

		FOR BHF USE					

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2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: <u>0042028</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Alden North Shore Rehab HCC</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> 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.																							
Address: <u>5050 West Touhy Ave</u> <u>Skokie</u> <u>60077</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(847)679-6100</u> Fax # <u>(847) 679-3822</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Derek Smart</u></td></tr><tr><td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) _____</td></tr><tr><td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Derek Smart</u>	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>	(Signed) _____	Paid Preparer	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>												
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	(Print Name and Title) _____																								
	(Firm Name & Address) _____																								
	(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																								
Date of Initial License for Current Owners: <u>8/6/1999</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY, NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☒ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☐ "Sub-S" Corp.</td><td>_____</td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td>_____</td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ 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 _____	
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	☐ Limited Liability Co.	_____																							
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:		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																							
Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____																									

Facility Name & ID Number Alden North Shore Rehab HCC

0042028 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

B. Census-For the entire report period.					
1	Level of Care	Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	Total
8	SNF	66	2,228	5,900	8,194
9	SNF/PED				
10	ICF	5,673	319	198	6,190
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	5,739	2,547	6,098	14,384

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 42.26%

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 _____ 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 5,897

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

MODIFIED
ACCRUAL ☒ CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden North Shore Rehab HCC # 0042028 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	554,901	15,351	24,000	594,252	409	594,661	(8,885)	585,776			1
2	Food Purchase		141,880		141,880	(24,753)	117,127	6,387	123,514			2
3	Housekeeping	200,990	37,865		238,855	361	239,216	5,017	244,233			3
4	Laundry		17,065	9,854	26,919	105	27,024		27,024			4
5	Heat and Other Utilities			188,276	188,276		188,276	(1,954)	186,322			5
6	Maintenance	49,762		201,371	251,133	69	251,202	43,186	294,388			6
7	Other (specify):* related party/security			1,275	1,275		1,275	2,323	3,598			7
8	TOTAL General Services	805,653	212,161	424,776	1,442,590	(23,809)	1,418,781	46,074	1,464,855			8
	B. Health Care and Programs											
9	Medical Director			12,000	12,000		12,000		12,000			9
10	Nursing and Medical Records	1,831,582	175,337	2,367	2,009,286	6,848	2,016,134	16,788	2,032,922			10
10a	Therapy		294	3,732	4,026		4,026		4,026			10a
11	Activities	107,283	474	3,838	111,595		111,595		111,595			11
12	Social Services	74,131			74,131		74,131		74,131			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							2,002	2,002			15
16	TOTAL Health Care and Programs	2,012,996	176,105	21,937	2,211,038	6,848	2,217,886	18,790	2,236,676			16
	C. General Administration											
17	Administrative	185,065			185,065		185,065	61,460	246,525			17
18	Directors Fees											18
19	Professional Services			505,414	505,414		505,414	(429,437)	75,977			19
20	Dues, Fees, Subscriptions & Promotions			138,634	138,634		138,634	(109,512)	29,122			20
21	Clerical & General Office Expenses	121,301	24,165	166,261	311,727	(4,538)	307,189	50,981	358,170			21
22	Employee Benefits & Payroll Taxes			603,221	603,221	21,499	624,720	(1,918)	622,802			22
23	Inservice Training & Education											23
24	Travel and Seminar			23	23		23	306	329			24
25	Other Admin. Staff Transportation			4,095	4,095		4,095	2,740	6,835			25
26	Insurance-Prop.Liab.Malpractice			256,637	256,637		256,637	11,470	268,107			26
27	Other (specify):* related party			48,133	48,133		48,133	(23,793)	24,340			27
28	TOTAL General Administration	306,366	24,165	1,722,418	2,052,949	16,961	2,069,910	(437,703)	1,632,207			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,125,015	412,431	2,169,131	5,706,577		5,706,577	(372,839)	5,333,738			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			70,459	70,459		70,459	248,211	318,670			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			33,261	33,261		33,261	256,292	289,553			32
33	Real Estate Taxes			364,597	364,597	(364,597)		367,208	367,208			33
34	Rent-Facility & Grounds			649,927	649,927	364,597	1,014,524	(996,524)	18,000			34
35	Rent-Equipment & Vehicles			17,960	17,960		17,960	10,990	28,950			35
36	Other (specify):* MIP							49,139	49,139			36
37	TOTAL Ownership			1,136,204	1,136,204		1,136,204	(64,684)	1,071,520			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		521,642	901,081	1,422,723		1,422,723	168,132	1,590,855			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			105,591	105,591		105,591		105,591			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		521,642	1,006,672	1,528,314		1,528,314	168,132	1,696,446			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,125,015	934,073	4,312,007	8,371,095		8,371,095	(269,391)	8,101,704			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: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0042028

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(24,753.00)	Employee Meals
	22	24,753.00	Employee Meals
22		(3,254.00)	Uniform Reclass
	1	409.00	Uniform Reclass
	3	361.00	Uniform Reclass
	4	105.00	Uniform Reclass
	6	69.00	Uniform Reclass
	10	2,228.00	Uniform Reclass
	11		Uniform Reclass
	21	82.00	Uniform Reclass
10			Oxygen Cost Reclass
	39		Oxygen Cost Reclass
33		(364,597.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	364,597.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	Team TSI Reclass
	10	4,620.00	Team TSI Reclass
		-	

Note for internal purposes: 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.)

