

		FOR BHF USE					

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2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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: 0041277

Facility Name: Alden Northmoor Rehab & Health Care Center

Address: 5831 North Northwest Highway Chicago 60631
Number City Zip Code

County: Cook

Telephone Number: (773)775-8080 Fax # (773)775-9672

HFS ID Number:

Date of Initial License for Current Owners: 03/29/1996

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT
☐ Charitable Corp.
☐ Trust
IRS Exemption Code

☒ PROPRIETARY
☐ Individual
☐ Partnership
☒ Corporation
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other
☐ GOVERNMENTAL
☐ State
☐ County
☐ 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 01/01/2012 to 12/31/2012 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)
(Type or Print Name) Joan Carl
(Title) Vice-President

Paid
Preparer

(Signed)
(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 Northmoor Rehab & Health Care Center# 0041277 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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>198</u>	Skilled (SNF)	<u>198</u>	<u>72,468</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>198</u>	TOTALS	<u>198</u>	<u>72,468</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>5,924</u>	<u>2,389</u>	<u>8,374</u>	<u>16,687</u>	8
9	SNF/PED					9
10	ICF	<u>43,799</u>	<u>3,588</u>	<u>1,331</u>	<u>48,718</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>49,723</u>	<u>5,977</u>	<u>9,705</u>	<u>65,405</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 90.25%

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)

None

F. Does the facility maintain a daily midnight census?

YesG. 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 3/29/1996

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

YES ☒Date 11/01/1996NO ☐

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

YES ☒NO ☐If YES, enter number
of beds certified 198 and days of care provided 7,823Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH* ☐CASH* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/12Fiscal Year: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	A. General Services	1	2	3	4	5	6	7	8		
1	Dietary	597,648	29,066	22,800	649,514	2,274	651,788	(2,885)	648,903		1
2	Food Purchase		513,565		513,565	(22,322)	491,243	(17,109)	474,134		2
3	Housekeeping	200,261	53,257		253,518	2,483	256,001	7,371	263,372		3
4	Laundry	56,972	36,420		93,392	487	93,879		93,879		4
5	Heat and Other Utilities			271,636	271,636		271,636	3,113	274,749		5
6	Maintenance	51,337	581	253,509	305,427	(1,054)	304,373	74,720	379,093		6
7	Other (specify):* related party							9,548	9,548		7
8	TOTAL General Services	906,218	632,889	547,945	2,087,052	(18,132)	2,068,920	74,758	2,143,678		8
	B. Health Care and Programs										
9	Medical Director			26,435	26,435		26,435		26,435		9
10	Nursing and Medical Records	3,715,949	318,639	5,156	4,039,744	(35,879)	4,003,865	53,311	4,057,176		10
10a	Therapy	152,591	3,040	11,788	167,419		167,419		167,419		10a
11	Activities	115,981	2,758	6,496	125,235	768	126,003		126,003		11
12	Social Services	45,248			45,248		45,248		45,248		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							7,672	7,672		15
16	TOTAL Health Care and Programs	4,029,769	324,437	49,875	4,404,081	(35,111)	4,368,970	60,983	4,429,953		16
	C. General Administration										
17	Administrative	124,780			124,780		124,780	143,246	268,026		17
18	Directors Fees										18
19	Professional Services			1,101,899	1,101,899		1,101,899	(1,038,672)	63,227		19
20	Dues, Fees, Subscriptions & Promotions			82,559	82,559		82,559	(65,633)	16,926		20
21	Clerical & General Office Expenses	198,429	25,643	116,397	340,469	3,765	344,234	381,539	725,773		21
22	Employee Benefits & Payroll Taxes			883,934	883,934	(243)	883,691		883,691		22
23	Inservice Training & Education										23
24	Travel and Seminar			2,531	2,531		2,531	1,154	3,685		24
25	Other Admin. Staff Transportation			7,183	7,183		7,183	21,305	28,488		25
26	Insurance-Prop.Liab.Malpractice			208,541	208,541		208,541	12,947	221,488		26
27	Other (specify):* related party			113,054	113,054		113,054	(41,207)	71,847		27
28	TOTAL General Administration	323,209	25,643	2,516,098	2,864,950	3,522	2,868,472	(585,321)	2,283,151		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,259,196	982,969	3,113,918	9,356,083	(49,721)	9,306,362	(449,580)	8,856,782		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			35,454	35,454		35,454	316,426	351,880			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			244,027	244,027		244,027	429,866	673,893			32
33	Real Estate Taxes			279,591	279,591	(279,591)		287,880	287,880			33
34	Rent-Facility & Grounds			792,247	792,247	279,591	1,071,838	(1,071,838)				34
35	Rent-Equipment & Vehicles			29,309	29,309		29,309	64,400	93,709			35
36	Other (specify):* M.I.P.							51,277	51,277			36
37	TOTAL Ownership			1,380,628	1,380,628		1,380,628	78,011	1,458,639			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		553,973	851,259	1,405,232	49,721	1,454,953	(102,346)	1,352,607			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			457,705	457,705		457,705		457,705			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		553,973	1,308,964	1,862,937	49,721	1,912,658	(102,346)	1,810,312			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,259,196	1,536,942	5,803,510	12,599,648		12,599,648	(473,915)	12,125,733			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(22,322.27)	Employee Meals
	22	22,322.27	Employee Meals
22		(22,565.00)	Uniforms
	10	14,637.00	Uniforms
	1	2,274.00	Uniforms
	3	2,483.00	Uniforms
	4	487.00	Uniforms
	6	352.00	Uniforms
	11	768.00	Uniforms
	21	1,564.00	Uniforms
26		-	Interest - old policy/curr yr portion
	32	-	Interest - old policy/curr yr portion
26		-	Interest - nev Oxygen - to appropriate cost center
	32	-	Interest - nev Oxygen - to appropriate cost center
10		(49,720.85)	Oxygen - to appropriate cost center
	39	49,720.85	Oxygen - to appropriate cost center
33		(279,590.27)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	279,590.27	Rent - Real Estate Tax on associated landowner (Pg 6)
21		1,405.99	Vendor Settlements - LONELE/KONINC
	6	(1,405.99)	Vendor Settlements - LONELE/KONINC
21		794.60	Vendor Settlements - WELSUP

