

		FOR BHF USE					

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

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

I. IDPH License ID Number: 0041277 Facility Name: Alden Estates of Northmoor Address: 5831 N Northwest Hwy Chicago 60631 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 X PROPRIETARY Individual Partnership X 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 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider (Signed) (Type or Print Name) Randi Schlossberg-Schullo (Title) President, Alden Management Services, Inc. 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
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Facility Name & ID Number Alden Estates of Northmoor

0041277 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA					
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____					
	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	198	Skilled (SNF)	198	72,468	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	198	TOTALS	198	72,468	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	3,124	2,067	5,626	10,817	8
9	SNF/PED					9
10	ICF	45,663	5,719	2,170	53,552	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,787	7,786	7,796	64,369	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 88.82%

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? 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 3/29/1996

J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 11/01/1996 NO ☐

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 5,205

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Estates of Northmoor # 0041277 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	666,625	29,218	27,532	723,375	2,001	725,376	(4,596)	720,780			1
2	Food Purchase		452,508		452,508	(18,373)	434,135	(13,158)	420,977			2
3	Housekeeping	235,899	69,215		305,114	2,183	307,297	9,019	316,316			3
4	Laundry	62,245	31,447	120	93,812	428	94,240		94,240			4
5	Heat and Other Utilities			315,800	315,800		315,800	(367)	315,433			5
6	Maintenance	62,376		281,326	343,702	309	344,011	45,740	389,751			6
7	Other (specify):* related party							9,096	9,096			7
8	TOTAL General Services	1,027,145	582,388	624,778	2,234,311	(13,452)	2,220,859	45,734	2,266,593			8
	B. Health Care and Programs											
9	Medical Director			20,485	20,485		20,485		20,485			9
10	Nursing and Medical Records	4,459,013	255,781	14,842	4,729,636	(4,270)	4,725,366	80,045	4,805,411			10
10a	Therapy	181,824	2,123	38,033	221,980	675	222,655		222,655			10a
11	Activities	145,868	4,979	9,189	160,036		160,036		160,036			11
12	Social Services	45,870			45,870		45,870		45,870			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							9,032	9,032			15
16	TOTAL Health Care and Programs	4,832,575	262,883	82,549	5,178,007	(3,595)	5,174,412	89,077	5,263,489			16
	C. General Administration											
17	Administrative	149,933			149,933		149,933	276,910	426,843			17
18	Directors Fees											18
19	Professional Services			1,289,589	1,289,589		1,289,589	(1,212,880)	76,709			19
20	Dues, Fees, Subscriptions & Promotions			84,937	84,937		84,937	(57,236)	27,701			20
21	Clerical & General Office Expenses	148,472	19,597	230,920	398,989	1,375	400,364	316,917	717,281			21
22	Employee Benefits & Payroll Taxes			1,009,689	1,009,689	(1,469)	1,008,220	(9,532)	998,688			22
23	Inservice Training & Education											23
24	Travel and Seminar			157	157		157	1,777	1,934			24
25	Other Admin. Staff Transportation			2,503	2,503		2,503	17,365	19,868			25
26	Insurance-Prop.Liab.Malpractice			273,874	273,874		273,874	11,919	285,793			26
27	Other (specify):* related party			328,022	328,022		328,022	(254,839)	73,183			27
28	TOTAL General Administration	298,405	19,597	3,219,691	3,537,693	(94)	3,537,599	(909,599)	2,628,000			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,158,125	864,868	3,927,018	10,950,011	(17,141)	10,932,870	(774,788)	10,158,082			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			91,422	91,422		91,422	700,441	791,863			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			178,453	178,453		178,453	362,586	541,039			32
33	Real Estate Taxes			431,345	431,345	(431,345)		438,671	438,671			33
34	Rent-Facility & Grounds			807,389	807,389	431,345	1,238,734	(1,238,734)				34
35	Rent-Equipment & Vehicles			21,229	21,229		21,229	51,704	72,933			35
36	Other (specify):* MIP							85,498	85,498			36
37	TOTAL Ownership			1,529,838	1,529,838		1,529,838	400,166	1,930,004			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		693,333	848,141	1,541,474	17,141	1,558,615	(197,714)	1,360,901			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			462,565	462,565		462,565		462,565			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		693,333	1,310,706	2,004,039	17,141	2,021,180	(197,714)	1,823,466			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	6,158,125	1,558,201	6,767,562	14,483,888		14,483,888	(572,336)	13,911,552			45

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

From Line	To Line	Amount	Description
2		(18,373)	Employee Meals
	22	18,373	Employee Meals
22		(19,842)	Uniform Reclass
	1	2,001	Uniform Reclass
	3	2,183	Uniform Reclass
	4	428	Uniform Reclass
	6	309	Uniform Reclass
	10	12,871	Uniform Reclass
	11	675	Uniform Reclass
	21	1,375	Uniform Reclass
10		(17,141)	Oxygen Cost Reclass
	39	17,141	Oxygen Cost Reclass
33		(431,345)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	431,345	Rent - Real Estate Tax on associated landowner (Pg 6)
Net (Should be zero)		\$ -	