	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				4
5	Telephone, TV & Radio in Resident Rooms	(6,396)	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	(27,822)	30		9
10	Interest and Other Investment Income	(3,657)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,936)	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	(11,239)	21		17
18	Fines and Penalties	(49)	32		18
19	Entertainment				19
20	Contributions	(3,524)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(12,697)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(48,133)	27		24
25	Fund Raising, Advertising and Promotional	(105,999)	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)	\$ (222,452)		\$	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)	(73,435)		34
35	Other- Attach Schedule	26,496		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (46,939)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (269,391)		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 -	\$ (14,410)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(6,340)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	15,328	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	8,848	6	4
5				5
6	Adj for ABC Related Party Profit - Pg 13			6
7	Depreciation Adj Sage Report	1,017	30	7
8				8
9	Valet cost (gl 6907)	(9,900)	21	9
10	Late fees on utilities	(2,990)	5	10
11	Chamber of Commerce	(430)	20	11
12	Other nursing income (flu, w/chair,etc)			12
13	Intercompany interest	(32,744)	32	13
14	Miscellaneous Income - Medical Records	(2,021)	10	14
15	Miscellaneous Income - Insurance Interest	(952)	10	15
16	A/P Adjustments (vendor discounts)	(477)	10	16
17	Collection fees	(20)	21	17
18	Gain on Sale of Asset	71,331	30	18
19	Refund on Real Estate Taxes 1	545	33	19
20	Refund on Real Estate Taxes 2			20
21	Bank charges	(289)	19	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	26,496		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden North Shore Rehab HCC

0042028

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	(8,885)	0	0	0	0	0	0	0	(8,885)	1
2	Food Purchase	(2,936)	0	0	9,323	0	0	0	0	0	0	0	6,387	2
3	Housekeeping	0	0	5,017	0	0	0	0	0	0	0	0	5,017	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,990)	0	1,036	0	0	0	0	0	0	0	0	(1,954)	5
6	Maintenance	17,780	4,307	11,687	0	0	0	42	9,370	0	0	0	43,186	6
7	Other (specify):*	0	0	2,323	0	0	0	0	0	0	0	0	2,323	7
8	TOTAL General Services	11,854	4,307	20,063	438	0	0	42	9,370	0	0	0	46,074	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	(3,450)	0	13,615	7,131	(508)	0	0	0	0	0	0	16,788	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	2,002	0	0	0	0	0	0	0	0	2,002	15
16	TOTAL Health Care and Programs	(3,450)	0	15,617	7,131	(508)	0	0	0	0	0	0	18,790	16
	C. General Administration													
17	Administrative	0	0	61,460	0	0	0	0	0	0	0	0	61,460	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(12,986)	21,137	(437,588)	0	0	0	0	0	0	0	0	(429,437)	19
20	Fees, Subscriptions & Promotions	(109,953)	77	364	0	0	0	0	0	0	0	0	(109,512)	20
21	Clerical & General Office Expenses	(21,159)	0	72,140	0	0	0	0	0	0	0	0	50,981	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(1,918)	0	0	0	0	0	0	(1,918)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	306	0	0	0	0	0	0	0	0	306	24
25	Other Admin. Staff Transportation	0	0	2,740	0	0	0	0	0	0	0	0	2,740	25
26	Insurance-Prop.Liab.Malpractice	0	11,370	100	0	0	0	0	0	0	0	0	11,470	26
27	Other (specify):*	(48,133)	0	24,340	0	0	0	0	0	0	0	0	(23,793)	27
28	TOTAL General Administration	(192,231)	32,584	(276,138)	0	(1,918)	0	0	0	0	0	0	(437,703)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(183,827)	36,891	(240,458)	7,569	(2,426)	0	42	9,370	0	0	0	(372,839)	29

