

Facility Name & ID Number Alden Estates of Northmoor

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

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	198	Skilled (SNF)	198	72,468	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	198	TOTALS	198	72,468	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,124	2,067	5,626	10,817	8
9	SNF/PED					9
10	ICF	45,663	5,719	2,170	53,552	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	48,787	7,786	7,796	64,369	14

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

D. How many bed-hold days during this year were paid by the Department?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census?

Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 3/29/1996

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

YES Date 11/01/1996 NO

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

YES NO If YES, enter number of beds certified 198 and days of care provided 5,205

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	666,625	29,218	27,532	723,375	2,001	725,376	(4,596)	720,780		1
2	Food Purchase		452,508		452,508	(18,373)	434,135	(13,158)	420,977		2
3	Housekeeping	235,899	69,215		305,114	2,183	307,297	9,019	316,316		3
4	Laundry	62,245	31,447	120	93,812	428	94,240		94,240		4
5	Heat and Other Utilities			315,800	315,800		315,800	(367)	315,433		5
6	Maintenance	62,376		281,326	343,702	309	344,011	45,740	389,751		6
7	Other (specify):* related party							9,096	9,096		7
8	TOTAL General Services	1,027,145	582,388	624,778	2,234,311	(13,452)	2,220,859	45,734	2,266,593		8
	B. Health Care and Programs										
9	Medical Director			20,485	20,485		20,485		20,485		9
10	Nursing and Medical Records	4,459,013	255,781	14,842	4,729,636	(4,270)	4,725,366	80,045	4,805,411		10
10a	Therapy	181,824	2,123	38,033	221,980	675	222,655		222,655		10a
11	Activities	145,868	4,979	9,189	160,036		160,036		160,036		11
12	Social Services	45,870			45,870		45,870		45,870		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							9,032	9,032		15
16	TOTAL Health Care and Programs	4,832,575	262,883	82,549	5,178,007	(3,595)	5,174,412	89,077	5,263,489		16
	C. General Administration										
17	Administrative	149,933			149,933		149,933	276,910	426,843		17
18	Directors Fees										18
19	Professional Services			1,289,589	1,289,589		1,289,589	(1,212,880)	76,709		19
20	Dues, Fees, Subscriptions & Promotions			84,937	84,937		84,937	(57,236)	27,701		20
21	Clerical & General Office Expenses	148,472	19,597	230,920	398,989	1,375	400,364	316,917	717,281		21
22	Employee Benefits & Payroll Taxes			1,009,689	1,009,689	(1,469)	1,008,220	(9,532)	998,688		22
23	Inservice Training & Education										23
24	Travel and Seminar			157	157		157	1,777	1,934		24
25	Other Admin. Staff Transportation			2,503	2,503		2,503	17,365	19,868		25
26	Insurance-Prop.Liab.Malpractice			273,874	273,874		273,874	11,919	285,793		26
27	Other (specify):* related party			328,022	328,022		328,022	(254,839)	73,183		27
28	TOTAL General Administration	298,405	19,597	3,219,691	3,537,693	(94)	3,537,599	(909,599)	2,628,000		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,158,125	864,868	3,927,018	10,950,011	(17,141)	10,932,870	(774,788)	10,158,082		29

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

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			91,422	91,422		91,422	700,441	791,863		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			178,453	178,453		178,453	362,586	541,039		32
33	Real Estate Taxes			431,345	431,345	(431,345)		438,671	438,671		33
34	Rent-Facility & Grounds			807,389	807,389	431,345	1,238,734	(1,238,734)			34
35	Rent-Equipment & Vehicles			21,229	21,229		21,229	51,704	72,933		35
36	Other (specify):* MIP							85,498	85,498		36
37	TOTAL Ownership			1,529,838	1,529,838		1,529,838	400,166	1,930,004		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		693,333	848,141	1,541,474	17,141	1,558,615	(197,714)	1,360,901		39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			462,565	462,565		462,565		462,565		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		693,333	1,310,706	2,004,039	17,141	2,021,180	(197,714)	1,823,466		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,158,125	1,558,201	6,767,562	14,483,888		14,483,888	(572,336)	13,911,552		45