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	(422)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,032)	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	(4,662)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,464)	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	(25,109)	21		17
18	Fines and Penalties				18
19	Entertainment	(1,323)	20		19
20	Contributions	(7,029)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,810)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(328,022)	27		24
25	Fund Raising, Advertising and Promotional	(10,449)	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)	\$ (406,526)		\$	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)	(31,224)		34
35	Other- Attach Schedule	(134,586)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (165,810)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (572,336)		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	Late Fees on Utilities	\$ (4,850)	5	1
2	Intercompany Interest (7031)	(120,696)	32	2
3	Record Copies (g/l 4977-100-001)	(1,458)	10	3
4	Polling Site Reimbursement (4977-100-008)	(25)	10	4
5	Misc Income (Insurance Savings Program)	(2,589)	22	5
6	Vendor Discounts	(175)	10	6
7	Other Nursing Income (flu,w/chair,etc.)	(44)	21	7
8	Back Out Chamber of Commerce Edison	(150)	20	8
9	Back Out Bank Charges - Northmoor Associates	(108)	19	9
10				10
11				11
12	Adj for 2011 ABC related party profit - Pg 12	90	30	12
13	Adj for 2012 ABC related party profit - Pg 12	54	30	13
14	Adj for 2013 ABC related party profit - Pg 12	8	30	14
15	Adj for 2014 ABC related party profit - Pg 12	(115)	30	15
16	Adj for 2015 ABC related party profit - Pg 12	(11)	30	16
17	Adj for 2016 ABC related party profit - Pg 12	(0)	30	17
18				18
19				19
20				20
21	Elimin Pg 13 deprec on assets<\$2,500	(23,737)	30	21
22	"Pg 13" assets<\$2,500 to be expensed	17,607	6	22
23	Elimin Pg 12 deprec on assets<\$2,500	(4,487)	30	23
24	"Pg 12" assets<\$2,500 to be expensed	6,196	6	24
25	Adjust depreciation to Pg 13's	(95)	30	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	(134,586)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Northmoor # 0041277 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,661	(8,257)	0	0	0	0	0	0	0	(4,596)	1
2	Food Purchase	(4,886)	0	0	(8,272)	0	0	0	0	0	0	0	(13,158)	2
3	Housekeeping	0	0	9,019	0	0	0	0	0	0	0	0	9,019	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,850)	0	4,483	0	0	0	0	0	0	0	0	(367)	5
6	Maintenance	8,771	0	35,731	0	0	0	(202)	1,440	0	0	0	45,740	6
7	Other (specify):*	0	0	9,096	0	0	0	0	0	0	0	0	9,096	7
8	TOTAL General Services	(965)	0	61,990	(16,529)	0	0	(202)	1,440	0	0	0	45,734	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,658)	0	75,053	9,207	(2,557)	0	0	0	0	0	0	80,045	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	9,032	0	0	0	0	0	0	0	0	9,032	15
16	TOTAL Health Care and Programs	(1,658)	0	84,085	9,207	(2,557)	0	0	0	0	0	0	89,077	16
	C. General Administration													
17	Administrative	0	0	276,910	0	0	0	0	0	0	0	0	276,910	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,918)	8,483	(1,218,445)	0	0	0	0	0	0	0	0	(1,212,880)	19
20	Fees, Subscriptions & Promotions	(18,951)	0	(38,285)	0	0	0	0	0	0	0	0	(57,236)	20
21	Clerical & General Office Expenses	(25,153)	307	341,763	0	0	0	0	0	0	0	0	316,917	21
22	Employee Benefits & Payroll Taxes	(2,589)	0	0	0	(6,943)	0	0	0	0	0	0	(9,532)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,777	0	0	0	0	0	0	0	0	1,777	24
25	Other Admin. Staff Transportation	0	0	17,365	0	0	0	0	0	0	0	0	17,365	25
26	Insurance-Prop.Liab.Malpractice	0	11,578	341	0	0	0	0	0	0	0	0	11,919	26
27	Other (specify):*	(328,022)	0	73,183	0	0	0	0	0	0	0	0	(254,839)	27
28	TOTAL General Administration	(377,633)	20,368	(545,391)	0	(6,943)	0	0	0	0	0	0	(909,599)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(380,256)	20,368	(399,316)	(7,322)	(9,500)	0	(202)	1,440	0	0	0	(774,788)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Northmoor # 0041277 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(35,498)	732,402	3,537	0	0	0	0	0	0	0	0	700,441	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(125,358)	356,921	131,023	0	0	0	0	0	0	0	0	362,586	32
33	Real Estate Taxes	0	431,345	7,326	0	0	0	0	0	0	0	0	438,671	33
34	Rent-Facility & Grounds	0	(1,238,734)	0	0	0	0	0	0	0	0	0	(1,238,734)	34
35	Rent-Equipment & Vehicles	0	0	51,704	0	0	0	0	0	0	0	0	51,704	35
36	Other (specify):*	0	85,498	0	0	0	0	0	0	0	0	0	85,498	36
37	TOTAL Ownership	(160,856)	367,432	193,590	0	0	0	0	0	0	0	0	400,166	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	(36,114)	(33,472)	(128,128)	0	0	0	0	0	(197,714)	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	(36,114)	(33,472)	(128,128)	0	0	0	0	0	(197,714)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(541,112)	387,800	(205,726)	(43,436)	(42,972)	(128,128)	(202)	1,440	0	0	0	(572,336)	45

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent revenue	\$ 1,238,734	Northmoor Associates, LLC	0.00%	\$	\$ (1,238,734)	1
2	V	32	Replacement Reserve interest/Interest l	49,993	Northmoor Associates, LLC			(49,993)	2
3	V	19	Accounting/Bank Fees		Northmoor Associates, LLC		8,483	8,483	3
4	V	21	Dues & Subscriptions/Corp. Rpt Fees		Northmoor Associates, LLC		307	307	4
5	V	33	Real estate taxes		Northmoor Associates, LLC		431,345	431,345	5
6	V	26	Property/liability insurance		Northmoor Associates, LLC		11,578	11,578	6
7	V	36	Mortgage insurance premium		Northmoor Associates, LLC		85,498	85,498	7
8	V	32	Mortgage interest		Northmoor Associates, LLC		386,745	386,745	8
9	V	30	Depreciation		Northmoor Associates, LLC		732,402	732,402	9
10	V	32	Amortization		Northmoor Associates, LLC		20,169	20,169	10
11	V				Northmoor Associates, LLC				11
12	V				Northmoor Associates, LLC				12
13	V								13
14	Total			\$ 1,288,727			\$ 1,676,527	\$ * 387,800	14

