

		FOR BHF USE						

LL1

2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2018)

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

<p>I. IDPH License ID Number: <u>0041277</u></p> <p>Facility Name: <u>Alden-Northmoor Rehab HC Ctr</u></p> <p>Address: <u>5831 N Northwest Hwy</u> <u>Chicago</u> <u>60631</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773)775-8080</u> Fax # <u>(773)775-9672</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>03/29/1996</u></p> <p>Type of Ownership:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </td> <td style="width:33%; border: none;"> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </td> <td style="width:33%; border: none;"> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>773-286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2018</u> to <u>12/31/2018</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">Officer or Administrator of Provider</td> <td style="padding: 5px;"> (Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u> </td> </tr> <tr> <td style="padding: 5px;">Paid Preparer</td> <td style="padding: 5px;"> (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>() ()</u> Fax # <u>() ()</u> </td> </tr> </table> <p align="right"> MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>() ()</u> Fax # <u>() ()</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____	<input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	<input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____						
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>President, Alden Management Services, Inc.</u>							
Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>() ()</u> Fax # <u>() ()</u>							

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	4,112	1,749	4,743	10,604	8
9	SNF/PED					9
10	ICF	54,838	2,771	125	57,734	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	58,950	4,520	4,868	68,338	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 94.56%

D. How many bed reserve days during this year were paid by the Department?
None (Do not include bed reserve 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 4,736

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr # 0041277 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	683,047	30,551	24,468	738,066	1,463	739,529	133	739,662		1
2	Food Purchase		450,420		450,420	(17,198)	433,222	6,709	439,931		2
3	Housekeeping	287,187	105,054		392,241	1,597	393,838	9,640	403,478		3
4	Laundry	68,832	36,049		104,881	313	105,194	0	105,194		4
5	Heat and Other Utilities			306,005	306,005		306,005	613	306,618		5
6	Maintenance	77,487	170	241,548	319,205	226	319,431	38,078	357,509		6
7	Other (specify):* related party/security			32	32		32	8,867	8,899		7
8	TOTAL General Services	1,116,553	622,244	572,053	2,310,850	(13,599)	2,297,251	64,040	2,361,291		8
	B. Health Care and Programs										
9	Medical Director			26,400	26,400		26,400	0	26,400		9
10	Nursing and Medical Records	4,420,996	281,098	17,489	4,719,583	(36,048)	4,683,535	69,249	4,752,784		10
10a	Therapy	254,984	1,688	25,526	282,198		282,198	0	282,198		10a
11	Activities	192,324	7,715	7,558	207,597	494	208,091	0	208,091		11
12	Social Services	50,849			50,849		50,849	0	50,849		12
13	CNA Training				0		0	0	0		13
14	Program Transportation				0		0	(117)	(117)		14
15	Other (specify):* related party				0		0	9,093	9,093		15
16	TOTAL Health Care and Programs	4,919,153	290,501	76,973	5,286,627	(35,554)	5,251,073	78,225	5,329,298		16
	C. General Administration										
17	Administrative	203,450			203,450		203,450	273,622	477,072		17
18	Directors Fees				0		0	0	0		18
19	Professional Services			1,414,364	1,414,364	(842)	1,413,522	(1,312,650)	100,872		19
20	Dues, Fees, Subscriptions & Promotions			132,361	132,361		132,361	(104,119)	28,242		20
21	Clerical & General Office Expenses	231,715	19,460	247,256	498,431	1,848	500,279	274,255	774,534		21
22	Employee Benefits & Payroll Taxes			1,009,366	1,009,366	2,685	1,012,051	(18,494)	993,557		22
23	Inservice Training & Education				0		0	0	0		23
24	Travel and Seminar			1,664	1,664		1,664	2,036	3,700		24
25	Other Admin. Staff Transportation			4,979	4,979		4,979	19,229	24,208		25
26	Insurance-Prop.Liab.Malpractice			499,880	499,880		499,880	10,188	510,068		26
27	Other (specify):* related party			180,970	180,970		180,970	(86,169)	94,801		27
28	TOTAL General Administration	435,165	19,460	3,490,840	3,945,465	3,691	3,949,156	(942,102)	3,007,054		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,470,871	932,205	4,139,866	11,542,942	(45,462)	11,497,480	(799,837)	10,697,643		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 HC Ctr

#0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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			103,443	103,443		103,443	682,534	785,977			30
31	Amortization of Pre-Op. & Org.				0		0	0	0			31
32	Interest			130,033	130,033		130,033	383,144	513,177			32
33	Real Estate Taxes			459,683	459,683	(459,683)	0	469,952	469,952			33
34	Rent-Facility & Grounds			867,401	867,401	459,683	1,327,084	(1,327,084)	0			34
35	Rent-Equipment & Vehicles			37,858	37,858		37,858	47,723	85,581			35
36	Other (specify):* MIP				0		0	81,639	81,639			36
37	TOTAL Ownership			1,598,418	1,598,418	0	1,598,418	337,908	1,936,326			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation				0		0	0	0			38
39	Ancillary Service Centers		769,338	817,795	1,587,133	45,462	1,632,595	(156,238)	1,476,357			39
40	Barber and Beauty Shops				0		0	0	0			40
41	Coffee and Gift Shops				0		0	0	0			41
42	Provider Participation Fee			492,740	492,740		492,740	0	492,740			42
43	Other (specify):*				0		0	0	0			43
44	TOTAL Special Cost Centers	0	769,338	1,310,535	2,079,873	45,462	2,125,335	(156,238)	1,969,097			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,470,871	1,701,543	7,048,819	15,221,233	0	15,221,233	(618,167)	14,603,066			45

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

004-1277
 Period Beginning: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 36-3847747

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(17,198.00)	Employee Meals
	22	17,198.00	Employee Meals
22		(14,513.00)	Uniform Reclass
	1	1,463.00	Uniform Reclass
	3	1,597.00	Uniform Reclass
	4	313.00	Uniform Reclass
	6	226.00	Uniform Reclass
	10	9,414.00	Uniform Reclass
	11	494.00	Uniform Reclass
	21	1,006.00	Uniform Reclass
10		(45,462.00)	Oxygen Cost Reclass
	39	45,462.00	Oxygen Cost Reclass
19		(842.00)	Computer Monthly Service Fees
	21	842.00	Computer Monthly Service Fees
33		(459,683.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	459,863.00	Rent - Real Estate Tax on associated landowner (Pg 6)

