

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	6,629	3,006	6,676	16,311	8
9	SNF/PED					9
10	ICF	37,920	6,934	1,903	46,757	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	44,549	9,940	8,579	63,068	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.27%

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 5,506

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: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	629,805	31,992	26,400	688,197	1,990	690,187	(5,976)	684,211		1
2	Food Purchase		468,267		468,267	(17,605)	450,662	2,321	452,983		2
3	Housekeeping	218,721	58,496		277,217	2,172	279,389	12,235	291,624		3
4	Laundry	54,714	34,284		88,998	426	89,424		89,424		4
5	Heat and Other Utilities			290,548	290,548		290,548	8,379	298,927		5
6	Maintenance	61,235		219,266	280,501	(976)	279,525	44,736	324,261		6
7	Other (specify):* related party							10,949	10,949		7
8	TOTAL General Services	964,475	593,039	536,214	2,093,728	(13,993)	2,079,735	72,644	2,152,379		8
	B. Health Care and Programs										
9	Medical Director			23,400	23,400		23,400		23,400		9
10	Nursing and Medical Records	3,842,707	264,146	13,794	4,120,647	681	4,121,328	71,574	4,192,902		10
10a	Therapy	166,785	1,883	46,330	214,998		214,998		214,998		10a
11	Activities	132,566	6,365	6,112	145,043	672	145,715		145,715		11
12	Social Services	45,499	99		45,598		45,598		45,598		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							10,995	10,995		15
16	TOTAL Health Care and Programs	4,187,557	272,493	89,636	4,549,686	1,353	4,551,039	82,569	4,633,608		16
	C. General Administration										
17	Administrative	182,008			182,008		182,008	214,437	396,445		17
18	Directors Fees										18
19	Professional Services			1,260,018	1,260,018	(378)	1,259,640	(1,137,564)	122,076		19
20	Dues, Fees, Subscriptions & Promotions			102,439	102,439		102,439	(71,814)	30,625		20
21	Clerical & General Office Expenses	146,588	19,982	151,776	318,346	3,030	321,376	359,728	681,104		21
22	Employee Benefits & Payroll Taxes			963,761	963,761	(2,135)	961,626	(5,746)	955,880		22
23	Inservice Training & Education										23
24	Travel and Seminar			964	964		964	1,623	2,587		24
25	Other Admin. Staff Transportation			3,172	3,172		3,172	18,916	22,088		25
26	Insurance-Prop.Liab.Malpractice			292,107	292,107		292,107	13,357	305,464		26
27	Other (specify):* related party			290,873	290,873		290,873	(206,510)	84,363		27
28	TOTAL General Administration	328,596	19,982	3,065,110	3,413,688	517	3,414,205	(813,573)	2,600,632		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,480,628	885,514	3,690,960	10,057,102	(12,123)	10,044,979	(658,360)	9,386,619		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.

Facility Name & ID Number

Alden Northmoor Rehab & HCC

#0041277

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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			62,956	62,956		62,956	645,890	708,846			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			192,846	192,846		192,846	217,557	410,403			32
33	Real Estate Taxes			339,946	339,946	(339,946)		347,688	347,688			33
34	Rent-Facility & Grounds			810,666	810,666	339,946	1,150,612	(1,150,612)				34
35	Rent-Equipment & Vehicles			26,950	26,950		26,950	63,025	89,975			35
36	Other (specify):* MIP							87,344	87,344			36
37	TOTAL Ownership			1,433,364	1,433,364		1,433,364	210,893	1,644,257			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		745,322	807,127	1,552,449	12,123	1,564,572	(104,584)	1,459,988			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			449,072	449,072		449,072		449,072			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		745,322	1,256,199	2,001,521	12,123	2,013,644	(104,584)	1,909,060			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,480,628	1,630,836	6,380,523	13,491,987		13,491,987	(552,051)	12,939,936			45

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

Alden Northmoor Rehab & HCC
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0041277

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (17,604.98)	Employee Meals
	22	\$ 17,604.98	Employee Meals
22		\$ (19,740.00)	Uniform Reclass
	1	\$ 1,990.00	Uniform Reclass
	3	\$ 2,172.00	Uniform Reclass
	4	\$ 426.00	Uniform Reclass
	6	\$ 308.00	Uniform Reclass
	10	\$ 12,804.00	Uniform Reclass
	11	\$ 672.00	Uniform Reclass
	21	\$ 1,368.00	Uniform Reclass
10		\$ (12,122.68)	Oxygen Cost Reclass
	39	\$ 12,122.68	Oxygen Cost Reclass
33		\$ (339,946.01)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 339,946.01	Rent - Real Estate Tax on associated landowner (Pg 6)
21		\$ 1,284.10	Vendor Settlements - Focus Fire Protection
	6	\$ (1,284.10)	Vendor Settlements - Focus Fire Protection
21		\$ 377.60	Chicago Office Technology
	19	\$ (377.60)	Chicago Office Technology

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.)