10

(794.60)

Vendor Settlements - WELSUP

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(11,433)	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	(7,204)	30		9
10	Interest and Other Investment Income	(15,698)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,161)	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	(23,529)	21		17
18	Fines and Penalties	(3,863)	32		18
19	Entertainment	(500)	20		19
20	Contributions	(14,058)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,813)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(113,054)	27		24
25	Fund Raising, Advertising and Promotional	(11,310)	20		25
	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)	\$ (211,623)		\$	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)	(87,519)	Various	34
35	Other- Attach Schedule	(174,773)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (262,292)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (473,915)		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

STATE OF ILLINOIS
Alden Northmoor Rehab & Health Care Center

Page 5A

Report Period Beginning: 01/01/2012
Ending: 12/31/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Late Fees on Utilities	\$ (1,076)	5	1
2	Intercompany Interest (7031)	(184,196)	32	2
3	Record Copies (g/l 4977-100-001)	(2,623)	10	3
4	Jury Duty (g/l 4977-100-002)	(52)	21	4
5	IL Health Care Assoc Dues (PAC: 30%)	(3,279)	20	5
6				6
7	Eliminate Legal fees for Group Midcap Charge	(1,647)	19	7
8	Eliminate Acctng fees for Group Midcap Charge	(2,578)	19	8
9	Back Out Bank Charges - Northmoor Associates	(89)	19	9
10	Back Out Chamber of Commerce Edison/Gladstone/Norv	(475)	20	10
11	Adj for 2008 ABC related party profit - Pg 12	(26)	30	11
12	Adj for 2009 ABC related party profit - Pg 12	(6)	30	12
13	Adj for 2010 ABC related party profit - Pg 12	(2)	30	13
14	Adj for 2011 ABC related party profit - Pg 12	22	30	14
15	Adj for 2012 ABC related party profit - Pg 12	27	30	15
16	Elimin Pg 13 deprec on assets<\$2,500	(17,809)	30	16
17	"Pg 13" assets<\$2,500 to be expensed	37,679	6	17
18	Elimin Pg 12 deprec on assets<\$2,500	(1,802)	30	18
19	"Pg 12" assets<\$2,500 to be expensed	2,123	6	19
20	Adjust depreciation to Pg 13's	5,262	30	20
21	Eliminate Legal fees for Group Midcap Charge	(1,647)	19	21
22	Eliminate Acctng fees for Group Midcap Charge	(2,578)	19	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	(174,773)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center

0041277

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	6,593	(9,478)	0	0	0	0	0	0	0	(2,885)	1
2	Food Purchase	(3,161)	0	0	(13,948)	0	0	0	0	0	0	0	(17,109)	2
3	Housekeeping	0	0	7,371	0	0	0	0	0	0	0	0	7,371	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,076)	0	4,189	0	0	0	0	0	0	0	0	3,113	5
6	Maintenance	28,369	0	44,783	0	0	0	1,568	0	0	0	0	74,720	6
7	Other (specify):*	0	0	8,186	1,362	0	0	0	0	0	0	0	9,548	7
8	TOTAL General Services	24,132	0	71,122	(22,064)	0	0	1,568	0	0	0	0	74,758	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	(2,623)	0	52,579	84	3,271	0	0	0	0	0	0	53,311	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	7,672	0	0	0	0	0	0	0	0	7,672	15
16	TOTAL Health Care and Programs	(2,623)	0	60,251	84	3,271	0	0	0	0	0	0	60,983	16
	C. General Administration													
17	Administrative	0	0	143,246	0	0	0	0	0	0	0	0	143,246	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(16,353)	12,048	(1,034,367)	0	0	0	0	0	0	0	0	(1,038,672)	19
20	Fees, Subscriptions & Promotions	(29,622)	0	(36,011)	0	0	0	0	0	0	0	0	(65,633)	20
21	Clerical & General Office Expenses	(23,581)	584	333,734	24,538	46,264	0	0	0	0	0	0	381,539	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,154	0	0	0	0	0	0	0	0	1,154	24
25	Other Admin. Staff Transportation	0	0	21,305	0	0	0	0	0	0	0	0	21,305	25
26	Insurance-Prop.Liab.Malpractice	0	12,625	322	0	0	0	0	0	0	0	0	12,947	26
27	Other (specify):*	(113,054)	0	65,685	2,796	3,366	0	0	0	0	0	0	(41,207)	27
28	TOTAL General Administration	(182,610)	25,257	(504,932)	27,334	49,630	0	0	0	0	0	0	(585,321)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(161,101)	25,257	(373,559)	5,354	52,901	0	1,568	0	0	0	0	(449,580)	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	
30	Depreciation	(21,538)	328,354	9,610	0	0	0	0	0	0	0	0	316,426	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(203,757)	482,574	150,737	0	312	0	0	0	0	0	0	429,866	32
33	Real Estate Taxes	0	279,590	7,834	0	456	0	0	0	0	0	0	287,880	33
34	Rent-Facility & Grounds	0	(1,071,838)	0	0	0	0	0	0	0	0	0	(1,071,838)	34
35	Rent-Equipment & Vehicles	0	0	64,400	0	0	0	0	0	0	0	0	64,400	35
36	Other (specify):*	0	51,277	0	0	0	0	0	0	0	0	0	51,277	36
37	TOTAL Ownership	(225,295)	69,957	232,581	0	768	0	0	0	0	0	0	78,011	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(44,401)	(112,441)	54,496	0	0	0	0	0	(102,346)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(44,401)	(112,441)	54,496	0	0	0	0	0	(102,346)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(386,396)	95,214	(140,978)	(39,047)	(58,772)	54,496	1,568	0	0	0	0	(473,915)	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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent revenue	\$ 1,071,838	Northmoor Associates, LLC		\$	\$ (1,071,838)	1
2	V	32	Interest income	52,881	Northmoor Associates, LLC			(52,881)	2
3	V	32	Replacement Reserve interest	147	Northmoor Associates, LLC			(147)	3
4	V	19	Accounting/Professional/Bank Fees		Northmoor Associates, LLC		12,048	12,048	4
5	V	21	Dues & Subscriptions/Corp. Rpt Fees		Northmoor Associates, LLC		559	559	5
6	V	33	Real estate taxes		Northmoor Associates, LLC		279,590	279,590	6
7	V	26	Property/liability insurance		Northmoor Associates, LLC		12,625	12,625	7
8	V	36	Mortgage insurance premium		Northmoor Associates, LLC		51,277	51,277	8
9	V	32	Mortgage interest		Northmoor Associates, LLC		440,319	440,319	9
10	V	32	Interest-Operating loss loan		Northmoor Associates, LLC		92,973	92,973	10
11	V	30	Depreciation		Northmoor Associates, LLC		328,354	328,354	11
12	V	32	Amortization		Northmoor Associates, LLC		2,310	2,310	12
13	V	21	License & Inspections		Northmoor Associates, LLC		25	25	13
14	Total			\$ 1,124,866			\$ 1,220,080	\$ * 95,214	14