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

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	(350)	2		4
5	Telephone, TV & Radio in Resident Rooms	(20,295)	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	(8,118)	30		9
10	Interest and Other Investment Income	(19,371)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,129)	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	(25,722)	21		17
18	Fines and Penalties	(250)	32		18
19	Entertainment	(888)	20		19
20	Contributions	(4,779)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(9,183)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(180,970)	27		24
25	Fund Raising, Advertising and Promotional	(13,756)	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)	\$ (286,811)		\$ 0	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)	(103,511)	Pg 6s	34
35	Other- Attach Schedule	(227,845)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (331,356)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (618,167)		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-Northmoor Rehab HC Ctr

ID# 0041277

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (4,123)	5	1
2	Intercompany interest	(125,283)	32	2
3	Record Copies (g/l 4977-100-001)	(1,111)	10	3
4	Jury Duty (4977-100-002)	(17)	21	4
5	Bus Transportation	(117)	14	5
6				6
7	Vendor Discounts	(89)	10	7
8	Marketing Manager & Aides	(85,129)	21	8
9	Back Out Chamber of Commerce Edison/Norwood	(200)	20	9
10	Back Out Chicago Tribune/Collaborative Healthcare	(1,055)	20	10
11	Back Out Wisconsin Healthcare Association	(369)	20	11
12	Back Out Bank Charges - Northmoor Associates	(108)	19	12
13	Elimin Pg 13 deprec on assets<\$2,500	(23,625)	30	13
14	"Pg 13" assets<\$2,500 to be expensed	27,932	6	14
15	Elimin Pg 12 deprec on assets<\$2,500	(5,253)	30	15
16	"Pg 12" assets<\$2,500 to be expensed	3,986	6	16
17	Adjust depreciation to Pg 13's	63	30	17
18	Back out % Employee Benefit for Mktg Manager	(13,279)	22	18
19				19
20	Adj for 2012 ABC related party profit - Pg 12	54	30	20
21	Adj for 2013 ABC related party profit - Pg 12	8	30	21
22	Adj for 2014 ABC related party profit - Pg 12	(115)	30	22
23	Adj for 2015 ABC related party profit - Pg 12	(11)	30	23
24	Adj for 2016 ABC related party profit - Pg 12	(5)	30	24
25	Adj for 2018 ABC related party profit - Pg 12	1	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	(227,845)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	3,621	(3,488)	0	0	0	0	0	0	0	133	1
2	Food Purchase	(3,479)	0	0	10,188	0	0	0	0	0	0	0	6,709	2
3	Housekeeping	0	0	9,640	0	0	0	0	0	0	0	0	9,640	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(4,123)	0	4,736	0	0	0	0	0	0	0	0	613	5
6	Maintenance	11,623	0	28,749	0	0	0	81	(2,375)	0	0	0	38,078	6
7	Other (specify):*	0	0	8,867	0	0	0	0	0	0	0	0	8,867	7
8	TOTAL General Services	4,021	0	55,613	6,700	0	0	81	(2,375)	0	0	0	64,040	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	(1,200)	0	63,903	9,666	(3,120)	0	0	0	0	0	0	69,249	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	(117)	0	0	0	0	0	0	0	0	0	0	(117)	14
15	Other (specify):*	0	0	9,093	0	0	0	0	0	0	0	0	9,093	15
16	TOTAL Health Care and Programs	(1,317)	0	72,996	9,666	(3,120)	0	0	0	0	0	0	78,225	16
	C. General Administration													
17	Administrative	0	0	273,622	0	0	0	0	0	0	0	0	273,622	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(9,291)	17,593	(1,320,952)	0	0	0	0	0	0	0	0	(1,312,650)	19
20	Fees, Subscriptions & Promotions	(21,047)	77	(83,149)	0	0	0	0	0	0	0	0	(104,119)	20
21	Clerical & General Office Expenses	(110,868)	0	385,123	0	0	0	0	0	0	0	0	274,255	21
22	Employee Benefits & Payroll Taxes	(13,279)	0	0	0	(5,215)	0	0	0	0	0	0	(18,494)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	2,036	0	0	0	0	0	0	0	0	2,036	24
25	Other Admin. Staff Transportation	0	0	19,229	0	0	0	0	0	0	0	0	19,229	25
26	Insurance-Prop.Liab.Malpractice	0	9,787	401	0	0	0	0	0	0	0	0	10,188	26
27	Other (specify):*	(180,970)	0	94,801	0	0	0	0	0	0	0	0	(86,169)	27
28	TOTAL General Administration	(335,455)	27,457	(628,889)	0	(5,215)	0	0	0	0	0	0	(942,102)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(332,751)	27,457	(500,280)	16,366	(8,335)	0	81	(2,375)	0	0	0	(799,837)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	(37,001)	713,450	6,085	0	0	0	0	0	0	0	0	682,534	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(144,904)	388,469	139,579	0	0	0	0	0	0	0	0	383,144	32
33	Real Estate Taxes	0	459,683	10,269	0	0	0	0	0	0	0	0	469,952	33
34	Rent-Facility & Grounds	0	(1,327,084)	0	0	0	0	0	0	0	0	0	(1,327,084)	34
35	Rent-Equipment & Vehicles	0	0	47,723	0	0	0	0	0	0	0	0	47,723	35
36	Other (specify):*	0	81,639	0	0	0	0	0	0	0	0	0	81,639	36
37	TOTAL Ownership	(181,905)	316,157	203,656	0	0	0	0	0	0	0	0	337,908	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	(77,920)	(42,342)	(35,976)	0	0	0	0	0	(156,238)	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	(77,920)	(42,342)	(35,976)	0	0	0	0	0	(156,238)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(514,656)	343,614	(296,624)	(61,554)	(50,677)	(35,976)	81	(2,375)	0	0	0	(618,167)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rent revenue	\$ 1,327,084	Northmoor Assoicates, LLC		\$	\$ (1,327,084)	1
2	V	32 Replacement Reserve interest/Interest l	86	Northmoor Assoicates, LLC			(86)	2
3	V	19 Accounting/Bank Fees		Northmoor Assoicates, LLC		8,908	8,908	3
4	V	33 Real estate taxes		Northmoor Assoicates, LLC		459,683	459,683	4
5	V	26 Property/liability insurance		Northmoor Assoicates, LLC		9,787	9,787	5
6	V	36 Mortgage insurance premium		Northmoor Assoicates, LLC		81,639	81,639	6
7	V	32 Mortgage interest		Northmoor Assoicates, LLC		369,292	369,292	7
8	V	30 Depreciation		Northmoor Assoicates, LLC		713,450	713,450	8
9	V	32 Amortization		Northmoor Assoicates, LLC		19,263	19,263	9
10	V	19 Professional Fees		Northmoor Assoicates, LLC		8,685	8,685	10
11	V	20 Annual Report Fee		Northmoor Assoicates, LLC		77	77	11
12	V							12
13	V							13
14	Total		\$ 1,327,170			\$ 1,670,784	\$ * 343,614	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%	\$ 4,736	\$ 4,736 15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		2,036	2,036 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		19,229	19,229 17
18	V	26 Insurance		Alden Management Services, Inc.		401	401 18
19	V	20 Dues/Subscriptions	85,584	Alden Management Services, Inc.		2,435	(83,149) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		10,269	10,269 21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		47,723	47,723 22
23	V	32 Interest		Alden Management Services, Inc.		139,579	139,579 23
24	V	1 Diet. Salary		Alden Management Services, Inc.		3,621	3,621 24
25	V	3 Housekeeping Salary		Alden Management Services, Inc.		9,640	9,640 25
26	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		8,867	8,867 26
27	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		63,903	63,903 27
28	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		9,093	9,093 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		273,622	273,622 29
30	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		94,801	94,801 30
31	V	19 Professional Fees	1,366,220	Alden Management Services, Inc.		45,268	(1,320,952) 31
32	V	21 Gen'l & Administrative	52,920	Alden Management Services, Inc.		438,043	385,123 32
33	V	6 Repairs & Mainten.	19,166	Alden Management Services, Inc.		47,915	28,749 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,523,890			\$ 1,227,266	\$ * (296,624) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	1 Diet Consultant	\$ 24,168	Prism Health Care Services, Inc.	0.00%	\$	\$ (24,168)
16	V	1 Diet Salary		Prism Health Care Services, Inc.		14,326	14,326
17	V	2 Tube Feeding	53,033	Prism Health Care Services, Inc.		43,562	(9,471)
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337
19	V	39 Supplies	167,914	Prism Health Care Services, Inc.		51,582	(116,332)
20	V	1 Gen'l & admin & benefits		Prism Health Care Services, Inc.		6,354	6,354
21	V	2 Gen'l & admin & benefits		Prism Health Care Services, Inc.		19,659	19,659
22	V	10 Gen'l & admin & benefits		Prism Health Care Services, Inc.		5,329	5,329
23	V	39 Gen'l & admin & benefits		Prism Health Care Services, Inc.		38,412	38,412
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		\$ 251,775			\$ 190,221	\$ * (61,554)