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

Reclassifications - Pages 3 & 4

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

Net (Should be zero) \$ -

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		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	(422)	2		4
5	Telephone, TV & Radio in Resident Rooms	(15,032)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(7,204)	30		9
10	Interest and Other Investment Income	(4,662)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,464)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(25,109)	21		17
18	Fines and Penalties				18
19	Entertainment	(1,323)	20		19
20	Contributions	(7,029)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,810)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(328,022)	27		24
25	Fund Raising, Advertising and Promotional	(10,449)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (406,526)		\$	30

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)	(31,224)		34
35	Other- Attach Schedule	(134,586)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (165,810)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (572,336)		37

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

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

		1	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	

Alden Estates of Northmoor

ID# 0041277

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late Fees on Utilities	\$ (4,850)	5	1
2	Intercompany Interest (7031)	(120,696)	32	2
3	Record Copies (g/1 4977-100-001)	(1,458)	10	3
4	Polling Site Reimbursement (4977-100-008)	(25)	10	4
5	Misc Income (Insurance Savings Program)	(2,589)	22	5
6	Vendor Discounts	(175)	10	6
7	Other Nursing Income (flu,w/chair,etc.)	(44)	21	7
8	Back Out Chamber of Commerce Edison	(150)	20	8
9	Back Out Bank Charges - Northmoor Associates	(108)	19	9
10				10
11				11
12	Adj for 2011 ABC related party profit - Pg 12	90	30	12
13	Adj for 2012 ABC related party profit - Pg 12	54	30	13
14	Adj for 2013 ABC related party profit - Pg 12	8	30	14
15	Adj for 2014 ABC related party profit - Pg 12	(115)	30	15
16	Adj for 2015 ABC related party profit - Pg 12	(11)	30	16
17	Adj for 2016 ABC related party profit - Pg 12	(0)	30	17
18				18
19				19
20				20
21	Elimin Pg 13 deprec on assets<\$2,500	(23,737)	30	21
22	"Pg 13" assets<\$2,500 to be expensed	17,607	6	22
23	Elimin Pg 12 deprec on assets<\$2,500	(4,487)	30	23
24	"Pg 12" assets<\$2,500 to be expensed	6,196	6	24
25	Adjust depreciation to Pg 13's	(95)	30	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(134,586)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	3,661	(8,257)	0	0	0	0	0	0	0	(4,596)	1
2	Food Purchase	(4,886)	0	0	(8,272)	0	0	0	0	0	0	0	(13,158)	2
3	Housekeeping	0	0	9,019	0	0	0	0	0	0	0	0	9,019	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,850)	0	4,483	0	0	0	0	0	0	0	0	(367)	5
6	Maintenance	8,771	0	35,731	0	0	0	(202)	1,440	0	0	0	45,740	6
7	Other (specify):*	0	0	9,096	0	0	0	0	0	0	0	0	9,096	7
8	TOTAL General Services	(965)	0	61,990	(16,529)	0	0	(202)	1,440	0	0	0	45,734	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,658)	0	75,053	9,207	(2,557)	0	0	0	0	0	0	80,045	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	9,032	0	0	0	0	0	0	0	0	9,032	15
16	TOTAL Health Care and Programs	(1,658)	0	84,085	9,207	(2,557)	0	0	0	0	0	0	89,077	16
	C. General Administration													
17	Administrative	0	0	276,910	0	0	0	0	0	0	0	0	276,910	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(2,918)	8,483	(1,218,445)	0	0	0	0	0	0	0	0	(1,212,880)	19
20	Fees, Subscriptions & Promotions	(18,951)	0	(38,285)	0	0	0	0	0	0	0	0	(57,236)	20
21	Clerical & General Office Expenses	(25,153)	307	341,763	0	0	0	0	0	0	0	0	316,917	21
22	Employee Benefits & Payroll Taxes	(2,589)	0	0	0	(6,943)	0	0	0	0	0	0	(9,532)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,777	0	0	0	0	0	0	0	0	1,777	24
25	Other Admin. Staff Transportation	0	0	17,365	0	0	0	0	0	0	0	0	17,365	25
26	Insurance-Prop.Liab.Malpractice	0	11,578	341	0	0	0	0	0	0	0	0	11,919	26
27	Other (specify):*	(328,022)	0	73,183	0	0	0	0	0	0	0	0	(254,839)	27
28	TOTAL General Administration	(377,633)	20,368	(545,391)	0	(6,943)	0	0	0	0	0	0	(909,599)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(380,256)	20,368	(399,316)	(7,322)	(9,500)	0	(202)	1,440	0	0	0	(774,788)	29