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,483	\$ 4,483	15
16	V	24	Travel/Seminar		Alden Management Services, Inc.		1,777	1,777	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		17,365	17,365	17
18	V	26	Insurance		Alden Management Services, Inc.		341	341	18
19	V	20	Dues/Subscriptions	41,868	Alden Management Services, Inc.		3,583	(38,285)	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,537	3,537	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		7,326	7,326	21
22	V	35	Rent-Equip & Vehicles		Alden Management Services, Inc.		51,704	51,704	22
23	V	32	Interest		Alden Management Services, Inc.		131,023	131,023	23
24	V	1	Diet. Salary		Alden Management Services, Inc.		3,661	3,661	24
25	V	3	Housekeeping Salary		Alden Management Services, Inc.		9,019	9,019	25
26	V	7	Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,096	9,096	26
27	V	10	Nurs & Med Record Salary		Alden Management Services, Inc.		75,053	75,053	27
28	V	15	Employee Benefits-Health Care		Alden Management Services, Inc.		9,032	9,032	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		276,910	276,910	29
30	V	27	Employee Benefits-Administr.		Alden Management Services, Inc.		73,183	73,183	30
31	V	19	Professional Fees	1,259,238	Alden Management Services, Inc.		40,793	(1,218,445)	31
32	V	21	Gen'l & Administrative	53,376	Alden Management Services, Inc.		395,139	341,763	32
33	V	6	Repairs & Maniten.	33,464	Alden Management Services, Inc.		69,195	35,731	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 1,387,946			\$ 1,182,220	\$ * (205,726)	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	Diet Consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1	Diet Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2	Tube Feeding	50,500	Prism Health Care Services, Inc.		26,677	(23,823)	17
18	V	10	Equipment Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Supplies	110,792	Prism Health Care Services, Inc.		44,313	(66,479)	19
20	V	1	Gen'1 & admin & benefits		Prism Health Care Services, Inc.		4,434	4,434	20
21	V	2	Gen'1 & admin & benefits		Prism Health Care Services, Inc.		15,551	15,551	21
22	V	10	Gen'1 & admin & benefits		Prism Health Care Services, Inc.		4,487	4,487	22
23	V	39	Gen'1 & admin & benefits		Prism Health Care Services, Inc.		30,365	30,365	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			\$ 194,352			\$ 150,916	\$ * (43,436)	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	\$ 512,140	Forum Extended Care Services II, Inc.	0.00%	\$ 476,418	\$ (35,722)	15
16	V	39	I.V. Drugs	26,662	Forum Extended Care Services II, Inc.		24,802	(1,860)	16
17	V	39	Wound Care Products	33,668	Forum Extended Care Services II, Inc.		31,320	(2,348)	17
18	V	10	House Stock	31,907	Forum Extended Care Services II, Inc.		29,681	(2,226)	18
19	V	10	Pharmacy Consultant	4,752	Forum Extended Care Services II, Inc.		4,421	(331)	19
20	V	22	Employee Vaccination	6,943	Forum Extended Care Services II, Inc.			(6,943)	20
21	V	39	Employee Vaccination		Forum Extended Care Services II, Inc.		6,458	6,458	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			\$ 616,072			\$ 573,100	\$ * (42,972)	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	\$ 861,498	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 733,370	\$ (128,128)	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			\$ 861,498			\$ 733,370	\$ * (128,128)	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	\$ 32,086	Alden Bennett Construction Company, Inc.	0.00%	\$ 31,884	\$ (202)	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			\$ 32,086			\$ 31,884	\$ * (202)	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	\$ 5,053	Alden Design Group, Inc.	0.00%	\$ 6,493	\$ 1,440	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			\$ 5,053			\$ 6,493	\$ * 1,440	39

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

Facility Name & ID Number

Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

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

Facility Name & ID Number Alden Estates of Northmoor # 0041277 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	175,757	2	5.00	Salary	\$ 9,243	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,004	2	5.00	Salary	4,996	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,004	2	5.00	Salary	4,996	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,669	2	5.00	Salary	5,820	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	54,842	2	5.00	Salary	7,425	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	145,498	2	5.00	Salary	3,111	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Manangement Services, Inc.										12
13								TOTAL	\$ 35,591		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 Estates of Northmoor# 0041277

Report Period Beginning:

01/01/2016Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization

Alden Management Services, Inc.

Street Address

4200 W. Peterson

City / State / Zip Code

Chicago, IL 60646

Phone Number

(773-286-3883

Fax Number

(773-286-8038

1	2	3	4	5	6	7	8	9	
Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
Line	Item	(i.e., Days, Direct Cost, Square Feet)	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
Reference				Allocated Among	Allocated	in Column 6			
1	5	Utilities	Patient Days	34	\$ 89,742	\$	64,369	\$ 4,483	1
2	24	Trav & Seminar	Patient Days	34	35,559		64,369	1,777	2
3	25	Other Admin Travel	Patient Days	34	347,560		64,369	17,365	3
4	26	Insurance	Patient Days	34	6,826		64,369	341	4
5	20	Dues & Subscriptions	Patient Days	34	71,705		64,369	3,583	5
6	30	Depreciation	No of Providers/usage	34	140,451		1	3,537	6
7	33	Real Estate Tax	Patient Days/usage	34	172,398		64,369	7,326	7
8	35	Rent-Equip & Vehicle	Patient Days	34	1,034,867		64,369	51,704	8
9	32	Interest	Patient Days/usage	34	1,892,273		64,369	131,023	9
10	1	Dietary Salary	Patient Days	34	73,278	73,278	64,369	3,661	10
11	3	Housekeeping Salary	Patient Days	34	180,508	180,508	64,369	9,019	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	34	182,054		64,369	9,096	12
13	10	Nurs & Med Records Salary	Patient Days	34	1,519,466	1,519,466	64,369	75,053	13
14	15	Employee Benefits -Health Care	Patient Days	34	180,775		64,369	9,032	14
15	17	Administrative Salary	Patient Days/usage	34	4,500,263	4,500,263	64,369	276,910	15
16	27	Employee Benefits - Admin	Patient Days	34	1,464,772		64,369	73,183	16
17	19	Professional fees	Patient Days	34	1,094,912	881,977	64,369	40,793	17
18	21	Gen'I & Admin	Patient Days	34	7,908,785	6,929,587	64,369	395,139	18
19	6	Repair & Maint.	Patient Days	34	1,864,177	1,276,432	64,369	69,195	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 22,760,371	\$ 15,361,511		\$ 1,182,220	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 2505/7055)		X	Mortgage	\$56,273.81	6/1/13	\$ 14,015,400	\$ 13,021,953	6/1/2045	2.9400	\$ 386,745	1	
2												2	
3	Interest Capital Lease		X	Phone Lease							4,701	3	
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,124	4	
5	Amort of Fin Fees (GL 1918)		X	Malpractice Insurance							20,169	5	
	Working Capital												
6	Related party-AMS		X	Working Capital							131,023	6	
7												7	
8												8	
9	TOTAL Facility Related				\$56,273.81		\$ 14,015,400	\$ 13,021,953			\$ 545,761	9	
	B. Non-Facility Related*												
10	Northmoor Associates LLC		X	Interest-Replacement Res/Other							(60)	10	
11	Interest Income		X	Public Aid Interest							(4,662)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (4,722)	14	
15	TOTALS (line 9+line14)						\$ 14,015,400	\$ 13,021,953			\$ 541,039	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 85,498 Line # 36