* 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	\$ 444,477	Forum Extended Care Services II, Inc.	0.00%	\$ 409,169	\$ (35,308) 15
16	V	39 I.V. Drugs	77,594	Forum Extended Care Services II, Inc.		71,430	(6,164) 16
17	V	39 Wound Care Products	71,372	Forum Extended Care Services II, Inc.		65,702	(5,670) 17
18	V	10 House Stock	34,530	Forum Extended Care Services II, Inc.		31,787	(2,743) 18
19	V	10 Pharmacy Consultant	4,752	Forum Extended Care Services II, Inc.		4,375	(377) 19
20	V	22 Employee Vaccination	5,215	Forum Extended Care Services II, Inc.			(5,215) 20
21	V	39 Employee Vaccination				4,800	4,800 21
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		\$ 637,940			\$ 587,263	\$ * (50,677) 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	\$ 840,518	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 804,542	\$ (35,976)
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		\$ 840,518			\$ 804,542	\$ * (35,976)

* 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 Repairs & Maintenance	\$ 26,451	Alden Bennett Construction Company, Inc.	0.00%	\$ 26,532	\$ 81	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		\$ 26,451			\$ 26,532	\$ *	81 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 Repairs & Maintenance	\$ 3,603	Alden Design Group, Ltd.	0.00%	\$ 1,228	\$ (2,375)
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		\$ 3,603			\$ 1,228	\$ * (2,375)

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

Facility Name & ID Number

Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	Skokie	Family Home Health Services, Inc.		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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr # 0041277 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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	175,601	2.032	5.08	Salary	\$ 9,399	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	94,919	2.032	5.08	Salary	5,081	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	94,919	2.032	5.08	Salary	5,081	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	110,899	2.032	5.08	Salary	5,936	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	59,925	2.032	5.08	Salary	3,208	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	175,601	1.778	5.08	Salary	9,399	6-7, 17-7	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	\$ 38,104		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 HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending: 2/31/2018

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	1,345,058	36	\$ 93,217	\$ 68,338	\$ 4,736	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	68,338	2,036	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	68,338	19,229	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	68,338	401	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	68,338	2,435	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	68,338	10,269	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	68,338	47,723	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	68,338	139,579	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	68,338	3,621	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	68,338	9,640	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	68,338	8,867	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	68,338	63,903	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	68,338	9,093	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	68,338	273,622	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	68,338	94,801	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	68,338	45,268	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	68,338	438,043	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	68,338	47,915	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 1,227,266	25

Facility Name & ID Number

Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge (GL 2505/7055)		x	Mortgage	\$56,273.81	6/1/13	\$ 14,015,400	\$ 12,420,293	6/1/2045	2.9400	\$ 369,292	1						
2												2						
3	Interest - Capital Lease		x	Phone Lease								2,386	3					
4	Insurance Interest		x	Medical Malpractice								2,114	4					
5	Amort of Fin Fees		x									19,263	5					
Working Capital																		
6	Related party - AMS		x									139,579	6					
7													7					
8													8					
9	TOTAL Facility Related				\$56,273.81		\$ 14,015,400	\$ 12,420,293			\$ 532,634	9						
B. Non-Facility Related*																		
10	Northmoor Associates LLC		x	Interest-Replacement Res/Other								(86)	10					
11	Interest Income		x	Public Aid Interest								(19,371)	11					
12													12					
13													13					
14	TOTAL Non-Facility Related						\$ 0	\$ 0			\$ (19,457)	14						
15	TOTALS (line 9+line14)						\$ 14,015,400	\$ 12,420,293			\$ 513,177	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 81,639 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 2017 report.			\$	429,500	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.)			\$	448,223	2
3. Under or (over) accrual (line 2 minus line 1).			\$	18,723	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	461,700	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 \$ 20,740 For 2012 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	(20,740)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	459,683	7
Real Estate Tax History:			Plus: Related party taxes - See Pg RE_Tax page		
			Total Real Estate Tax Expense, Sch V, Line 33		10,269
					469,952
Real Estate Tax Bill for Calendar Year:	2013	326,666			8
	2014	333,246			9
	2015	381,545			10
	2016	417,031			11
	2017	448,223			12
The current year accrual is based on an estimated 3% increase of the prior year tax.					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2017	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden-Northmoor Rehab HC Ctr 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 2017 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 2017.