STATE OF ILLINOIS

Summary B

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

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(35,498)	732,402	3,537	0	0	0	0	0	0	0	0	700,441	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(125,358)	356,921	131,023	0	0	0	0	0	0	0	0	362,586	32
33	Real Estate Taxes	0	431,345	7,326	0	0	0	0	0	0	0	0	438,671	33
34	Rent-Facility & Grounds	0	(1,238,734)	0	0	0	0	0	0	0	0	0	(1,238,734)	34
35	Rent-Equipment & Vehicles	0	0	51,704	0	0	0	0	0	0	0	0	51,704	35
36	Other (specify):*	0	85,498	0	0	0	0	0	0	0	0	0	85,498	36
37	TOTAL Ownership	(160,856)	367,432	193,590	0	0	0	0	0	0	0	0	400,166	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(36,114)	(33,472)	(128,128)	0	0	0	0	0	(197,714)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(36,114)	(33,472)	(128,128)	0	0	0	0	0	(197,714)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(541,112)	387,800	(205,726)	(43,436)	(42,972)	(128,128)	(202)	1,440	0	0	0	(572,336)	45

VII. RELATED PARTIES

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

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

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

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

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

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 4,483	\$ 4,483
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,777	1,777
17	V	25 Other Admin Travel		Alden Management Services, Inc.		17,365	17,365
18	V	26 Insurance		Alden Management Services, Inc.		341	341
19	V	20 Dues/Subscriptions	41,868	Alden Management Services, Inc.		3,583	(38,285)
20	V	30 Depreciation		Alden Management Services, Inc.		3,537	3,537
21	V	33 Real Estate Tax		Alden Management Services, Inc.		7,326	7,326
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		51,704	51,704
23	V	32 Interest		Alden Management Services, Inc.		131,023	131,023
24	V	1 Diet. Salary		Alden Management Services, Inc.		3,661	3,661
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		9,019	9,019
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,096	9,096
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		75,053	75,053
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		9,032	9,032
29	V	17 Administrative Salary		Alden Management Services, Inc.		276,910	276,910
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		73,183	73,183
31	V	19 Professional Fees	1,259,238	Alden Management Services, Inc.		40,793	(1,218,445)
32	V	21 Gen'l & Administrative	53,376	Alden Management Services, Inc.		395,139	341,763
33	V	6 Repairs & Maniten.	33,464	Alden Management Services, Inc.		69,195	35,731
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,387,946			\$ 1,182,220	\$ * (205,726)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Diet Consultant	\$ 26,400	Prism Health Care Services, Inc.	0.00%	\$ 13	\$ (26,387)	15
16	V	1 Diet Salary		Prism Health Care Services, Inc.		13,696	13,696	16
17	V	2 Tube Feeding	50,500	Prism Health Care Services, Inc.		26,677	(23,823)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39 Supplies	110,792	Prism Health Care Services, Inc.		44,313	(66,479)	19
20	V	1 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		4,434	4,434	20
21	V	2 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		15,551	15,551	21
22	V	10 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		4,487	4,487	22
23	V	39 Gen'1 & admin & benefits		Prism Health Care Services, Inc.		30,365	30,365	23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 194,352			\$ 150,916	\$ * (43,436)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Drugs	\$ 512,140	Forum Extended Care Services II, Inc.	0.00%	\$ 476,418	\$ (35,722)	15
16	V	39 I.V. Drugs	26,662	Forum Extended Care Services II, Inc.		24,802	(1,860)	16
17	V	39 Wound Care Products	33,668	Forum Extended Care Services II, Inc.		31,320	(2,348)	17
18	V	10 House Stock	31,907	Forum Extended Care Services II, Inc.		29,681	(2,226)	18
19	V	10 Pharmacy Consultant	4,752	Forum Extended Care Services II, Inc.		4,421	(331)	19
20	V	22 Employee Vaccination	6,943	Forum Extended Care Services II, Inc.			(6,943)	20
21	V	39 Employee Vaccination		Forum Extended Care Services II, Inc.		6,458	6,458	21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 616,072			\$ 573,100	\$ * (42,972)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Therapy	\$ 861,498	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 733,370	\$ (128,128)
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		\$ 861,498			\$ 733,370	\$ * (128,128)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Repair & Maintenance	\$ 32,086	Alden Bennett Construction Company, Inc.	0.00%	\$ 31,884	\$ (202)
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		\$ 32,086			\$ 31,884	\$ * (202)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repair & Maintenance	\$ 5,053	Alden Design Group, Inc.	0.00%	\$ 6,493	\$ 1,440	15	
16	V							16	
17	V							17	
18	V							18	
19	V							19	
20	V							20	
21	V							21	
22	V							22	
23	V							23	
24	V							24	
25	V							25	
26	V							26	
27	V							27	
28	V							28	
29	V							29	
30	V							30	
31	V							31	
32	V							32	
33	V							33	
34	V							34	
35	V							35	
36	V							36	
37	V							37	
38	V							38	
39	Total		\$ 5,053			\$ 6,493	\$ *	1,440	39