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

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center # 0041277 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	19 Professional Fees	\$ 1,084,086	Alden Management Services, Inc.	0.00%	\$	(1,084,086)	15
16	V	21 Gen'l & Admin		Alden Management Services, Inc.		333,734	333,734	16
17	V	5 Utilities		Alden Management Services, Inc.		4,189	4,189	17
18	V	6 Repair/Mainten.	26,414	Alden Management Services, Inc.		71,197	44,783	18
19	V	24 Travel/Seminar		Alden Management Services, Inc.		1,154	1,154	19
20	V	25 Other admin travel		Alden Management Services, Inc.		21,305	21,305	20
21	V	26 Insurance		Alden Management Services, Inc.		322	322	21
22	V	20 Dues/Subscriptions	39,348	Alden Management Services, Inc.		3,337	(36,011)	22
23	V	30 Depreciation		Alden Management Services, Inc.		9,610	9,610	23
24	V	33 Real Estate Taxes		Alden Management Services, Inc.		7,834	7,834	24
25	V	35 Rent-Equip & Vehic		Alden Management Services, Inc.		64,400	64,400	25
26	V	32 Interest		Alden Management Services, Inc.		150,737	150,737	26
27	V	7 Employee Benefits-Gen Service		Alden Management Services, Inc.		8,186	8,186	27
28	V	15 Employee Benefits Health Care		Alden Management Services, Inc.		7,672	7,672	28
29	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		65,685	65,685	29
30	V	1 Dietary Aide Coordinator Sal.		Alden Management Services, Inc.		6,593	6,593	30
31	V	3 Housekeeping Coordinator Sal		Alden Management Services, Inc.		7,371	7,371	31
32	V	10 Nusre & Med Records Sal		Alden Management Services, Inc.		52,579	52,579	32
33	V	17 Administrative Sal		Alden Management Services, Inc.		143,246	143,246	33
34	V	19 Professional Salary & Non-Salary		Alden Management Services, Inc.		49,719	49,719	34
35	V	20 MKT Management Fees		Alden Management Services, Inc.				35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,149,848			\$ 1,008,870	\$ * (140,978)	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	\$ 22,800	Prism Health Care Sevices, Inc.	0.00%	\$ 97	\$ (22,703)	15
16	V	1	Dietary salaries		Prism Health Care Sevices, Inc.		13,225	13,225	16
17	V	2	Tube feeding	51,385	Prism Health Care Sevices, Inc.		37,437	(13,948)	17
18	V	10	Equipment rental-patient care	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39	Ancillary supplies	83,923	Prism Health Care Sevices, Inc.		39,522	(44,401)	19
20	V	21	G & A salaries		Prism Health Care Sevices, Inc.		17,059	17,059	20
21	V	21	G & A expenses		Prism Health Care Sevices, Inc.		7,479	7,479	21
22	V	27	Emp. Benefits-G & A		Prism Health Care Sevices, Inc.		2,796	2,796	22
23	V	7	Emp. Benefits-Dietary				1,362	1,362	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			\$ 164,768			\$ 125,721	\$ * (39,047)	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	\$ 243,946	Forum Extended Care Services II, Inc.	0.00%	\$ 311,647	\$ 67,701	15
16	V	39	I.V.	204,303	Forum Extended Care Services II, Inc.		25,375	(178,928)	16
17	V	39	Wound Vac	5,906	Forum Extended Care Services II, Inc.		4,692	(1,214)	17
18	V	10	House Stock	25,237	Forum Extended Care Services II, Inc.		23,344	(1,893)	18
19	V	10	Pharm Consult	5,156	Forum Extended Care Services II, Inc.		10,320	5,164	19
20	V	27	Employ Vaccin	1,152	Forum Extended Care Services II, Inc.		915	(237)	20
21	V	27	Employ Benefits-G & A		Forum Extended Care Services II, Inc.		3,603	3,603	21
22	V	21	G & A Salaries		Forum Extended Care Services II, Inc.		26,319	26,319	22
23	V	21	Gen'l & Admin		Forum Extended Care Services II, Inc.		19,945	19,945	23
24	V	32	Interest		Forum Extended Care Services II, Inc.		312	312	24
25	V	33	Real Estate Tax		Forum Extended Care Services II, Inc.		456	456	25
26	V	30	Depreciation		Forum Extended Care Services II, Inc.				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			\$ 485,700			\$ 426,928	\$ * (58,772)	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	\$ 830,132	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 884,628	\$ 54,496	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			\$ 830,132			\$ 884,628	\$ * 54,496	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	Repair & Maintenance	\$ 25,405	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,973	\$ 1,568	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			\$ 25,405			\$ 26,973	\$ * 1,568	39