(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>202,125.00</u>	\$ <u>10,269.00</u>
2. <u>13-06-409-017-0000</u>	<u>Nursing facility</u>	\$ <u>7,471.77</u>	\$ <u>7,471.77</u>
3. <u>13-06-409-018-0000</u>	<u>Nursing facility</u>	\$ <u>4,472.01</u>	\$ <u>4,472.01</u>
4. <u>13-06-409-019-0000</u>	<u>Nursing facility</u>	\$ <u>4,413.44</u>	\$ <u>4,413.44</u>
5. <u>13-06-409-020-0000</u>	<u>Nursing facility</u>	\$ <u>4,334.68</u>	\$ <u>4,334.68</u>
6. <u>13-06-409-021-0000</u>	<u>Nursing facility</u>	\$ <u>84,952.33</u>	\$ <u>84,952.33</u>
7. <u>13-06-409-022-0000</u>	<u>Nursing facility</u>	\$ <u>84,576.89</u>	\$ <u>84,576.89</u>
8. <u>13-06-409-023-0000</u>	<u>Nursing facility</u>	\$ <u>84,576.89</u>	\$ <u>84,576.89</u>
9. <u>13-06-409-024-0000</u>	<u>Nursing facility</u>	\$ <u>86,674.73</u>	\$ <u>86,674.73</u>
10. <u>13-06-409-025-0000</u>	<u>Nursing facility</u>	\$ <u>86,750.74</u>	\$ <u>86,750.74</u>
TOTALS		\$ <u><u>650,348.48</u></u>	\$ <u><u>458,492.48</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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.**

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

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>	<u>1</u>
2					<u>2</u>
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	\$ 228,034	40	\$ 219,916	\$ (8,118)	\$ 5,040,719	4
5						0				0	5
6						0				0	6
7						0				0	7
8						0				0	8
	Improvement Type**										
9		Cable installation	1996		5,704	0	5	0		5,704	9
10		Cable installation	1996		3,286	0	5	0		3,286	10
11		Fire alarm	1996		17,753	0	15	0		17,753	11
12		Install additional outlet	1997		2,108	0	10	0		2,108	12
13		Install additional outlet	1997		1,116	0	10	0		1,116	13
14		Install additional outlet	1997		2,668	0	10	0		2,668	14
15		Access control materials	1997		4,714	0	10	0		4,714	15
16		HVAC repair	1997		6,413	0	5	0		6,413	16
17		Phone line installation	1997		2,768	0	5	0		2,768	17
18		Phone line installation	1997		3,096	0	5	0		3,096	18
19		Equipment for security system	1998		4,170	0	10	0		4,170	19
20		Change belt on fans & airhandlers	1998		2,012	0	5	0		2,012	20
21		Wire third floor & twenty bed jacks	1998		7,189	0	10	0		7,189	21
22		Repair pump motor on elevator	1998		3,500	175	20	175		3,412	22
23		Install pump motor on dishwasher	1998		2,029	0	10	0		2,029	23
24		Install door locks	1998		8,157	0	10	0		8,157	24
25		Door system work	1998		775	0	10	0		775	25
26		Repair nurse call system	1998		275	0	10	0		275	26
27		Repair nurse call system	1998		1,032	0	10	0		1,032	27
28		Repair nurse call system	1998		982	0	10	0		982	28
29		Chiller	1998		52,667	0	15	0		52,667	29
30		Computer & training & installation	1998		3,158	0	5	0		3,158	30
31		Canopy construction	1998		73,120	0	15	0		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 HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 0	15	\$ 0	\$	\$ 2,603	37
38	Washtown equipment - dryer installation	1999	2,875	0	10	0		2,875	38
39	Climate Service - repair chiller pump	1999	2,940	0	5	0		2,940	39
40	Equipment INT - dryer repair	1999	130	0	5	0		130	40
41	Rykoft Sexton - coffee machine	1999	2,021	0	5	0		2,021	41
42	Equipment INT - dryer repair	1999	1,891	0	5	0		1,891	42
43	Climate Service - chiller maint	1999	3,071	0	5	0		3,071	43
44	United Communication group-phone repair	1999	1,593	0	10	0		1,593	44
45	Long elevator	1999	2,168	108	20	108		2,073	45
46	Climate service - ice machine repair	1999	1,885	0	10	0		1,885	46
47	Climate service - condensor repair	1999	3,579	0	15	0		3,579	47
48	ABC -misc. Work	2000	16,003	0	10	0		16,003	48
49	CSI-change exhausst belt - hvac	2000	1,695	0	5	0		1,695	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		1,924	50
51	ABC - misc. const. Work	2000	2,059	0	5	0		2,059	51
52	GT mechanical - gas line	2001	1,563	0	10	0		1,563	52
53	Coker services-repair washer	2001	2,013	0	10	0		2,013	53
54	Coker services -install gas unit	2001	4,125	0	10	0		4,125	54
55	DBS contracting -lawn sprinkler	2001	2,215	0	15	0		2,215	55
56	DBS contracting -lawn sprinkler	2001	2,575	0	15	0		2,575	56
57				0		0		0	57
58	CSI Corker - service on cleveland MD2224CGA1	2001	1,582	0	10	0		1,582	58
59	GT Mech- chiller repair (both chillers)	2002	1,435	0	5	0		1,435	59
60	GT Mech- credit for 5/01 inv 18186	2002	(1,259)	0	15	0		(1,259)	60
61	Action Fence Contractors-install 3 steel bollards	2002	1,725	0	10	0		1,725	61
62	ABC- Efficient Insulation Systems- insulation	2002	769	0	15	0		769	62
63	ABC- Joseph Stanger corian top repair	2002	1,632	0	10	0		1,632	63
64	ABC- 30' flagpole and installation	2002	2,215	111	20	111		1,838	64
65	ABC- Action Fence install 3 steel bollards	2002	2,011	0	10	0		2,011	65
66	ABC- Action Fence dumpster gate	2002	2,332	0	5	0		2,332	66
67				0		0		0	67
68				0		0		0	68
69				0		0		0	69
70	TOTAL (lines 4 thru 69)		\$ 9,076,838	\$ 228,530		\$ 220,412	\$ (8,118)	\$ 5,320,221	70

