

		FOR BHF USE				

LL1

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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 Estates of Northmoor</u></p> <p>Address: <u>5831 N Northwest Hwy</u> <u>Chicago</u> <u>60631</u> Number City Zip Code</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%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td> <input type="checkbox"/> Charitable Corp.</td> <td> <input type="checkbox"/> Individual</td> <td> <input type="checkbox"/> State</td> </tr> <tr> <td> <input type="checkbox"/> Trust</td> <td> <input type="checkbox"/> Partnership</td> <td> <input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td> <input checked="" type="checkbox"/> Corporation</td> <td> <input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td> <input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: <u>773-724-6362</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<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>01/01/2020</u> to <u>12/31/2020</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 style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Date) _____ (Type or Print Name) <u>Derek Smart</u> (Title) <u>CFO, Alden Management Services, Inc., as agent</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</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) _____ (Date) _____ (Type or Print Name) <u>Derek Smart</u> (Title) <u>CFO, Alden Management Services, Inc., as agent</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State																											
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County																											
IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____																											
	<input type="checkbox"/> "Sub-S" Corp.																												
	<input type="checkbox"/> Limited Liability Co.																												
	<input type="checkbox"/> Trust																												
	<input type="checkbox"/> Other _____																												
Officer or Administrator of Provider	(Signed) _____ (Date) _____ (Type or Print Name) <u>Derek Smart</u> (Title) <u>CFO, Alden Management Services, Inc., as agent</u>																												
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>																												

Facility Name & ID Number Alden Estates of Northmoor

0041277 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	3,393	905	3,775	8,073	8
9	SNF/PED					9
10	ICF	47,442	2,383	81	49,906	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	50,835	3,288	3,856	57,979	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.01%

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 03/29/1996

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

YES Date _____ 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 3,436

Medicare Intermediary National Government Services, Inc.

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

Facility Name & ID Number Alden Estates of Northmoor # 0041277 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	895,684	37,390	25,333	958,407	953	959,360	(7,531)	951,829		1
2	Food Purchase		374,294		374,294	(16,779)	357,515	(9,128)	348,387		2
3	Housekeeping	320,862	100,234		421,096	1,041	422,137	20,224	442,361		3
4	Laundry	113,184	23,510		136,694	204	136,898		136,898		4
5	Heat and Other Utilities			308,347	308,347		308,347	508	308,855		5
6	Maintenance	79,164	135	206,909	286,209	147	286,356	35,463	321,819		6
7	Other (specify):* related party							9,365	9,365		7
8	TOTAL General Services	1,408,895	535,562	540,589	2,485,046	(14,434)	2,470,612	48,901	2,519,513		8
	B. Health Care and Programs										
9	Medical Director			26,400	26,400		26,400		26,400		9
10	Nursing and Medical Records	4,650,185	321,165	131,775	5,103,125	(3,648)	5,099,477	61,000	5,160,477		10
10a	Therapy	250,682	1,206	46,937	298,825		298,825		298,825		10a
11	Activities	219,523	7,955	6,620	234,098	322	234,420		234,420		11
12	Social Services	76,561			76,561		76,561		76,561		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* Res Att/rel party	158,342			158,342		158,342	8,070	166,412		15
16	TOTAL Health Care and Programs	5,355,293	330,327	211,732	5,897,351	(3,326)	5,894,025	69,070	5,963,095		16
	C. General Administration										
17	Administrative	172,512			172,512		172,512	247,733	420,245		17
18	Directors Fees										18
19	Professional Services			1,210,804	1,210,804		1,210,804	(1,124,536)	86,268		19
20	Dues, Fees, Subscriptions & Promotions			139,624	139,624		139,624	(102,266)	37,358		20
21	Clerical & General Office Expenses	249,926	19,915	241,817	511,658	(3,964)	507,694	237,838	745,532		21
22	Employee Benefits & Payroll Taxes			1,188,001	1,188,001	7,321	1,195,322	(19,174)	1,176,148		22
23	Inservice Training & Education										23
24	Travel and Seminar			660	660		660	1,235	1,895		24
25	Other Admin. Staff Transportation			2,197	2,197		2,197	11,044	13,241		25
26	Insurance-Prop.Liab.Malpractice			546,389	546,389		546,389	15,879	562,268		26
27	Other (specify):* related party			281,807	281,807		281,807	(183,695)	98,112		27
28	TOTAL General Administration	422,438	19,915	3,611,299	4,053,652	3,357	4,057,009	(915,942)	3,141,067		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	7,186,626	885,804	4,363,620	12,436,050	(14,403)	12,421,647	(797,971)	11,623,676		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			82,867	82,867		82,867	520,174	603,041			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			105,412	105,412		105,412	325,843	431,255			32
33	Real Estate Taxes			500,242	500,242	(500,242)	0	514,186	514,187			33
34	Rent-Facility & Grounds			898,541	898,541	500,242	1,398,783	(1,398,783)	(0)			34
35	Rent-Equipment & Vehicles			31,501	31,501		31,501	44,297	75,798			35
36	Other (specify):* MIP							77,547	77,547			36
37	TOTAL Ownership			1,618,563	1,618,563		1,618,563	83,265	1,701,829			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		658,436	568,916	1,227,352	14,403	1,241,755	(86,600)	1,155,155			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			454,565	454,565		454,565		454,565			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		658,436	1,023,480	1,681,916	14,403	1,696,319	(86,600)	1,609,719			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,186,626	1,544,240	7,005,663	15,736,529		15,736,529	(801,306)	14,935,223			45

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

Alden Estates of Northmoor
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0041277

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(16,779.00)	Employee Meals
	22	16,779.00	Employee Meals
22		(9,458.00)	Uniform Reclass
	1	953.00	Uniform Reclass
	3	1,041.00	Uniform Reclass
	4	204.00	Uniform Reclass
	6	147.00	Uniform Reclass
	10	6,135.00	Uniform Reclass
	11	322.00	Uniform Reclass
	21	656.00	Uniform Reclass
10		(14,403.00)	Oxygen Cost Reclass
	39	14,403.00	Oxygen Cost Reclass
33		(500,242.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	500,242.00	Rent - Real Estate Tax on associated landowner (Pg 6)
21		(4,620.00)	TeamTSI Reclass
	10	4,620.00	TeamTSI Reclass

-

Note for internal purposes: 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				4
5	Telephone, TV & Radio in Resident Rooms	(22,353)	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	(17,803)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,111)	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	(20,552)	21		17
18	Fines and Penalties	(35,188)	32		18
19	Entertainment	(1,245)	20		19
20	Contributions	(7,326)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(45,190)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(281,807)	27		24
25	Fund Raising, Advertising and Promotional	(94,986)	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)	\$ (536,679)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(71,187)		34
35	Other- Attach Schedule	(193,440)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (264,627)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (801,306)		37

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

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

(See instructions.)