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

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center # 0041277 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Ca	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care (	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and He	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Ca	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health C	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Yo	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health C	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Car	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health C	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health (	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health C	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Northmoor Rehab & Health Care Ce # 0041277 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	President	CEO	100.00	175,971	1.952	4.88	Salary	\$ 9,029	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	65,290	1.952	4.88	Salary	3,350	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	37,591	1.952	4.88	Salary	1,929	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 14,308		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 Northmoor Rehab & Health Care Center # 0041277 Report Period Beginning: 01/01/2012 Ending: 2/31/2012

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 Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient days	1,340,098	35	\$ 85,836	\$	65,405	\$ 4,189	1
2	24	Travel/Seminar	Patient days	1,340,098	35	23,644		65,405	1,154	2
3	25	Other Admin Travel	Patient days	1,340,098	35	436,530		65,405	21,305	3
4	26	Insurance	Patient days	1,340,098	35	6,589		65,405	322	4
5	20	Dues/Subscriptions	Patient days	1,340,098	35	68,371		65,405	3,337	5
6	30	Depreciation	No. of Providers	35	35	340,112		1	9,610	6
7	33	Real Estate Tax	Patient days	1,340,098	35	184,769		65,405	7,834	7
8	35	Rent-Equip & Vehicles	Patient days	1,340,098	35	1,319,497		65,405	64,400	8
9	32	Interest	Patient days	1,340,098	35	2,398,912		65,405	150,737	9
10	1	Diet. Salary	Patient days	1,340,098	35	135,080	135,080	65,405	6,593	10
11	3	Housekeeping Salary	Patient days	1,340,098	35	151,028	151,028	65,405	7,371	11
12	7	Employee Benefits-Gen'l Servs	Patient days	1,340,098	35	167,731		65,405	8,186	12
13	10	Nurs & Med Record Salary	Patient days	1,340,098	35	1,186,643	1,186,643	65,405	52,579	13
14	15	Employee Benefits-Health Care	Patient days	1,340,098	35	157,190		65,405	7,672	14
15	17	Administrative Salary	Patient days	1,340,098	35	3,283,025	3,283,025	65,405	143,246	15
16	27	Employee Benefits-Administr.	Patient days	1,340,098	35	1,345,837		65,405	65,685	16
17	19	Professional Fees	Patient days	1,340,098	35	1,018,709	751,716	65,405	49,719	17
18	21	Gen'l & Administrative	Patient days	1,340,098	35	6,837,958	6,125,097	65,405	333,734	18
19	6	Repairs & Maniten.	Patient days	1,340,098	35	1,458,765	980,107	65,405	71,197	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 20,606,226	\$ 12,612,696		\$ 1,008,870	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 Realty		x	Mortgage	\$45,562.32	12/1/03	\$ 9,194,900	\$ 8,418,648	1/1/2044	5.2000	\$ 440,319	1	
2	Cambridge Realty		x	Operating Loss Loan	\$9,620.47	12/1/03	1,941,500	1,777,594	1/1/2044	5.2000	92,973	2	
3	Insurance Interest		x	Medical Malpractice							3,086	3	
4												4	
5												5	
	Working Capital												
6	Related party-AMS		x	Working Capital							150,737	6	
7	Related party-FECII		x	Working Capital							312	7	
8												8	
9	TOTAL Facility Related				\$55,182.79		\$ 11,136,400	\$ 10,196,242			\$ 687,427	9	
	B. Non-Facility Related*												
10	Northmoor Associates LLC		x	Interest-Replacement Res							(147)	10	
11	Interest Income			Public Aid Interest							(15,697)	11	
12												12	
13	Amortization-Fin/Refin Fee		x								2,310	13	
14	TOTAL Non-Facility Related						\$	\$			\$ (13,534)	14	
15	TOTALS (line 9+line14)						\$ 11,136,400	\$ 10,196,242			\$ 673,893	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 51,277 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 2011 report.		\$	290,400	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.)		\$	280,790	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	(9,610)	3	
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	289,200	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.		\$	279,590	7	
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	8290
		Total Real Estate Tax Expense, Sch V, Line 33		\$	287,880
Real Estate Tax Bill for Calendar Year:		2007	355,840	8	
		2008	359,411	9	
		2009	270,157	10	
		2010	281,918	11	
		2011	280,790	12	
the current year accrual is based on an estimated 3% increase of the prior year tax					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$		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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden-Northmoor Rehabilitation and Health Care Center, Inc. COUNTY Cook