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

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 228,530		\$ 220,412	\$ (8,118)	\$ 5,320,221	1
2	ABC-fire/smoker dampers	2003	6,390	0	10	0		6,390	2
3	ABC-rooftop compressor	2003	8,411	231	15	231		8,411	3
4	ABC-securitron DK 26	2003	1,087	29	15	29		1,087	4
5	GT Mechanical - H/V/A/C	2004	2,594	0	10	0		2,594	5
6	CSI Coker - Oven (flame spreader)	2004	3,378	0	10	0		3,378	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150	0	12	0		2,150	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150	0	12	0		2,150	8
9	Top Notch Service - Steam wells (2)	2004	2,153	0	10	0		2,153	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	110	20	110		1,494	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007	0	10	0		2,007	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	355	15	355		4,881	12
13				0		0		0	13
14	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029	0	10	0		2,029	14
15	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	288	15	288		3,840	15
16	ABC (Amer Bldg Serv)-Restroom doors	2005	759	38	20	38		503	16
17	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	68	15	68		895	17
18	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931	0	10	0		13,931	18
19	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	273	15	273		3,049	19
20	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		4,063	20
21	Oak Fire & Security - Smoke Detectors	2007	3,020	252	10	252		3,020	21
22	ABC Electrical Work	2007	24,463	1,223	20	1,223		13,963	22
23	Tarkett flooring	2008	8,745	727	10	727		8,745	23
24	Plumbing work & fixtures combined	2008	9,526	476	20	476		5,038	24
25	Replaced numerous plumbing fixtures	2008	9,806	490	20	490		5,023	25
26	Heating Vent	2008	8,838	589	15	589		5,547	26
27	Replaced numerous plumbing fixtures	2008	8,440	422	20	422		4,326	27
28	Replaced plumbing fixtures	2008	7,520	376	20	376		3,854	28
29	Repair of major water leak	2008	8,213	687	10	687		8,213	29
30	Replaced paio doors (automatic)	2008	3,012	278	10	278		3,012	30
31				0		0		0	31
32				0		0		0	32
33				0		0		0	33
34	TOTAL (lines 1 thru 33)		\$ 9,239,753	\$ 235,778		\$ 227,660	\$ (8,118)	\$ 5,445,967	34

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

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 235,778		\$ 227,660	\$ (8,118)	\$ 5,445,967	1
2	ABC - Heating/Vent	2009	8,838	589	15	589		5,548	2
3	RE-UPHOLSTERED 1ST FL Furniture	2009	7,445	745	10	745		6,764	3
4	ABC - Install Fire Dampers	2010	13,646	1,365	10	1,365		10,918	4
5	GTMECH - Fan motor/blade replaced in chiller	2011	4,054	0	5	0		4,054	5
6	ROSPAV-Asphalt/Painting/Coating/Sealing for Parking Lot	2011	10,383	1,298	8	1,298		9,410	6
7	ABC - Boiler Pipes/Plumbing Repairs	2011	8,018	656	25	656		4,374	7
8	ABC - Window Panel Replacement	2011	2,768	277	10	277		1,938	8
9	TOPNOT - Booster Plumbing	2011	5,421	0	5	0		5,421	9
10	OAKFIR - Annunciator card replaced	2011	4,775	0	5	0		4,775	10
11	ABC - Fire Dampers installed	2011	13,646	1,365	10	1,365		9,667	11
12				0		0		0	12
13	USFIRE -Sprinkler/Gauges - Inspection/Replacement	2012	9,741	390	25	390		2,566	13
14	OAKFIR - Damper Links Replaced	2012	6,600	660	10	660		4,345	14
15	GTMECH - Repair Boiler Maint.	2012	6,784	678	10	678		4,182	15
16	ABC - Hot water heat repairs	2012	5,106	511	10	511		3,405	16
17	ABC - Sink/toilet replacement	2012	2,912	146	20	146		972	17
18				0		0		0	18
19	GTMECH - Chiller Coils/Major Repair	2013	5,087	595	5	595		5,087	19
20	GTMECH - Duct Work Insulation	2013	5,500	367	15	367		2,202	20
21	OAKFIR - Sprinkler, fire, elevator	2013	3,944	158	25	158		921	21
22	SKIMEC - Fire Dampers	2013	8,115	812	10	812		4,736	22
23	ABC - Drywall	2013	6,856	457	15	457		2,590	23
24				0				0	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					190	28
29	Adj for ABC related party profit	2012	495	54		54		351	29
30	Adj for ABC related party profit	2013	92	8		8		45	30
31	Adj for ABC related party profit	2014	(1,616)	(115)		(115)		(518)	31
32	Adj for ABC related party profit	2015	(525)	(11)		(11)		(39)	32
33	Adj for ABC related party profit	2016	(27)	(5)		(5)		(10)	33
34	TOTAL (lines 1 thru 33)		\$ 9,377,396	\$ 246,778		\$ 238,660	\$ (8,118)	\$ 5,539,258	34