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

Alden Estates of Northmoor

ID# 0041277

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Late fees on utilities	\$ (3,663)	5	1
2	Late fees on telephone		21	2
3	Record Copies	(928)	10	3
4	Jury Duty		21	4
5	Donations		21	5
6	Settlement Income		21	6
7	Vendor Discounts	(61)	10	7
8	Marketing Manager & Aides	(97,854)	21	8
9	Backout % Employee Benefit for Mktg Manager	(16,246)	22	9
10	Backout Bank Charges - Northmoor Associates	(126)	19	10
11	Intercompany Interest	(69,773)	32	11
12	Elimin Pg 13 deprec on assets<\$2,500	(19,791)	30	12
13	"Pg 13" assets<\$2,500 to be expensed	15,203	6	13
14	Elimin Pg 12 deprec on assets<\$2,500	(5,292)	30	14
15	"Pg 12" assets<\$2,500 to be expensed	7,147	6	15
16	Adjust depreciation to Pg 13's	(4,934)	30	16
17	Elimin Pg 13 deprec on Leasehold Improvement -2018	(2,540)	30	17
18				18
19	Adj for 2012 ABC related party profit - Pg 12	54	30	19
20	Adj for 2013 ABC related party profit - Pg 12	8	30	20
21	Adj for 2014 ABC related party profit - Pg 12	(115)	30	21
22	Adj for 2015 ABC related party profit - Pg 12	(11)	30	22
23	Adj for 2016 ABC related party profit - Pg 12	(5)	30	23
24	Adj for 2018 ABC related party profit - Pg 12	1	30	24
25	Adj for 2019 ABC related party profit - Pg 12	119	30	25
26	Adj for 2019 ABC related party profit - Pg 12	2	30	26
27	Backout Edison Park/Norwood Park Chamber of Comm.	(250)	20	27
28				28
29	Add back refund for non-rate calc year	5,615	33	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	(193,440)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
1	A. General Services													
1	Dietary	0	0	0	(7,531)	0	0	0	0	0	0	0	(7,531)	1
2	Food Purchase	(2,111)	0	0	(7,017)	0	0	0	0	0	0	0	(9,128)	2
3	Housekeeping	0	0	20,224	0	0	0	0	0	0	0	0	20,224	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,663)	0	4,171	0	0	0	0	0	0	0	0	508	5
6	Maintenance	(3)	5,607	24,171	0	0	0	45	5,643	0	0	0	35,463	6
7	Other (specify):*	0	0	9,365	0	0	0	0	0	0	0	0	9,365	7
8	TOTAL General Services	(5,777)	5,607	57,931	(14,548)	0	0	45	5,643	0	0	0	48,901	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	(989)	0	54,879	8,993	(1,883)	0	0	0	0	0	0	61,000	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	8,070	0	0	0	0	0	0	0	0	8,070	15
16	TOTAL Health Care and Programs	(989)	0	62,949	8,993	(1,883)	0	0	0	0	0	0	69,070	16
	C. General Administration													
17	Administrative	0	0	247,733	0	0	0	0	0	0	0	0	247,733	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(45,316)	12,276	(1,091,496)	0	0	0	0	0	0	0	0	(1,124,536)	19
20	Fees, Subscriptions & Promotions	(103,808)	77	1,465	0	0	0	0	0	0	0	0	(102,266)	20
21	Clerical & General Office Expenses	(118,406)	0	356,244	0	0	0	0	0	0	0	0	237,838	21
22	Employee Benefits & Payroll Taxes	(16,246)	0	0	0	(2,928)	0	0	0	0	0	0	(19,174)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	1,235	0	0	0	0	0	0	0	0	1,235	24
25	Other Admin. Staff Transportation	0	0	11,044	0	0	0	0	0	0	0	0	11,044	25
26	Insurance-Prop.Liab.Malpractice	0	15,475	404	0	0	0	0	0	0	0	0	15,879	26
27	Other (specify):*	(281,807)	0	98,112	0	0	0	0	0	0	0	0	(183,695)	27
28	TOTAL General Administration	(565,583)	27,828	(375,259)	0	(2,928)	0	0	0	0	0	0	(915,942)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(572,349)	33,435	(254,379)	(5,555)	(4,811)	0	45	5,643	0	0	0	(797,971)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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	(40,622)	549,678	11,118	0	0	0	0	0	0	0	0	520,174	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(122,764)	369,046	79,561	0	0	0	0	0	0	0	0	325,843	32
33	Real Estate Taxes	5,615	500,242	8,329	0	0	0	0	0	0	0	0	514,186	33
34	Rent-Facility & Grounds	0	(1,398,783)	0	0	0	0	0	0	0	0	0	(1,398,783)	34
35	Rent-Equipment & Vehicles	0	0	44,297	0	0	0	0	0	0	0	0	44,297	35
36	Other (specify):*	0	77,547	0	0	0	0	0	0	0	0	0	77,547	36
37	TOTAL Ownership	(157,770)	97,730	143,305	0	0	0	0	0	0	0	0	83,265	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	(80,518)	(11,462)	5,380	0	0	0	0	0	(86,600)	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	(80,518)	(11,462)	5,380	0	0	0	0	0	(86,600)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(730,119)	131,165	(111,074)	(86,073)	(16,273)	5,380	45	5,643	0	0	0	(801,306)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG-Supp		See PG-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	\$ 1,398,783	Northmoor Associates, LLC	0.00%	\$	\$ (1,398,783)	1
2	V	32 Replacement Reserve interest/Interest I	39	Northmoor Associates, LLC			(39)	2
3	V	19 Accounting/Bank Fees		Northmoor Associates, LLC		12,276	12,276	3
4	V	33 Real estate taxes		Northmoor Associates, LLC		500,242	500,242	4
5	V	26 Property/liability insurance		Northmoor Associates, LLC		15,475	15,475	5
6	V	36 Mortgage insurance premium		Northmoor Associates, LLC		77,547	77,547	6
7	V	32 Mortgage interest		Northmoor Associates, LLC		350,783	350,783	7
8	V	30 Depreciation		Northmoor Associates, LLC		549,678	549,678	8
9	V	32 Amortization		Northmoor Associates, LLC		18,302	18,302	9
10	V	20 Annual Report Fee		Northmoor Associates, LLC		77	77	10
11	V	6 Maintenance		Northmoor Associates, LLC		5,607	5,607	11
12	V							12
13	V							13
14	Total		\$ 1,398,822			\$ 1,529,987	\$ * 131,165	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%	\$ 4,171	\$	4,171	15
16	V	24 Travel/Seminar		Alden Management Services, Inc.		1,235		1,235	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		11,044		11,044	17
18	V	26 Insurance		Alden Management Services, Inc.		404		404	18
19	V	20 Dues/Subscriptions		Alden Management Services, Inc.		1,465		1,465	19
20	V	30 Depreciation		Alden Management Services, Inc.		11,118		11,118	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		8,329		8,329	21
22	V	35 Rent-Equip & Vehicles		Alden Management Services, Inc.		44,297		44,297	22
23	V	32 Interest		Alden Management Services, Inc.		79,561		79,561	23
24	V	3 Housekeeping Salary		Alden Management Services, Inc.		20,224		20,224	24
25	V	7 Employee Benefits-Gen'l Servs		Alden Management Services, Inc.		9,365		9,365	25
26	V	10 Nurs & Med Record Salary		Alden Management Services, Inc.		54,879		54,879	26
27	V	15 Employee Benefits-Health Care		Alden Management Services, Inc.		8,070		8,070	27
28	V	17 Administrative Salary		Alden Management Services, Inc.		247,733		247,733	28
29	V	27 Employee Benefits-Administr.		Alden Management Services, Inc.		98,112		98,112	29
30	V	19 Professional Fees	1,141,018	Alden Management Services, Inc.		49,522		(1,091,496)	30
31	V	21 Gen'l & Administrative	52,560	Alden Management Services, Inc.		408,804		356,244	31
32	V	6 Repairs & Mainten.	11,134	Alden Management Services, Inc.		35,305		24,171	32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,204,712			\$ 1,093,638	\$ *	(111,074)	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 Dietary Consult.	\$ 25,333	Prism Health Care Services, Inc.	0.00%	\$	(25,333)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		14,243	14,243	16
17	V	2 Tube feeding	47,953	Prism Health Care Services, Inc.		30,091	(17,862)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	141,062	Prism Health Care Services, Inc.		38,749	(102,313)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,559	3,559	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		10,845	10,845	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		3,201	3,201	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		19,692	19,692	23
24	V	39 Vent Rental				2,103	2,103	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		\$ 221,008			\$ 134,935	\$ * (86,073)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Drugs	\$ 401,575	Forum Extended Care II, Inc.	0.00%	\$ 392,483	\$	(9,092)	15
16	V	39 I.V.	68,640	Forum Extended Care II, Inc.		65,378		(3,262)	16
17	V	39 Wound Care-Product only	39,928	Forum Extended Care II, Inc.		38,031		(1,897)	17
18	V	10 House Stock	34,876	Forum Extended Care II, Inc.		33,219		(1,657)	18
19	V	10 Pharm Consult	4,752	Forum Extended Care II, Inc.		4,526		(226)	19
20	V	22 Employee Vaccinations	2,928	Forum Extended Care II, Inc.				(2,928)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		2,789		2,789	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		\$ 552,699			\$ 536,426	\$ *	(16,273)	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	\$ 575,093	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 580,473	\$ 5,380	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		\$ 575,093			\$ 580,473	\$ *	5,380	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	\$ 19,009	Alden Bennett Construction Company, Inc.	0.00%	\$ 19,054	\$	45	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		\$ 19,009			\$ 19,054	\$ *	45	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	\$ 6,119	Alden Design Group, Ltd.	0.00%	\$ 11,762	\$ 5,643	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		\$ 6,119			\$ 11,762	\$ *	5,643	39