FACILITY IDPH LICENSE NUMBER 004-1277

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 2011 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 2011.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	<u>\$ 303,210.00</u>	<u>\$ 7,834.00</u>
2.	<u>See attached (Supplement)</u>	<u>Related party-FEC II, Inc.</u>	<u>\$ 37,853.00</u>	<u>\$ 456.00</u>
3.	<u>13-06-409-017-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 5,582.81</u>	<u>\$ 5,582.81</u>
4.	<u>13-06-409-018-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 3,342.55</u>	<u>\$ 3,342.55</u>
5.	<u>13-06-409-019-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 3,303.49</u>	<u>\$ 3,303.49</u>
6.	<u>13-06-409-020-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 3,250.96</u>	<u>\$ 3,250.96</u>
7.	<u>13-06-409-021-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 52,611.24</u>	<u>\$ 52,611.24</u>
8.	<u>13-06-409-022-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 52,361.34</u>	<u>\$ 52,361.34</u>
9.	<u>13-06-409-023-0000</u>	<u>Nursing Home Facility</u>	<u>\$ 52,361.34</u>	<u>\$ 52,361.34</u>
10.	<u>13-06-409-024, 025-000</u>	<u>Nursing Home Facility</u>	<u>\$ 107,931.54</u>	<u>\$ 107,931.54</u>
		TOTALS	<u><u>\$ 621,808.27</u></u>	<u><u>\$ 289,035.27</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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.**

A. Square Feet: 83,872

B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

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).

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 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing facility	53,009	1996	\$ 1,429,683	1
2					2
3	TOTALS	53,009		\$ 1,429,683	3

XI. OWNERSHIP COSTS (continued)

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

	1		2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
4	198			1994	\$ 8,796,651	\$ 227,120	40	\$ 219,916	\$ (7,204)	\$ 3,721,222	4	
5											5	
6											6	
7											7	
8											8	
	Improvement Type**											
9	Cable installation			1996	5,704		5			5,704	9	
10	Cable installation			1996	3,286		5			3,286	10	
11	Fire alamr			1996	17,753		15			17,753	11	
12	Install additional outlet			1997	2,108		10			2,319	12	
13	Install additional outlet			1997	1,116		10			1,116	13	
14	Install additional outlet			1997	2,668		10			2,668	14	
15	Access control materials			1997	4,714		10			4,714	15	
16	HVAC repair			1997	6,413		5			6,413	16	
17	Phone line installation			1997	2,768		5			2,768	17	
18	Phone line installation			1997	3,096		5			3,096	18	
19	Equipment for security system			1998	4,170		10			4,170	19	
20	Change belt on fans & airhandlers			1998	2,012		5			2,012	20	
21	Wire third floor & twenty bed jacks			1998	7,189		10			7,189	21	
22	Repair pump motor on elevator			1998	3,500	175	20	175		2,362	22	
23	Install pump motor on dishwasher			1998	2,029		10			2,029	23	
24	Install door locks			1998	8,157		10			8,157	24	
25	Door system work			1998	775		10			775	25	
26	Repair nurse call system			1998	275		10			275	26	
27	Repair nurse call system			1998	1,032		10			1,032	27	
28	Repair nurse call system			1998	982		10			982	28	
29	Chiller			1998	52,667	3,511	15	3,511		49,448	29	
30	Computer & training & installation			1998	3,158		5			3,158	30	
31	Canopy construction			1998	73,120	4,875	15	4,875		71,903	31	
32											32	
33											33	
34											34	
35											35	
36											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

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	
37	Climate Service - replace compressor	1999	\$ 2,603	\$ 173	15	\$ 173	\$	\$ 2,426	37
38	Washtown equipment - dryer installation	1999	2,875		10			2,875	38
39	Climate Service - repair chiller pump	1999	2,940		5			2,940	39
40	Equipment INT - dryer repair	1999	130		5			130	40
41	Rykoff Sexton - coffee machine	1999	2,021		5			2,021	41
42	Equipment INT - dryer repair	1999	1,891		5			1,891	42
43	Climate Service - chiller maint	1999	3,071		5			3,071	43
44	United Communication group-phone repair	1999	1,593		10			1,593	44
45	Long elevator	1999	2,168	108	20	108		1,425	45
46	Climate service - ice machine repair	1999	1,885		10			1,885	46
47	Climate service - condensor repair	1999	3,579		15			3,579	47
48	ABC -misc. Work	2000	16,003		10			16,003	48
49	CSI-change exhausst belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		1,312	50
51	ABC - misc. const. Work	2000	2,059		5			2,059	51
52	GT mechanical - gas line	2001	1,563		10			1,563	52
53	Coker services-repair washer	2001	2,013		10			2,013	53
54	Coker services -install gas unit	2001	4,125		10			4,125	54
55	DBS contracting -lawn sprinkler	2001	2,215	148	15	148		1,848	55
56	DBS contracting -lawn sprinkler	2001	2,575	172	15	172		2,091	56
57	GT mechanical -condensor fan motors	2001	1,867	124	15	124		1,448	57
58	CSI Coker - service on cleveland MD2224CGA1	2001	1,582		10			1,582	58
59	GT Mech- chiller repair (both chillers)	2002	1,435		5			1,435	59
60	GT Mech- credit for 5/01 inv 18186	2002	(1,259)	(84)	15	(84)		(911)	60
61	Action Fence Contractors-install 3 steel bollards	2002	1,725	60	10	60		1,725	61
62	ABC- Efficient Insulation Systems- insulation	2002	769	51	15	51		537	62
63	ABC- Joseph Stanger corian top repair	2002	1,632	137	10	137		1,632	63
64	ABC- 30' flagpole and installation	2002	2,215	111	20	111		1,074	64
65	ABC- Action Fence install 3 steel bollards	2002	2,011	151	10	151		2,011	65
66	ABC- Action Fence dumpster gate	2002	2,332		5			2,332	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,078,705	\$ 236,934		\$ 229,730	\$ (7,204)	\$ 3,993,961	70