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

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 246,778		\$ 238,660	\$ (8,118)	\$ 5,539,258	1
2	Forum Prof Ctr: Remodeling	1979	14,770	0	20	0		14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765	0	15	0		28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908	0	13	0		908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169	0	10	0		6,169	5
6	Forum Prof Ctr: Roof	1994	3,254	0	16	0		3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147	0	16	0		1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812	0	10	0		1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706	0	7	0		706	9
10	Forum Prof Ctr: bathroom remodel	2002	624	0	5	0		624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803	0	9	0		803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471	0	7	0		2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383	0	10	0		2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119	0	4	0		119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479	0	7	0		479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412	0	7	0		412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427	0	5	0		1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26						0			26
27	Alden Mgt Servs: Remodel suites	1993	6,577	0	7	0		6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274	0	13	0		274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946	0	8	0		5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,522,572	\$ 249,525		\$ 241,407	\$ (8,118)	\$ 5,625,526	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		\$ 9,522,572	\$ 249,525		\$ 241,407	\$ (8,118)	\$ 5,625,526	1
2	AMS - Demo of walls, removal of materials, and site clean-up	2014	49,579	3,305	15	3,305		14,873	2
3	AMS - Trim, molding, hand rails, and wall configurations	2014	98,232	6,549	15	6,549		29,470	3
4	AMS - Sanded doors, frames, hand rails, and patched walls	2014	37,500	2,500	15	2,500		11,250	4
5	ABC - Boiler insulation/flex tubes	2014	6,745	1,349	5	1,349		6,183	5
6	Top Notch - Motor/Control Board for tilt skillet	2014	2,650	530	5	530		2,429	6
7	ABC - Elevator, Rebuild	2014	78,250	3,913	20	3,913		18,298	7
8	ADG - Architectural Work	2014	45,684	3,046	15	3,046		13,707	8
9	Carpentry	2014	136,498	9,100	15	9,100		40,950	9
10	Demolition	2014	45,499	3,033	15	3,033		13,649	10
11	Electrical	2014	54,500	3,633	15	3,633		16,349	11
12	Electrical	2014	170,623	11,375	15	11,375		51,187	12
13	Finish Carpentry	2014	41,500	2,767	15	2,767		12,451	13
14	Furniture Storage	2014	16,450	1,097	15	1,097		4,936	14
15	Hand Rails/Corner Guards	2014	18,120	1,208	15	1,208		5,436	15
16	HVAC	2014	57,600	3,840	15	3,840		17,280	16
17	HVAC	2014	34,125	2,275	15	2,275		10,237	17
18	Permit, Building - CITBLD	2014	13,123	656	20	656		2,952	18
19	Permit, Building - CITBLD	2014	13,123	656	20	656		2,952	19
20	Roads & Walks (Asphalt & Striping)	2014	43,224	5,403	8	5,403		24,314	20
21	Rough Carpentry	2014	24,000	1,600	15	1,600		7,200	21
22	Spray On Fire Proofing	2014	5,687	379	15	379		1,706	22
23	Drywall	2014	39,200	2,613	15	2,613		11,759	23
24	Drywall	2014	73,937	4,929	15	4,929		22,181	24
25	Glass (Beauty Shop/PT-OT/Dining Room)	2014	7,962	796	10	796		3,582	25
26									26
27	ABC - Rebuild and seal toilet shafts on the 4th Floor (Drywall)	2015	13,928	357	39	357		1,369	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		8,136	30
31	Sanded door, frames, hand rails, and patched walls for paint prep	2015	73,980	4,932	15	4,932		14,796	31
32	Replace and removed damaged trim, molding, and handrails/	2015	15,831	1,055	15	1,055		3,165	32
33	Reconfiguration of walls to accomadate new layout								33
34	TOTAL (lines 1 thru 33)		\$ 10,780,801	\$ 335,133		\$ 327,015	\$ (8,118)	\$ 5,998,323	34

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

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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		\$ 10,780,801	\$ 335,133		\$ 327,015	\$ (8,118)	\$ 5,998,323	1
2	TOPNOT - Motor, dishwasher	2015	2,837	567	5	567		2,080	2
3	GTMECH - Motor, Chiller	2015	3,685	737	5	737		2,702	3
4	GTMECH - Fire Dampers, repairs	2015	3,689	738	5	738		2,521	4
5	ABC/SUBELE - Elevator Cylinder	2015	40,246	2,012	20	2,012		6,036	5
6	ABC - Waterproofing system for sklight wall in dining room	2015	6,867	458	15	458		1,374	6
7	ABC - Hand rails replaced/refinished on first floor	2015	13,990	933	15	933		2,799	7
8	ABC - Install epoxy floor in lower level laundry room area	2015	8,241	824	10	824		2,472	8
9	ABC - Capentry throughout building -trim replacements, handrail replacements, remove & replace nurse station	2015	41,207	2,747	15	2,747		8,241	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		9,615	11
12									12
13	ABC - Self-leveling Concrete for floor in dining room	2015	10,988	549	20	549		2,225	13
14	ABC - Boiler tibe replacement #1	2015	34,667	2,311	15	2,311		9,052	14
15	ABC - Boiler tibe replacement #2	2015	34,667	2,311	15	2,311		7,511	15
16	ABC - Paving, repave parking lot	2015	50,209	3,347	15	3,347		10,041	16
17	ABC - Electrical work - Install new power supply sources for new/additional electrical fixtures throughout building	2015	8,200	820	10	820		2,460	17
18									18
19	ADG - Interior Design and Architectural Work	2015	47,827	3,188	15	3,188		9,564	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	512	15	512		1,408	22
23	DEDRES - Remodeling due to fire damage, restoration	2016	6,495	167	39	167		417	23
24	ABC - Sprinklers, replace/relocate	2016	3,398	136	25	136		340	24
25	ABC - Entrance, Vestibule on Main Door	2016	10,752	538	20	538		1,166	25
26	GTMECH - Motor, Fan for chiller	2016	4,738	948	5	948		2,291	26
27	GTMECH - Fire dampers	2016	9,716	972	10	972		2,349	27
28	EQUINT - Motor, Ironer	2017	2,602	520	5	520		997	28
29	GTMECH - Repair AHU	2017	5,077	1,015	5	1,015		1,861	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,186,653	\$ 364,688		\$ 356,570	\$ (8,118)	\$ 6,087,845	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 11,186,653	\$ 364,688		\$ 356,570	\$ (8,118)	\$ 6,087,845	1
2	GTMECH - Chillers, Kitchen	2018	3,824	85	15	85		85	2
3	GTMECH - Pump, Bearings, Basement	2018	2,694	180	5	180		180	3
4	BELELC - Motor, Kitchen Exhaust	2018	3,543	59	5	59		59	4
5									5
6	Adj for ABC related party profit	2018	50	1		1		1	6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									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)		\$ 11,196,764	\$ 365,013		\$ 356,895	\$ (8,118)	\$ 6,088,170	34

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

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 3,646,369	\$ 420,899	\$ 420,899	\$ 0	varies	\$ 1,811,878	71
72	Current Year Purchases	55,543	5,781	5,781	0	varies	5,352	72
73	Fully Depreciated Assets	1,628,249	2,402	2,402	0	varies	1,628,249	73
74					0			74
75	TOTALS	\$ 5,330,161	\$ 429,082	\$ 429,082	\$ 0		\$ 3,445,479	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	\$	\$	\$ 0	3	\$ 49,863	76
77							0			77
78							0			78
79	related party - AMS	various	1998-2004	3,802			0	3	3,802	79
80	TOTALS			\$ 53,665	\$ 0	\$ 0	\$ 0		\$ 53,665	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)	\$ 18,010,273	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 794,095	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 785,977	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (8,118)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,587,314	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	Leasehold Improvement - 2018	\$ 99,078	\$ 0	\$ 0	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 99,078	\$	\$	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 HC Ctr

0041277

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is 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>12/31/2019</u>	\$ <u>Varies</u>
13.	<u>12/31/2020</u>	\$ <u>Varies</u>
14.	<u>12/31/2021</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: \$ 33,673 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>27,153</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		\$ <u>#####</u>	\$ <u>14,436</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>41,589</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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$ 0
2	Books and Supplies				0
3	Classroom Wages (a)				0
4	Clinical Wages (b)				0
5	In-House Trainer Wages (c)				0
6	Transportation				0
7	Contractual Payments				0
8	CNA Competency Tests				0
9	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0
10	SUM OF line 9, col. 1 and 2 (e)	\$ 0			

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	\$		\$ 349,857	\$		\$ 349,857	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			67,538			67,538	2
3	Licensed Recreational Therapist		hrs			379,817			379,817	3
4	Licensed Physical Therapist	39-3	hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG 16A	# of prescrpts				413,969		413,969	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG 16A	39-1, 39-3, if any				(35,976)	301,152		265,176	13
14	TOTAL			\$		\$ 761,236	\$ 715,121		\$ 1,476,357	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.