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

Facility Name & ID Number

Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Ser	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and He	McHenry				6
7			Wentworth Rehabilitation and Health Care Cent	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimers F	8
9			Alden - Valley Ridge Rehabilitation and Health C	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Yc	Bloomington	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health C	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Constru	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipme	Fort Atkinson	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health C	Cicero	Alden Design Group, I	Chicago	Design & Engineerin	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health C	Hoffman Estates	Family Solutions for Se	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosp	17
18			Alden - Des Plaines Rehabilitation and Health Ca	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shore	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts o	Huntley	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 Estates of Northmoor # 0041277 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 I	Chairman	100.00	176,129	1.92	4.80	Salary	\$ 8,871	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	95,205	1.92	4.80	Salary	4,795	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	95,205	1.92	4.80	Salary	4,795	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	108,585	1.92	4.80	Salary	5,457	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical records	0.00	57,558	1.92	4.80	Salary	3,042	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	176,129	1.68	4.80	Salary	8,871	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.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 35,831		13

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

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

Facility Name & ID Number Alden Estates of Northmoor

0041277 Report Period Beginning: 01/01/2020

Ending: 2/31/2020

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	1,209,117	36	\$ 86,976	\$ 57,979	\$ 4,171	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753	57,979	1,236	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320	57,979	11,045	3
4	26	Insurance	Patient Days	1,209,117	36	8,433	57,979	404	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557	57,979	1,465	5
6	30	Depreciation	No of Providers/usage	36	36	408,834	1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354	57,979	8,329	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790	57,979	44,297	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343	57,979	79,561	9
10	1	Dietary Salary	Patient Days		36		57,979		10
11	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	20,224	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292	57,979	9,365	12
13	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	54,879	13
14	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303	57,979	8,070	14
15	17	Administrative Salary	Patient Days/usage	1,209,117	36	5,264,790	5,264,790	247,733	15
16	27	Employee Benefits - Admin	Patient Days	1,209,117	36	2,046,057	57,979	98,112	16
17	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	49,522	17
18	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	408,804	18
19	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	35,304	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 24,005,407	\$ 16,460,603	\$ 1,093,638	25

Facility Name & ID Number

Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1	Cambridge (GL 2505/7055)		x	Mortgage	\$56,273.81	6/1/13	\$ 14,015,400	\$ 11,782,241	6/1/2045	2.9400	\$ 350,783	1								
2												2								
3	Interest - Capital Lease		x	Phone Lease								268	3							
4	Insurance Interest		x	Medical Malpractice								183	4							
5	Amort of Fin Fees		x									18,302	5							
Working Capital																				
6	Related party - AMS		x	Working capital								79,560	6							
7													7							
8													8							
9	TOTAL Facility Related				\$56,273.81		\$ 14,015,400	\$ 11,782,241			\$ 449,097	9								
B. Non-Facility Related*																				
10	Interest Income on R.R.		x	Interest-Replacement Res/Other								(39)	10							
11	Interest Income (GL 4975)		x	Insurance Interest								(17,803)	11							
12													12							
13													13							
14	TOTAL Non-Facility Related						\$	\$			\$ (17,842)	14								
15	TOTALS (line 9+line14)						\$ 14,015,400	\$ 11,782,241			\$ 431,255	15								