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

Facility Name & ID Number

Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

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

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

Facility Name & ID Number

Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V 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	1,288,358	34	\$ 89,742	\$ 64,369	\$ 4,483	1	
2	24	Trav & Seminar	Patient Days	1,288,358	34	35,559	64,369	1,777	2	
3	25	Other Admin Travel	Patient Days	1,288,358	34	347,560	64,369	17,365	3	
4	26	Insurance	Patient Days	1,288,358	34	6,826	64,369	341	4	
5	20	Dues & Subscriptions	Patient Days	1,288,358	34	71,705	64,369	3,583	5	
6	30	Depreciation	No of Providers/usage	34	34	140,451	1	3,537	6	
7	33	Real Estate Tax	Patient Days/usage	1,288,358	34	172,398	64,369	7,326	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,288,358	34	1,034,867	64,369	51,704	8	
9	32	Interest	Patient Days/usage	1,288,358	34	1,892,273	64,369	131,023	9	
10	1	Dietary Salary	Patient Days	1,288,358	34	73,278	73,278	64,369	3,661	10
11	3	Housekeeping Salary	Patient Days	1,288,358	34	180,508	180,508	64,369	9,019	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,288,358	34	182,054	64,369	9,096	12	
13	10	Nurs & Med Records Salary	Patient Days	1,288,358	34	1,519,466	1,519,466	64,369	75,053	13
14	15	Employee Benefits -Health Care	Patient Days	1,288,358	34	180,775	64,369	9,032	14	
15	17	Administrative Salary	Patient Days/usage	1,288,358	34	4,500,263	4,500,263	64,369	276,910	15
16	27	Employee Benefits - Admin	Patient Days	1,288,358	34	1,464,772	64,369	73,183	16	
17	19	Professional fees	Patient Days	1,288,358	34	1,094,912	881,977	64,369	40,793	17
18	21	Gen'I & Admin	Patient Days	1,288,358	34	7,908,785	6,929,587	64,369	395,139	18
19	6	Repair & Maint.	Patient Days	1,288,358	34	1,864,177	1,276,432	64,369	69,195	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 22,760,371	\$ 15,361,511	\$ 1,182,220	25	