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

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

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	343,200	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.)				\$	381,545	2
3. Under or (over) accrual (line 2 minus line 1).				\$	38,345	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	393,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	431,345	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax		\$	7,326	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	438,671	
Real Estate Tax Bill for Calendar Year:		2011	280,790	8	FOR BHF USE ONLY	
		2012	339,014	9		
		2013	326,666	10		
		2014	333,246	11		
		2015	381,545	12		
The current year accrual is based on an estimated 3% increase of the prior year tax.				13	FROM R. E. TAX STATEMENT FOR 2015	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.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Northmoor COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041277

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party-Alden Management	\$ 146,629.00	\$ 7,326.00
2. 13-06-409-017-0000	Nursing facility	\$ 6,360.28	\$ 6,360.28
3. 13-06-409-018-0000	Nursing facility	\$ 3,806.72	\$ 3,806.72
4. 13-06-409-019-0000	Nursing facility	\$ 3,756.94	\$ 3,756.94
5. 13-06-409-020-0000	Nursing facility	\$ 3,689.85	\$ 3,689.85
6. 13-06-409-021-0000	Nursing facility	\$ 72,314.66	\$ 72,314.66
7. 13-06-409-022-0000	Nursing facility	\$ 71,995.14	\$ 71,995.14
8. 13-06-409-023-0000	Nursing facility	\$ 71,995.14	\$ 71,995.14
9. 13-06-409-024-0000	Nursing facility	\$ 73,780.83	\$ 73,780.83
10. 13-06-409-025-0000	Nursing facility	\$ 73,845.52	\$ 73,845.52
TOTALS		\$ 528,174.08	\$ 388,871.08

B. Real Estate Tax Cost Allocations

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

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

C. Tax Bills

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

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

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).

none

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

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

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	nursing facility	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)	\$ 4,600,887
5										
6										
7										
8										
	Improvement Type**									
9	Cable installation		1996		5,704		5			5,704
10	Cable installation		1996		3,286		5			3,286
11	Fire alarm		1996		17,753		15			17,753
12	Install additional outlet		1997		2,108		10			2,108
13	Install additional outlet		1997		1,116		10			1,116
14	Install additional outlet		1997		2,668		10			2,668
15	Access control materials		1997		4,714		10			4,714
16	HVAC repair		1997		6,413		5			6,413
17	Phone line installation		1997		2,768		5			2,768
18	Phone line installation		1997		3,096		5			3,096
19	Equipment for security system		1998		4,170		10			4,170
20	Change belt on fans & airhandlers		1998		2,012		5			2,012
21	Wire third floor & twenty bed jacks		1998		7,189		10			7,189
22	Repair pump motor on elevator		1998		3,500	175	20	175		3,062
23	Install pump motor on dishwasher		1998		2,029		10			2,029
24	Install door locks		1998		8,157		10			8,157
25	Door system work		1998		775		10			775
26	Repair nurse call system		1998		275		10			275
27	Repair nurse call system		1998		1,032		10			1,032
28	Repair nurse call system		1998		982		10			982
29	Chiller		1998		52,667		15			52,667
30	Computer & training & installation		1998		3,158		5			3,158
31	Canopy construction		1998		73,120		15			73,120
32										
33										
34										
35										
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 Estates of Northmoor

0041277

Report Period Beginning:

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

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

1	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 Climate Service - replace compressor	1999	2,603		15			2,603	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		1,857	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		1,720	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		15			2,215	55
56 DBS contracting -lawn sprinkler	2001	2,575		15			2,575	56
57								57
58 CSI Corker - 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)		15			(1,259)	60
61 Action Fence Contractors-install 3 steel bollards	2002	1,725		10			1,725	61
62 ABC- Efficient Insulation Systems- insulation	2002	769	51	15	51		741	62
63 ABC- Joseph Stanger corian top repair	2002	1,632		10			1,632	63
64 ABC- 30' flagpole and installation	2002	2,215	111	20	111		1,616	64
65 ABC- Action Fence install 3 steel bollards	2002	2,011		10			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)		\$ 9,076,838	\$ 227,667		\$ 220,463	\$ (7,204)	\$ 4,879,369	70

