

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	72,270	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	72,270	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	5,143	2,570	5,643	13,356	8
9	SNF/PED					9
10	ICF	40,863	5,796	1,016	47,675	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	46,006	8,366	6,659	61,031	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.45%

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 5,098

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

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

Facility Name & ID Number

Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	589,783	31,963	25,800	647,546	2,023	649,569	(9,818)	639,751		1
2	Food Purchase		469,864		469,864	(21,563)	448,301	(20,640)	427,661		2
3	Housekeeping	215,933	56,998		272,931	2,208	275,139	11,389	286,528		3
4	Laundry	44,171	35,384	7,170	86,725	433	87,158		87,158		4
5	Heat and Other Utilities			283,641	283,641		283,641	(59)	283,582		5
6	Maintenance	55,860		256,742	312,602	312	312,914	37,808	350,722		6
7	Other (specify):* related party							11,590	11,590		7
8	TOTAL General Services	905,747	594,209	573,353	2,073,309	(16,587)	2,056,722	30,270	2,086,992		8
	B. Health Care and Programs										
9	Medical Director			26,400	26,400		26,400		26,400		9
10	Nursing and Medical Records	3,712,324	324,629	7,708	4,044,661	(15,823)	4,028,838	54,556	4,083,394		10
10a	Therapy	229,041	1,637	11,923	242,601		242,601		242,601		10a
11	Activities	126,785	8,974	6,627	142,386	683	143,069		143,069		11
12	Social Services	44,004			44,004		44,004		44,004		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,963	9,963		15
16	TOTAL Health Care and Programs	4,112,154	335,240	52,658	4,500,052	(15,140)	4,484,912	64,519	4,549,431		16
	C. General Administration										
17	Administrative	151,181			151,181		151,181	159,699	310,880		17
18	Directors Fees										18
19	Professional Services			1,155,908	1,155,908	(270)	1,155,638	(1,061,072)	94,566		19
20	Dues, Fees, Subscriptions & Promotions			40,499	40,499	270	40,769	(20,462)	20,307		20
21	Clerical & General Office Expenses	136,470	22,493	159,859	318,822	1,391	320,213	414,979	735,192		21
22	Employee Benefits & Payroll Taxes			958,127	958,127	1,496	959,623		959,623		22
23	Inservice Training & Education										23
24	Travel and Seminar			275	275		275	2,113	2,388		24
25	Other Admin. Staff Transportation			5,047	5,047		5,047	20,283	25,330		25
26	Insurance-Prop.Liab.Malpractice			214,943	214,943		214,943	14,202	229,145		26
27	Other (specify):* related party			242,229	242,229		242,229	(157,063)	85,166		27
28	TOTAL General Administration	287,651	22,493	2,776,887	3,087,031	2,887	3,089,918	(627,321)	2,462,597		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,305,552	951,942	3,402,898	9,660,392	(28,840)	9,631,552	(532,532)	9,099,020		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 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			28,384	28,384		28,384	490,379	518,763			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			180,534	180,534		180,534	383,668	564,202			32
33	Real Estate Taxes			313,966	313,966	(313,966)		321,006	321,006			33
34	Rent-Facility & Grounds			833,593	833,593	313,966	1,147,559	(1,147,559)				34
35	Rent-Equipment & Vehicles			29,099	29,099		29,099	66,899	95,998			35
36	Other (specify):* MIP							109,366	109,366			36
37	TOTAL Ownership			1,385,576	1,385,576		1,385,576	223,759	1,609,335			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		559,273	750,695	1,309,968	28,840	1,338,808	(91,208)	1,247,600			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			452,519	452,519		452,519		452,519			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		559,273	1,203,214	1,762,487	28,840	1,791,327	(91,208)	1,700,119			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,305,552	1,511,215	5,991,688	12,808,455		12,808,455	(399,981)	12,408,474			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		\$ (21,562.80)	Employee Meals
	22	\$ 21,562.80	Employee Meals
22		\$ (20,067.00)	Uniforms
	1	\$ 2,023.00	Uniforms
	3	\$ 2,208.00	Uniforms
	4	\$ 433.00	Uniforms
	6	\$ 312.00	Uniforms
	10	\$ 13,017.00	Uniforms
	11	\$ 683.00	Uniforms
	21	\$ 1,391.00	Uniforms
10		\$ (28,839.71)	Oxygen - to appropriate cost center
	39	\$ 28,839.71	Oxygen - to appropriate cost center
33		\$ (313,965.67)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 313,965.67	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(270.00)	Resident Back Ground Checks
	20	270.00	Resident Back Ground Checks
		<u>\$ -</u>	

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(136)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,605)	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	(1,730)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,131)	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	(24,250)	21		17
18	Fines and Penalties	(336)	32		18
19	Entertainment	(1,205)	20		19
20	Contributions	13,828	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(10,545)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(242,229)	27		24
25	Fund Raising, Advertising and Promotional	(14,246)	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)	\$ (305,789)		\$	30

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(2,554)		34
35	Other- Attach Schedule	(91,638)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (94,192)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (399,981)		37