Facility Name & ID Number

Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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 Related**		3 Purpose of Loan	4 Monthly Payment Required	5 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Interest Expense	10
		YES	NO				Original	Balance				
A. Directly Facility Related												
Long-Term												
1	Cambridge (GL 2505/7055)		X	Mortgage	\$56,273.81	6/1/13	\$ 14,015,400	\$ 13,021,953	6/1/2045	2.9400	\$ 386,745	1
2												2
3	Interest Capital Lease		X	Phone Lease							4,701	3
4	Insurance Interest (GL07053)		X	Medical Malpractice							3,124	4
5	Amort of Fin Fees (GL 1918)		X	Malpractice Insurance							20,169	5
Working Capital												
6	Related party-AMS		X	Working Capital							131,023	6
7												7
8												8
9	TOTAL Facility Related				\$56,273.81		\$ 14,015,400	\$ 13,021,953			\$ 545,761	9
B. Non-Facility Related*												
10	Northmoor Associates LLC		X	Interest-Replacement Res/Other							(60)	10
11	Interest Income		X	Public Aid Interest							(4,662)	11
12												12
13												13
14	TOTAL Non-Facility Related						\$	\$			\$ (4,722)	14
15	TOTALS (line 9+line14)						\$ 14,015,400	\$ 13,021,953			\$ 541,039	15

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

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

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

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Northmoor COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041277

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

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

A. Summary of Real Estate Tax Cost

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

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>146,629.00</u>	\$ <u>7,326.00</u>
2. <u>13-06-409-017-0000</u>	<u>Nursing facility</u>	\$ <u>6,360.28</u>	\$ <u>6,360.28</u>
3. <u>13-06-409-018-0000</u>	<u>Nursing facility</u>	\$ <u>3,806.72</u>	\$ <u>3,806.72</u>
4. <u>13-06-409-019-0000</u>	<u>Nursing facility</u>	\$ <u>3,756.94</u>	\$ <u>3,756.94</u>
5. <u>13-06-409-020-0000</u>	<u>Nursing facility</u>	\$ <u>3,689.85</u>	\$ <u>3,689.85</u>
6. <u>13-06-409-021-0000</u>	<u>Nursing facility</u>	\$ <u>72,314.66</u>	\$ <u>72,314.66</u>
7. <u>13-06-409-022-0000</u>	<u>Nursing facility</u>	\$ <u>71,995.14</u>	\$ <u>71,995.14</u>
8. <u>13-06-409-023-0000</u>	<u>Nursing facility</u>	\$ <u>71,995.14</u>	\$ <u>71,995.14</u>
9. <u>13-06-409-024-0000</u>	<u>Nursing facility</u>	\$ <u>73,780.83</u>	\$ <u>73,780.83</u>
10. <u>13-06-409-025-0000</u>	<u>Nursing facility</u>	\$ <u>73,845.52</u>	\$ <u>73,845.52</u>
TOTALS		\$ <u><u>528,174.08</u></u>	\$ <u><u>388,871.08</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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to 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

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: nursing facility, 53,009, 1996, \$ 1,429,683, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, 53,009, (blank), \$ 1,429,683, 3.

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	198	1994		\$ 8,796,651	\$ 227,120	40	\$ 219,916	\$ (7,204)	\$ 4,600,887	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		3,062	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 Estates of Northmoor

0041277

Report Period Beginning:

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Climate Service - replace compressor	1999	2,603		15			2,603	37
38	Washtown equipment - dryer installation	1999	2,875		10			2,875	38
39	Climate Service - repair chiller pump	1999	2,940		5			2,940	39
40	Equipment INT - dryer repair	1999	130		5			130	40
41	Rykoff Sexton - coffee machine	1999	2,021		5			2,021	41
42	Equipment INT - dryer repair	1999	1,891		5			1,891	42
43	Climate Service - chiller maint	1999	3,071		5			3,071	43
44	United Communication group-phone repair	1999	1,593		10			1,593	44
45	Long elevator	1999	2,168	108	20	108		1,857	45
46	Climate service - ice machine repair	1999	1,885		10			1,885	46
47	Climate service - condensor repair	1999	3,579		15			3,579	47
48	ABC -misc. Work	2000	16,003		10			16,003	48
49	CSI-change exhausst belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		1,720	50
51	ABC - misc. const. Work	2000	2,059		5			2,059	51
52	GT mechanical - gas line	2001	1,563		10			1,563	52
53	Coker services-repair washer	2001	2,013		10			2,013	53
54	Coker services -install gas unit	2001	4,125		10			4,125	54
55	DBS contracting -lawn sprinkler	2001	2,215		15			2,215	55
56	DBS contracting -lawn sprinkler	2001	2,575		15			2,575	56
57									57
58	CSI Corker - service on cleveland MD2224CGA1	2001	1,582		10			1,582	58
59	GT Mech- chiller repair (both chillers)	2002	1,435		5			1,435	59
60	GT Mech- credit for 5/01 inv 18186	2002	(1,259)		15			(1,259)	60
61	Action Fence Contractors-install 3 steel bollards	2002	1,725		10			1,725	61
62	ABC- Efficient Insulation Systems- insulation	2002	769	51	15	51		741	62
63	ABC- Joseph Stanger corian top repair	2002	1,632		10			1,632	63
64	ABC- 30' flagpole and installation	2002	2,215	111	20	111		1,616	64
65	ABC- Action Fence install 3 steel bollards	2002	2,011		10			2,011	65
66	ABC- Action Fence dumpster gate	2002	2,332		5			2,332	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,076,838	\$ 227,667		\$ 220,463	\$ (7,204)	\$ 4,879,369	70

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

XI. OWNERSHIP COSTS (continued)

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

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

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

XI. OWNERSHIP COSTS (continued)

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

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

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

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

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

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

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

XI. OWNERSHIP COSTS (continued)

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

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

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

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

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

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

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,562,768	\$ 422,912	\$ 422,912	\$	varies	\$ 1,082,422	71
72	Current Year Purchases	27,583	2,071	2,071		varies	2,070	72
73	Fully Depreciated Assets	1,541,193	10,133	10,133		varies	1,541,193	73
74								74
75	TOTALS	\$ 5,131,544	\$ 435,116	\$ 435,116	\$		\$ 2,625,685	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Buses	Ford Eldorado	10/1/2000	\$ 49,863	\$	\$	\$	3	\$ 49,863	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)	\$ 17,739,377	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 799,067	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 791,863	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)	\$ 8,058,786	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 Estates of Northmoor

0041277

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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 4/1/2016

Ending 3/31/2026

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2017</u>	\$ <u>varies</u>
13.	<u>12/31/2018</u>	\$ <u>varies</u>
14.	<u>12/31/2019</u>	\$ <u>varies</u>

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: \$ 30,903 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>20,308</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>25.00</u>	<u>300</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>20,608</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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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? <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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 352,090	\$		\$ 352,090	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			29,921			29,921	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			446,941			446,941	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Pg 16A	# of prescripts				482,877		482,877	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):	39-1, 39-3, if any								12
13	Other (specify): See Pg 16A					(128,128)	177,200		49,072	13
14	TOTAL			\$		\$ 700,824	\$ 660,077		\$ 1,360,901	14

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

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	-	\$352,090.00	
2.	ST	39-3	To Col 5	-	29,921.00	
3.						
4.	PT	39-3	To Col 5	-	446,941.00	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			-	512,140.05	
	Manual Input from Related Party- Forum Drugs				(29,263.00)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	482,877.05	
10.						
11.						
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00	
	Total Exceptional Care (Line 12, Col 8)			-	0.00	
13.	Other:	See Pg 16A				
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		(128,128.00)	From Page 6D
	Other			-	200,381.00	
	Manual Input: Related Party - Prism				(36,114.00)	From Page 6B
	Manual Input: Related Party FECII - I.V.				(1,860.00)	From Page 6C
	Manual Input: Related Party FECII - Wound Care				(2,348.00)	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)				17,141.00	
13.	Col 6: Supplies Total		To Col 6	-	177,200.00	
13.	Total Line 13, Column 8			-	49,072.00	
14.	Total			-	1,360,901.05	

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

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

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

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 22,887,890	1
2	Restatements (describe):		2
3	W/O Interc. Loan @ 12.31.16	957,126	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 23,845,016	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	808,630	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 808,630	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 24,653,646	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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