		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	(630)	2		4
5	Telephone, TV & Radio in Resident Rooms	(13,427)	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	(157,554)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,552)	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	(24,087)	21		17
18	Fines and Penalties				18
19	Entertainment	(978)	20		19
20	Contributions	(7,612)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,182)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(290,873)	27		24
25	Fund Raising, Advertising and Promotional	(43,881)	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)	\$ (553,980)		\$	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	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)	125,002		34
35	Other- Attach Schedule	(123,073)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 1,929		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (552,051)		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

Alden Northmoor Rehab & HCCID# 0041277Report Period Beginning: 01/01/2015Ending: 12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ 3,570	5	1
2	Intercompany Interest (7031)	(132,908)	32	2
3	Record Copies (g/1 4977-100-001)	(1,310)	10	3
4				4
5				5
6	Vendor Discounts	(100)	10	6
7	Other Nursing Income (flu,w/chair,etc.)	(14)	21	7
8	Back Out Chamber of Commerce Edison//Norwood Park	(250)	20	8
9	Back Out Bank Charges - Northmoor Associates	(152)	19	9
10				10
11				11
12	Adj for 2008 ABC related party profit - Pg 12	(150)	30	12
13	Adj for 2009 ABC related party profit - Pg 12	(84)	30	13
14	Adj for 2010 ABC related party profit - Pg 12	(159)	30	14
15	Adj for 2011 ABC related party profit - Pg 12	22	30	15
16	Adj for 2012 ABC related party profit - Pg 12	54	30	16
17	Adj for 2013 ABC related party profit - Pg 12	8	30	17
18	Adj for 2014 ABC related party profit - Pg 12	(115)	30	18
19	Adj for 2015 ABC related party profit - Pg 12	(6)	30	19
20				20
21	Elimin Pg 13 deprec on assets<\$2,500	(21,695)	30	21
22	"Pg 13" assets<\$2,500 to be expensed	28,603	6	22
23	Elimin Pg 12 deprec on assets<\$2,500	(3,660)	30	23
24	"Pg 12" assets<\$2,500 to be expensed	4,597	6	24
25	Adjust depreciation to Pg 13's	916	30	25
26	AMS Depreciation Adj	(241)	30	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		(123,073)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	3,678	(9,654)	0	0	0	0	0	0	0	(5,976)	1
2	Food Purchase	(6,182)	0	0	8,503	0	0	0	0	0	0	0	2,321	2
3	Housekeeping	0	0	12,235	0	0	0	0	0	0	0	0	12,235	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	3,570	0	4,809	0	0	0	0	0	0	0	0	8,379	5
6	Maintenance	19,773	0	24,261	0	0	0	(74)	776	0	0	0	44,736	6
7	Other (specify):*	0	0	10,949	0	0	0	0	0	0	0	0	10,949	7
8	TOTAL General Services	17,161	0	55,932	(1,151)	0	0	(74)	776	0	0	0	72,644	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	(1,410)	0	69,310	4,964	(1,290)	0	0	0	0	0	0	71,574	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	10,995	0	0	0	0	0	0	0	0	10,995	15
16	TOTAL Health Care and Programs	(1,410)	0	80,305	4,964	(1,290)	0	0	0	0	0	0	82,569	16
	C. General Administration													
17	Administrative	0	0	214,437	0	0	0	0	0	0	0	0	214,437	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,334)	14,497	(1,149,727)	0	0	0	0	0	0	0	0	(1,137,564)	19
20	Fees, Subscriptions & Promotions	(52,721)	0	(19,093)	0	0	0	0	0	0	0	0	(71,814)	20
21	Clerical & General Office Expenses	(24,101)	250	383,579	0	0	0	0	0	0	0	0	359,728	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(5,746)	0	0	0	0	0	0	(5,746)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,623	0	0	0	0	0	0	0	0	1,623	24
25	Other Admin. Staff Transportation	0	0	18,916	0	0	0	0	0	0	0	0	18,916	25
26	Insurance-Prop.Liab.Malpractice	0	13,009	348	0	0	0	0	0	0	0	0	13,357	26
27	Other (specify):*	(290,873)	0	84,363	0	0	0	0	0	0	0	0	(206,510)	27
28	TOTAL General Administration	(370,029)	27,756	(465,554)	0	(5,746)	0	0	0	0	0	0	(813,573)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(354,278)	27,756	(329,317)	3,813	(7,036)	0	(74)	776	0	0	0	(658,360)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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	(32,314)	674,000	4,204	0	0	0	0	0	0	0	0	645,890	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(290,462)	364,922	143,097	0	0	0	0	0	0	0	0	217,557	32
33	Real Estate Taxes	0	339,946	7,742	0	0	0	0	0	0	0	0	347,688	33
34	Rent-Facility & Grounds	0	(1,150,612)	0	0	0	0	0	0	0	0	0	(1,150,612)	34
35	Rent-Equipment & Vehicles	0	0	63,025	0	0	0	0	0	0	0	0	63,025	35
36	Other (specify):*	0	87,344	0	0	0	0	0	0	0	0	0	87,344	36
37	TOTAL Ownership	(322,776)	315,600	218,068	0	0	0	0	0	0	0	0	210,893	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	(40,746)	(16,386)	(47,452)	0	0	0	0	0	(104,584)	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	(40,746)	(16,386)	(47,452)	0	0	0	0	0	(104,584)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(677,053)	343,356	(111,249)	(36,933)	(23,422)	(47,452)	(74)	776	0	0	0	(552,051)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG 6-Supp		See PG 6-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	\$ 1,150,612	Northmoor Associates, LLC	0.00%	\$	\$ (1,150,612)	1
2	V	32 Replacement Reserve interest/Interest	50,775	Northmoor Associates, LLC			(50,775)	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		14,497	14,497	4
5	V	21 Dues & Subscriptions/Corp. Rpt Fees		Northmoor Associates, LLC		250	250	5
6	V	33 Real estate taxes		Northmoor Associates, LLC		339,946	339,946	6
7	V	26 Property/liability insurance		Northmoor Associates, LLC		13,009	13,009	7
8	V	36 Mortgage insurance premium		Northmoor Associates, LLC		87,344	87,344	8
9	V	32 Mortgage interest		Northmoor Associates, LLC		395,094	395,094	9
10	V	32 Interest-Operating loss loan/interest-other		Northmoor Associates, LLC				10
11	V	30 Depreciation		Northmoor Associates, LLC		674,000	674,000	11
12	V	32 Amortization		Northmoor Associates, LLC		20,603	20,603	12
13	V							13
14	Total		\$ 1,201,387			\$ 1,544,743	\$ * 343,356	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%	\$ 4,809	\$ 4,809
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,623	1,623
17	V	25 Other Admin Travel		Alden Management Services, Inc.		18,916	18,916
18	V	26 Insurance		Alden Management Services, Inc.		348	348
19	V	20 Dues/Subscriptions	24,816	Alden Management Services, Inc.		5,723	(19,093)
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,742	7,742
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		63,025	63,025
23	V	32 Interest		Alden Management Services, Inc.		143,097	143,097
24	V	1 Diet. Salary		Alden Management Services, Inc.		3,678	3,678
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		12,235	12,235
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		10,949	10,949
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		69,310	69,310
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		10,995	10,995
29	V	17 Administrative Salary		Alden Management Services, Inc.		214,437	214,437
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		84,363	84,363
31	V	19 Professional Fees	1,198,598	Alden Management Services, Inc.		48,871	(1,149,727)
32	V	21 Gen'l & Administrative		Alden Management Services, Inc.		383,579	383,579
33	V	6 Repairs & Maniten.	153,090	Alden Management Services, Inc.		177,351	24,261
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,376,504			\$ 1,265,255	\$ * (111,249)