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

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

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

BHF USE ONLY						
48		49		50		51
						52

Alden Northmoor Rehab & HCCID# 0041277Report Period Beginning: 01/01/2014Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (4,275)	5	1
2	Intercompany Interest (7031)	(125,314)	32	2
3	Record Copies (g/l 4977-100-001)	(4,011)	10	3
4	Jury Duty (g/l 4977-100-002)	(17)	21	4
5	Illinois Association of Healthcare Council	1,188	20	5
6	Vendor Discounts	(120)	10	6
7				7
8	Back Out Bank Charges - Northmoor Associates	(108)	19	8
9	Back Out Chamber of Commerce Edison/Gladstone/Norv	(225)	20	9
10				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	54	30	15
16	Adj for 2013 ABC related party profit - Pg 12	8	30	16
17	Adj for 2014 ABC related party profit - Pg 12	(58)	30	17
18				18
19	Elimin Pg 13 deprec on assets<\$2,500	(20,285)	30	19
20	"Pg 13" assets<\$2,500 to be expensed	52,365	6	20
21	Elimin Pg 12 deprec on assets<\$2,500	(3,019)	30	21
22	"Pg 12" assets<\$2,500 to be expensed	10,003	6	22
23	Adjust depreciation to Pg 13's	2,187	30	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		(91,638)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	3,398	(13,216)	0	0	0	0	0	0	0	(9,818)	1
2	Food Purchase	(5,267)	0	0	(15,373)	0	0	0	0	0	0	0	(20,640)	2
3	Housekeeping	0	0	11,389	0	0	0	0	0	0	0	0	11,389	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,275)	0	4,216	0	0	0	0	0	0	0	0	(59)	5
6	Maintenance	49,763	0	(12,307)	0	0	0	(77)	429	0	0	0	37,808	6
7	Other (specify):*	0	0	10,357	1,233	0	0	0	0	0	0	0	11,590	7
8	TOTAL General Services	40,221	0	17,053	(27,356)	0	0	(77)	429	0	0	0	30,270	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	(4,131)	0	64,418	(58)	(5,673)	0	0	0	0	0	0	54,556	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	9,963	0	0	0	0	0	0	0	0	9,963	15
16	TOTAL Health Care and Programs	(4,131)	0	74,381	(58)	(5,673)	0	0	0	0	0	0	64,519	16
	C. General Administration													
17	Administrative	0	0	159,699	0	0	0	0	0	0	0	0	159,699	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(10,653)	16,326	(1,066,745)	0	0	0	0	0	0	0	0	(1,061,072)	19
20	Fees, Subscriptions & Promotions	(660)	0	(19,802)	0	0	0	0	0	0	0	0	(20,462)	20
21	Clerical & General Office Expenses	(24,267)	309	368,472	32,594	37,871	0	0	0	0	0	0	414,979	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	2,113	0	0	0	0	0	0	0	0	2,113	24
25	Other Admin. Staff Transportation	0	0	20,283	0	0	0	0	0	0	0	0	20,283	25
26	Insurance-Prop.Liab.Malpractice	0	13,913	289	0	0	0	0	0	0	0	0	14,202	26
27	Other (specify):*	(242,229)	0	79,147	3,204	2,815	0	0	0	0	0	0	(157,063)	27
28	TOTAL General Administration	(277,809)	30,548	(456,544)	35,798	40,686	0	0	0	0	0	0	(627,321)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(241,719)	30,548	(365,110)	8,384	35,013	0	(77)	429	0	0	0	(532,532)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2014 Ending:

12/31/2014

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(28,328)	514,717	3,990	0	0	0	0	0	0	0	0	490,379	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(127,380)	374,403	135,828	0	817	0	0	0	0	0	0	383,668	32
33	Real Estate Taxes	0	313,966	7,141	0	(101)	0	0	0	0	0	0	321,006	33
34	Rent-Facility & Grounds	0	(1,147,559)	0	0	0	0	0	0	0	0	0	(1,147,559)	34
35	Rent-Equipment & Vehicles	0	0	66,899	0	0	0	0	0	0	0	0	66,899	35
36	Other (specify):*	0	109,366	0	0	0	0	0	0	0	0	0	109,366	36
37	TOTAL Ownership	(155,708)	164,893	213,858	0	716	0	0	0	0	0	0	223,759	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	(61,538)	(68,838)	39,168	0	0	0	0	0	(91,208)	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	(61,538)	(68,838)	39,168	0	0	0	0	0	(91,208)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(397,427)	195,441	(151,252)	(53,154)	(33,109)	39,168	(77)	429	0	0	0	(399,981)	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	\$ 1,147,559	Northmoor Associates, LLC	0.00%	\$	\$ (1,147,559)	1
2	V	32 Replacement Reserve interest/Interest	51,652	Northmoor Associates, LLC			(51,652)	2
3	V	32 Debt Retirement Fee		Northmoor Associates, LLC				3
4	V	19 Accounting/Professional/Bank Fees/Legal Fee Non- Collection		Northmoor Associates, LLC		16,326	16,326	4
5	V	21 Dues & Subscriptions/Corp. Rpt Fees		Northmoor Associates, LLC		309	309	5
6	V	33 Real estate taxes		Northmoor Associates, LLC		313,966	313,966	6
7	V	26 Property/liability insurance		Northmoor Associates, LLC		13,913	13,913	7
8	V	36 Mortgage insurance premium		Northmoor Associates, LLC		109,366	109,366	8
9	V	32 Mortgage interest		Northmoor Associates, LLC		403,202	403,202	9
10	V	32 Interest-Operating loss loan/interest-other		Northmoor Associates, LLC		1,829	1,829	10
11	V	30 Depreciation		Northmoor Associates, LLC		514,717	514,717	11
12	V	32 Amortization		Northmoor Associates, LLC		21,024	21,024	12
13	V							13
14	Total		\$ 1,199,211			\$ 1,394,652	\$ * 195,441	14