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

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center

0041277

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,078,705	\$ 236,934		\$ 229,730	\$ (7,204)	\$ 3,993,961	1
2	ABC-fire/smoker dampers	2003	6,390	639	10	639		6,070	2
3	ABC-rooftop compressor	2003	8,411	561	15	561		5,375	3
4	ABC-securitron DK 26	2003	1,087	72	15	72		698	4
5	GT Mechanical - H/V/A/C	2004	2,594	259	10	259		2,224	5
6	CSI Coker - Oven (flame spreader)	2004	3,378	338	10	338		2,873	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		1,507	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		1,462	8
9	Top Notch Service - Steam wells (2)	2004	2,153	215	10	215		1,739	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	110	20	110		834	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007	201	10	201		1,591	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	355	15	355		2,751	12
13	Lees (The Floor Source)-4th floor dining room tiling	2005	5,702	570	10	570		4,275	13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029	203	10	203		1,505	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	288	15	288		2,112	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	40	20	40		287	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	68	15	68		487	17
18	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931	1,393	10	1,393		7,662	18
19	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	410	10	410		2,096	19
20	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		1,863	20
21	Oak Fire & Security - Smoke Detectors	2007	3,020	302	10	302		1,435	21
22	ABC Electrical Work	2007	24,463	1,223	20	1,223		5,402	22
23	Tarkett flooring	2008	8,745	1,749	5	1,749		8,454	23
24	Plumbing work & fixtures combined	2008	9,526	476	20	476		2,182	24
25	Replaced numerous plumbing fixtures	2008	9,806	490	20	490		2,083	25
26	Heating Vent	2008	8,838	589	15	589		2,503	26
27	Replaced numerous plumbing fixtures	2008	8,440	422	20	422		1,794	27
28	Replaced plumbing fixtures	2008	7,520	376	20	376		1,598	28
29	Repair of major water leak	2008	8,213	821	10	821		3,421	29
30	Replaced paio doors (automatic)	2008	3,012	301	10	301		1,229	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,247,322	\$ 250,100		\$ 242,896	\$ (7,204)	\$ 4,071,473	34

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

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center

0041277

Report Period Beginning:

01/01/2012 Ending: 12/31/2012

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		\$ 9,247,322	\$ 250,100		\$ 242,896	\$ (7,204)	\$ 4,071,473	1
2	ABC - Heating/Vent	2009	8,838	589	15	589		2,014	2
3	RE-UPHOLSTERED 1ST FL Furniture	2009	7,445	745	10	745		2,296	3
4	ABC - Install Fire Dampers	2010	13,646	1,365	10	1,365		2,729	4
5	GTMECH - Fan motor/blade replaced in chiller	2011	4,054	811	5	811		1,149	5
6	ROSPAV-Asphalt/Painting/Coating/Sealing for Parking Lot	2011	10,383	1,298	8	1,298		1,622	6
7	ABC - Boiler Pipes/Plumbing Repairs	2011	8,018	321	25	321		347	7
8	ABC - Window Panel Replacement	2011	2,768	277	10	277		277	8
9	TOPNOT - Booster Plumbing	2011	5,421	1,084	5	1,084		1,626	9
10	OAKFIR - Annuncitor card replaced	2011	4,775	955	5	955		1,035	10
11	ABC - Fire Dampers installed	2011	13,646	1,365	10	1,365		1,478	11
12									12
13	USFIRE -Sprinkler/Gauges - Inspection/Replacement	2012	9,741	227	25	227		227	13
14	OAKFIR - Damper Links Replaced	2012	6,600	385	10	385		385	14
15	GTMECH - Repair Boiler Maint.	2012	6,784	113	10	113		113	15
16	ABC - Hot water heat repairs	2012	5,106	340	10	340		340	16
17	ABC - Sink/toilet replacement	2012	2,912	97	20	97		97	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	Adj for ABC related party profit	2008	(319)	(26)		(26)		(117)	25
26	Adj for ABC related party profit	2009	(117)	(6)		(6)		(21)	26
27	Adj for ABC related party profit	2010	(167)	(2)		(2)		(4)	27
28	Adj for ABC related party profit	2011	190	22		22		33	28
29	Adj for ABC related party profit	2012	495	27		27		27	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,357,539	\$ 260,087		\$ 252,883	\$ (7,204)	\$ 4,087,127	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		\$ 9,357,539	\$ 260,087		\$ 252,883	\$ (7,204)	\$ 4,087,127	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	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)		\$ 9,443,830	\$ 261,588		\$ 254,384	\$ (7,204)	\$ 4,165,791	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	\$586,840	\$74,194	\$74,194	\$	various	\$233,782	71
72	Current Year Purchases	162,413	20,466	20,466		various	18,282	72
73	Fully Depreciated Assets	1,234,480	2,836	2,836		various	1,234,480	73
74								74
75	TOTALS	\$1,983,733	\$97,496	\$97,496	\$		\$1,486,544	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	Buses	Ford Eldorado	10/1/2000	\$49,863	\$	\$	\$	3	\$49,863	76
77										77
78										78
79	Related Party - AMS	Various	98-02	3,911					3,911	79
80	TOTALS			\$53,774	\$	\$	\$		\$53,774	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$12,911,020	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$359,084	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$351,880	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$(7,204)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$5,706,109	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 eliminated
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☒ NOTerms: *

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: \$18,956Description: copy mach gl 6861, postage meter gl 6850, & office equip 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	\$ #####	\$ 32,299	17
18					18
19	Auto Lease GL 6890	various	941.72	11,301	19
20					20
21	TOTAL		\$ #####	\$ 43,600	21

10. Effective dates of current rental agreement:
Beginning4/1/2006
Ending3/31/2016
11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending	Annual Rent
12.12/31/13	\$ #####
13.12/31/14	\$ #####
14.12/31/15	\$ #####

* 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)	\$			

C. CONTRACTUAL INCOME

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

D. NUMBER OF CNAs TRAINED

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

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

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

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

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

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

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

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

		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	\$		\$ 362,487	\$		\$ 362,487	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			50,764			50,764	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			416,881			416,881	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				311,647		311,647	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3								12
13	Other (specify): <u>See Pg 16A</u>					54,496	156,331		210,827	13
14	TOTAL			\$		\$ 884,628	\$ 467,979		\$ 1,352,607	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.