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

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

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,992,835	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 14,992,835	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	251,855	6
7	Oxygen	21,278	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 273,133	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,273	13
14	Non-Patient Meals	422	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	10,921	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 12,615	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	4,662	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 4,662	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	9,272	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,272	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,292,518	30

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

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 8,974,047	44
45	Private Pay - Net Inpatient Revenue	1,737,709	45
46	Medicare - Net Inpatient Revenue	2,870,965	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,410,114	47
48	Other-(specify) <u>Veterans/Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 14,992,835	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet avail. If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning 01/01/2016 Ending:

12/31/2016

Details of Page 19, Line 28

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

Line 28 Total:	<u><u>9,272</u></u>
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Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,084	2,084	\$ 128,424	\$ 61.62	1
2	Assistant Director of Nursing	4,138	4,138	149,961	36.24	2
3	Registered Nurses	45,316	47,734	1,711,352	35.85	3
4	Licensed Practical Nurses	35,099	37,221	1,018,244	27.36	4
5	CNAs & Orderlies	75,753	81,128	1,126,322	13.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,014	7,736	105,816	13.68	8
9	Activity Director	2,080	2,080	47,710	22.94	9
10	Activity Assistants	7,877	8,476	98,157	11.58	10
11	Social Service Workers	2,080	2,080	45,870	22.05	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	54,895	26.39	13
14	Head Cook	2,072	2,072	91,728	44.27	14
15	Cook Helpers/Assistants	35,263	38,988	520,002	13.34	15
16	Dishwashers					16
17	Maintenance Workers	1,960	1,969	62,377	31.68	17
18	Housekeepers	18,395	19,726	235,899	11.96	18
19	Laundry	4,731	5,406	62,245	11.51	19
20	Administrator	1,016	1,032	60,279	58.41	20
21	Assistant Administrator	2,968	3,039	89,654	29.50	21
22	Other Administrative	4,360	4,432	125,764	28.38	22
23	Office Manager	2,000	2,089	50,476	24.16	23
24	Clerical	3,923	4,059	48,241	11.88	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,160	4,160	163,032	39.19	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	1,920	1,976	45,444	23.00	32
33	Other(specify) <u>Alzheimers Spervi</u>	6,274	6,544	116,233	17.76	33
34	TOTAL (lines 1 - 33)	272,563	290,249	\$ 6,158,125 *	\$ 21.22	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 27,532	1-3	35
36	Medical Director	Monthly	20,485	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,752	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	24	1,380	11-3	44
45	Social Service Consultant	28	1,960	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	52	\$ 56,109		49

C. CONTRACT NURSES

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

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

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

TOTAL ALLOWABLE LEGAL FEES 8,559.72

Vendor Name	Invoice Date	Amount
STOPOG Stone Pogrund & Korey L	1/1/2016	200.00
STOPOG Stone Pogrund & Korey L	2/29/2016	194.64
STOPOG Stone Pogrund & Korey L	2/29/2016	(10.00)
STOPOG Stone Pogrund & Korey L	3/31/2016	985.12
STOPOG Stone Pogrund & Korey L	6/1/2016	40.00
STOPOG Stone Pogrund & Korey L	7/29/2016	248.00
STOPOG Stone Pogrund & Korey L	8/31/2016	2.50
STOPOG Stone Pogrund & Korey L	9/30/2016	2.50
STOPOG Stone Pogrund & Korey L	10/31/2016	573.36
STOPOG Stone Pogrund & Korey L	11/30/2016	140.00
STOPOG Stone Pogrund & Korey L	12/29/16	434.10

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 2,810.22

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-16	01/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	02/28/16	3,766.00
AMS Corp Legal Cost Alloc-16	03/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	04/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	05/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	06/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	07/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	08/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	09/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	10/31/16	3,766.00
AMS Corp Legal Cost Alloc-16	11/30/16	3,766.00
AMS Corp Legal Cost Alloc-16	12/31/16	3,766.00

TOTAL Allocated Legal Fees 45,192.00

Total Legal Cost 56,561.94

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes,RN/LPNs: No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council of Illinois \$19,008
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 56,183 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 462,565
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 18,373 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. **Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. Yes
Attach invoices and a summary of services for all architect and appraisal fees