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

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	\$ 1,120,150	Alden Management Services, Inc.	0.00%	\$	\$(1,120,150)
16	V	21 Gen'l & Admin		Alden Management Services, Inc.		368,472	368,472
17	V	5 Utilities		Alden Management Services, Inc.		4,216	4,216
18	V	6 Repair/Mainten.	229,804	Alden Management Services, Inc.		217,497	(12,307)
19	V	24 Travel/Seminar		Alden Management Services, Inc.		2,113	2,113
20	V	25 Other admin travel		Alden Management Services, Inc.		20,283	20,283
21	V	26 Insurance		Alden Management Services, Inc.		289	289
22	V	20 Dues/Subscriptions	24,816	Alden Management Services, Inc.		5,014	(19,802)
23	V	30 Depreciation		Alden Management Services, Inc.		3,990	3,990
24	V	33 Real Estate Taxes		Alden Management Services, Inc.		7,141	7,141
25	V	35 Rent-Equip & Vehic		Alden Management Services, Inc.		66,899	66,899
26	V	32 Interest		Alden Management Services, Inc.		135,828	135,828
27	V	7 Employee Benefits-Gen Service		Alden Management Services, Inc.		10,357	10,357
28	V	15 Employee Benefits Health Care		Alden Management Services, Inc.		9,963	9,963
29	V	27 Employee Benefits-Admin		Alden Management Services, Inc.		79,147	79,147
30	V	1 Dietary Aide Coordinator Sal.		Alden Management Services, Inc.		3,398	3,398
31	V	3 Housekeeping Coordinator Sal		Alden Management Services, Inc.		11,389	11,389
32	V	10 Nusre & Med Records Sal		Alden Management Services, Inc.		64,418	64,418
33	V	17 Administrative Sal		Alden Management Services, Inc.		159,699	159,699
34	V	19 Professional Salary & Non-Salary		Alden Management Services, Inc.		53,405	53,405
35	V			Alden Management Services, Inc.			
36	V						
37	V						
38	V						
39	Total		\$ 1,374,770			\$ 1,223,518	\$ * (151,252)

* 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	\$ 25,500	Prism Health Care Services, Inc.	0.00%	\$ 61	\$ (25,439)
16	V	1 Dietary salaries		Prism Health Care Services, Inc.		12,223	12,223
17	V	2 Tube feeding	38,000	Prism Health Care Services, Inc.		22,627	(15,373)
18	V	10 Equipment rental-patient care	6,660	Prism Health Care Services, Inc.		6,602	(58)
19	V	39 Ancillary supplies	101,971	Prism Health Care Services, Inc.		40,433	(61,538)
20	V	21 G & A salaries		Prism Health Care Services, Inc.		19,269	19,269
21	V	21 G & A expenses		Prism Health Care Services, Inc.		13,325	13,325
22	V	27 Emp. Benefits-G & A		Prism Health Care Services, Inc.		3,204	3,204
23	V	7 Emp. Benefits-Dietary		Prism Health Care Services, Inc.		1,233	1,233
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 172,131			\$ 118,977	\$ * (53,154)

* 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	\$ 242,067	Forum Extended Care Services II, Inc.	0.00%	\$ 205,085	\$ (36,982)
16	V	39 I.V.	185,969	Forum Extended Care Services II, Inc.		157,557	(28,412)
17	V	39 Wound Vac	22,546	Forum Extended Care Services II, Inc.		19,102	(3,444)
18	V	10 House Stock	32,385	Forum Extended Care Services II, Inc.		27,438	(4,947)
19	V	10 Pharm Consult	4,752	Forum Extended Care Services II, Inc.		4,026	(726)
20	V	27 Employ Vaccin	2,137	Forum Extended Care Services II, Inc.		1,811	(326)
21	V	27 Employ Benefits-G & A		Forum Extended Care Services II, Inc.		3,141	3,141
22	V	21 G & A Salaries		Forum Extended Care Services II, Inc.		20,827	20,827
23	V	21 Gen'l & Admin		Forum Extended Care Services II, Inc.		17,044	17,044
24	V	32 Interest		Forum Extended Care Services II, Inc.		817	817
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(101)	(101)
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 489,856			\$ 456,747	\$ * (33,109)

* 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	\$ 741,029	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 780,197	\$ 39,168	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		\$ 741,029			\$ 780,197	\$ *	39,168	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	\$ 40,845	Alden Bennett Construction Company, Inc.	0.00%	\$ 40,768	\$ (77)	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		\$ 40,845			\$ 40,768	\$ * (77)	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	\$ 2,044	Alden Design Group, Inc.	0.00%	\$ 2,473	\$ 429	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 2,044			\$ 2,473	\$ *	429	39

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

Facility Name & ID Number

Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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 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	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	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			Alden - Princeton Rehabilitation and Health Ca	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 C	Skokie	Family Home Health S	Addison	Home health & hosj	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 & HCC # 0041277 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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.	President	CEO	100.00	176,165	1.912	4.78	Salary	\$ 8,835	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	90,464	1.912	4.78	Salary	4,536	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	90,464	1.912	4.78	Salary	4,536	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	95,454	1.912	4.78	Salary	4,787	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	58,018	1.912	4.78	Salary	2,910	21-7	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	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											12
13								TOTAL	\$ 25,604		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 & HCC