* 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%	\$ 144	\$ (26,256)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		13,230	13,230
17	V	2 Tube Feeding	22,473	Prism Health Care Services, Inc.		20,279	(2,194)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Supplies	110,405	Prism Health Care Services, Inc.		47,528	(62,877)
20	V	1 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		3,372	3,372
21	V	2 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		10,697	10,697
22	V	10 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		2,815	2,815
23	V	39 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		22,131	22,131
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		\$ 165,938			\$ 129,005	\$ * (36,933)

* 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	\$ 327,783	Forum Extended Care Services II, Inc.	0.00%	\$ 316,360	\$ (11,423)
16	V	39 I.V. Drugs	260,455	Forum Extended Care Services II, Inc.		251,378	(9,077)
17	V	39 Wound Care	41,111	Forum Extended Care Services II, Inc.		39,679	(1,432)
18	V	10 House Stock	32,268	Forum Extended Care Services II, Inc.		31,144	(1,124)
19	V	10 Pharmacy Consultant	4,752	Forum Extended Care Services II, Inc.		4,586	(166)
20	V	22 Employee Vaccination	5,746	Forum Extended Care Services II, Inc.			(5,746)
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		5,546	5,546
22	V						
23	V						
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		\$ 672,115			\$ 648,693	\$ * (23,422)

* 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	\$ 822,526	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 775,074	\$ (47,452)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
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		\$ 822,526			\$ 775,074	\$ * (47,452)

* 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	\$ 39,280	Alden Bennett Construction Company, Inc.	0.00%	\$ 39,206	\$ (74)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
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		\$ 39,280			\$ 39,206	\$ * (74)

* 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	\$ 3,700	Alden Design Group, Inc.	0.00%	\$ 4,476	\$ 776	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		\$ 3,700			\$ 4,476	\$ *	776	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:

01/01/2015

Ending:

12/31/2015

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: 01/01/2015 Ending: 12/31/2015

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	175,677	2.016	5.04	Salary	\$ 9,323	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,961	2.016	5.04	Salary	5,039	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,961	2.016	5.04	Salary	5,039	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	103,648	2.016	5.04	Salary	5,500	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,366	2.016	5.04	Salary	3,150	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	\$ 28,051		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: 01/01/2015

Ending: 2/31/2015

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	1,251,552	34	\$ 95,438	\$ 63,068	\$ 4,809	1	
2	24	Trav & Seminar	Patient Days	1,251,552	34	32,213	63,068	1,623	2	
3	25	Other Admin Travel	Patient Days	1,251,552	34	375,370	63,068	18,916	3	
4	26	Insurance	Patient Days	1,251,552	34	6,897	63,068	348	4	
5	20	Dues & Subscriptions	Patient Days	1,251,552	34	113,573	63,068	5,723	5	
6	30	Depreciation	No of Providers/usage	34	34	156,306	1	4,204	6	
7	33	Real Estate Tax	Patient Days/usage	1,251,552	34	176,959	63,068	7,742	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,251,552	34	1,250,701	63,068	63,025	8	
9	32	Interest	Patient Days/usage	1,251,552	34	2,158,573	63,068	143,097	9	
10	1	Dietary Salary	Patient Days	1,251,552	34	72,994	72,994	63,068	3,678	10
11	3	Housekeeping Salary	Patient Days	1,251,552	34	242,795	242,795	63,068	12,235	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,251,552	34	217,281	63,068	10,949	12	
13	10	Nurs & Med Records Salary	Patient Days/usage	1,251,552	34	1,562,220	1,562,220	63,068	69,310	13
14	15	Employee Benefits -Health Care	Patient Days	1,251,552	34	218,198	63,068	10,995	14	
15	17	Administrative Salary	Patient Days/usage	1,251,552	34	4,332,153	4,332,153	63,068	214,437	15
16	27	Employee Benefits - Admin	Patient Days	1,251,552	34	1,674,148	63,068	84,363	16	
17	19	Professional fees	Charge/usage	1,251,552	34	1,213,223	909,774	63,068	48,871	17
18	21	Gen'I & Admin	Patient Days/usage	1,251,552	34	7,611,926	6,744,406	63,068	383,579	18
19	6	Repair & Maint.	Charge/usage	1,251,552	34	1,835,211	1,239,870	63,068	177,351	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 23,346,179	\$ 15,104,212	\$ 1,265,255	25	

Facility Name & ID Number

Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	\$ 13,309,789	6/1/2045	2.9400	\$ 395,094	1						
2												2						
3												3						
4	Insurance Interest (GL07053)		X	Medical Malpractice/Phone Lease							9,210	4						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							20,603	5						
	Working Capital																	
6	Related party-AMS		X	Working Capital							143,097	6						
7												7						
8												8						
9	TOTAL Facility Related				\$56,273.81		\$ 14,015,400	\$ 13,309,789			\$ 568,004	9						
	B. Non-Facility Related*																	
10	Northmoor Associates LLC		X	Interest-Replacement Res/Other							(48)	10						
11	Interest Income		X	Public Aid Interest							(157,554)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (157,601)	14						
15	TOTALS (line 9+line14)						\$ 14,015,400	\$ 13,309,789			\$ 410,403	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 87,344 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 2014 report.		\$	<u>336,500</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>333,246</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(3,254)</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>343,200</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>339,946</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>7,742</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>347,688</u>
Real Estate Tax Bill for Calendar Year:	2010	<u>281,918</u>	8	FOR BHF USE ONLY	
	2011	<u>280,790</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>339,014</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>326,666</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>333,246</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
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.

2014 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 2014 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 2014.

(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>153,627.00</u>	\$ <u>7,742.00</u>
2. <u>13-06-409-017-0000</u>	<u>Nursing facility</u>	\$ <u>6,407.42</u>	\$ <u>6,407.42</u>
3. <u>13-06-409-018-0000</u>	<u>Nursing facility</u>	\$ <u>3,835.42</u>	\$ <u>3,835.42</u>
4. <u>13-06-409-019-0000</u>	<u>Nursing facility</u>	\$ <u>3,789.06</u>	\$ <u>3,789.06</u>
5. <u>13-06-409-020-0000</u>	<u>Nursing facility</u>	\$ <u>3,726.36</u>	\$ <u>3,726.36</u>
6. <u>13-06-409-021-0000</u>	<u>Nursing facility</u>	\$ <u>62,600.65</u>	\$ <u>62,600.65</u>
7. <u>13-06-409-022-0000</u>	<u>Nursing facility</u>	\$ <u>62,302.66</u>	\$ <u>62,302.66</u>
8. <u>13-06-409-023-0000</u>	<u>Nursing facility</u>	\$ <u>62,302.66</u>	\$ <u>62,302.66</u>
9. <u>13-06-409-024-0000</u>	<u>Nursing facility</u>	\$ <u>64,110.73</u>	\$ <u>64,110.73</u>
10. <u>13-06-409-025-0000</u>	<u>Nursing facility</u>	\$ <u>64,171.05</u>	\$ <u>64,171.05</u>
TOTALS		\$ <u><u>486,873.01</u></u>	\$ <u><u>340,988.01</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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)	\$ 4,380,971	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		2,887	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

