	448,505	448,505	30
31	Accrued Taxes Payable (excluding real estate taxes)	16,275	16,275	31
32	Accrued Real Estate Taxes(Sch.IX-B)		392,000	32
33	Accrued Interest Payable	2,718	24,848	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Ins, Exps, IDPA, Sales tx, etc.	55,258	55,258	36
37	Due to affiliates (Short term)	1,761,587	1,757,260	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,796,669	\$ 4,423,521	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		10,405,342	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)	\$	\$ 10,405,342	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,796,669	\$ 14,828,863	46
47	TOTAL EQUITY(page 18, line 24)	\$ 7,713,885	\$ 3,429,181	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,510,554	\$ 18,258,044	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 4,938,508	1
2	Restatements (describe):		2
3	W/O Interc. Loan @ 12.31.16	2,584,635	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,523,143	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	190,742	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)	\$ 190,742	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)	\$ 7,713,885	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden North Shore Rehab HCC

0042028

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 9,465,778	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,465,778	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	74,740	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 74,740	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	1,046	12
13	Barber and Beauty Care	500	13
14	Non-Patient Meals	956	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	6,107	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,609	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	554	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 554	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	6,901	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,901	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,556,581	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,508,204	31
32	Health Care	2,295,685	32
33	General Administration	2,050,474	33
	B. Capital Expense		
34	Ownership	1,090,217	34
	C. Ancillary Expense		
35	Special Cost Centers	2,307,759	35
36	Provider Participation Fee	113,500	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,365,839	40
41	Income before Income Taxes (line 30 minus line 40)**	190,742	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 190,742	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 1,021,527	44
45	Private Pay - Net Inpatient Revenue	493,544	45
46	Medicare - Net Inpatient Revenue	6,226,321	46
47	Other-(specify) Hospice	17,293	47
48	Other-(specify) Insurance/Veterans/Charity/Sales Allow	1,707,092	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,465,778	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 Rehab HCC # 0042028 Report Period Beginning 01/01/2016 Ending: 12/31/2016

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	\$ 20
Miscellaneous Income - Interest	\$ 1,122
Adjustment to prior year expense	\$ 1,740
A/P Adjustments (vendor discounts)	\$ 493
Gain on Sale of Assets	\$ 3,526

Line 28 Total:	<u><u>6,901</u></u>
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STATE OF ILLINOIS

Facility Name & ID Number

Alden North Shore Rehab HCC

0042028

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name

Function

Ownership %

Amount

Oh, Angela

Administrator

0

100,343

Illarde, Jennifer

Administrator

0

9,865

Oh, Angela

Assist Administrator

0

4,940

Pomer, Kyla

Assist Administrator

0

49,607

TOTAL (agree to Schedule V, line 17, col. 1)

(List each licensed administrator separately.)

\$ 164,755

B. Administrative - Other

Description

Amount

TOTAL (agree to Schedule V, line 17, col. 3)

(Attach a copy of any management service agreement)

\$

C. Professional Services

Vendor/Payee

Type

Amount

Alden Management Services, Inc.

Consulting fees

\$ 739,268

Baker Tilly Virchow Krause LLP

Accounting Fees

15,984

AMS (Eliminated)

Legal Fees: Non-Collections

45,192

Christine Novotny/ KPMG Cost Repo

Accounting Fees

216

Achieve Accreditation/First Advantag

Professional Fees

11,676

Clerk of the Circuit Court/Sheriff of (

Legal Fees: Collections

597

Recorder of Deed/Pogrund & Korey

Legal Fees: Collections

1,317

TOTAL (agree to Schedule V, line 19, column 3)

(For legal fee disclosure, see page 39 of instructions)

\$ 814,249

D. Employee Benefits and Payroll Taxes

Description

Amount

Workers' Compensation Insurance

\$ 117,828

Unemployment Compensation Insurance

27,715

FICA Taxes

235,455

Employee Health Insurance

80,980

Employee Meals

27,856

Illinois Municipal Retirement Fund (IMRF)*

Dental/Life Insurance

3,236

Employee Relations

4,274

Misc Payroll Costs/401K Match

5,749

Employee Drug Tests//Vaccinations

5,977

Related Party Vaccines

(4,937)

TOTAL (agree to Schedule V, line 22, col.8)

\$ 504,133

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description

Line #

Amount

\$

TOTAL

\$

F. Dues, Fees, Subscriptions and Promotions

Description

Amount

IDPH License Fee

\$

Advertising: Employee Recruitment

529

Health Care Worker Background Check

(Indicate # of checks performed 18)

585

Patient Background Checks

596

5,960

Surety Bond/Corp Annual Fee

254

Health Care Council/Chicago Tribune

18,248

Collaborative Healthcare/Relias Learning

2,224

North Shore LLC

541

Related Party-AMS LLC

1,285

Less: Public Relations Expense

()

Non-allowable advertising

()

Yellow page advertising

()

TOTAL (agree to Sch. V, line 20, col. 8)

\$ 29,626

G. Schedule of Travel and Seminar**

Description

Amount

Out-of-State Travel

\$

In-State Travel

432

Related Party - AMS

637

Seminar Expense

Entertainment Expense

()

TOTAL (agree to Sch. V, line 24, col. 8)

\$ 1,069

* Attach copy of IMRF notifications

**See instructions.

HFS 3745 (N-4-99)