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	23,776	213,317	11,118	0	0	0	0	0	0	0	0	248,211	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(36,450)	257,570	35,172	0	0	0	0	0	0	0	0	256,292	32
33	Real Estate Taxes	545	364,597	2,066	0	0	0	0	0	0	0	0	367,208	33
34	Rent-Facility & Grounds	0	(996,524)	0	0	0	0	0	0	0	0	0	(996,524)	34
35	Rent-Equipment & Vehicles	0	0	10,990	0	0	0	0	0	0	0	0	10,990	35
36	Other (specify):*	0	49,139	0	0	0	0	0	0	0	0	0	49,139	36
37	TOTAL Ownership	(12,129)	(111,901)	59,346	0	0	0	0	0	0	0	0	(64,684)	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	(34,890)	(20,117)	223,139	0	0	0	0	0	168,132	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	(34,890)	(20,117)	223,139	0	0	0	0	0	168,132	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(195,956)	(75,010)	(181,112)	(27,321)	(22,543)	223,139	42	9,370	0	0	0	(269,391)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG-Supp		See PG-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	\$ 996,524	North Shore Touhy Associates LLC	0.00%	\$	\$ (996,524)	1
2	V	32	Interest Income-Repl Reserve/Misc	16	North Shore Touhy Associates LLC			(16)	2
3	V	6	R & M - Replacement Reserves		North Shore Touhy Associates LLC		4,307	4,307	3
4	V	19	Accounting Fees/Bank Charges		North Shore Touhy Associates LLC		14,289	14,289	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		364,597	364,597	6
7	V	26	Property & Liability Insurance		North Shore Touhy Associates LLC		11,370	11,370	7
8	V	36	Mortgage Insurance Premium		North Shore Touhy Associates LLC		49,139	49,139	8
9	V	32	Interest - Other/Amortization		North Shore Touhy Associates LLC		257,586	257,586	9
10	V	30	Depreciation Expense		North Shore Touhy Associates LLC		284,648	284,648	10
11	V	19	Legal Fees: Non - Collections		North Shore Touhy Associates LLC		6,848	6,848	11
12	V	19	Professional Fees		North Shore Touhy Associates LLC				12
13	V	30	Gain on Sale of Assets	71,331	North Shore Touhy Associates LLC			(71,331)	13
14	Total			\$ 1,067,871			\$ 992,861	\$ * (75,010)	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%	\$ 1,036	\$ 1,036	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		306	306	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		2,740	2,740	17
18	V	26 Insurance		Alden Management Services, Inc.		100	100	18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		364	364	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118	11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,066	2,066	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		10,990	10,990	22
23	V	32 Interest		Alden Management Services, Inc.		35,172	35,172	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.				24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		5,017	5,017	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		2,323	2,323	26
27	V	10 Nurs/Med Records Salary		Alden Management Services, Inc.		13,615	13,615	27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		2,002	2,002	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		61,460	61,460	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		24,340	24,340	30
31	V	19 Professional Fees	477,082	Alden Management Services, Inc.		39,494	(437,588)	31
32	V	21 Gen'l & Admin	29,280	Alden Management Services, Inc.		101,420	72,140	32
33	V	6 Repairs & Maintenance	38,448	Alden Management Services, Inc.		50,135	11,687	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 544,810			\$ 363,698	\$ * (181,112)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	1 Dietary Consult.	\$ 23,699	Prism Health Care Services, Inc.	0.00%	\$	(23,699)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		13,325	13,325	16
17	V	2 Tube feeding	3,095	Prism Health Care Services, Inc.		7,881	4,786	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	59,010	Prism Health Care Services, Inc.		15,881	(43,129)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,489	1,489	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		4,537	4,537	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,339	1,339	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		8,239	8,239	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		\$ 92,464			\$ 65,143	\$ * (27,321)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Drugs	\$ 429,087	Forum Extended Care II, Inc.	0.00%	\$ 408,697	\$ (20,390)	15
16	V	39 I.V.	28,093	Forum Extended Care II, Inc.		26,759	(1,334)	16
17	V	39 Wound Care-Product only	4,625	Forum Extended Care II, Inc.		4,405	(220)	17
18	V	10 House Stock	8,449	Forum Extended Care II, Inc.		8,047	(402)	18
19	V	10 Pharm Consult	2,232	Forum Extended Care II, Inc.		2,126	(106)	19
20	V	22 Employee Vaccinations	1,918	Forum Extended Care II, Inc.			(1,918)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		1,827	1,827	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		\$ 474,404			\$ 451,861	\$ * (22,543)	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	\$ 856,104	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,079,243	\$ 223,139	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			\$ 856,104			\$ 1,079,243	\$ * 223,139	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	\$ 17,612	Alden Bennett Construction Company, Inc.	0.00%	\$ 17,654	\$ 42	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			\$ 17,612			\$ 17,654	\$ * 42	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	\$ 10,161	Alden Design Group, Ltd.	0.00%	\$ 19,531	\$ 9,370	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			\$ 10,161			\$ 19,531	\$ * 9,370	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:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimer's	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and durable medical equipment	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and durable medical equipment	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Senior Living	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	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 Care Center	Long Grove				30

Facility Name & ID Number Alden North Shore Rehab HCC # 0042028 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 I	Chairman	100.00	182,799	0.476	1.19	Salary	\$ 2,201	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,810	0.476	1.19	Salary	1,190	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,810	0.476	1.19	Salary	1,190	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	112,457	0.476	1.19	Salary	1,354	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	62,688	0.476	1.19	Salary	755	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	182,799	0.4165	1.19	Salary	2,201	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.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 8,890		13