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning:

01/01/2015 Ending: 12/31/2015

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		1,749	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 exhaust belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		1,618	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	71	15	71		2,215	55
56	DBS contracting -lawn sprinkler	2001	2,575	140	15	140		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)	(180)	15	(180)		(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		690	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		1,505	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	\$ 227,698		\$ 220,494	\$ (7,204)	\$ 4,658,907	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	
	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	\$ 227,698		\$ 220,494	\$ (7,204)	\$ 4,658,907	1
2	ABC-fire/smoker dampers	2003	6,390		10			6,390	2
3	ABC-rooftop compressor	2003	8,411	561	15	561		7,058	3
4	ABC-securitron DK 26	2003	1,087	72	15	72		914	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	179	12	179		2,044	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	179	12	179		1,999	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		1,164	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007	14	10	14		2,007	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	355	15	355		3,816	12
13									13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029	118	10	118		2,029	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	288	15	288		2,976	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	38	20	38		389	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	68	15	68		691	17
18	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931	1,393	10	1,393		11,841	18
19	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	273	15	273		2,230	19
20	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		3,055	20
21	Oak Fire & Security - Smoke Detectors	2007	3,020	302	10	302		2,164	21
22	ABC Electrical Work	2007	24,463	1,223	20	1,223		10,294	22
23	Tarkett flooring	2008	8,745	875	10	875		6,268	23
24	Plumbing work & fixtures combined	2008	9,526	476	20	476		3,610	24
25	Replaced numerous plumbing fixtures	2008	9,806	490	20	490		3,553	25
26	Heating Vent	2008	8,838	589	15	589		3,780	26
27	Replaced numerous plumbing fixtures	2008	8,440	422	20	422		3,060	27
28	Replaced plumbing fixtures	2008	7,520	376	20	376		2,726	28
29	Repair of major water leak	2008	8,213	821	10	821		5,884	29
30	Replaced paio doors (automatic)	2008	3,012	301	10	301		2,132	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,239,753	\$ 237,557		\$ 230,353	\$ (7,204)	\$ 4,759,106	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	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	\$ 237,557		\$ 230,353	\$ (7,204)	\$ 4,759,106	1
2	ABC - Heating/Vent	2009	8,838	589	15	589		3,781	2
3	RE-UPHOLSTERED 1ST FL Furniture	2009	7,445	745	10	745		4,529	3
4	ABC - Install Fire Dampers	2010	13,646	1,365	10	1,365		6,823	4
5	GTMECH - Fan motor/blade replaced in chiller	2011	4,054	811	5	811		3,581	5
6	ROSPAV-Asphalt/Painting/Coating/Sealing for Parking Lot	2011	10,383	1,298	8	1,298		5,516	6
7	ABC - Boiler Pipes/Plumbing Repairs	2011	8,018	656	25	656		2,406	7
8	ABC - Window Panel Replacement	2011	2,768	277	10	277		1,107	8
9	TOPNOT - Booster Plumbing	2011	5,421	1,084	5	1,084		4,879	9
10	OAKFIR - Annunciator card replaced	2011	4,775	955	5	955		3,900	10
11	ABC - Fire Dampers installed	2011	13,646	1,365	10	1,365		5,572	11
12									12
13	USFIRE -Sprinkler/Gauges - Inspection/Replacement	2012	9,741	390	25	390		1,396	13
14	OAKFIR - Damper Links Replaced	2012	6,600	660	10	660		2,365	14
15	GTMECH - Repair Boiler Maint.	2012	6,784	678	10	678		2,148	15
16	ABC - Hot water heat repairs	2012	5,106	511	10	511		1,872	16
17	ABC - Sink/toilet replacement	2012	2,912	146	20	146		534	17
18									18
19	GTMECH - Chiller Coils/Major Repair	2013	5,087	1,017	5	1,017		2,458	19
20	GTMECH - Duct Work Insulation	2013	5,500	367	15	367		1,101	20
21	OAKFIR - Sprinkler, fire, elevator	2013	3,944	158	25	158		447	21
22	SKIMEC - Fire Dampers	2013	8,115	812	10	812		2,300	22
23	ABC - Drywall	2013	6,856	457	15	457		1,219	23
24									24
25	Adj for ABC related party profit	2008	(319)	(150)		(150)		(319)	25
26	Adj for ABC related party profit	2009	(117)	(84)		(84)		(117)	26
27	Adj for ABC related party profit	2010	(167)	(159)		(159)		(167)	27
28	Adj for ABC related party profit	2011	190	22		22		100	28
29	Adj for ABC related party profit	2012	495	54		54		189	29
30	Adj for ABC related party profit	2013	92	8		8		21	30
31	Adj for ABC related party profit	2014	(1,616)	(115)		(115)		(173)	31
32	Adj for ABC related party profit	2015	(525)	(6)		(6)		(6)	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,377,422	\$ 251,468		\$ 244,264	\$ (7,204)	\$ 4,816,568	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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,377,422	\$ 251,468		\$ 244,264	\$ (7,204)	\$ 4,816,568	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	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	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	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	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	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	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,468,333	\$ 252,741		\$ 245,537	\$ (7,204)	\$ 4,902,039	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		\$ 9,468,333	\$ 252,741		\$ 245,537	\$ (7,204)	\$ 4,902,039	1