ALDEN-NORTHMOOR REHAB, INC.
Northmoor
For the Twelve Months Ending Monday, December 31, 2018

TB
2018

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT		39-3	To Col. 5 \$349,857.22
2.	ST		39-3	To Col. 5 67,537.72
4.	PT		39-2	To Col. 5 379,816.51
	Pharmacy Supplies Per GL			444,476.87
	Manual Input From Related Party - FECSII - DRUGS (From Page 6C)			(30,508.00)
9.	Pharmacy		See Pg 16A	To Col. 6 <u>413,968.87</u>
12.	Exceptional Care-Salaries		See Pg 16A	To Col. 3
12.	Exceptional Care- Supplies		See Pg 16A	To Col. 6
	12. Total Exceptional Care Check (Line 12, Col. 8)			<u> </u>
13.	Other		See Pg 16A	
13.	Col. 3: Transportation Specialist			
	13. Col 5: Manual Input: From Related Party - CPT WS (From Page 6D)		To Col. 5	(35,976.00)
	Other (various GL accounts)			345,445.04
	Manual Input: Related Party - Prism WS (From Page 6B)			(77,919.00)
	Manual Input: Related Party - FECII - I.V. (From Page 6C)			(6,164.00)
	Manual Input: Related Party - FECII - Wound Care (From Page 6C)			(5,670.00)
	Oxygen - From Reclass WP (FromPg 4A)			45,462.00
13.	Col. 6: Supplies Total			To Col. 6 <u>301,154.04</u>
13.	Total Line 13, Column 8 Check			<u>265,178.04</u>
14.	Total			<u>\$1,476,358.36</u>

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/2018**

(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	\$	\$ 22,068	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>269,461</u>)	3,289,873	3,289,873	3
4	Supply Inventory (priced at)	6,203	6,203	4
5	Short-Term Investments			5
6	Prepaid Insurance		10,092	6
7	Other Prepaid Expenses	20,159	53,831	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	20,126	280,451	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,336,361	\$ 3,662,518	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	23,747	23,747	12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,103,978	14
15	Leasehold Improvements, at Historical Cost	1,100,459	2,517,151	15
16	Equipment, at Historical Cost	614,743	5,447,924	16
17	Accumulated Depreciation (book methods)	(970,453)	(9,732,932)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		112,123	21
22	Other Long-Term Assets (spe <u>Refi Fees</u>)		284,999	22
23	Other(specify): <u>Due from Affiliate</u>	25,833,280	25,984,299	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 26,601,776	\$ 35,170,972	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 29,938,137	\$ 38,833,490	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 746,264	\$ 746,264	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	491,086	491,086	28
29	Short-Term Notes Payable	20,751	335,093	29
30	Accrued Salaries Payable	790,148	790,148	30
31	Accrued Taxes Payable (excluding real estate taxes)	31,696	31,696	31
32	Accrued Real Estate Taxes(Sch.IX-B)		461,700	32
33	Accrued Interest Payable		30,430	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	316,461	316,461	36
37	<u>Due to Affiliates - Current</u>	1,128,611	1,128,611	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,525,017	\$ 4,331,489	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	4,341	4,341	39
40	Mortgage Payable		12,105,951	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,341	\$ 12,110,292	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,529,358	\$ 16,441,781	46
47	TOTAL EQUITY(page 18, line 24)	\$ 26,408,779	\$ 22,391,709	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 29,938,137	\$ 38,833,490	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 25,461,366	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 25,461,366	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	947,413	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)	\$ 947,413	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$ 0	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 26,408,779	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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	\$ 15,914,612	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,914,612	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	180,851	6
7	Oxygen	37,072	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 217,923	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	(20)	13
14	Non-Patient Meals	350	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(27)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	1,380	19
20	Radiology and X-Ray	66	20
21	Other Medical Services	7,100	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,849	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	19,371	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 19,371	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	7,891	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,891	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 16,168,646	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,310,850	31
32	Health Care	5,286,627	32
33	General Administration	3,945,465	33
B. Capital Expense			
34	Ownership	1,598,418	34
C. Ancillary Expense			
35	Special Cost Centers	1,587,133	35
36	Provider Participation Fee	492,740	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,221,233	40
41	Income before Income Taxes (line 30 minus line 40)**	947,413	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 947,413	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,135,582	44
45	Private Pay - Net Inpatient Revenue	951,915	45
46	Medicare - Net Inpatient Revenue	2,805,304	46
47	Other-(specify) <u>Hospice/Insurance</u>	2,028,045	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(6,234)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,914,612	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-Northmoor Rehabilitation and Health Care Center, Inc.

004-1277

Report Period Beginning 1/1/2018

Ending:

12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discrube) (is offset against Sch.# V)	
United Healthcare Incentive Bonus	\$ 1,275
Bus Transportation	\$ 117
Record Copies (g/l 4977-100-001)	\$ 1,111
Jury Duty (4977-100-002)	\$ 17
Vendor Discounts	\$ 89
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 4,793
Adjustment to prior year expense (private only, not offset on Schedl V)	\$ 489

Line 28 Total:	7,891
----------------	-------

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	2,214	2,362	\$ 129,179	\$ 54.69	1
2	Assistant Director of Nursing	2,932	2,964	114,075	38.49	2
3	Registered Nurses	46,956	51,410	1,807,156	35.15	3
4	Licensed Practical Nurses	27,476	30,004	849,301	28.31	4
5	CNAs & Orderlies	65,102	69,425	1,154,609	16.63	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	7,151	8,198	132,544	16.17	8
9	Activity Director	2,048	2,048	47,818	23.35	9
10	Activity Assistants	4,719	5,281	67,298	12.74	10
11	Social Service Workers	3,078	3,333	73,001	21.90	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	57,129	27.47	13
14	Head Cook	2,056	2,080	95,435	45.88	14
15	Cook Helpers/Assistants	32,905	37,241	530,484	14.24	15
16	Dishwashers					16
17	Maintenance Workers	2,072	2,080	77,487	37.25	17
18	Housekeepers	19,347	21,090	287,187	13.62	18
19	Laundry	5,115	5,700	68,832	12.08	19
20	Administrator	2,072	2,080	140,994	67.79	20
21	Assistant Administrator	2,064	2,080	62,456	30.03	21
22	Other Administrative	7,837	7,901	257,819	32.63	22
23	Office Manager	784	821	17,834	21.72	23
24	Clerical	4,294	4,529	56,349	12.44	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,928	4,037	166,790	41.32	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	2,232	2,529	55,642	22.00	32
33	Other(specify) <u>Alzheimers Spervi</u>	12,969	13,571	221,452	16.32	33
34	TOTAL (lines 1 - 33)	261,407	282,844	\$ 6,470,871 *	\$ 22.88	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	\$ 24,468	1-3	35
36	Medical Director	Monthly	26,400	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	16	880	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	16	\$ 56,500		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	21	\$ 4,904	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	21	\$ 4,904		53