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

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

Facility Name & ID Number Alden North Shore Rehab HCC# 0042028 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	36	\$ 86,976	\$	14,384	\$ 1,036	1
2	24	Trav & Seminar	Patient Days	36	25,753		14,384	306	2
3	25	Other Admin Travel	Patient Days	36	230,320		14,384	2,740	3
4	26	Insurance	Patient Days	36	8,433		14,384	100	4
5	20	Dues & Subscriptions	Patient Days	36	30,557		14,384	364	5
6	30	Depreciation	No of Providers/usage	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	36	200,354		14,384	2,066	7
8	35	Rent-Equip & Vehicle	Patient Days	36	923,790		14,384	10,990	8
9	32	Interest	Patient Days/usage	36	1,567,343		14,384	35,172	9
10	3	Housekeeping Salary	Patient Days	36	421,760	421,760	14,384	5,017	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	36	195,292		14,384	2,323	11
12	10	Nurs & Med Records Salary	Patient Days	36	1,149,694	1,149,694	14,384	13,615	12
13	15	Employee Benefits -Health Care	Patient Days	36	168,303		14,384	2,002	13
14	17	Administrative Salary	Patient Days/usage	36	5,264,790	5,264,790	14,384	61,460	14
15	27	Employee Benefits - Admin	Patient Days	36	2,046,057		14,384	24,340	15
16	19	Professional fees	Patient Days	36	1,372,458	1,094,350	14,384	39,494	16
17	21	Gen'I & Admin	Patient Days	36	8,525,354	7,617,708	14,384	101,420	17
18	6	Repair & Maint.	Patient Days	36	1,379,344	912,301	14,384	50,135	18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 24,005,407	\$ 16,460,603		\$ 363,698	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	\$ 9,720,702	3/1/2049	2.5000	\$ 245,710	1
2	Interest Capital Lease (GL 7030)		x	Phone Lease							383	2
3	Insurance Interest (GL7053)		x	Medical Malpractice							86	3
4	Amort of Fin Fees (GL 1918)		x	Refinancing							11,876	4
5												5
	Working Capital											
6	Related party - AMS		x	Working capital							35,172	6
7												7
8												8
9	TOTAL Facility Related				\$40,011.11		\$ 11,486,700	\$ 9,720,702			\$ 293,227	9
	B. Non-Facility Related*											
10	Interest Income on R.R.		x								(16)	10
11	Int Income (GL#4975)		x								(3,657)	11
12	Int msc LLC		x								(1)	12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (3,674)	14
15	TOTALS (line 9+line14)						\$ 11,486,700	\$ 9,720,702			\$ 289,553	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 49,139 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2019 report.			\$	<u>404,700</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	<u>379,241</u>	2
3. Under or (over) accrual (line 2 minus line 1).			\$	<u>(25,459)</u>	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>390,600</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (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.			\$	<u>365,141</u>	7
Real Estate Tax History:		<u>Plus: Related party taxes - See Pg RE_Tax page</u>		\$	<u>2,066</u>
		<u>Total Real Estate Tax Expense, Sch V, Line 33</u>		\$	<u>367,208</u>
Real Estate Tax Bill for Calendar Year:		2015	<u>380,586</u>	8	
		2016	<u>376,615</u>	9	
		2017	<u>396,662</u>	10	
		2018	<u>392,941</u>	11	
		2019	<u>379,241</u>	12	
<u>The current year accrual is based on an estimated 3% increase of the prior year tax.</u>					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2019	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

2019 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 Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party - Alden Management	\$ 173,696.00	\$ 2,066.33
2. 10-28-429-038-0000	Nursing facility	\$ 379,241.33	\$ 379,241.33
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 552,937.33	\$ 381,307.66

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 45,208

B. General Construction Type: Exterior BrickFrame 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 home facility	34,483	1997	\$ 955,797	1
2					2
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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	93		1999	1999	\$ 6,782,967	\$ 196,070	40	\$ 169,574	\$ (26,496)	\$ 3,561,054	4
5	Loss-										5
6	Elect.										6
7	Damage		2020		(53,021)			(1,326)	(1,326)	(27,394)	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	dbb 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:

01/01/2020 Ending:

12/31/2020

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	
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		3,479	51
52 Patten CAT-Repair Generator	2005	2,074	104	20	104		1,635	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)		\$ 7,261,177	\$ 196,394		\$ 168,572	\$ (27,822)	\$ 4,063,539	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:

01/01/2020 Ending:

12/31/2020

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 12A, Carried Forward		\$ 7,261,177	\$ 196,394		\$ 168,572	\$ (27,822)	\$ 4,063,539	1
2	Repaired AC	2008	7,776		10			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		10			4,007	5
6	New Plumbing and Electrical Fixtures-ABC	2008	2,509	167	15	167		2,145	6
7	New Clear Acrylic-Oakton Glass&Mirror	2008	3,517		10			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		10			3,237	9
10									10
11	ABC - New Fire Alarm Annunciator	2009	2,637		10			2,637	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		10			4,602	13
14	GT Mechanical-New Pump Seals	2009	3,308		10			3,308	14
15									15
16	ABC - Exhaust Vent Shaft	2010	3,539	324	10	324		3,539	16
17	ABC- Concrete Driveway Sealcoat	2010	18,600	1,240	15	1,240		12,503	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-ALDDDES	2011	9,984	998	10	998		8,234	21
22									22
23	Sprinkler System, Fire Protection System - ALDBEN	2012	5,039	202	25	202		1,478	23
24	Duct Work - ALDBEN	2012	7,421	495	15	495		4,001	24
25	Reupholster Chairs/Fabric - ALDDDES	2012	2,516		5			2,516	25
26	Parking Lot resurface - Kol Emeth - ALDBEN	2012	3,919	327	8	327		3,267	26
27	Parking Lot resurface - Kol Emeth - ALDBEN	2012	5,175	431	8	431		4,311	27
28	Conservatory Addiiton Project/Skylights - ALDBEN	2012	8,547	342	25	342		2,964	28
29	Conservatory/Flooring,Plumbing,Electrical Fixtures,Access Panes,I	2012	16,782	671	25	671		5,816	29
30	Conservatory Addiiton Project/ Concrete, Roofing - ALDBEN	2012	36,550	1,462	25	1,462		12,671	30
31	Conservatory/Concrete, Doors/Frames,,Cabinets,Plumbing,HVAC,	2012	38,758	1,550	25	1,550		13,435	31
32	Conservatory Addiiton Project/ Drywall - ALDBEN	2012	48,952	1,958	25	1,958		16,970	32
33	Conservatory Addiiton Project/ Masonry, Drywall, Roofing - ALDI	2012	59,394	2,376	25	2,376		20,591	33
34	TOTAL (lines 1 thru 33)		\$ 7,579,086	\$ 208,937		\$ 181,115	\$ (27,822)	\$ 4,228,205	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:

01/01/2020 Ending:

12/31/2020

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 12B, Carried Forward		\$ 7,579,086	\$ 208,937		\$ 181,115	\$ (27,822)	\$ 4,228,205	1
2	Conservatory Addiiton Project/Drywall/Caulking, Roofing, Plumbin	2012	26,018	1,041	25	1,041		9,020	2
3	Conservatory Addiiton Project/Structural Steel - ALDBEN	2012	13,500	540	25	540		4,410	3
4	Conservatory Drywall, Glass, Doors/Frames, Cabinets/Ceramic Stone	2012	59,694	2,388	25	2,388		19,302	4
5	Conservatory/HVAC, Electrical, Fire Protection, Furniture, Carpet, I	2012	72,579	2,903	25	2,903		23,709	5
6	Conservatory /Doors, Cabinets/Tops, Painting/Decorating, - ALDBE	2012	25,000	1,000	25	1,000		8,083	6
7	Conservatory Addiiton Project/Engineering/Permit/Blueprint Fees	2012	5,933	237	25	237		1,917	7
8	Conservatory Addiiton Project/Window Treatments/Panels/Curtain	2012	10,376	415	25	415		3,389	8
9	Conservatory Addiiton Project/Window Treatments/Panels/Valence	2012	17,069	683	25	683		5,520	9
10	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	9,887	395	25	395		3,195	10
11	Conservatory Addiiton Project/Carpet/Installtion - SUPINS	2012	14,500	580	25	580		4,688	11
12									12
13	Dampers, Fire, Access Doors, Actuators - ALDBEN	2013	11,364	1,136	10	1,136		7,575	13
14	Chiller Fan Motor and Bracket, Condensor Coils - GTMECH	2013	5,168		5			5,168	14
15	Heating/Vent major repair, Pneumatic - ALDBEN	2013	11,573		5			11,573	15
16	Elevator, major repair, Hvdraulic Piston Packing - KONINC	2013	2,871		5			2,871	16
17	Furniture, Fabric-Resident Room Converisons- ALDBEN	2013	21,991	1,466	15	1,466		11,728	17
18									18
19	Spray, Fireproof Spray-ALDBEN	2014	5,970	597	10	597		3,432	19
20	Chiller, Repair Chiller #1 Condenser Coil-ALDBEN	2014	6,826		5			6,826	20
21	Chiller, Replace EXV Valve and Cable-ALDBEN	2014	7,169		5			7,169	21
22	Fridge, Repair - TOPNOT	2014	5,567		5			5,567	22
23	Asphalt, Parking Lot - ALDBEN	2014	10,002	1,250	8	1,250		7,813	23
24									24
25	Wall repair-FOXBUI	2015	4,100	410	5	410		4,100	25
26	Motot, Condenser - GT Mechanical	2015	3,439	400	5	400		3,439	26
27	Motor, Rack - TopNot	2015	3,195	586	5	586		3,195	27
28	Railing replacement - ALDBEN	2016	3,608	241	15	241		1,205	28
29	Motor Starter - ALDBEN	2016	3,681	736	5	736		2,944	29
30	Paving parking lot crack -ALDBEN	2016	4,259	852	5	852		4,083	30
31	Doors repaired- ALDBEN	2016	3,403	681	5	681		3,221	31
32	Water Heater, Repaired - AIDBEN	2016	4,673	935	5	935		4,024	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,952,501	\$ 228,409		\$ 200,587	\$ (27,822)	\$ 4,407,371	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 12C, Carried Forward		\$ 7,952,501	\$ 228,409		\$ 200,587	\$ (27,822)	\$ 4,407,371	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		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,099,494	\$ 233,105		\$ 205,283	\$ (27,822)	\$ 4,503,142	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		\$ 8,099,494	\$ 233,105		\$ 205,283	\$ (27,822)	\$ 4,503,142	1
2 Adjust for ABC Related Party Profit	2008	(204)					(204)	2
3 Adjust for ABC Related Party Profit	2009	(92)	2		2		(92)	3
4 Adjust for ABC Related Party Profit	2010	(271)					(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		14,713	6
7 Adjust for ABC Related Party Profit	2013	499	50		50		375	7
8 Adjust for ABC Related Party Profit	2014	(57)					(57)	8
9 Adjust for ABC Related Party Profit	2016	(596)					(596)	9
10								10
11								11
12								12
13								13
14								14
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32								32
33								33
34 TOTAL (lines 1 thru 33)		\$ 8,130,025	\$ 234,996		\$ 207,174	\$ (27,822)	\$ 4,517,033	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:

01/01/2020 Ending:

12/31/2020

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		\$ 8,130,025	\$ 234,996		\$ 207,174	\$ (27,822)	\$ 4,517,033	1
2	Conservatory rebuilt ALDBEN								2
3	roof replacement, gutter repair	2016	50,569	2,023	25	2,023		9,103	3
4	Conservatory rebuilt - ALDBEN								4
5	masonry repairs, skylite replacement,								5
6	wall repairs, landscaping	2016	24,297	1,620	15	1,620		7,290	6
7									7
8	Fencing- ALDBEN	2017	7,951	795	10	795		2,849	8
9	Cmpresor, Repaired-GTMECH	2017	5,574	1,115	5	1,115		3,995	9
10	Motor Installed on Front Slider Door-ALDBEN	2017	3,230	646	5	646		2,046	10
11	Motor Starter- ALDBEN	2017	3,681	736	5	736		2,883	11
12	Doors, Repaired- ALDBEN	2017	3,403	681	5	681		2,497	12
13	Paving, Asphalt & Crack Fill on Lot-ALDBEN	2017	4,259	532	8	532		1,951	13
14	Water Heater, Repaired - ALDBEN	2017	4,673	935	5	935		3,117	14
15	Valve & Piple Line Installed - DOCOXY, basement	2018	3,425	343	10	343		1,029	15
16	Repaired Water Heater- GTMECH, basement	2018	10,700	2,140	5	2,140		5,350	16
17	Concrete Removed & Replaced - ALDBEN, parking lot	2018	7,888	789	10	789		1,907	17
18	Door Repair - ALDBEN, front entrance	2018	2,577	515	5	515		1,073	18
19	Boiler Repair - ALDBEN, basement	2018	6,524	1,305	5	1,305		2,719	19
20	Door Repair - ALDBEN, front entrance	2018	3,230	646	5	646		1,669	20
21	Boiler Repair - ALDBEN, basement	2019	3,316	663	5	663		1,216	21
22	Motor, Sliding Door - ALDBEN, front entrance	2019	2,690	538	5	538		672	22
23	Motor, Dish Machine - TOPNOT, kitchen	2019	2,539	508	5	508		720	23
24	Pump Motor - TOPNOT, basement	2019	4,164	833	5	833		1,111	24
25	Cooler & Freezer Repair - VALFIR, kitchen	2019	2,995	599	5	599		799	25
26	Door Slide Repair - ALDBEN, front entrance	2019	2,934	587	5	587		685	26
27	Paving - OLYPAV, parking lot	2019	3,750	375	10	375		438	27
28	Generator repair - ALTORFER, basement	2020	3,279	547	5	547		547	28
29	Phone control board repair - TECELE, nursing area	2020	4,286	714	5	714		714	29
30	Reupholster furniture & repaint 1st fl room - AMS, resident rooms	2020	7,850	916	5	916		916	30
31	Reupholster furniture & repaint 1st fl room - AMS, resident rooms	2020	15,805	1,844	5	1,844		1,844	31
32	Paving, asphalt, parking lot sealcoat- ALDBEN, parking lot	2020	6,451	202	8	202		202	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,332,062	\$ 258,143		\$ 230,321	\$ (27,822)	\$ 4,576,375	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	\$848,102	\$74,490	\$74,490	\$	various	\$476,849	71
72	Current Year Purchases	214,818	7,750	7,750		various	6,820	72
73	Fully Depreciated Assets	1,064,559	6,109	6,109		various	1,064,562	73
74								74
75	TOTALS	\$2,127,479	\$88,349	\$88,349	\$		\$1,548,231	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
77	related party-AMS	various	1998-2004	3,802				3	3,802
78									
79									
80	TOTALS			\$53,628	\$	\$	\$		\$53,628

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)				\$11,468,966
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)				\$346,492
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)				\$318,670
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)				\$(27,822)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)				\$6,178,234

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		\$	\$	\$
87				
88				
89				
90				
91	TOTALS	\$	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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 eliminated
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES

x

NO

If NO, see instructions.