2	AMS - Demo of walls, removal of materials, and site clean-up	2014	49,579	3,305	15	3,305		4,958	2
3	AMS - Trim, molding, hand rails, and wall configurations	2014	98,232	6,549	15	6,549		9,823	3
4	AMS - Sanded doors, frames, hand rails, and patched walls	2014	37,500	2,500	15	2,500		3,750	4
5	ABC - Boiler insulation/flex tubes	2014	6,745	1,349	5	1,349		2,136	5
6	Top Notch - Motor/Control Board for tilt skillet	2014	2,650	530	5	530		839	6
7	ABC - Elevator, Rebuild	2014	78,250	3,913	20	3,913		6,559	7
8	ADG - Architectural Work	2014	45,684	3,046	15	3,046		4,569	8
9	Carpentry	2014	136,498	9,100	15	9,100		13,650	9
10	Demolition	2014	45,499	3,033	15	3,033		4,550	10
11	Electrical	2014	54,500	3,633	15	3,633		5,450	11
12	Electrical	2014	170,623	11,375	15	11,375		17,062	12
13	Finish Carpentry	2014	41,500	2,767	15	2,767		4,150	13
14	Furniture Storage	2014	16,450	1,097	15	1,097		1,645	14
15	Hand Rails/Corner Guards	2014	18,120	1,208	15	1,208		1,812	15
16	HVAC	2014	57,600	3,840	15	3,840		5,760	16
17	HVAC	2014	34,125	2,275	15	2,275		3,412	17
18	Permit, Building - CITBLD	2014	13,123	656	20	656		984	18
19	Permit, Building - CITBLD	2014	13,123	656	20	656		984	19
20	Roads & Walks (Asphalt & Striping)	2014	43,224	5,403	8	5,403		8,105	20
21	Rough Carpentry	2014	24,000	1,600	15	1,600		2,400	21
22	Spray On Fire Proofing	2014	5,687	379	15	379		569	22
23	Drywall	2014	39,200	2,613	15	2,613		3,920	23
24	Drywall	2014	73,937	4,929	15	4,929		7,394	24
25	Glass (Beauty Shop/PT-OT/Dining Room)	2014	7,962	796	10	796		1,194	25
26									26
27	ABC - Drywall Toilet Shafts	2015	13,928	298	39	298		298	27
28	AMS - Demo of walls, removal of materials, and site clean-up	2015	40,678		15				28
29	ABC - Electrical Work and fixture installations	2015	8,200		10				29
30	ADG - Interior Design/Architect Work	2015	47,827		15				30
31	AMS - Sanded doors, frames, hand rails, and patched walls	2015	73,980		15				31
32	AMS - Trim, molding, hand rails, and wall configurations	2015	15,831		15				32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,782,589	\$ 329,590		\$ 322,386	\$ (7,204)	\$ 5,018,012	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 12E, Carried Forward		\$ 10,782,589	\$ 329,590		\$ 322,386	\$ (7,204)	\$ 5,018,012	1
2	TOPNOT - Motor, dishwasher	2015	2,387	378	5	378		378	2
3	GTMECH - Motor, Chiller	2015	3,685	491	5	491		491	3
4	GTMECH - Fire Dampers, repairs	2015	3,689	307	5	307		307	4
5	ABC/SUBELE - Elevator Cylinder	2015	40,246		20				5
6	ABC - Waterproofing system	2015	6,867		15				6
7	ABC - Hand Rails	2015	13,990		15				7
8	ABC - Flooring, epoxy	2015	8,241		10				8
9	ABC - Capentry (trim, hand rails, and wood floors)	2015	41,207		15				9
10	ABC - Self-leveling Concrete	2015	10,988		20				10
11	ABC - Capentry (trim and hardware nurses station)	2015	48,074		15				11
12	ABC - Boiler tube replacement #1	2015	34,667	2,119	15	2,119		2,119	12
13	ABC - Boiler tube replacement #2	2015	34,667	578	15	578		578	13
14	ABC - Paving, repave parking lot	2015	50,209		15				14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,081,506	\$ 333,464		\$ 326,260	\$ (7,204)	\$ 5,021,885	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	\$ 3,592,305	\$ 346,795	\$ 346,795	\$	varies	\$ 692,538	71
72	Current Year Purchases	20,121	5,837	5,837		varies	5,837	72
73	Fully Depreciated Assets	1,490,133	29,954	29,954		varies	1,490,133	73
74								74
75	TOTALS	\$ 5,102,559	\$ 382,586	\$ 382,586	\$		\$ 2,188,508	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)	\$ 17,667,637	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 716,050	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 708,846	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)	\$ 7,264,282	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ 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: \$ 34,012 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>19,453</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>58.33</u>	<u>700</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>20,153</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 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	5					
					Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 336,321	\$		\$ 336,321	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			34,031			34,031	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			416,440			416,440	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				321,907		321,907	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39-1, 39-3, if any					476		476	12
13	Other (specify): <u>See Pg 16A</u>					(47,452)	398,264		350,812	13
14	TOTAL			\$		\$ 739,341	\$ 720,647		\$ 1,459,988	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Page 16
Col 5: PT,OT, & ST
Col 6: Supplies