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 77,547 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 2019 report.	\$ <u>503,600</u>	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$ <u>497,258</u>	2
3. Under or (over) accrual (line 2 minus line 1).	\$ (6,342)	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)	\$ <u>512,200</u>	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$ <u>505,858</u>	7
Real Estate Tax History:	\$ <u>8,329</u>	
Real Estate Tax Bill for Calendar Year:	\$ <u>514,187</u>	

Year	Amount	Line		Line
2015	<u>381,545</u>	8		
2016	<u>417,031</u>	9		
2017	<u>448,223</u>	10		
2018	<u>488,895</u>	11		
2019	<u>497,258</u>	12		

FOR BHF USE ONLY				
	13	FROM R. E. TAX STATEMENT FOR 2019	\$	13
	14	PLUS APPEAL COST FROM LINE 5	\$	14
	15	LESS REFUND FROM LINE 6	\$	15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

The current year accrual is based on an estimated 3% increase of the prior year tax.

NOTES:

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Northmoor COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041277

CONTACT PERSON REGARDING THIS REPORT Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(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>200,354.23</u>	\$ <u>8,328.97</u>
2. <u>13-06-409-017-0000</u>	<u>Nursing facility</u>	\$ <u>7,873.13</u>	\$ <u>7,873.13</u>
3. <u>13-06-409-018-0000</u>	<u>Nursing facility</u>	\$ <u>4,714.62</u>	\$ <u>4,714.62</u>
4. <u>13-06-409-019-0000</u>	<u>Nursing facility</u>	\$ <u>4,663.77</u>	\$ <u>4,663.77</u>
5. <u>13-06-409-020-0000</u>	<u>Nursing facility</u>	\$ <u>4,595.91</u>	\$ <u>4,595.91</u>
6. <u>13-06-409-021-0000</u>	<u>Nursing facility</u>	\$ <u>94,504.76</u>	\$ <u>94,504.76</u>
7. <u>13-06-409-022-0000</u>	<u>Nursing facility</u>	\$ <u>94,086.46</u>	\$ <u>94,086.46</u>
8. <u>13-06-409-023-0000</u>	<u>Nursing facility</u>	\$ <u>94,086.46</u>	\$ <u>94,086.46</u>
9. <u>13-06-409-024-0000</u>	<u>Nursing facility</u>	\$ <u>96,324.06</u>	\$ <u>96,324.06</u>
10. <u>13-06-409-025-0000</u>	<u>Nursing facility</u>	\$ <u>96,408.60</u>	\$ <u>96,408.60</u>
	TOTALS	\$ <u><u>697,612.00</u></u>	\$ <u><u>505,586.74</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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,872 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 4

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)
 List entity name, type of business, square footage, and number of beds/units available (where applicable).

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

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

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing home facility</u>	<u>53,009</u>	<u>1996</u>	<u>\$ 1,429,683</u>	<u>1</u>
2					<u>2</u>
3	TOTALS	<u>53,009</u>		<u>\$ 1,429,683</u>	<u>3</u>

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)	\$ 5,480,551	4
5										5
6										6
7										7
8										8
Improvement Type**										
9	Cable installation		1996	5,704		5			5,704	9
10	Cable installation		1996	3,286		5			3,286	10
11	Fire alarm		1996	17,753		15			17,753	11
12	Install additional outlet		1997	2,108		10			2,108	12
13	Install additional outlet		1997	1,116		10			1,116	13
14	Install additional outlet		1997	2,668		10			2,668	14
15	Access control materials		1997	4,714		10			4,714	15
16	HVAC repair		1997	6,413		5			6,413	16
17	Phone line installation		1997	2,768		5			2,768	17
18	Phone line installation		1997	3,096		5			3,096	18
19	Equipment for security system		1998	4,170		10			4,170	19
20	Change belt on fans & airhandlers		1998	2,012		5			2,012	20
21	Wire third floor & twenty bed jacks		1998	7,189		10			7,189	21
22	Repair pump motor on elevator		1998	3,500		20			3,500	22
23	Install pump motor on dishwasher		1998	2,029		10			2,029	23
24	Install door locks		1998	8,157		10			8,157	24
25	Door system work		1998	775		10			775	25
26	Repair nurse call system		1998	275		10			275	26
27	Repair nurse call system		1998	1,032		10			1,032	27
28	Repair nurse call system		1998	982		10			982	28
29	Chiller		1998	52,667		15			52,667	29
30	Computer & training & installation		1998	3,158		5			3,158	30
31	Canopy construction		1998	73,120		15			73,120	31
32										32
33										33
34										34
35										35
36										36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Climate Service - replace compressor	1999	\$ 2,603	\$	15	\$	\$	\$ 2,603	37
38	Washtown equipment - dryer installation	1999	2,875		10			2,875	38
39	Climate Service - repair chiller pump	1999	2,940		5			2,940	39
40	Equipment INT - dryer repair	1999	130		5			130	40
41	Rykoff Sexton - coffee machine	1999	2,021		5			2,021	41
42	Equipment INT - dryer repair	1999	1,891		5			1,891	42
43	Climate Service - chiller maint	1999	3,071		5			3,071	43
44	United Communication group-phone repair	1999	1,593		10			1,593	44
45	Long elevator	1999	2,168		20			2,168	45
46	Climate service - ice machine repair	1999	1,885		10			1,885	46
47	Climate service - condensor repair	1999	3,579		15			3,579	47
48	ABC -misc. Work	2000	16,003		10			16,003	48
49	CSI-change exhausst belt - hvac	2000	1,695		5			1,695	49
50	ABC - metla frame/heating vent	2000	2,048	22	20	22		2,048	50
51	ABC - misc. const. Work	2000	2,059		5			2,059	51
52	GT mechanical - gas line	2001	1,563		10			1,563	52
53	Coker services-repair washer	2001	2,013		10			2,013	53
54	Coker services -install gas unit	2001	4,125		10			4,125	54
55	DBS contracting -lawn sprinkler	2001	2,215		15			2,215	55
56	DBS contracting -lawn sprinkler	2001	2,575		15			2,575	56
57	CSI Corker - service on cleveland MD2224CGA1	2001	1,582		10			1,582	57
58	GT Mech- chiller repair (both chillers)	2002	1,435		5			1,435	58
59	GT Mech- credit for 5/01 inv 18186	2002	(1,259)		15			(1,259)	59
60	Action Fence Contractors-install 3 steel bollards	2002	1,725		10			1,725	60
61	ABC- Efficient Insulation Systems- insulation	2002	769		15			769	61
62	ABC- Joseph Stanger corian top repair	2002	1,632		10			1,632	62
63	ABC- 30' flagpole and installation	2002	2,215	111	20	111		2,060	63
64	ABC- Action Fence install 3 steel bollards	2002	2,011		10			2,011	64
65	ABC- Action Fence dumpster gate	2002	2,332		5			2,332	65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 9,076,838	\$ 228,167		\$ 220,049	\$ (8,118)	\$ 5,760,582	70