0041277 Report Period Beginning: 01/01/2014

Ending: 2/31/2014

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773-286-3883
 Fax Number (773-286-8038

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,278,025	35	\$ 88,281	\$ 61,031	\$ 4,216	1
2	24	Trav & Seminar	Patient Days	1,278,025	35	44,237	61,031	2,113	2
3	25	Other Admin Travel	Patient Days	1,278,025	35	424,738	61,031	20,283	3
4	26	Insurance	Patient Days	1,278,025	35	6,060	61,031	289	4
5	20	Dues & Subscriptions	Patient Days	1,278,025	35	104,997	61,031	5,014	5
6	30	Depreciation	No of Providers/usage	35	35	150,051	1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	1,278,025	35	171,564	61,031	7,141	7
8	35	Rent-Equip & Vehicle	Patient Days	1,278,025	35	1,400,909	61,031	66,899	8
9	32	Interest	Patient Days/usage	1,278,025	35	2,235,440	61,031	135,828	9
10	1	Dietary Salary	Patient Days	1,278,025	35	71,149	61,031	3,398	10
11	3	Housekeeping Salary	Patient Days	1,278,025	35	238,482	61,031	11,389	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,278,025	35	216,885	61,031	10,357	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,278,025	35	1,414,605	61,031	64,418	13
14	15	Employee Benefits -Health Care	Patient Days	1,278,025	35	208,622	61,031	9,963	14
15	17	Administrative Salary	Patient Days/usage	1,278,025	35	3,718,414	61,031	159,699	15
16	27	Employee Benefits - Admin	Patient Days	1,278,025	35	1,657,386	61,031	79,147	16
17	19	Professional fees	Charge/usage	1,278,025	35	1,311,498	61,031	53,405	17
18	21	Gen'I & Admin	Patient Days/usage	1,278,025	35	7,716,027	61,031	368,472	18
19	6	Repair & Maint.	Charge/usage	1,278,025	35	1,444,891	61,031	217,497	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 22,624,236	\$ 14,123,494	\$ 1,223,518	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	Name of Lender	2		3	4	5	6		8	9	10	11						
		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	\$56,273.81	6/1/13	\$ 14,015,400	\$ 13,589,296	6/1/2045	2.9400	\$ 403,202	1						
2	Cambridge Realty		X	Loan-Other		4/24/13	365,625		11/1/2014	1.0000	1,829	2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,401	4						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							21,024	5						
Working Capital																		
6	Related party-AMS		X	Working Capital							135,828	6						
7	Related party-FECII		X	Working Capital							817	7						
8												8						
9	TOTAL Facility Related				\$56,273.81		\$ 14,381,025	\$ 13,589,296			\$ 566,102	9						
B. Non-Facility Related*																		
10	Northmoor Associates LLC		X	Interest-Replacement Res/Other							(169)	10						
11	Interest Income		X	Public Aid Interest							(1,730)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			(1,899)	14						
15	TOTALS (line 9+line14)						\$ 14,381,025	\$ 13,589,296			\$ 564,202	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 109,366 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 2013 report.			\$	<u>349,200</u>	1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	<u>326,666</u>	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>(22,534)</u>	3
4.	Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>336,500</u>	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>313,966</u>	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>7,040.00</u>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>321,006</u>	
Real Estate Tax Bill for Calendar Year:		2009	<u>270,157</u>	8	FOR BHF USE ONLY	
		2010	<u>281,918</u>	9	13	FROM R. E. TAX STATEMENT FOR 2013 \$
		2011	<u>280,790</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$
		2012	<u>339,014</u>	11	15	LESS REFUND FROM LINE 6 \$
		2013	<u>326,666</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
The current year accrual is based on an estimated 3% increase of the prior year tax						

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.

2013 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Northmoor Rehab & HCC 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 2013 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 2013.

(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>317,349.00</u>	\$ <u>7,141.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(101.00)</u>
3. <u>13-06-409-017-0000</u>	<u>Nursing Home Facility</u>	\$ <u>6,280.86</u>	\$ <u>6,280.86</u>
4. <u>13-06-409-018-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,759.72</u>	\$ <u>3,759.72</u>
5. <u>13-06-409-019-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,714.22</u>	\$ <u>3,714.22</u>
6. <u>13-06-409-020-0000</u>	<u>Nursing Home Facility</u>	\$ <u>3,652.80</u>	\$ <u>3,652.80</u>
7. <u>13-06-409-021-0000</u>	<u>Nursing Home Facility</u>	\$ <u>61,364.55</u>	\$ <u>61,364.55</u>
8. <u>13-06-409-022-0000</u>	<u>Nursing Home Facility</u>	\$ <u>61,072.41</u>	\$ <u>61,072.41</u>
9. <u>13-06-409-023-0000</u>	<u>Nursing Home Facility</u>	\$ <u>61,072.41</u>	\$ <u>61,072.41</u>
10. <u>13-06-409-024, 025-000</u>	<u>Nursing Home Facility</u>	\$ <u>125,748.70</u>	\$ <u>125,748.70</u>
TOTALS		\$ <u><u>634,848.67</u></u>	\$ <u><u>333,705.67</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 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	<u>nursing facility</u>	<u>53,009</u>	<u>1996</u>	<u>\$ 1,429,683</u>	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)	\$ 4,161,055	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 alarm			1996	17,753		15			17,753	11
12	Install additional outlet			1997	2,108		10			2,108	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		2,712	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		15			52,667	29
30	Computer & training & installation			1998	3,158		5			3,158	30
31	Canopy construction			1998	73,120		15			73,120	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	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Climate Service - replace compressor	1999	\$ 2,603	\$	15	\$	\$	\$ 2,603	37
38	Washdown 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		1,641	45
46	Climate service - ice machine repair	1999	1,885		10			1,885	46
47	Climate service - condensor repair	1999	3,579	160	15	160		3,579	47
48	ABC -misc. Work	2000	16,003		10			16,003	48
49	CSI-change exhaust belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		1,516	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		2,144	55
56	DBS contracting -lawn sprinkler	2001	2,575	172	15	172		2,435	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)	(84)	15	(84)		(1,079)	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		639	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		1,394	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	\$ 228,063		\$ 220,859	\$ (7,204)	\$ 4,438,412	70