XIV. Special Services (Direct Cost)

Page 16
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	\$362,487.09
2.	ST		39-3	To Col 5	50,764.05
3.					
4.	PT		39-3	To Col 5	416,881.07
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL				243,946.41
	Manual Input from Related Party- Forum Drugs				67,701.00
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6	311,647.41
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	54,496.00
Other		331,153.49
Manual Input: Related Party - Prism		(44,400.00)
Manual Input: Related Party FECII - I.V.		(178,928.00)
Manual Input: Related Party FECII - Wound Care		(1,215.00)
Oxygen, from reclass worksheet (Pg 4A)		49,720.85

13. Col 6: Supplies Total	To Col 6	156,331.34

13. Total Line 13, Column 8		156,331.34

14. Total		1,352,606.96
		=====

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>102,500</u>)	3,380,105	3,380,105	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments		13,404	5
6	Prepaid Insurance		12,101	6
7	Other Prepaid Expenses	10,360	14,629	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	157,396	375,507	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,547,861	\$ 3,795,746	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,084,793	14
15	Leasehold Improvements, at Historical Cost	444,026	1,018,373	15
16	Equipment, at Historical Cost	344,160	1,612,391	16
17	Accumulated Depreciation (book methods)	(648,309)	(5,720,252)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		190,851	21
22	Other Long-Term Assets (specify):		44,951	22
23	Other(specify): <u>Due from affiliates</u>	18,987,522	20,063,088	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,127,399	\$ 27,723,878	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,675,260	\$ 31,519,624	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 772,336	\$ 773,673	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	228,736	228,736	28
29	Short-Term Notes Payable		135,181	29
30	Accrued Salaries Payable	511,505	511,505	30
31	Accrued Taxes Payable (excluding real estate taxes)	73,661	73,661	31
32	Accrued Real Estate Taxes(Sch.IX-B)		289,200	32
33	Accrued Interest Payable	4,381	48,565	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	303,443	303,443	36
37	<u>Due to affiliates</u>	1,280,892	1,280,892	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,174,954	\$ 3,644,855	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		1,754,027	39
40	Mortgage Payable		8,307,034	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to affiliates</u>			43
44	<u>S/holder loans, others</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 10,061,061	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,174,954	\$ 13,705,916	46
47	TOTAL EQUITY (page 18, line 24)	\$ 19,500,306	\$ 17,813,708	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 22,675,260	\$ 31,519,624	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 18,019,246	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	7,994	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 18,027,240	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,473,066	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)	\$ 1,473,066	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)	\$ 19,500,306	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center # 0041277 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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		2
	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 13,866,121	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,866,121	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	129,063	6
7	Oxygen	50,311	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 179,375	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	167	12
13	Barber and Beauty Care	2,831	13
14	Non-Patient Meals		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		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,998	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	15,698	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 15,698	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income & Gain on Sale of Assets - PG 19A	8,523	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 8,523	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 14,072,714	30

	1		2
	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,087,052	31
32	Health Care	4,404,081	32
33	General Administration	2,864,950	33
	B. Capital Expense		
34	Ownership	1,380,628	34
	C. Ancillary Expense		
35	Special Cost Centers	1,405,232	35
36	Provider Participation Fee	457,705	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,599,648	40
41	Income before Income Taxes (line 30 minus line 40)**	1,473,066	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,473,066	43

	1		2
	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 7,715,317	44
45	Private Pay - Net Inpatient Revenue	1,321,886	45
46	Medicare - Net Inpatient Revenue	3,946,112	46
47	Other-(specify) <u>Hospice</u>	293,656	47
48	Other-(specify) <u>Insurance</u>	589,150	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,866,121	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 done 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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center # 0041277 Report Period Beginning 01/01/2012 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc Income (Record copies)	2,623.17
Misc Income (Jury Duty)	51.60
Gain on Sale of Assets	5,848.16
Line 28 Total:	<u>8,523</u>

Facility Name & ID Number Alden Northmoor Rehab & Health Care Center# 0041277Report Period Beginning: 01/01/2012Ending: 12/31/2012