		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

x

NO

Terms:

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES

x

NO
16. Rental Amount for movable equipment: \$ 18,901 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

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.	12/31/2021	\$ varies
13.	12/31/2022	\$ varies
14.	12/31/2023	\$ varies

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$ 0.00	\$	17
18					18
19	Related party-PG 6A		426.09	5,113	19
20					20
21	TOTAL		\$ 426.09	\$ 5,113	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

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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)	\$			

- (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.

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	

- (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	\$		\$ 296,485	\$		\$ 296,485	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			58,425			58,425	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			513,511			513,511	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescripts				410,524		410,524	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG16A	39-1, 39-3, if any				223,139	88,771		311,910	13
14	TOTAL			\$		\$ 1,091,560	\$ 499,295		\$ 1,590,855	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	
XIV. Special Services (Direct Cost)				Col 5: PT,OT, & ST	Col 6: Supplies
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	296,484.97	
2.	ST	39-3	To Col 5	58,425.29	
3.					
4.	PT	39-3	To Col 5	513,511.12	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			429,086.70	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(18,563.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	410,523.70	
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: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	223,139.00	From Page 6D, Col 8 (Except DD homes)
	Other			125,214.85	
	Manual Input: Related Party - Prism			(34,890.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(1,334.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(220.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			-	
13.	Col 6: Supplies Total		To Col 6	88,770.85	
13.	Total Line 13, Column 8			311,909.85	
14.	Total			1,590,854.93	

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	39,575	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 40,250)	582,124	582,124	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	63,394	63,394	5
6	Prepaid Insurance		47,687	6
7	Other Prepaid Expenses	19,295	19,295	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Medicare Settlements/Interest Re	2,166	274,576	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 666,979	\$ 1,026,651	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	6,742	6,742	12
13	Land		955,797	13
14	Buildings, at Historical Cost		7,825,112	14
15	Leasehold Improvements, at Historical Cost	709,331	1,449,705	15
16	Equipment, at Historical Cost	739,065	2,719,345	16
17	Accumulated Depreciation (book methods)	(1,069,138)	(7,248,333)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		46,374	21
22	Other Long-Term Assets (spe CIP, RR, S/H Loan		185,379	22
23	Other(specify): Due from Affiliates	9,001,717	9,001,717	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,387,717	\$ 14,941,838	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 10,054,696	\$ 15,968,489	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 502,440	\$ 509,690	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	67,161	67,161	28
29	Short-Term Notes Payable	2,319	242,171	29
30	Accrued Salaries Payable	393,668	393,668	30
31	Accrued Taxes Payable (excluding real estate taxes)	106,356	106,356	31
32	Accrued Real Estate Taxes(Sch.IX-B)		390,600	32
33	Accrued Interest Payable		20,251	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax, Prov	2,124,643	2,124,643	36
37	Due to Affiliates (current)	479,325	468,458	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,675,913	\$ 4,322,999	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	567,578	567,578	39
40	Mortgage Payable		9,480,850	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44	Mcr Adv Fund & Fica-Deferred	748,447	748,447	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,316,025	\$ 10,796,875	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,991,938	\$ 15,119,874	46
47	TOTAL EQUITY (page 18, line 24)	\$ 5,062,757	\$ 848,614	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 10,054,696	\$ 15,968,489	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 7,214,120	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 7,214,120	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,151,363)	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)	\$ (2,151,363)	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)	\$ 5,062,757	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden North Shore Rehab HCC

0042028

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

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	\$ 6,095,618	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,095,618	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	24,380	5
6	Therapy	87,112	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 111,492	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	76	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(1,086)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	92	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ (918)	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,657	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,657	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	see page 19A	9,883	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,883	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,219,732	30

2			
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,442,590	31
32	Health Care	2,211,038	32
33	General Administration	2,052,949	33
	B. Capital Expense		
34	Ownership	1,136,204	34
	C. Ancillary Expense		
35	Special Cost Centers	1,422,723	35
36	Provider Participation Fee	105,591	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,371,095	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,151,363)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,151,363)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,234,100	44
45	Private Pay - Net Inpatient Revenue	128,826	45
46	Medicare - Net Inpatient Revenue	3,633,551	46
47	Other-(specify) Hospice	1,099,141	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,095,618	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: 01/01/2020	Ending: 12/31/2020
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Details of Page 19, Line 28

Description	Amount
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 2,973
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	477
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	6,433
Line 28 Total:	<u>9,883</u>