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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	\$ 228,167		\$ 220,049	\$ (8,118)	\$ 5,760,582	1
2	ABC-fire/smoker dampers	2003	6,390		10			6,390	2
3	ABC-rooftop compressor	2003	8,411		15			8,411	3
4	ABC-securitron DK 26	2003	1,087		15			1,087	4
5	GT Mechanical - H/V/A/C	2004	2,594		10			2,594	5
6	CSI Coker - Oven (flame spreader)	2004	3,378		10			3,378	6
7	ABC - Elevator finish (handrails/baseboard)	2004	2,150		12			2,150	7
8	ABC - Elevator finish (handrails/baseboard)	2004	2,150		12			2,150	8
9	Top Notch Service - Steam wells (2)	2004	2,153		10			2,153	9
10	ABC (C&H Bldg Spec)-30' flagpole & installation	2005	2,193	110	20	110		1,714	10
11	Equipment Int'l-#1 American Dryer repl parts	2005	2,007		10			2,007	11
12	ABC (JJ Designs)-Refurbish rooms/furniture/board trim	2005	5,324	88	15	88		5,324	12
13	ABC (Stripe-It-Right)-Sealcoat & stripe	2005	2,029		10			2,029	13
14	ABC (SCI Design)-Refurbish/finish furniture	2005	4,326	198	15	198		4,326	14
15	ABC (Amer Bldg Serv)-Restroom doors	2005	759	38	20	38		579	15
16	ABC (Raise-Rite Concrete)-Mud jack ambulance entry/patio	2005	1,020	57	15	57		1,020	16
17	ABC (Oak Fire)-Smoke detectors for elevator recall system	2006	13,931		10			13,931	17
18	GT Mechanical-Compressor fan motor & cooling fans	2006	4,097	273	15	273		3,595	18
19	Long Elevator-New motor/relays/starter	2006	7,333	336	20	336		4,735	19
20	Oak Fire & Security - Smoke Detectors	2007	3,020		10			3,020	20
21	ABC Electrical Work	2007	24,463	1,223	20	1,223		16,409	21
22	Tarkett flooring	2008	8,745		10			8,745	22
23	Plumbing work & fixtures combined	2008	9,526	476	20	476		5,990	23
24	Replaced numerous plumbing fixtures	2008	9,806	490	20	490		6,003	24
25	Heating Vent	2008	8,838	589	15	589		6,725	25
26	Replaced numerous plumbing fixtures	2008	8,440	422	20	422		5,170	26
27	Replaced plumbing fixtures	2008	7,520	376	20	376		4,606	27
28	Repair of major water leak	2008	8,213		10			8,213	28
29	Replaced paio doors (automatic)	2008	3,012		10			3,012	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,239,753	\$ 232,843		\$ 224,725	\$ (8,118)	\$ 5,896,048	34

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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	\$ 232,843		\$ 224,725	\$ (8,118)	\$ 5,896,048	1
2	ABC - Heating/Vent	2009	8,838	589	15	589		6,726	2
3	RE-UPHOLSTERED 1ST FL Furniture	2009	7,445		10			7,445	3
4	ABC - Install Fire Dampers	2010	13,646	1,363	10	1,363		13,646	4
5	GTMECH - Fan motor/blade replaced in chiller	2011	4,054		5			4,054	5
6	ROSPAV-Asphalt/Painting/Coating/Sealing for Parking Lot	2011	10,383		8			10,383	6
7	ABC - Boiler Pipes/Plumbing Repairs	2011	8,018	656	25	656		5,686	7
8	ABC - Window Panel Replacement	2011	2,768	277	10	277		2,492	8
9	TOPNOT - Booster Plumbing	2011	5,421		5			5,421	9
10	OAKFIR - Annunciator card replaced	2011	4,775		5			4,775	10
11	ABC - Fire Dampers installed	2011	13,646	1,365	10	1,365		12,397	11
12	USFIRE -Sprinkler/Gauges - Inspection/Replacement	2012	9,741	390	25	390		3,346	12
13	OAKFIR - Damper Links Replaced	2012	6,600	660	10	660		5,665	13
14	GTMECH - Repair Boiler Maint.	2012	6,784	678	10	678		5,538	14
15	ABC - Hot water heat repairs	2012	5,106	511	10	511		4,427	15
16	ABC - Sink/toilet replacement	2012	2,912	146	20	146		1,264	16
17	GTMECH - Chiller Coils/Major Repair	2013	5,087		5			5,087	17
18	GTMECH - Duct Work Insulation	2013	5,500	367	15	367		2,936	18
19	OAKFIR - Sprinkler, fire, elevator	2013	3,944	158	25	158		1,237	19
20	SKIMEC - Fire Dampers	2013	8,115	812	10	812		6,360	20
21	ABC - Drywall	2013	6,856	457	15	457		3,504	21
22	AMS - Demo of walls, removal of materials, and site clean-up	2014	49,579	3,305	15	3,305		21,483	22
23	AMS - Trim, molding, hand rails, and wall configurations	2014	98,232	6,549	15	6,549		42,568	23
24	AMS - Sanded doors, frames, hand rails, and patched walls	2014	37,500	2,500	15	2,500		16,250	24
25	ABC - Boiler insulation/flex tubes	2014	6,745		5			6,745	25
26	Top Notch - Motor/Control Board for tilt skillet	2014	2,650		5			2,650	26
27	ABC - Elevator, Rebuild	2014	78,250	3,913	20	3,913		26,124	27
28	ADG - Architectural Work	2014	45,684	3,046	15	3,046		19,799	28
29	Carpentry	2014	136,498	9,100	15	9,100		59,150	29
30	Demolition	2014	45,499	3,033	15	3,033		19,715	30
31	Electrical	2014	54,500	3,633	15	3,633		23,615	31
32	Electrical	2014	170,623	11,375	15	11,375		73,937	32
33	Finish Carpentry	2014	41,500	2,767	15	2,767		17,985	33
34	TOTAL (lines 1 thru 33)		\$ 10,146,650	\$ 290,493		\$ 282,375	\$ (8,118)	\$ 6,338,458	34