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,076,838	\$ 227,667		\$ 220,463	\$ (7,204)	\$ 4,879,369	1
2	ABC-fire/smoker dampers	2003	6,390		10			6,390	2
3	ABC-rooftop compressor	2003	8,411	561	15	561		7,619	3
4	ABC-securitron DK 26	2003	1,087	72	15	72		986	4
5	GT Mechanical - H/V/A/C	2004	2,594		10			2,594	5
6	CSI Coker - Oven (flame spreader)	2004	3,378		10			3,378	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150	106	12	106		2,150	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	151	12	151		2,150	8
9	Top Notch Service - Steam wells (2)	2004	2,153		10			2,153	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	110	20	110		1,274	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007		10			2,007	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	355	15	355		4,171	12
13									13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029		10			2,029	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	288	15	288		3,264	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	38	20	38		427	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	68	15	68		759	17
18	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931	2,090	10	2,090		13,931	18
19	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	273	15	273		2,503	19
20	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		3,391	20
21	Oak Fire & Security - Smoke Detectors	2007	3,020	302	10	302		2,466	21
22	ABC Electrical Work	2007	24,463	1,223	20	1,223		11,517	22
23	Tarkett flooring	2008	8,745	875	10	875		7,143	23
24	Plumbing work & fixtures combined	2008	9,526	476	20	476		4,086	24
25	Replaced numerous plumbing fixtures	2008	9,806	490	20	490		4,043	25
26	Heating Vent	2008	8,838	589	15	589		4,369	26
27	Replaced numerous plumbing fixtures	2008	8,440	422	20	422		3,482	27
28	Replaced plumbing fixtures	2008	7,520	376	20	376		3,102	28
29	Repair of major water leak	2008	8,213	821	10	821		6,705	29
30	Replaced paio doors (automatic)	2008	3,012	301	10	301		2,433	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,239,753	\$ 237,990		\$ 230,786	\$ (7,204)	\$ 4,989,891	34

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,239,753	\$ 237,990		\$ 230,786	\$ (7,204)	\$ 4,989,891	1
2	ABC - Heating/Vent	2009	8,838	589	15	589		4,370	2
3	RE-UPHOLSTERED 1ST FL Furniture	2009	7,445	745	10	745		5,274	3
4	ABC - Install Fire Dampers	2010	13,646	1,365	10	1,365		8,188	4
5	GTMECH - Fan motor/blade replaced in chiller	2011	4,054	473	5	473		4,054	5
6	ROSPAV-Asphalt/Painting/Coating/Sealing for Parking Lot	2011	10,383	1,298	8	1,298		6,814	6
7	ABC - Boiler Pipes/Plumbing Repairs	2011	8,018	656	25	656		3,062	7
8	ABC - Window Panel Replacement	2011	2,768	277	10	277		1,384	8
9	TOPNOT - Booster Plumbing	2011	5,421	542	5	542		5,421	9
10	OAKFIR - Annunciator card replaced	2011	4,775	875	5	875		4,775	10
11	ABC - Fire Dampers installed	2011	13,646	1,365	10	1,365		6,937	11
12									12
13	USFIRE -Sprinkler/Gauges - Inspection/Replacement	2012	9,741	390	25	390		1,786	13
14	OAKFIR - Damper Links Replaced	2012	6,600	660	10	660		3,025	14
15	GTMECH - Repair Boiler Maint.	2012	6,784	678	10	678		2,826	15
16	ABC - Hot water heat repairs	2012	5,106	511	10	511		2,383	16
17	ABC - Sink/toilet replacement	2012	2,912	146	20	146		680	17
18									18
19	GTMECH - Chiller Coils/Major Repair	2013	5,087	1,017	5	1,017		3,475	19
20	GTMECH - Duct Work Insulation	2013	5,500	367	15	367		1,468	20
21	OAKFIR - Sprinkler, fire, elevator	2013	3,944	158	25	158		605	21
22	SKIMEC - Fire Dampers	2013	8,115	812	10	812		3,112	22
23	ABC - Drywall	2013	6,856	457	15	457		1,676	23
24									24
25	Adj for ABC related party profit	2008	(319)					(319)	25
26	Adj for ABC related party profit	2009	(117)					(117)	26
27	Adj for ABC related party profit	2010	(167)					(167)	27
28	Adj for ABC related party profit	2011	190	90		90		190	28
29	Adj for ABC related party profit	2012	495	54		54		243	29
30	Adj for ABC related party profit	2013	92	8		8		29	30
31	Adj for ABC related party profit	2014	(1,616)	(115)		(115)		(288)	31
32	Adj for ABC related party profit	2015	(525)	(11)		(11)		(17)	32
33	Adj for ABC related party profit	2016	(27)	(0)		(0)			33
34	TOTAL (lines 1 thru 33)		\$ 9,377,396	\$ 251,396		\$ 244,192	\$ (7,204)	\$ 5,060,760	34

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,377,396	\$ 251,396		\$ 244,192	\$ (7,204)	\$ 5,060,760	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17		17		44	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,468,308	\$ 252,262		\$ 245,058	\$ (7,204)	\$ 5,147,099	34

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,468,308	\$ 252,262		\$ 245,058	\$ (7,204)	\$ 5,147,099	1
2	AMS - Demo of walls, removal of materials, and site clean-up	2014	49,579	3,305	15	3,305		8,263	2
3	AMS - Trim, molding, hand rails, and wall configurations	2014	98,232	6,549	15	6,549		16,372	3
4	AMS - Sanded doors, frames, hand rails, and patched walls	2014	37,500	2,500	15	2,500		6,250	4
5	ABC - Boiler insulation/flex tubes	2014	6,745	1,349	5	1,349		3,485	5
6	Top Notch - Motor/Control Board for tilt skillet	2014	2,650	530	5	530		1,369	6
7	ABC - Elevator, Rebuild	2014	78,250	3,913	20	3,913		10,472	7
8	ADG - Architectural Work	2014	45,684	3,046	15	3,046		7,615	8
9	Carpentry	2014	136,498	9,100	15	9,100		22,750	9
10	Demolition	2014	45,499	3,033	15	3,033		7,583	10
11	Electrical	2014	54,500	3,633	15	3,633		9,083	11
12	Electrical	2014	170,623	11,375	15	11,375		28,437	12
13	Finish Carpentry	2014	41,500	2,767	15	2,767		6,917	13
14	Furniture Storage	2014	16,450	1,097	15	1,097		2,742	14
15	Hand Rails/Corner Guards	2014	18,120	1,208	15	1,208		3,020	15
16	HVAC	2014	57,600	3,840	15	3,840		9,600	16
17	HVAC	2014	34,125	2,275	15	2,275		5,687	17
18	Permit, Building - CITBLD	2014	13,123	656	20	656		1,640	18
19	Permit, Building - CITBLD	2014	13,123	656	20	656		1,640	19
20	Roads & Walks (Asphalt & Striping)	2014	43,224	5,403	8	5,403		13,508	20
21	Rough Carpentry	2014	24,000	1,600	15	1,600		4,000	21
22	Spray On Fire Proofing	2014	5,687	379	15	379		948	22
23	Drywall	2014	39,200	2,613	15	2,613		6,533	23
24	Drywall	2014	73,937	4,929	15	4,929		12,323	24
25	Glass (Beauty Shop/PT-OT/Dining Room)	2014	7,962	796	10	796		1,990	25
26									26
27	ABC - Rebuild and seal toilet shafts on the 4th Floor (Drywall)	2015	13,928	357	39	357		655	27
28	AMS was responsible for prep work or clean up of work for								28
29	3rd party vednors to complete remodeling throughout building								29
30	Demolition of walls, removal and clean up of demolition debris	2015	40,678	2,712	15	2,712		2,712	30
31	Sanded door, frames, hand rails, and patched walls for paint prep	2015	73,980	4,932	15	4,932		4,932	31
32	Replace and removed damaged trim, molding, and handrails/	2015	15,831	1,055	15	1,055		1,055	32
33	Reconfiguration of walls to accomadate new layout								33
34	TOTAL (lines 1 thru 33)		\$ 10,726,537	\$ 337,870		\$ 330,666	\$ (7,204)	\$ 5,348,680	34