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	2,152	2,160	\$ 108,892	\$ 50.41	1
2	Assistant Director of Nursing					2
3	Registered Nurses	16,239	18,405	728,160	39.56	3
4	Licensed Practical Nurses	4,975	5,541	160,500	28.97	4
5	CNAs & Orderlies	28,374	32,275	622,199	19.28	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,982	6,690	107,283	16.04	10
11	Social Service Workers	3,469	3,659	74,131	20.26	11
12	Dietician					12
13	Food Service Supervisor	240	240	7,085	29.52	13
14	Head Cook	6,168	6,240	139,443	22.35	14
15	Cook Helpers/Assistants	18,872	21,208	408,373	19.26	15
16	Dishwashers					16
17	Maintenance Workers	1,496	1,496	49,762	33.26	17
18	Housekeepers	11,717	13,074	200,990	15.37	18
19	Laundry					19
20	Administrator	2,056	2,080	119,000	57.21	20
21	Assistant Administrator	2,080	2,080	66,065	31.76	21
22	Other Administrative	2,191	2,191	65,071	29.70	22
23	Office Manager					23
24	Clerical	3,762	3,923	56,230	14.33	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,155	4,179	158,468	37.92	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)	1,872	2,239	53,363	23.83	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	115,800	127,680	\$ 3,125,015 *	\$ 24.48	34

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	342	\$ 24,000	1-3	35
36	Medical Director	120	12,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	35	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	30	1,651	11-3	44
45	Social Service Consultant	24	1,680	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	551	\$ 41,563		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	10	774	10-3	52
53	TOTAL (lines 50 - 52)	10	\$ 774		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

Alden - North Shore Rehabilitation and Health Care Center, Inc. PG 21A
Legal Fee Support
2020

Legal Fees Reported on Pg 21, Section C: \$ 60,478.00

Less: Collection, estates, & other non-allowable legal fees (12,697.00)
listed on Pg 5, Line 22

Non-allowable legal fees, if any, deducted on
- AMS Allocated Legal Fees: GL 680600-100-003 (47,520.00)
+ Add Back voided invoice of prior year, if any

Allowable Legal Fees \$ 261.00

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

In Detail:		
Vendor Name	Invoice Date	Amount
MidCap	11/6/2020	242.48
MidCap	8/6/2020	9.18
MidCap	7/6/2020	9.33
TOTAL ALLOWABLE LEGAL FEES		260.99

6806 Lgl Non Coll

Vendor Name	Invoice Date	Amount
SB2 Inc	1/9/2021	204.55
SB2 Inc	12/4/2020	204.55
SB2 Inc	11/6/2020	204.55
SB2 Inc	10/6/2020	204.55
SB2 Inc	9/4/2020	204.55
SB2 Inc	8/6/2020	204.55
SB2 Inc	7/7/2020	204.55
SB2 Inc	6/4/2020	204.55
SB2 Inc	5/6/2020	204.55
SB2 Inc	4/6/2020	204.55
SB2 Inc	3/5/2020	204.55
SB2 Inc	2/6/2020	204.55
Stone Pogrund	1/9/2021	700.00
Stone Pogrund	1/9/2021	1,212.47
Stone Pogrund	12/4/2020	700.00
Stone Pogrund	11/6/2020	700.00
Stone Pogrund	10/6/2020	906.17
Stone Pogrund	9/4/2020	700.00
Stone Pogrund	8/6/2020	700.00
Stone Pogrund	7/7/2020	830.88
Stone Pogrund	6/4/2020	927.59
Stone Pogrund	5/6/2020	1,131.90
Stone Pogrund	4/6/2020	856.17
Stone Pogrund	3/5/2020	877.20

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 12,696.98

6966 Lgl collect

Vendor Name	Invoice Date	Amount
Corporate Legal Fee 2020	12/30/2020	3,960.00
Corporate Legal Fee 2020	12/1/2020	3,960.00
Corporate Legal Fee 2020	10/29/2020	3,960.00
Corporate Legal Fee 2020	10/1/2020	3,960.00
Corporate Legal Fee 2020	8/27/2020	3,960.00
Corporate Legal Fee 2020	7/29/2020	3,960.00
Corporate Legal Fee 2020	6/30/2020	3,960.00
Corporate Legal Fee 2020	5/28/2020	3,960.00
Corporate Legal Fee 2020	04/30/20	3,960.00
Corporate Legal Fee 2020	03/26/20	3,960.00
Corporate Legal Fee 2020	02/28/20	3,960.00
Corporate Legal Fee 2020	02/10/20	3,960.00

TOTAL Allocated Legal Fees 47,520.00

6806-100-003 Lgl non coll

Total Legal Cost 60,477.97

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?
If YES, give association name and amount.

yes
Il. Health Care Council of IL \$8,928

(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?

yes
yes

(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?

no

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

yes
10 years

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 10,482 Line 10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

no
n/s

(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
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

x

(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.

\$ 105,591

(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.

no

(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?
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.

no

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$ 24,752
none

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

no

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.

no

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?
Indicate the amount of income earned from providing such transportation during this reporting period.

no

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

no
n/a

(18)

Have all costs which do not relate to the provision of long term care been adjusted out 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.
Attach invoices and a summary of services for all architect and appraisal fees.

yes