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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		\$ 10,146,650	\$ 290,493		\$ 282,375	\$ (8,118)	\$ 6,338,458	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,293,644	\$ 295,189		\$ 287,071	\$ (8,118)	\$ 6,434,229	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		\$ 10,293,644	\$ 295,189		\$ 287,071	\$ (8,118)	\$ 6,434,229	1
2	Furniture Storage	2014	16,450	1,097	15	1,097		7,130	2
3	Hand Rails/Corner Guards	2014	18,120	1,208	15	1,208		7,852	3
4	HVAC	2014	57,600	3,840	15	3,840		24,960	4
5	HVAC	2014	34,125	2,275	15	2,275		14,787	5
6	Permit, Building - CITBLD	2014	13,123	656	20	656		4,264	6
7	Permit, Building - CITBLD	2014	13,123	656	20	656		4,264	7
8	Roads & Walks (Asphalt & Striping)	2014	43,224	5,403	8	5,403		35,120	8
9	Rough Carpentry	2014	24,000	1,600	15	1,600		10,400	9
10	Spray On Fire Proofing	2014	5,687	379	15	379		2,464	10
11	Drywall	2014	39,200	2,613	15	2,613		16,985	11
12	Drywall	2014	73,937	4,929	15	4,929		32,039	12
13	Glass (Beauty Shop/PT-OT/Dining Room)	2014	7,962	796	10	796		5,174	13
14	ABC - Rebuild and seal toilet shafts on the 4th Floor (Drywall)	2015	13,928	357	39	357		2,083	14
15	AMS was responsible for prep work or clean up of work for								15
16	3rd party vednors to complete remodeling throughout building								16
17	Demolition of walls, removal and clean up of demolition debris	2015	40,678	2,712	15	2,712		13,560	17
18	Sanded door, frames, hand rails, and patched walls for paint prep	2015	73,980	4,932	15	4,932		24,660	18
19	Replace and removed damaged trim, molding, and handrails/	2015	15,831	1,055	15	1,055		5,275	19
20	Reconfiguration of walls to accomadate new layout								20
21	TOPNOT - Motor, dishwasher	2015	2,837	190	5	190		2,837	21
22	GTMECH - Motor, Chiller	2015	3,685	246	5	246		3,685	22
23	GTMECH - Fire Dampers, repairs	2015	3,689	430	5	430		3,689	23
24	ABC/SUBELE - Elevator Cylinder	2015	40,246	2,012	20	2,012		10,060	24
25	ABC - Waterproofing system for sklight wall in dining room	2015	6,867	458	15	458		2,290	25
26	ABC - Hand rails replaced/refinished on first floor	2015	13,990	933	15	933		4,665	26
27	ABC - Install epoxy floor in lower level laundry room area	2015	8,241	824	10	824		4,120	27
28	ABC - Capentry throughout building -trim replacements,	2015	41,207	2,747	15	2,747		13,735	28
29	handrail replacements, remove & replace nurse station								29
30	ABC - Capentry throughout building - Additional trim repairs,	2015	48,074	3,205	15	3,205		16,025	30
31	hardware adjustments, and nurse station installation								31
32	ABC - Self-leveling Concrete for floor in dining room	2015	10,988	549	20	549		3,323	32
33	ABC - Boiler tibe replacement #1	2015	34,667	2,311	15	2,311		13,674	33
34	TOTAL (lines 1 thru 33)		\$ 10,999,103	\$ 343,602		\$ 335,484	\$ (8,118)	\$ 6,723,349	34

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

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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		\$ 10,999,103	\$ 343,602		\$ 335,484	\$ (8,118)	\$ 6,723,349	1
2	ABC - Boiler tube replacement #2	2015	34,667	2,311	15	2,311		12,133	2
3	ABC - Paving, repave parking lot	2015	50,209	3,347	15	3,347		16,735	3
4	ABC - Electrical work - Install new power supply sources	2015	8,200	820	10	820		4,100	4
5	for new/additional electrical fixtures throughout building								5
6	ADG - Interior Design and Architectural Work	2015	47,827	3,188	15	3,188		15,940	6
7	Computer renderings/sketches/analysis/engineering overhead								7
8	for interior space and renovations for remodel								8
9	INTCON - Wall Panels(2), hand rails, ceiling; elevator cabin	2016	7,680	512	15	512		2,432	9
10	DEDRES - Remodeling due to fire damage, restoration	2016	6,495	167	39	167		751	10
11	ABC - Sprinklers, replace/relocate	2016	3,398	136	25	136		612	11
12	ABC - Entrance, Vestibule on Main Door	2016	10,752	538	20	538		2,242	12
13	GTMECH - Motor, Fan for chiller	2016	4,738	948	5	948		4,187	13
14	GTMECH - Fire dampers	2016	9,716	972	10	972		4,293	14
15	EQUINT - Motor, Ironer	2017	2,602	520	5	520		2,037	15
16	GTMECH - Repair AHU	2017	5,077	1,015	5	1,015		3,891	16
17	GTMECH - Chillers, Kitchen	2018	3,824	255	15	255		595	17
18	GTMECH - Pump, Bearings, Basement	2018	2,694	539	5	539		1,258	18
19	BELELC - Motor, Kitchen Exhaust	2018	3,543	709	5	709		1,477	19
20									20
21	ALDBEN - Motor & rollers/guides for door - exit doors	2019	4,339	868	5	868		1,374	21
22	ALDBEN - Condor slide combo, repair on exterior door	2019	3,419	684	5	684		1,026	22
23									23
24	ALDBEN - Door Opener Device, Lock - 4th Floor	2020	2,967	544	5	544		544	24
25	ALDBEN - Elevator Valve, Repairs - Elevator	2020	3,800	507	5	507		507	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,215,050	\$ 362,182		\$ 354,064	\$ (8,118)	\$ 6,799,483	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		\$ 11,215,050	\$ 362,182		\$ 354,064	\$ (8,118)	\$ 6,799,483	1
2	Adj for ABC related party profit	2008	(319)					(319)	2
3	Adj for ABC related party profit	2009	(117)					(117)	3
4	Adj for ABC related party profit	2010	(167)					(167)	4
5	Adj for ABC related party profit	2011	190					190	5
6	Adj for ABC related party profit	2012	495	54		54		459	6
7	Adj for ABC related party profit	2013	92	8		8		61	7
8	Adj for ABC related party profit	2014	(1,616)	(115)		(115)		(748)	8
9	Adj for ABC related party profit	2015	(525)	(11)		(11)		(62)	9
10	Adj for ABC related party profit	2016	(27)	(5)		(5)		(20)	10
11	Adj for ABC related party profit	2018	50	1		1		3	11
12	Adj for ABC related party profit	2019	545	119		119		179	12
13	Adj for ABC related party profit	2020	16	2		2		2	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)		\$ 11,213,667	\$ 362,235		\$ 354,117	\$ (8,118)	\$ 6,798,944	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 12H, Carried Forward		\$ 11,213,667	\$ 362,235		\$ 354,117	\$ (8,118)	\$ 6,798,944	1
2									2
3									3
4									4
5									5
6									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)		\$ 11,213,667	\$ 362,235		\$ 354,117	\$ (8,118)	\$ 6,798,944	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,681,914	\$ 214,419	\$ 214,419	\$	various	\$ 1,350,471	71
72	Current Year Purchases	80,043	4,148	4,148		various	3,008	72
73	Fully Depreciated Assets	2,649,892	30,357	30,357		various	2,649,892	73
74								74
75	TOTALS	\$ 5,411,849	\$ 248,924	\$ 248,924	\$		\$ 4,003,371	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Buses	Ford Eldorado	10/1/2000	\$ 49,863	\$	\$	\$	3	\$ 49,863	76
77	related party-AMS	various	1998-2004	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 53,665	\$	\$	\$		\$ 53,665	80