IL478-2471

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	2,122	2,147	\$ 105,501	\$ 49.15	1
2	Assistant Director of Nursing	2,034	2,034	79,054	38.87	2
3	Registered Nurses	22,720	24,190	844,873	34.93	3
4	Licensed Practical Nurses	2,441	2,465	71,349	28.94	4
5	CNAs & Orderlies	41,402	44,759	690,369	15.42	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,234	5,577	70,329	12.61	10
11	Social Service Workers	2,214	2,218	56,754	25.59	11
12	Dietician					12
13	Food Service Supervisor	1,520	1,568	43,525	27.77	13
14	Head Cook	6,269	6,269	123,566	19.71	14
15	Cook Helpers/Assistants	23,489	25,317	360,939	14.26	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	74,688	35.91	17
18	Housekeepers	12,075	12,921	141,111	10.92	18
19	Laundry	1,199	1,311	13,339	10.17	19
20	Administrator	2,080	2,080	110,209	52.98	20
21	Assistant Administrator	2,240	2,240	54,547	24.35	21
22	Other Administrative	2,204	2,204	62,732	28.47	22
23	Office Manager					23
24	Clerical	5,045	5,217	62,479	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	4,040	4,040	155,338	38.45	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	2,693	2,717	42,957	15.81	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	143,100	151,351	\$ 3,163,657 *	\$ 20.90	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	\$78 Monthly	\$ 941	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	60	3,480	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	60	\$ 18,653		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	40	\$ 2,085	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	40	\$ 2,085		53

Alden - North Shore Rehabilitation and Health Care Center, Inc.
Legal Fee Support
2016

Legal Fees Reported on Pg 21, Section C:	\$ 46,429.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(1,237.00)
Non-allowable legal fees, if any, deducted on	
- Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	\$ -

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

<u>In Detail:</u>		
Vendor Name	Invoice Date	Amount
		-
TOTAL ALLOWABLE LEGAL FEES		-

Vendor Name	Invoice Date	Amount
Sheriff of Cook County	10/20/2016	60.00
Sheriff of Cook County	8/30/2016	60.00
Rocerder of Deed Cook County	2/12/2016	40.00
Pogrund & Korey LLC	7/7/2016	255.00
Pogrund & Korey LLC	6/6/2016	225.00
Pogrund & Korey LLC	2/10/2016	50.00
Pogrund & Korey LLC	5/5/2016	40.00
Pogrund & Korey LLC	4/6/2016	30.00
Clerk of the Circuit Court	42612	269.00
Clerk of the Circuit Court	10/20/2016	208.00
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		1,237.00

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'16	12/27/16	3,766.00
AMS Corp Legal Cost Alloc-'16	12/01/16	3,766.00
AMS Corp Legal Cost Alloc-'16	10/26/16	3,766.00
AMS Corp Legal Cost Alloc-'16	09/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	08/29/16	3,766.00
AMS Corp Legal Cost Alloc-'16	07/28/16	3,766.00
AMS Corp Legal Cost Alloc-'16	06/29/16	3,766.00
AMS Corp Legal Cost Alloc-'16	05/27/16	3,766.00
AMS Corp Legal Cost Alloc-'16	04/27/16	3,766.00
AMS Corp Legal Cost Alloc-'16	03/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	03/09/16	3,766.00
AMS Corp Legal Cost Alloc-'16	02/10/16	3,766.00
TOTAL Allocated Legal Fees		45,192.00

Total Legal Cost	46,429.00
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XX. GENERAL INFORMATION:

(1)	Are nursing employees (RN,LPN,NA) represented by a union?	<u>No</u>
(2)	Are there any dues to nursing home associations included on the cost report? If YES, give association name and amount.	<u>Yes</u> <u>Health Care Council of IL \$8,928</u>
(3)	Did the nursing home make political contributions or payments to a political action organization? If YES, have these costs been properly adjusted out of the cost report?	<u>Yes</u> <u>Yes</u>
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? If YES, what is the capacity?	<u>No</u>
(5)	Have you properly capitalized all major repairs and equipment purchases? What was the average life used for new equipment added during this period?	<u>Yes</u> <u>10 yrs</u>
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.	\$ <u>16,529</u> Line <u>10</u>
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports? If NO, attach a complete explanation.	<u>Yes</u>
(8)	Are you presently operating under a sale and leaseback arrangement? If YES, give effective date of lease.	<u>No</u> <u>N/A</u>
(9)	Are you presently operating under a sublease agreement?	YES <u>x</u> NO
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES <u>NO</u> <u>x</u> 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. This amount is to be recorded on line 42 of Schedule V.	\$ <u>113,500</u>
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? If YES, attach an explanation of the allocation.	<u>No</u>
(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?	<u>Yes</u>
(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? 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.	<u>No</u>
(15)	Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. Has any meal income been offset against related costs?	\$ <u>27,856</u> <u>None</u> Indicate the amount. \$ <u>N/A</u>
(16)	Travel and Transportation a. Are there costs included for out-of-state travel? If YES, attach a complete explanation. b. Do you have a separate contract with the Department to provide medical transportation for residents? 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? d. Have vehicle usage logs been maintained? e. Are all vehicles stored at the nursing home during the night and all other times when not in use? f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?	<u>No</u> <u>No</u> <u>No</u> <u>0</u> <u>No</u> <u>Yes</u>
	g. Does the facility transport residents to and from day training? Indicate the amount of income earned from providing such transportation during this reporting period.	<u>No</u> \$ <u>N/A</u>
(17)	Has an audit been performed by an independent certified public accounting firm? Firm Name:	<u>No</u> <u>Yes</u>
(18)	Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?	<u>Yes</u>
(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. Attach invoices and a summary of services for all architect and appraisal fees	<u>Yes</u>