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 10,726,537	\$ 337,870		\$ 330,666	\$ (7,204)	\$ 5,348,680	1
2	TOPNOT - Motor, dishwasher	2015	2,387	477	5	477		855	2
3	GTMECH - Motor, Chiller	2015	3,685	737	5	737		1,228	3
4	GTMECH - Fire Dampers, repairs	2015	3,689	738	5	738		1,045	4
5	ABC/SUBELE - Elevator Cylinder	2015	40,246	2,012	20	2,012		2,012	5
6	ABC - Waterproofing system for sklight wall in dining room	2015	6,867	458	15	458		458	6
7	ABC - Hand rails replaced/refinished on first floor	2015	13,990	933	15	933		933	7
8	ABC - Install epoxy floor in lower level laundry room area	2015	8,241	824	10	824		824	8
9	ABC - Capentry throughout building -trim replacements, handrail replacements, remove & replace nurse station	2015	41,207	2,747	15	2,747		2,747	9
10									10
11	ABC - Capentry throughout building - Additional trim repairs, hardware adjustments, and nurse station installation	2015	48,074	3,205	15	3,205		3,205	11
12									12
13	ABC - Self-leveling Concrete for floor in dining room	2015	10,988	549	20	549		1,127	13
14	ABC - Boiler tibe replacement #1	2015	34,667	2,311	15	2,311		4,430	14
15	ABC - Boiler tibe replacement #2	2015	34,667	2,311	15	2,311		2,889	15
16	ABC - Paving, repave parking lot	2015	50,209	3,347	15	3,347		3,347	16
17	ABC - Electrical work - Install new power supply sources for new/additional electrical fixtures throughout building	2015	8,200	820	10	820		820	17
18									18
19	ADG - Interior Design and Architectural Work	2015	47,827	3,188	15	3,188		3,188	19
20	Computer renderings/sketches/analysis/engineering overhead for interior space and renovations for remodel								20
21									21
22	INTCON - Wall Panels(2), hand rails, ceiling: elevator cabin	2016	7,680	384	15	384		384	22
23	DEDRES - Remodeling due to fire damage, restoration	2016	6,495	83	39	83		83	23
24	ABC - Sprinklers, replace/relocate	2016	3,398	68	25	68		68	24
25	ABC - Entrance, Vestibule on Main Door	2016	10,752	90	20	90		90	25
26	GTMECH - Motor, Fan for chiller	2016	4,738	395	5	395		395	26
27	GTMECH - Fire dampers	2016	9,716	405	10	405		405	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,124,261	\$ 363,951		\$ 356,747	\$ (7,204)	\$ 5,379,212	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	\$3,562,768	\$422,912	\$422,912	\$	varies	\$1,082,422	71
72	Current Year Purchases	27,583	2,071	2,071		varies	2,070	72
73	Fully Depreciated Assets	1,541,193	10,133	10,133		varies	1,541,193	73
74								74
75	TOTALS	\$5,131,544	\$435,116	\$435,116	\$		\$2,625,685	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
77									77
78									78
79	related party-AMS	various	1998-2004	4,026				3	4,026
80	TOTALS			\$53,889	\$	\$	\$		\$53,889

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)			\$	17,739,377
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	799,067
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	791,863
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	(7,204)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	8,058,786

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 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: *

10. Effective dates of current rental agreement:
Beginning 4/1/2016
Ending 3/31/2026

	Fiscal Year Ending	Annual Rent
12.	12/31/2017	\$ varies
13.	12/31/2018	\$ varies
14.	12/31/2019	\$ varies

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

15. Is Movable equipment rental included in building rental?☐ YES☒ NO
16. Rental Amount for movable equipment: \$30,903Description: copy machine GL 6861 and equipment lease GL 6859
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	related party-PG 6A	various	\$ #####	\$ 20,308	17
18					18
19	Auto lease - gl 6890	various	25.00	300	19
20					20
21	TOTAL		\$ #####	\$ 20,608	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	\$		\$ 352,090	\$		\$ 352,090	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			29,921			29,921	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			446,941			446,941	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				482,877		482,877	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					(128,128)	177,200		49,072	13
14	TOTAL			\$		\$ 700,824	\$ 660,077		\$ 1,360,901	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	-	\$352,090.00
2.	ST	39-3	To Col 5	-	29,921.00
3.					
4.	PT	39-3	To Col 5	-	446,941.00
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			-	512,140.05
	Manual Input from Related Party- Forum Drugs				(29,263.00)
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	482,877.05
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00
	Total Exceptional Care (Line 12, Col 8)			-	0.00
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(128,128.00)
	Other			-	200,381.00
	Manual Input: Related Party - Prism				(36,114.00)
	Manual Input: Related Party FECII - I.V.				(1,860.00)
	Manual Input: Related Party FECII - Wound Care				(2,348.00)
	Oxygen, from reclass worksheet (Pg 4A)				17,141.00
13.	Col 6: Supplies Total		To Col 6	-	177,200.00
13.	Total Line 13, Column 8			-	49,072.00
14.	Total			-	1,360,901.05
					=====