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions					
Name	Function	Ownership %	Amount	Description		Amount		Description		Amount			
PEASE, ALLISON	Administrator	0	\$ 140,994	Workers' Compensation Insurance		\$ 160,402		IDPH License Fee		\$			
NOVAK, KATIE	Asst. Admin	0	62,456	Unemployment Compensation Insurance		32,780		Advertising: Employee Recruitment					
		0		FICA Taxes		490,648		Health Care Worker Background Check		1,007			
		0		Employee Health Insurance		114,937		(Indicate # of checks performed <u>21</u>)					
		0		Employee Meals		17,198		Patient Background Checks		323	4,002		
		0		Illinois Municipal Retirement Fund (IMRF)*				Surety Bond Fees			800		
		0		Union, Health & Welfare		122,627		Corporate Annual Fee			229		
		0		Pension		41,094		Broadcast Music, Inc			551		
		0		Vision, Dental & Life		1,986		Health Care Council of IL/Health Care Soluti			19,217		
TOTAL (agree to Schedule V, line 17, col. 1)				Empl Rel, Misc Payroll, Emp Dishonesty & Drug T		15,262		Related party-AMS			2,435		
(List each licensed administrator separately.)			\$ 203,450	Vaccination, 401k Match, & Tuition Reimbursemer		15,117		Less: Public Relations Expense	(
B. Administrative - Other					Back out % Employee Benefit for Mktg Manager	(13,279)		Non-allowable advertising	(
Description			Amount	Related party-Forum		(5,215)		Yellow page advertising	(
			\$	TOTAL (agree to Schedule V, line 22, col.8)			\$ 993,557	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 28,242		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**					
(Attach a copy of any management service agreement)				Description				Description					
C. Professional Services				Line #				Amount					
Vendor/Payee	Type	Amount		Amount				Amount					
Alden Management Services, Inc.	Consulting fees	\$ 1,321,028		\$				Out-of-State Travel				\$	
Kathleen Meersman Murphy/Ariana	Legal Fees - Non Collections	9,889											
Mary Raleigh/James Meyer Esq./Alic	Legal Fees - Non Collections	5,941											
Midcap	Legal Fees - Non Collections	4,542						In-State Travel					
Achieve/Joint Commision/Sara Rees I	Professional Fees	6,994											
Vikus Corp/Von Briesen & Roper	Professional Fees	1,609											
BDO Seidman/Baker Tilly (Virchow I	Accounting Fees	7,385						Related party - AMS				2,036	
C. Novotny/Vikus Corp	Accounting Fees	942						Seminar Expense					
Midcap	Accounting Fees	1,661						AOTA/Alzheimer Conference				951	
Pogrund & Kelly (Stone Pogrun)	Legal Fees - Collections	5,592						IL Council on Long Term Care				250	
SB2 Inc./Record Copy Services	Legal Fees - Collections	3,589						NIC Sponsorhip				463	
AMS Eliminated	Allocated Legal Fees	45,192						Entertainment Expense				(
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,414,364	TOTAL				\$	(agree to Sch. V, line 24, col. 8)				\$ 3,700
(For legal fee disclosure, see page 39 of instructions)													

* Attach copy of IMRF notifications

**See instructions.

Alden-Northmoor Rehabilitation and Health Care Center, Inc.
 Legal Fee Support
 2018

PG 21A

Legal Fees Reported on Pg 21, Section C:	\$	74,745.36
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(9,182.96)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		<u>(45,192.00)</u>
+ Add Back voided invoice of prior year, if any		<u> </u>
Allowable Legal Fees	\$	<u>20,370.40</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Alice D. Borzym	05/22/18	1,237.50
Ariana Fisch	3/27/2018	243.00
Ariana Fisch	4/5/2018	61.26
James S. Meyer Esq.	11/26/2018	2,200.00
Kathleen Meersman Murphy	6/20/2018	896.50
Law Offices of Mary J. Raleigh, LLC	3/22/2018	2,502.50
Midcap	03/18-12/18	4,541.64
Stone Poggrund & Korey LLC	01/18-09/18	8,688.00
TOTAL ALLOWABLE LEGAL FEES		<u>20,370.40</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
SB2 Inc.	3/18-12/18	3,493.21
Stone, Poggrund & Korey LLC	01/18-12/18	5,592.13
Record Copy Services	2/16/2018	97.62
TOTAL Collection-NOT ALLOWABLE LEGAL FEES		<u>9,182.96</u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Corp Legal Cost Alloc-'18	01/31/18	3,766.00
AMS Corp Legal Cost Alloc-'18	02/28/18	3,766.00
AMS Corp Legal Cost Alloc-'18	03/31/18	3,766.00
AMS Corp Legal Cost Alloc-'18	04/30/18	3,766.00
AMS Corp Legal Cost Alloc-'18	05/31/18	3,766.00
AMS Corp Legal Cost Alloc-'18	06/30/18	3,766.00
AMS Corp Legal Cost Alloc-'18	07/31/18	3,766.00
AMS Corp Legal Cost Alloc-'18	08/31/18	3,766.00
AMS Corp Legal Cost Alloc-'18	09/30/18	3,766.00
AMS Corp Legal Cost Alloc-'18	10/31/18	3,766.00
AMS Corp Legal Cost Alloc-'18	11/30/18	3,766.00
AMS Corp Legal Cost Alloc-'18	12/31/18	3,766.00
TOTAL Allocated Legal Fees		<u>45,192.00</u>

Total Legal Cost	<u>74,745.36</u>
------------------	-------------------------

Facility Name & ID Number Alden-Northmoor Rehab HC Ctr

0041277

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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. II.Health Care Ass. \$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. \$ 51,195 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. \$ 492,740
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 17,198 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: n/a
- (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