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	-	\$336,321.34
2.	ST	39-3	To Col 5	-	34,031.05
3.					
4.	PT	39-3	To Col 5	-	416,440.11
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			-	327,783.61
	Manual Input from Related Party- Forum Drugs & Vaccinations				(5,877.00)

9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	321,906.61

10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	476.01

	Total Exceptional Care (Line 12, Col 8)			-	476.01

13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(47,452.00)
					From Page 6D

Other		-	437,397.38	
Manual Input: Related Party - Prism			(40,746.00)	From Page 6B
Manual Input: Related Party FECII - I.V.			(9,077.00)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)			(1,433.00)	From Page 6C
			12,123.00	

13. Col 6: Supplies Total	To Col 6	-	398,264.38	

13. Total Line 13, Column 8		-	350,812.38	

14. Total		-	1,459,987.50	
			=====	

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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 <u>230,000</u>)	3,110,529	3,110,529	3
4	Supply Inventory (priced at)	6,203	6,203	4
5	Short-Term Investments		15,662	5
6	Prepaid Insurance		10,618	6
7	Other Prepaid Expenses	17,583	53,661	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	161,113	367,954	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,295,428	\$ 3,564,628	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	72,572	72,572	12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,103,978	14
15	Leasehold Improvements, at Historical Cost	948,739	2,344,668	15
16	Equipment, at Historical Cost	489,279	5,231,811	16
17	Accumulated Depreciation (book methods)	(736,657)	(7,335,613)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		45,112	21
22	Other Long-Term Assets (spec <u>Refi Fees</u>)		344,154	22
23	Other(specify): <u>Due from Affiliate</u>	22,380,321	23,330,869	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 23,154,254	\$ 34,567,233	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,449,682	\$ 38,131,861	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 636,372	\$ 606,318	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	576,887	576,887	28
29	Short-Term Notes Payable	16,842	304,678	29
30	Accrued Salaries Payable	655,549	655,549	30
31	Accrued Taxes Payable (excluding real estate taxes)	24,928	24,928	31
32	Accrued Real Estate Taxes(Sch.IX-B)		343,200	32
33	Accrued Interest Payable	4,198	36,807	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>	244,958	244,958	36
37	<u>Due to Affiliates</u>	1,343,896	1,343,896	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,503,630	\$ 4,137,221	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	58,162	58,162	39
40	Mortgage Payable		13,021,953	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)	\$ 58,162	\$ 13,080,115	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,561,792	\$ 17,217,336	46
47	TOTAL EQUITY(page 18, line 24)	\$ 22,887,890	\$ 20,914,525	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,449,682	\$ 38,131,861	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 21,363,948	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 21,363,948	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	1,523,943	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)	\$ 1,523,943	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)	\$ 22,887,890	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	\$ 14,731,911	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,731,911	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	99,142	6
7	Oxygen	21,748	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 120,890	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	2,192	13
14	Non-Patient Meals	630	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	151	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,973	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	157,554	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 157,554	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	2,601	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,601	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,015,930	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,093,728	31
32	Health Care	4,549,686	32
33	General Administration	3,413,688	33
B. Capital Expense			
34	Ownership	1,433,364	34
C. Ancillary Expense			
35	Special Cost Centers	1,552,449	35
36	Provider Participation Fee	449,072	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 13,491,987	40
41	Income before Income Taxes (line 30 minus line 40)**	1,523,943	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 1,523,943	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 7,946,893	44
45	Private Pay - Net Inpatient Revenue	1,915,620	45
46	Medicare - Net Inpatient Revenue	3,166,152	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,703,246	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,731,911	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.