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>275,000</u>)	3,273,132	3,273,132	3
4	Supply Inventory (priced at)	6,203	6,203	4
5	Short-Term Investments			5
6	Prepaid Insurance		9,579	6
7	Other Prepaid Expenses	20,532	55,832	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	182,704	375,827	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,482,571	\$ 3,720,573	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	54,429	54,429	12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,103,978	14
15	Leasehold Improvements, at Historical Cost	997,715	2,393,644	15
16	Equipment, at Historical Cost	534,371	5,276,903	16
17	Accumulated Depreciation (book methods)	(809,936)	(8,141,294)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds		104,572	21
22	Other Long-Term Assets (spe <u>Refi Fees</u>		323,985	22
23	Other(specify): <u>Due from Affiliate</u>	24,416,736	24,507,459	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 25,193,315	\$ 35,053,359	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 28,675,886	\$ 38,773,932	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 643,613	\$ 619,658	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	668,450	668,450	28
29	Short-Term Notes Payable	18,056	314,469	29
30	Accrued Salaries Payable	820,650	820,650	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	35,932	35,932	31
32	Accrued Real Estate Taxes(Sch.IX-B)		393,000	32
33	Accrued Interest Payable		31,904	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	255,956	255,956	36
37	<u>Due to Affiliates</u>	1,539,476	1,539,476	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,982,133	\$ 4,679,495	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	40,107	40,107	39
40	Mortgage Payable		12,725,539	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>			43
44	<u>Sharehold.loan, other</u>			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 40,107	\$ 12,765,646	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,022,240	\$ 17,445,141	46
47	TOTAL EQUITY(page 18, line 24)	\$ 24,653,646	\$ 21,328,790	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 28,675,886	\$ 38,773,932	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 22,887,890	1
2	Restatements (describe):		2
3	W/O Interc. Loan @ 12.31.16	957,126	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 23,845,016	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	808,630	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)	\$ 808,630	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)	\$ 24,653,646	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 14,992,835	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,992,835	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	251,855	6
7	Oxygen	21,278	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 273,133	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		12
13	Barber and Beauty Care	1,273	13
14	Non-Patient Meals	422	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	10,921	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 12,615	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	4,662	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,662	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	9,272	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,272	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,292,518	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,234,311	31
32	Health Care	5,178,007	32
33	General Administration	3,537,693	33
	B. Capital Expense		
34	Ownership	1,529,838	34
	C. Ancillary Expense		
35	Special Cost Centers	1,541,474	35
36	Provider Participation Fee	462,565	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 14,483,888	40
41	Income before Income Taxes (line 30 minus line 40)**	808,630	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 808,630	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 8,974,047	44
45	Private Pay - Net Inpatient Revenue	1,737,709	45
46	Medicare - Net Inpatient Revenue	2,870,965	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,410,114	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,992,835	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 Estates of Northmoor	#	0041277	Report Period Beginning	01/01/2016	Ending:	12/31/2016
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Details of Page 19, Line 28

Description	Amount
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Record Copies (g/l 4977-100-001)	\$ 1,458
Polling Site Reimbursement (4977-100-008)	\$ 25
Misc Income (Insurance Savings Program)	\$ 2,589
Vendor Discounts	\$ 175
Write off Old A/P	\$ 5,024