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	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		\$ 9,076,838	\$ 228,063		\$ 220,859	\$ (7,204)	\$ 4,438,412	1
2	ABC-fire/smoker dampers	2003	6,390		10			6,390	2
3	ABC-rooftop compressor	2003	8,411	561	15	561		6,497	3
4	ABC-securitron DK 26	2003	1,087	72	15	72		842	4
5	GT Mechanical - H/V/A/C	2004	2,594	111	10	111		2,594	5
6	CSI Coker - Oven (flame spreader)	2004	3,378	167	10	167		3,378	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		1,865	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		1,820	8
9	Top Notch Service - Steam wells (2)	2004	2,153	199	10	199		2,153	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	110	20	110		1,054	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007	201	10	201		1,993	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	355	15	355		3,461	12
13									13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029	203	10	203		1,911	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	288	15	288		2,688	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	38	20	38		351	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	68	15	68		623	17
18	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931	1,393	10	1,393		10,448	18
19	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	273	15	273		1,957	19
20	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		2,719	20
21	Oak Fire & Security - Smoke Detectors	2007	3,020	302	10	302		1,862	21
22	ABC Electrical Work	2007	24,463	1,223	20	1,223		9,071	22
23	Tarkett flooring	2008	8,745	875	10	875		5,393	23
24	Plumbing work & fixtures combined	2008	9,526	476	20	476		3,134	24
25	Replaced numerous plumbing fixtures	2008	9,806	490	20	490		3,063	25
26	Heating Vent	2008	8,838	589	15	589		3,191	26
27	Replaced numerous plumbing fixtures	2008	8,440	422	20	422		2,638	27
28	Replaced plumbing fixtures	2008	7,520	376	20	376		2,350	28
29	Repair of major water leak	2008	8,213	821	10	821		5,063	29
30	Replaced paio doors (automatic)	2008	3,012	301	10	301		1,831	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,239,753	\$ 238,672		\$ 231,468	\$ (7,204)	\$ 4,528,752	34