E. Summary of Care-Related Assets

	1	2		
	Reference	Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 18,108,864	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 611,159	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 603,041	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)	\$ 10,855,980	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	\$ 2,540	\$ 5,081	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 99,078	\$ 2,540	\$ 5,081	91

G. Construction-in-Progress

	Description	Cost	
92	Laundry MAU Heater	\$ 11,907	92
93			93
94			94
95		\$ 11,907	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

		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. 12/31/2021 \$ Varies

13. 12/31/2022 \$ Varies

14. 12/31/2023 \$ Varies

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

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

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

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

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 20,139 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>Auto lease-GL 6890</u>		\$ <u>#####</u>	\$ <u>15,280</u>	17
18					18
19	<u>Related party-PG 6A</u>		\$ <u>#####</u>	\$ <u>20,610</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>35,890</u>	21

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

	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	\$		\$ 214,329	\$		\$ 214,329	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			122,454			122,454	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			219,668			219,668	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescripts				395,273		395,273	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG16A	39-1, 39-3, if any				5,380	198,051		203,431	13
14	TOTAL			\$		\$ 561,831	\$ 593,324		\$ 1,155,155	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	214,329.33	
2.	ST	39-3	To Col 5	122,454.14	
3.					
4.	PT	39-3	To Col 5	219,667.61	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			401,574.62	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(6,303.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	395,271.62	
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00	
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
	Total Exceptional Care (Line 12, Col 8)			0.00	
13.	Other: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	5,380.00	From Page 6D, Col 8 (Except DD homes)
	Other			269,325.85	
	Manual Input: Related Party - Prism			(80,518.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(3,262.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(1,897.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			14,403.00	
13.	Col 6: Supplies Total		To Col 6	198,051.85	
13.	Total Line 13, Column 8			203,431.85	
14.	Total			1,155,154.55	

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>187,000</u>)	1,889,625	1,889,625	3
4	Supply Inventory (priced at <u>57,368</u>)	57,368	57,368	4
5	Short-Term Investments			5
6	Prepaid Insurance		16,757	6
7	Other Prepaid Expenses	18,129	50,075	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party/Escrows</u>	23,104	340,306	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,988,227	\$ 2,354,132	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	4,425	4,425	12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,103,978	14
15	Leasehold Improvements, at Historical Cost	1,107,272	2,540,782	15
16	Equipment, at Historical Cost	628,467	5,533,719	16
17	Accumulated Depreciation (book methods)	(1,129,819)	(11,064,877)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		136,544	21
22	Other Long-Term Assets (spe <u>Refi Fees,CIP</u>)	11,907	259,815	22
23	Other(specify): <u>Due from Affiliates</u>	34,163,045	34,383,439	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 34,785,297	\$ 42,327,508	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 36,773,524	\$ 44,681,640	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 749,844	\$ 704,369	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	475,894	475,894	28
29	Short-Term Notes Payable	1,216	334,572	29
30	Accrued Salaries Payable	698,122	698,122	30
31	Accrued Taxes Payable (excluding real estate taxes)	257,033	257,033	31
32	Accrued Real Estate Taxes(Sch.IX-B)		512,200	32
33	Accrued Interest Payable		28,866	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp/Ins,due to IDPA,SalesTax,Prov l</u>	6,455,828	6,455,828	36
37	<u>Due to Affiliates - current</u>	697,490	697,490	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 9,335,428	\$ 10,164,375	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	1,991	1,991	39
40	Mortgage Payable		11,448,885	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44	<u>Mcr Adv Fund, FICA-Deferred</u>	174,004	174,004	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 175,994	\$ 11,624,880	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,511,422	\$ 21,789,255	46
47	TOTAL EQUITY(page 18, line 24)	\$ 27,262,102	\$ 22,892,386	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 36,773,524	\$ 44,681,640	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 27,557,900	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 27,557,900	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(295,798)	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)	\$ (295,798)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 27,262,102	24 *

* This must agree with page 17, line 47.