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)	\$ 1,310
Gain on Sale of Prior Year Assets	\$ 1,191
Vendor Discounts	\$ 100

Line 28 Total: 2,601

Ending: 12/31/2015

Facility Name & ID Number Alden Northmoor Rehab & HCC

0041277

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	\$ 119,681	\$ 57.54	1
2	Assistant Director of Nursing	2,240	2,296	85,135	37.08	2
3	Registered Nurses	34,726	36,401	1,245,730	34.22	3
4	Licensed Practical Nurses	32,836	35,012	936,093	26.74	4
5	CNAs & Orderlies	85,152	88,910	1,159,903	13.05	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,208	5,809	76,020	13.09	8
9	Activity Director	2,080	2,080	45,602	21.92	9
10	Activity Assistants	8,093	8,736	86,965	9.95	10
11	Social Service Workers	2,080	2,080	45,499	21.87	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	54,213	26.06	13
14	Head Cook	2,080	2,080	91,829	44.15	14
15	Cook Helpers/Assistants	33,825	37,854	483,763	12.78	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	61,235	29.44	17
18	Housekeepers	19,150	20,567	218,720	10.63	18
19	Laundry	4,532	5,153	54,714	10.62	19
20	Administrator	1,880	2,061	120,826	58.62	20
21	Assistant Administrator	2,080	2,080	61,181	29.41	21
22	Other Administrative	6,744	6,911	186,155	26.94	22
23	Office Manager					23
24	Clerical	4,410	4,578	51,198	11.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,720	3,720	142,063	38.19	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	2,080	2,080	48,239	23.19	32
33	Other(specify) <u>Alzheimers Spervi</u>	5,256	5,626	105,864	18.82	33
34	TOTAL (lines 1 - 33)	264,412	280,274	\$ 5,480,628 *	\$ 19.55	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	\$ 26,400	1-3	35
36	Medical Director	Monthly	23,400	9-3	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				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	16	\$ 55,432		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	24	\$ 7,567	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	24	\$ 7,567		53

Alden Northmoor Rehab & HCC
 Legal Fee Support
 2015

Legal Fees Reported on Pg 21, Section C:	\$	87,851.35
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(2,181.92)
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>\$</u>	<u>38,761.43</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Leonard Trad	12/02/15	2,685.47
Medicaid Legal Fees 2011	12/31/15	11,582.25
Medicaid Legal Fees 2012	12/31/15	12,928.02
Medicaid Legal Fees 2013	12/31/15	1,160.89
MidCap Allocated Int. 1/15	01/31/15	215.79
MidCap Allocated Int. 10/15	10/31/15	174.85
MidCap Allocated Int. 2/15	02/28/15	66.83
MidCap Allocated Int. 3/15	03/31/15	3,284.14
MidCap Allocated Int. 4/15	04/30/15	(3,193.22)
MidCap Allocated Int. 6/15	06/30/15	533.99
MidCap Allocated Int. 7/15	07/31/15	167.32
MidCap Allocated Int. 9/15	09/30/15	755.42
Stone Progrund & Korey LLC	11/28/14	500.00
Stone Progrund & Korey LLC	12/31/14	500.00
Stone Progrund & Korey LLC	01/30/15	512.96
Stone Progrund & Korey LLC	02/27/15	500.00
Stone Progrund & Korey LLC	03/27/15	506.48
Stone Progrund & Korey LLC	04/29/15	500.00
Stone Progrund & Korey LLC	06/01/15	1,259.47

Stone Progrund & Korey LLC	06/30/15	613.15
Stone Progrund & Korey LLC	07/31/15	513.46
Stone Progrund & Korey LLC	09/01/15	1,133.66
Stone Progrund & Korey LLC	10/01/15	1,340.30
Stone Progrund & Korey LLC	12/01/15	520.20

TOTAL ALLOWABLE LEGAL FEES 38,761.43

Vendor Name	Invoice Date	Amount
Charlotte County Clerk	7/27/2015	10.00
Chicago Title Institute	4/14/2015	60.00
Clerk Of The Circuit Court	1/28/2015	186.00
Leonard Smith - ABC Account Corps	1/13/2015	43.00
Recorder of Deeds Cook County	7/27/2015	50.00
Stone Progrund & Korey LLC	11/2/2015	1,340.92
Stone Progrund & Korey LLC	12/1/2015	492.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 2,181.92

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'15	01/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	02/28/15	3,909.00
AMS Corp Legal Cost Alloc-'15	03/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	04/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	05/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	06/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	07/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	08/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	09/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	10/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	11/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	12/31/15	3,909.00

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost

87,851.35

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 \$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? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 60,619 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. \$ 449,072
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. \$ 17,605 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.