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

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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 12B, Carried Forward		\$ 9,239,753	\$ 238,672		\$ 231,468	\$ (7,204)	\$ 4,528,752	1
2	ABC - Heating/Vent	2009	8,838	589	15	589		3,192	2
3	RE-UPHOLSTERED 1ST FL Furniture	2009	7,445	745	10	745		3,785	3
4	ABC - Install Fire Dampers	2010	13,646	1,365	10	1,365		5,458	4
5	GTMECH - Fan motor/blade replaced in chiller	2011	4,054	811	5	811		2,770	5
6	ROSPAV-Asphalt/Painting/Coating/Sealing for Parking Lot	2011	10,383	1,298	8	1,298		4,218	6
7	ABC - Boiler Pipes/Plumbing Repairs	2011	8,018	656	25	656		1,750	7
8	ABC - Window Panel Replacement	2011	2,768	277	10	277		830	8
9	TOPNOT - Booster Plumbing	2011	5,421	1,084	5	1,084		3,795	9
10	OAKFIR - Annunciator card replaced	2011	4,775	955	5	955		2,945	10
11	ABC - Fire Dampers installed	2011	13,646	1,365	10	1,365		4,208	11
12									12
13	USFIRE -Sprinkler/Gauges - Inspection/Replacement	2012	9,741	390	25	390		1,007	13
14	OAKFIR - Damper Links Replaced	2012	6,600	660	10	660		1,705	14
15	GTMECH - Repair Boiler Maint.	2012	6,784	678	10	678		1,470	15
16	ABC - Hot water heat repairs	2012	5,106	511	10	511		1,362	16
17	ABC - Sink/toilet replacement	2012	2,912	146	20	146		388	17
18									18
19	GTMECH - Chiller Coils/Major Repair	2013	5,087	1,017	5	1,017		1,441	19
20	GTMECH - Duct Work Insulation	2013	5,500	367	15	367		734	20
21	OAKFIR - Sprinkler, fire, elevator	2013	3,944	158	25	158		289	21
22	SKIMEC - Fire Dampers	2013	8,115	812	10	812		1,488	22
23	ABC - Drywall	2013	6,856	457	15	457		762	23
24									24
25	Adj for ABC related party profit	2008	(319)	(26)		(26)		(169)	25
26	Adj for ABC related party profit	2009	(117)	(6)		(6)		(33)	26
27	Adj for ABC related party profit	2010	(167)	(2)		(2)		(8)	27
28	Adj for ABC related party profit	2011	190	22		22		78	28
29	Adj for ABC related party profit	2012	495	54		54		135	29
30	Adj for ABC related party profit	2013	92	8		8		12	30
31	Adj for ABC related party profit	2014	(1,616)	(58)		(58)		(58)	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,377,948	\$ 253,003		\$ 245,799	\$ (7,204)	\$ 4,572,305	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,377,948	\$ 253,003		\$ 245,799	\$ (7,204)	\$ 4,572,305	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	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	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,468,403	\$ 254,307		\$ 247,103	\$ (7,204)	\$ 4,654,339	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,468,403	\$ 254,307		\$ 247,103	\$ (7,204)	\$ 4,654,339	1
2	Top Notch - Motor/Control Board for tilt skillet	2014	2,650	309	5	309		309	2
3	In 2014 Northmoor had major renovations. The following								3
4	improvements were completed throughout the entire building								4
5	(All 4 Levels, Residents Rooms, Dining Area, and Therapy Room)								5
6	ABC - Boiler insulation/flex tubes	2014	6,745	787	5	787		787	6
7	ABC - Elevator, Rebuild	2014	78,250	2,646	20	2,646		2,646	7
8	Architectural Work - Blueprints, 3D designs, layouts, and	2014	45,684	1,523	15	1,523		1,523	8
9	contracted engineering fees								9
10	Demolition of walls & removal of materials for replacement	2014	49,579	1,653	15	1,653		1,653	10
11	Demolition of walls & removal of materials for replacement	2014	45,499	1,517	15	1,517		1,517	11
12	Carpentry - Rebuild frame structure to accommodate new layout	2014	136,498	4,550	15	4,550		4,550	12
13	(Includes metal/wood framing and trimming of walls)								13
14	Carpentry - Rebuild frame structure to accommodate new layout	2014	41,500	1,383	15	1,383		1,383	14
15	(Includes metal/wood framing and trimming of walls)								15
16	Carpentry - Rebuild frame structure to accommodate new layout	2014	24,000	800	15	800		800	16
17	(Includes metal/wood framing and trimming of walls)								17
18	Electrical Work - New wiring for lighting, phone, and cable	2014	54,500	1,817	15	1,817		1,817	18
19	Electrical Work - New wiring for lighting, phone, and cable	2014	170,623	5,687	15	5,687		5,687	19
20	Building Permit for remodeling construction project	2014	13,123	328	20	328		328	20
21	Building Permit for remodeling construction project	2014	13,123	328	20	328		328	21
22	Dry Wall replacement/Patching for interior walls and ceilings	2014	39,200	1,307	15	1,307		1,307	22
23	Dry Wall replacement/Patching for interior walls and ceilings	2014	73,937	2,465	15	2,465		2,465	23
24	Painting preparations - Sanded all doors, frames, handrails, &	2014	37,500	1,250	15	1,250		1,250	24
25	patched all holes in walls.								25
26	New wall trimming and handrails for walls	2014	98,232	3,274	15	3,274		3,274	26
27	Wall Protection - Hand rails and corner guards installed	2014	18,120	604	15	604		604	27
28	Fire Protection - Spray on Fire Proofing throughout building	2014	5,687	190	15	190		190	28
29	Asphalt paving/Striping for Walkways, Driveway, & Parking Lot	2014	43,224	2,702	8	2,702		2,702	29
30	HVAC	2014	57,600	1,920	15	1,920		1,920	30
31	HVAC	2014	34,125	1,137	15	1,137		1,137	31
32	Furniture Storage	2014	16,450	548	15	548		548	32
33	Glass (Beauty Shop/PT-OT/Dining Room)	2014	7,962	398	10	398		398	33
34	TOTAL (lines 1 thru 33)		\$ 10,582,216	\$ 293,430		\$ 286,226	\$ (7,204)	\$ 4,693,462	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	\$ 2,910,775	\$ 91,021	\$ 91,021	\$	varies	\$ 379,508	71
72	Current Year Purchases	1,014,540	139,182	139,182		varies	139,147	72
73	Fully Depreciated Assets	1,285,251	2,334	2,334		varies	1,285,251	73
74								74
75	TOTALS	\$ 5,210,566	\$ 232,537	\$ 232,537	\$		\$ 1,803,906	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	1998-2004	4,026				3	4,026	79
80	TOTALS			\$ 53,889	\$	\$	\$		\$ 53,889	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)	\$ 17,276,354	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 525,967	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 518,763	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)	\$ 6,551,257	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	Building Renovations	\$ 706,732	92
93			93
94			94
95		\$ 706,732	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.