Line 28 Total:	<u>9,272</u>
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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	2,084	2,084	\$ 128,424	\$ 61.62	1
2	Assistant Director of Nursing	4,138	4,138	149,961	36.24	2
3	Registered Nurses	45,316	47,734	1,711,352	35.85	3
4	Licensed Practical Nurses	35,099	37,221	1,018,244	27.36	4
5	CNAs & Orderlies	75,753	81,128	1,126,322	13.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,014	7,736	105,816	13.68	8
9	Activity Director	2,080	2,080	47,710	22.94	9
10	Activity Assistants	7,877	8,476	98,157	11.58	10
11	Social Service Workers	2,080	2,080	45,870	22.05	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	54,895	26.39	13
14	Head Cook	2,072	2,072	91,728	44.27	14
15	Cook Helpers/Assistants	35,263	38,988	520,002	13.34	15
16	Dishwashers					16
17	Maintenance Workers	1,960	1,969	62,377	31.68	17
18	Housekeepers	18,395	19,726	235,899	11.96	18
19	Laundry	4,731	5,406	62,245	11.51	19
20	Administrator	1,016	1,032	60,279	58.41	20
21	Assistant Administrator	2,968	3,039	89,654	29.50	21
22	Other Administrative	4,360	4,432	125,764	28.38	22
23	Office Manager	2,000	2,089	50,476	24.16	23
24	Clerical	3,923	4,059	48,241	11.88	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	163,032	39.19	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	1,920	1,976	45,444	23.00	32
33	Other(specify) <u>Alzheimers Supervisors</u>	6,274	6,544	116,233	17.76	33
34	TOTAL (lines 1 - 33)	272,563	290,249	\$ 6,158,125 *	\$ 21.22	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	\$ 27,532	1-3	35
36	Medical Director	Monthly	20,485	9-3	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	24	1,380	11-3	44
45	Social Service Consultant	28	1,960	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	52	\$ 56,109		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	12	\$ 2,610	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	12	\$ 2,610		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
KAZMIERSKI, NANCY	Administrator	0	\$ 39,176
PEASE, ALLISON	Administrator	0	21,103
SERUSHAN, IDENE	Assist Administrator	0	23,807
BAUER, LORI	Assist Administrator	0	33,042
MADELINE, KURVERS	Assist Administrator	0	32,806
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 149,933
B. Administrative - Other			
Description			Amount
		\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$
C. Professional Services			
Vendor/Payee	Type		Amount
Alden Management Services	Consulting Fee	\$	1,214,046
Pogrund & Korey LLC	Legal fees:non-collections		6,203
Midcap/Gozdecki & Del Giudice LLP	Legal fees:non-collections		2,357
AMS (Eliminated)	Allocated Legal Fees		45,192
Pogrund & Korey LLC/Chicago Title	Legal fees:collections		2,810
Achieve Accreditation	Professional Fees		4,450
First Advantage	Tax Consulting Fee		1,907
MidCap	Accounting Fees		1,140
Chris Novotny	Accounting Fees		100
BDO Seidman/Baker Tilly/KPMG	Accounting Fees		7,826
Joint Commission	Professional Fees		2,800
Vikus Coporation	Professional Fees		758
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 1,289,589
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	211,611
Unemployment Compensation Insurance			51,465
FICA Taxes			449,158
Employee Health Insurance			84,123
Employee Meals			18,373
Illinois Municipal Retirement Fund (IMRF)*			
Union health & welfare			128,516
Pension			36,235
Dental & life			3,004
EE rel/misc p/r/drug tests/vaccines			13,276
401k match/Tuition Reimbursement			5,517
Insurance savings program			(2,589)
TOTAL (agree to Schedule V, line 22, col.8)			\$ 998,688
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			360
Health Care Worker Background Check (Indicate # of checks performed 40)			1,285
Patient Background Checks 215			2,186
Corporate Annual Report			155
Surety bond fees			1,125
Health Care Council of Illinois			19,008
Related Party-AMS			3,583
Less: Public Relations Expense	(	)	
Non-allowable advertising	(	)	
Yellow page advertising	(	)	
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 27,701
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Related Party - AMS			1,777
Seminar Expense			
Illinois Council			80
Expo Experts			77
Entertainment Expense	(	)	
(agree to Sch. V, line 24, col. 8)			
TOTAL			\$ 1,934

*** Attach copy of IMRF notifications**

****See instructions.**

Alden-Northmoor Rehabilitation and Health Care Center, Inc. Legal Fee Support 2016		PG 21A
Legal Fees Reported on Pg 21, Section C:	\$	56,561.94
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,810.22)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any		(45,192.00)
Allowable Legal Fees	\$	8,559.72

In Detail:		
Vendor Name	Invoice Date	Amount
GOZDEL Gozdecki, Del Giudice,	02/10/16	372.74
GOZDEL Gozdecki, Del Giudice,	12/24/16	144.08
GOZDEL Gozdecki, Del Giudice,	12/24/16	159.96
MidCap Allocated Int. 1/16	01/31/16	15.82
MidCap Allocated Int. 11/16	11/30/16	1,109.56
MidCap Allocated Int. 4/16	04/30/16	520.23
MidCap Allocated Int. 6/16	06/30/16	34.25
STOPOG Stone Pogrund & Korey L	01/01/16	500.00
STOPOG Stone Pogrund & Korey L	01/29/16	500.00
STOPOG Stone Pogrund & Korey L	06/30/16	501.00
STOPOG Stone Pogrund & Korey L	06/30/16	500.00
STOPOG Stone Pogrund & Korey L	07/29/16	500.00
STOPOG Stone Pogrund & Korey L	08/31/16	510.03
STOPOG Stone Pogrund & Korey L	09/30/16	506.47
STOPOG Stone Pogrund & Korey L	10/31/16	545.33
STOPOG Stone Pogrund & Korey L	04/29/16	610.90
STOPOG Stone Pogrund & Korey L	06/01/16	500.00
STOPOG Stone Pogrund & Korey L	11/30/16	506.47
STOPOG Stone Pogrund & Korey L	12/29/16	522.88
TOTAL ALLOWABLE LEGAL FEES		8,559.72

Vendor Name	Invoice Date	Amount
STOPOG Stone Pogrund & Korey L	1/1/2016	200.00
STOPOG Stone Pogrund & Korey L	2/29/2016	194.64
STOPOG Stone Pogrund & Korey L	2/29/2016	(10.00)
STOPOG Stone Pogrund & Korey L	3/31/2016	985.12
STOPOG Stone Pogrund & Korey L	6/1/2016	40.00
STOPOG Stone Pogrund & Korey L	7/29/2016	248.00
STOPOG Stone Pogrund & Korey L	8/31/2016	2.50
STOPOG Stone Pogrund & Korey L	9/30/2016	2.50
STOPOG Stone Pogrund & Korey L	10/31/2016	573.36
STOPOG Stone Pogrund & Korey L	11/30/2016	140.00
STOPOG Stone Pogrund & Korey L	12/29/16	434.10
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		2,810.22

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-16	01/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	02/28/16	3,766.00
AMS Corp Legal Cost Alloc-16	03/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	04/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	05/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	06/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	07/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	08/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	09/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	10/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	11/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	12/31/16	3,766.00
TOTAL Allocated Legal Fees		45,192.00
Total Legal Cost		56,561.94

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

CNA: Yes,RN/LPNs: No

(2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

Health Care Council of Illinois \$19,008

(3)

Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?

(5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

7.5

(6)

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

\$

56,183

Line

10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.

(8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.

n/a

(9)

Are you presently operating under a sublease agreement?

YES

x

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

x

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

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.

\$

462,565

This amount is to be recorded on line 42 of Schedule V.

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.
- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

No

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.

\$

18,373

Has any meal income been offset against related costs?

No

Indicate the amount.

\$
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

0

d. Have vehicle usage logs been maintained?

No

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

No

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

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

\$
- (17)

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

No

Firm Name:
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19)

Has a schedule for the legal fees reported on the cost report been provided by the facility?

See page 39 of the instructions for details.

Yes

Attach invoices and a summary of services for all architect and appraisal fees