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	2,080	2,080	\$ 95,019	\$ 45.68	1
2	Assistant Director of Nursing	2,080	2,080	80,439	38.67	2
3	Registered Nurses	26,879	28,957	953,450	32.93	3
4	Licensed Practical Nurses	35,265	37,064	955,748	25.79	4
5	CNAs & Orderlies	104,579	112,782	1,358,263	12.04	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,140	2,496	30,095	12.06	8
9	Activity Director	2,080	2,080	43,099	20.72	9
10	Activity Assistants	6,990	7,561	72,882	9.64	10
11	Social Service Workers	2,080	2,080	45,248	21.75	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	50,239	24.15	13
14	Head Cook	2,080	2,080	86,800	41.73	14
15	Cook Helpers/Assistants	34,499	38,796	460,611	11.87	15
16	Dishwashers					16
17	Maintenance Workers	1,752	1,785	51,337	28.76	17
18	Housekeepers	17,867	19,360	200,261	10.34	18
19	Laundry	5,268	5,809	56,972	9.81	19
20	Administrator	2,080	2,080	93,626	45.01	20
21	Assistant Administrator	1,120	1,120	31,154	27.82	21
22	Other Administrative	9,720	10,003	260,948	26.09	22
23	Office Manager	1,648	1,648	27,347	16.59	23
24	Clerical	3,499	3,499	32,629	9.33	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	133,922	32.19	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	2,080	2,080	44,344	21.32	32
33	Other(specify) <u>Alz Staff</u>	6,394	6,672	94,763	14.20	33
34	TOTAL (lines 1 - 33)	278,420	298,352	\$ 5,259,196 *	\$ 17.63	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	Monthly	\$ 22,800	1-3	35
36	Medical Director	Monthly	26,435	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,752	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	Vsries	681	11-3	44
45	Social Service Consultant	Varies	280	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 54,949		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				52
53	TOTAL (lines 50 - 52)		\$		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
Karen Lynn Glaza	Administrator	0	\$ 93,626	Workers' Compensation Insurance		\$ 164,693	IDPH License Fee	\$	
Valerie J. Buniao	Assist Administrator	0	19,627	Unemployment Compensation Insurance		50,139	Advertising: Employee Recruitment	1,822	
Lauren A. Evans	Assist Administrator	0	11,527	FICA Taxes		395,080	Health Care Worker Background Check	900	
		0		Employee Health Insurance		60,976	(Indicate # of checks performed 30)		
		0		Employee Meals		22,322	Patient Background Checks	160 1,600	
		0		Illinois Municipal Retirement Fund (IMRF)*			Surety bond fees/Secretary of State	1,036	
		0		Union health & welfare		136,944	IL Health Care Ass'n	7,651	
		0		Pension		42,085	Collaborative Healthcare	580	
		0		Dental & life		1,841			
TOTAL (agree to Schedule V, line 17, col. 1)				EE rel/misc p/r/drug tests/vaccines		5,533	Related party- AMS	3,337	
(List each licensed administrator separately.) \$ 124,780				401k match/Tuition Reimbursement		4,077	Less: Public Relations Expense	()	
B. Administrative - Other							Non-allowable advertising	()	
Description			Amount				Yellow page advertising	()	
			\$						
TOTAL (agree to Schedule V, line 17, col. 3)				TOTAL (agree to Schedule V,		\$ 883,691	TOTAL (agree to Sch. V,	\$ 16,926	
(Attach a copy of any management service agreement)				line 22, col.8)			line 20, col. 8)		
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount	
Alden Management Services	Consulting Fees		\$ 1,046,274			\$	Out-of-State Travel	\$	
Jackson Lewis LLP/James S. Meyer	Legal fees:non-collections		3,107						
MidCap	Legal fees:non-collections		1,647						
AMS (Eliminated)	Allocated Legal Fees		37,812				In-State Travel		
Clerk of Circuit Ct./Sheriff of Marsh	Legal fees:non-collections		257						
Schdmit Salzman	Legal fees:non-collections		(5,670)						
First Advantage/Compre. Theraputi	Professional Consulting Fee		2,009				Related party- AMS	1,154	
MidCap	Accounting Fees		2,578				Seminar Expense		
Linda Roberts	Food Service Systems Audit		1,049				IL Council, IHCA, NATCOU	1,521	
BDO Seidman/Baker Tilly/KPMG	Accounting Fees		4,914				National Investment Org/Alzheimers Assoc.	385	
Ava P. Daley-Cost Report	Accounting Fees		109				Pathway Health Serivces	625	
Kenneth Fisch	Legal fees-collections		7,813				Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,		
(If total legal fees exceed \$5,000, attach copy of invoices.) \$ 1,101,899							line 24, col. 8)	\$ 3,685	

*** Attach copy of IMRF notifications**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1			\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? <u>Yes</u> (2) Are there any dues to nursing home associations included on the cost report? <u>Yes</u> If YES, give association name and amount. <u>IHCA = \$7,651</u> (3) Did the nursing home make political contributions or payments to a political action organization? <u>Yes</u> If YES, have these costs been properly adjusted out of the cost report? <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? <u>No</u> If YES, what is the capacity? _____ (5) Have you properly capitalized all major repairs and equipment purchases? <u>Yes</u> What was the average life used for new equipment added during this period? <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>62,303</u> Line <u>10</u> (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? <u>Yes</u> If NO, attach a complete explanation. (8) Are you presently operating under a sale and leaseback arrangement? <u>No</u> If YES, give effective date of lease. _____ (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 _____ NO <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. \$ <u>457,705</u> This amount is to be recorded on line 42 of Schedule V. (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? <u>No</u> If YES, attach an explanation of the allocation.	(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? <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? <u>No</u> For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions. (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ <u>22,322</u> Has any meal income been offset against related costs? <u>No</u> Indicate the amount. \$ _____ (16) Travel and Transportation a. Are there costs included for out-of-state travel? <u>No</u> If YES, attach a complete explanation. b. Do you have a separate contract with the Department to provide medical transportation for residents? <u>No</u> 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? <u>0</u> d. Have vehicle usage logs been maintained? <u>No</u> e. Are all vehicles stored at the nursing home during the night and all other times when not in use? <u>No</u> f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? <u>Yes</u> g. Does the facility transport residents to and from day training? <u>No</u> Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____ (17) Has an audit been performed by an independent certified public accounting firm? <u>No</u> Firm Name: _____ (18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? <u>Yes</u> (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? <u>No</u> Attach invoices and a summary of services for all architect and appraisal fees.
---	--