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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

10. Effective dates of current rental agreement:

Beginning 4/1/2006

Ending 3/31/2016

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

Fiscal Year Ending Annual Rent

12. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ varies

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 33,693 Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>#####</u>	\$ <u>24,595</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>51.31</u>	<u>616</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>25,211</u>	21

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

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

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

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	298,263	\$		\$	298,263	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				71,722				71,722	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				365,565				365,565	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 prescripts					205,084			205,084	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					39,168	267,798			306,966	13
14	TOTAL			\$		\$	774,718	\$	472,882	\$	1,247,600	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	\$298,263.00	
2.	ST	39-3	To Col 5	71,722.00	
3.					
4.	PT	39-3	To Col 5	365,565.00	
5.					
6.					
7.					
8.					
	Pharmacy Supplies per GL			242,066.87	
	Manual Input from Related Party- Forum Drugs			(36,982.00)	
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	205,084.87	940,634.87
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		39,168.00
Other		332,351.85	
Manual Input: Related Party - Prism		(61,538.00)	
Manual Input: Related Party FECII - I.V.		(28,412.00)	
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(3,444.00)	
		28,839.71	
13. Col 6: Supplies Total	To Col 6	267,797.56	267,797.56
13. Total Line 13, Column 8		0.00	306,965.56
14. Total		0.00	1,247,600.43

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning: 01/01/2014

Ending: 12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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 (247,000))	3,108,234	3,108,234	3
4	Supply Inventory (priced at)	6,203	6,203	4
5	Short-Term Investments		14,870	5
6	Prepaid Insurance		11,971	6
7	Other Prepaid Expenses	23,653	60,488	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	9,927	185,190	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,148,017	\$ 3,386,955	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	90,715	90,715	12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,103,978	14
15	Leasehold Improvements, at Historical Cost	626,716	1,690,156	15
16	Equipment, at Historical Cost	371,753	4,610,069	16
17	Accumulated Depreciation (book methods)	(693,034)	(6,617,990)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		95,244	21
22	Other Long-Term Assets (spec CIP, S/H loan)	130,331	1,071,490	22
23	Other(specify): <u>Due from Affiliate</u>	20,778,698	21,822,746	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 21,305,179	\$ 33,296,091	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 24,453,196	\$ 36,683,046	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 566,972	\$ 585,490	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	338,668	338,668	28
29	Short-Term Notes Payable	15,710	295,217	29
30	Accrued Salaries Payable	603,699	603,699	30
31	Accrued Taxes Payable (excluding real estate taxes)	22,632	22,632	31
32	Accrued Real Estate Taxes(Sch.IX-B)		336,500	32
33	Accrued Interest Payable	4,262	37,556	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>	181,959	230,217	36
37	<u>Due to Affiliates</u>	1,280,342	1,280,342	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,014,244	\$ 3,730,320	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	75,004	75,004	39
40	Mortgage Payable		13,309,789	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)	\$ 75,004	\$ 13,384,793	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,089,248	\$ 17,115,113	46
47	TOTAL EQUITY(page 18, line 24)	\$ 21,363,948	\$ 19,567,933	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 24,453,196	\$ 36,683,046	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 20,331,776	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	(79,902)	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 20,251,874	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,112,073	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)	\$ 1,112,073	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)	\$ 21,363,948	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 13,664,196	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,664,196	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	194,794	6
7	Oxygen	36,948	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 231,742	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	2,514	13
14	Non-Patient Meals	136	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	9,190	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 11,840	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	1,730	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 1,730	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	11,021	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,021	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 13,920,528	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,073,309	31
32	Health Care	4,500,052	32
33	General Administration	3,087,031	33
B. Capital Expense			
34	Ownership	1,385,576	34
C. Ancillary Expense			
35	Special Cost Centers	1,309,968	35
36	Provider Participation Fee	452,519	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,808,455	40
41	Income before Income Taxes (line 30 minus line 40)**	1,112,073	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,112,073	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 8,070,844	44
45	Private Pay - Net Inpatient Revenue	1,872,617	45
46	Medicare - Net Inpatient Revenue	2,605,338	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,115,398	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 13,664,196	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2014 Ending:

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
Misc Income (Record copies)	\$ 4,011
Misc Income (Jury Duty)	\$ 17
Gain on Sale of Prior Year Assets	\$ 1,296
Adj. to Prior Year Activity	\$ 5,577
Vendor Discounts	\$ 120