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

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

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

1			
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 15,027,920	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 15,027,920	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients	219,950	5
6	Therapy	138,453	6
7	Oxygen	23,832	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 382,235	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		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	5,126	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 5,126	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	17,803	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 17,803	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	7,648	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 7,648	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 15,440,731	30

2			
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,485,046	31
32	Health Care	5,897,351	32
33	General Administration	4,053,652	33
B. Capital Expense			
34	Ownership	1,618,563	34
C. Ancillary Expense			
35	Special Cost Centers	1,227,352	35
36	Provider Participation Fee	454,565	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 15,736,529	40
41	Income before Income Taxes (line 30 minus line 40)**	(295,798)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (295,798)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 10,309,375	44
45	Private Pay - Net Inpatient Revenue	813,070	45
46	Medicare - Net Inpatient Revenue	2,491,226	46
47	Other-(specify) Hospice, Insurance	1,414,250	47
48	Other-(specify) Vets,Charity/Sales Allows		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 15,027,920	49

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

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

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

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

Facility Name & ID Number

Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Record Copies-Backed out with Ln ref 21-Pg 5A	928
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	
Vendor Discount	61
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	6,659
Line 28 Total:	<u><u>7,648</u></u>

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	2,194	2,210	\$ 121,807	\$ 55.12	1
2	Assistant Director of Nursing	2,262	2,278	100,437	44.09	2
3	Registered Nurses	35,835	39,010	1,508,760	38.68	3
4	Licensed Practical Nurses	35,102	38,148	1,263,925	33.13	4
5	CNAs & Orderlies	56,205	61,928	1,288,671	20.81	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	6,336	7,270	141,477	19.46	8
9	Activity Director	2,099	2,115	51,658	24.42	9
10	Activity Assistants	8,985	9,678	167,865	17.34	10
11	Social Service Workers	2,921	3,113	76,561	24.59	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,366	66,335	28.03	13
14	Head Cook	2,000	2,080	92,700	44.57	14
15	Cook Helpers/Assistants	36,008	40,399	736,649	18.23	15
16	Dishwashers					16
17	Maintenance Workers	2,064	2,080	79,164	38.06	17
18	Housekeepers	16,968	18,540	320,862	17.31	18
19	Laundry	6,548	6,856	113,184	16.51	19
20	Administrator	2,072	2,080	103,526	49.77	20
21	Assistant Administrator	2,064	2,080	68,987	33.17	21
22	Other Administrative	7,331	7,455	257,803	34.58	22
23	Office Manager					23
24	Clerical	5,810	6,096	101,328	16.62	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,992	4,040	161,477	39.97	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager/Res	9,709	10,468	208,220	19.89	32
33	Other(specify) Alzheimers Spervis	7,000	7,445	155,231	20.85	33
34	TOTAL (lines 1 - 33)	255,575	277,737	\$ 7,186,626 *	\$ 25.88	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	\$ 25,333	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	9	500	11-3	44
45	Social Service Consultant	56	3,920	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	65	\$ 60,904		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	13	\$ 5,357	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides	2,060	109,158	10-3	52
53	TOTAL (lines 50 - 52)	2,073	\$ 114,515		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Katie Novak	Administrator	0	\$ 103,526	Workers' Compensation Insurance	\$ 216,581	IDPH License Fee	\$	
Nidhi Mathews	Asst. Administrator	0	68,987	Unemployment Compensation Insurance	26,537	Advertising: Employee Recruitment	6,945	
		0		FICA Taxes	531,738	Health Care Worker Background Check	553	
		0		Employee Health Insurance	173,479	(Indicate # of checks performed 17)		
		0		Employee Meals	16,779	Patient Background Checks	1,763	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	800	
		0		Related Party-FECS	(2,928)	Corporate Annual Fee	307	
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 172,512	Union, Health & Welfare	134,249	Broadcast Music/Healthcare Council of IL/C	22,078	
(List each licensed administrator separately.)				Pension	47,320	Flagstaff/CSI Leasing/Linked Seniors	3,448	
				Vision, Dental & Life	1,352	Related party	1,465	
B. Administrative - Other								
Description			Amount	Empl Rel, Misc Payroll, Emp Dishonesty & Drug T	40,557	Less: Public Relations Expense	()	
			\$	Vaccination, 401k Match, & Tuition Reimburseme	6,731	Non-allowable advertising	()	
				Back out % Employee Benefit for Mktg Manager	(16,246)	Yellow page advertising	()	
				TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,176,148	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 37,358	
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	Line #	Amount	Description	Amount
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	consulting fee		\$ 1,091,353				Out-of-State Travel	\$
Midcap	Legal Fees - Non Collections		572					
James S. Meyer/Von Briesen & Rope	Legal Fees - Non Collections		1,332					
Law Offices of Lawrence, Kamin/Rui	Legal Fees - Non Collections		5,588				In-State Travel	
AMS Eliminated	Allocated Legal Fees		47,520					
Achieve Accreditation/Joint Commis	Professional Fees		7,209				Related party	1,235
Midcap/Baker Tilly	Accounting Fees		11,852				Seminar Expense	
C. Novotny/International Micro Desi	Accounting Fees		190				Wisconsin Healthcare Association	369
SB2 Inc./ Adam M. Stern	Legal Fees - Collections		11,480				NIC Sponsorship	268
Stone, Pogrund & Korey LLC	Legal Fees - Collections		11,581				Senior Lifestyle Expo	23
Midwest Care	Legal Fees - Collections		22,128				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3)			\$ 1,210,804	TOTAL		\$	(agree to Sch. V, line 24, col. 8)	\$ 1,895
(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
 2020

PG 21A

Legal Fees Reported on Pg 21, Section C: \$ 100,201.37

Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22 (45,189.86)

Non-allowable legal fees, if any, deducted on
 - AMS Allocated Legal Fees: GL 680600-100-003 (47,520.00)
 + Add Back voided invoice of prior year, if any

Allowable Legal Fees \$ 7,491.51

In Detail:

Vendor Name	Invoice Date	Amount
Midcap	06/20, 07/20, 10/20	571.72
James S. Meyer, Esq.	03/20	1,100.00
Von Briesen & Roper	09/20	232.29
Law Offices of Lawrence, Kamin	03/20	3,410.00
Ruben M. Garcia & Associates	09/20	2,177.50

TOTAL ALLOWABLE LEGAL FEES 7,491.51

Vendor Name	Invoice Date	Amount
SB2 Inc.	01/20-12/20	2,454.60
Stone, Pogrund & Korey LLC	01/20-12/20	11,581.25
Midwest Care Management	01/20-12/20	22,128.41
Stern & Associates	01/20, 02/20, 06/20, 10/20	9,025.60

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 45,189.86

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'20	01/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	02/28/20	3,960.00
AMS Corp Legal Cost Alloc-'20	03/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	04/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	05/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	06/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	07/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	08/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	09/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	10/31/20	3,960.00
AMS Corp Legal Cost Alloc-'20	11/30/20	3,960.00
AMS Corp Legal Cost Alloc-'20	12/31/20	3,960.00

TOTAL Allocated Legal Fees 47,520.00

Total Legal Cost 100,201.37

Facility Name & ID Number Alden Estates of Northmoor

0041277

Report Period Beginning: 01/01/2020

Ending: 12/31/2020

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA - Yes, RN/LPN - No
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. Health Care Council of IL \$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 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 62,713 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. _____
- (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. \$ 454,565
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 16,779 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. \$ no
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.