Line 28 Total: 11,021

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	\$ 100,285	\$ 48.21	1
2	Assistant Director of Nursing	2,080	2,080	77,760	37.38	2
3	Registered Nurses	35,305	37,859	1,201,850	31.75	3
4	Licensed Practical Nurses	28,247	30,303	797,532	26.32	4
5	CNAs & Orderlies	89,539	96,663	1,241,871	12.85	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,079	7,669	97,045	12.65	8
9	Activity Director	2,080	2,080	44,365	21.33	9
10	Activity Assistants	8,138	8,764	82,420	9.40	10
11	Social Service Workers	2,072	2,080	44,004	21.16	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	52,627	25.30	13
14	Head Cook	2,080	2,080	90,886	43.70	14
15	Cook Helpers/Assistants	32,062	36,175	446,270	12.34	15
16	Dishwashers					16
17	Maintenance Workers	1,896	1,916	55,860	29.15	17
18	Housekeepers	19,111	20,999	215,933	10.28	18
19	Laundry	3,712	4,156	44,171	10.63	19
20	Administrator	2,072	2,080	120,961	58.15	20
21	Assistant Administrator	1,120	1,120	30,220	26.98	21
22	Other Administrative	8,312	8,312	219,781	26.44	22
23	Office Manager					23
24	Clerical	4,664	4,759	48,685	10.23	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	149,223	35.87	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	2,080	2,080	46,840	22.52	32
33	Other(specify) <u>Alzheimers Spervi</u>	4,587	4,879	96,963	19.87	33
34	TOTAL (lines 1 - 33)	264,556	284,374	\$ 5,305,552 *	\$ 18.66	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	\$ 25,800	1-3	35
36	Medical Director	Monthly	26,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant	Monthly	4,752	10-3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	16	880	11-3	44
45	Social Service Consultant	12	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	28	\$ 58,672		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	8	\$ 2,622	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	8	\$ 2,622		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	
Glaza, Karen Lynn	Administrator	0	\$ 120,961	Workers' Compensation Insurance	\$ 230,953	IDPH License Fee	\$	
Green, Julie M.	Assist Administrator	0	30,220	Unemployment Compensation Insurance	38,254	Advertising: Employee Recruitment		
		0		FICA Taxes	390,177	Health Care Worker Background Check		
				Employee Health Insurance	69,566	(Indicate # of checks performed 26)	843	
				Employee Meals	21,563	Patient Background Checks	153 1,530	
				Illinois Municipal Retirement Fund (IMRF)*		Chicago Tribune/Chicago Sun-Times	615	
				Union health & welfare	149,553	Surety bond fees	1,125	
				Pension	30,582	Health Council	10,930	
				Dental & life	1,546	Collaborative Healthcare	250	
				EE rel/misc p/r/drug tests/vaccines	24,594	Related party- AMS	5,014	
				401k match/Tuition Reimbursement	2,835	Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)						TOTAL (agree to Sch. V, line 20, col. 8)		
					\$ 151,181			
B. Administrative - Other				TOTAL (agree to Schedule V, line 22, col.8)			\$ 959,623	
Description				Amount				
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)								
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		\$ 1,073,242			\$	Out-of-State Travel	\$
Pogtund & Korey LLC	Legal fees:non-collections		4,813					
Law Office of Alice D. Borzym/Kathl	Legal fees:non-collections		2,775					
AMS (Eliminated)	Allocated Legal Fees		46,908				In-State Travel	
Clerk of Circuit Ct./Sheriff of Cook	Legal fees:collections		9,145					
Achieve Accreditation	Professional Fees		4,082				Related party- AMS	2,113
First Advantage	Professional Consulting Fee		1,563				Seminar Expense	
MidCap	Accounting Fees		3,241				Illinois Council	105
Mercer	Professional Fees		515				PESI	170
BDO Seidman/Baker Tilly/KPMG	Accounting Fees		8,272					
Alden Management Services	Patient Background check		270				Entertainment Expense	()
Baker Tilly	Professional Fees		1,082				(agree to Sch. V, line 24, col. 8)	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)				TOTAL			TOTAL	
							\$ 2,388	

* Attach copy of IMRF notifications

**See instructions.

Alden Northmoor Rehab & HCC
 Legal Fee Support
 2014

Legal Fees Reported on Pg 21, Section C:	63,641.49
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(9,145.36)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(46,908.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 7,588.13</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Total Amount</u>	<u>Total Allowable Legal fees</u>
AMS Allocated Legal Fees	1/1/14 - 12/31/2014	46,908.00	
Ariana Fisch	12/31/2014	18.38	
Chicago Title Company , LLC	4/2/2014	60.00	
Chicago Title Company , LLC	4/8/2014	60.00	
Clerk Of The Circuit Court	1/13/2014	177.00	
Clerk Of The Circuit Court	1/13/2014	227.00	
Clerk Of The Circuit Court	1/13/2014	247.00	
Clerk Of The Circuit Court	1/20/2014	137.00	
Clerk Of The Circuit Court	4/8/2014	6.00	
Clerk Of The Circuit Court	8/19/2014	6.00	
Clerk Of The Circuit Court	9/9/2014	6.00	
Law Offices of Alice D. Borzym	6/24/2014	900.00	900.00
Law Offices of Katherine Meersman	4/13/2014	1,875.00	1,875.00
Markley Investigations Inc.	2/25/2014	50.00	
Markley Investigations Inc.	4/23/2014	50.00	
Markley Investigations Inc.	9/2/2014	50.00	
Markley Investigations Inc.	10/7/2014	50.00	
Recorder of Deeds Cook County	4/2/2014	50.00	
Recorder of Deeds Cook County	5/12/2014	40.00	
Recorder of Deeds Cook County	8/11/2014	32.00	

Sheriff of Cook County	1/13/2014	60.00	
Sheriff of Cook County	1/13/2014	120.00	
Sheriff of Cook County	1/13/2014	60.00	
Sheriff of Cook County	1/20/2014	60.00	
Stone, Pogrund, & Korey, LLC	4/30/2014	500.00	500.00
Stone, Pogrund, & Korey, LLC	5/29/2014	500.00	500.00
Stone, Pogrund, & Korey, LLC	6/30/2014	571.28	571.28
Stone, Pogrund, & Korey, LLC	7/31/2014	519.44	519.44
Stone, Pogrund, & Korey, LLC	8/29/2014	890.55	890.55
Stone, Pogrund, & Korey, LLC	9/30/2014	882.25	882.25
Stone, Pogrund, & Korey, LLC	10/31/2014	949.61	949.61
Valer Enterprises Inc.	9/1/2014	7,578.98	

TOTAL	63,641.49	7,588.13
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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	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? 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 \$10,930
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 62,243 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. \$ 452,519
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 21,563 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.