

Facility Name & ID Number Alden Estates of Skokie

0050146 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	56	Skilled (SNF)	56	20,496	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	56	TOTALS	56	20,496	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF		2,497	6,513	9,010	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS		2,497	6,513	9,010	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 43.96%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES NO

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

YES NO

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

Date started 1/8/09

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

YES Date 1/8/09 NO

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

YES NO If YES, enter number of beds certified 56 and days of care provided 6,516

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

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

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

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

Facility Name & ID Number

Alden Estates of Skokie

0050146

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	323,278	22,519		345,797	2,740	348,537	908	349,445		1
2	Food Purchase		127,795		127,795	(12,408)	115,387	(4,531)	110,856		2
3	Housekeeping	49,763	20,754		70,517	2,436	72,953	1,015	73,968		3
4	Laundry	45,524	7,888		53,412		53,412		53,412		4
5	Heat and Other Utilities			84,287	84,287		84,287	(670)	83,617		5
6	Maintenance	50,275		94,729	145,004	(414)	144,590	21,323	165,913		6
7	Other (specify):* related party							1,363	1,363		7
8	TOTAL General Services	468,840	178,956	179,016	826,812	(7,646)	819,166	19,408	838,574		8
	B. Health Care and Programs										
9	Medical Director			9,000	9,000		9,000		9,000		9
10	Nursing and Medical Records	1,074,071	59,313	1,384	1,134,768	1,426	1,136,194	8,393	1,144,587		10
10a	Therapy		2,615	11,400	14,015		14,015		14,015		10a
11	Activities	41,778	2,069	2,033	45,880		45,880		45,880		11
12	Social Services	44,648			44,648		44,648		44,648		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							1,057	1,057		15
16	TOTAL Health Care and Programs	1,160,497	63,997	23,817	1,248,311	1,426	1,249,737	9,450	1,259,187		16
	C. General Administration										
17	Administrative	100,551			100,551		100,551	19,733	120,284		17
18	Directors Fees										18
19	Professional Services			301,391	301,391		301,391	(256,402)	44,989		19
20	Dues, Fees, Subscriptions & Promotions			39,703	39,703		39,703	(29,469)	10,234		20
21	Clerical & General Office Expenses	103,412	23,544	112,136	239,092	869	239,961	25,286	265,247		21
22	Employee Benefits & Payroll Taxes			357,970	357,970	5,351	363,321		363,321		22
23	Inservice Training & Education										23
24	Travel and Seminar			1,967	1,967		1,967	159	2,126		24
25	Other Admin. Staff Transportation			4,448	4,448		4,448	2,935	7,383		25
26	Insurance-Prop.Liab.Malpractice			44,328	44,328		44,328	7,337	51,665		26
27	Other (specify):* related party			5,010	5,010		5,010	7,014	12,024		27
28	TOTAL General Administration	203,963	23,544	866,953	1,094,460	6,220	1,100,680	(223,407)	877,273		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	1,833,300	266,497	1,069,786	3,169,583		3,169,583	(194,549)	2,975,034		29

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

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

Facility Name & ID Number Alden Estates of Skokie

#0050146

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

12/31/2012

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			25,780	25,780		25,780	352,147	377,927			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			553	553		553	545,657	546,210			32
33	Real Estate Taxes			43,756	43,756	(43,756)		45,206	45,206			33
34	Rent-Facility & Grounds			811,984	811,984	43,756	855,740	(855,740)				34
35	Rent-Equipment & Vehicles			12,050	12,050		12,050	8,871	20,921			35
36	Other (specify):* MIP							91,785	91,785			36
37	TOTAL Ownership			894,123	894,123		894,123	187,926	1,082,049			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		409,450	1,045,517	1,454,967		1,454,967	58,251	1,513,218			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			44,506	44,506		44,506		44,506			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		409,450	1,090,023	1,499,473		1,499,473	58,251	1,557,724			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	1,833,300	675,947	3,053,932	5,563,179		5,563,179	51,628	5,614,807			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 Skokie
 Report Period Beginning: 01/01/2012
 Report Period Ending: 12/31/2012

IDPH Facility No. 0050146

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(12,408.00)	Employee Meals
	22	12,408.00	Employee Meals
22		(7,057.00)	Uniforms
	1	2,740.00	Uniforms
	3	2,436.00	Uniforms
	4	-	Uniforms
	6	-	Uniforms
	10	1,426.00	Uniforms
	11	-	Uniforms
	21	455.00	Uniforms
10			Oxygen - to appropriate cost center
	39		Oxygen - to appropriate cost center
6		(414.00)	Vendor Settlements
	21	414.00	Vendor Settlements

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

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	(1,932)	2		4
5	Telephone, TV & Radio in Resident Rooms	(1,903)	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				9
10	Interest and Other Investment Income	(3,459)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,557)	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				17
18	Fines and Penalties				18
19	Entertainment	(503)	20		19
20	Contributions	(3,910)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(450)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(5,010)	27		24
25	Fund Raising, Advertising and Promotional	(24,911)	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)	\$ (44,635)		\$	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)	152,686	Various	34
35	Other- Attach Schedule	(56,423)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 96,263		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 51,628		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 Skokie

ID# 0050146

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (878)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(6,660)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +		6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	16,261	6	4
5	Reconcile depreciation expense		30	5
6	Elim ABC Deprec Exp from Pg 12 series -	14	30	6
7	Valet cost	(62,275)	21	7
8	Late fees on utilities	(1,247)	5	8
9	Flushots	(256)	21	9
10	Misc. income - Food rebate	(455)	2	10
11	Back out 30% of PAC Fees IHCA	(927)	20	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				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		(56,423)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	908	0	0	0	0	0	0	0	0	908	1
2	Food Purchase	(4,944)	0	0	413	0	0	0	0	0	0	0	(4,531)	2
3	Housekeeping	0	0	1,015	0	0	0	0	0	0	0	0	1,015	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,247)	0	577	0	0	0	0	0	0	0	0	(670)	5
6	Maintenance	14,358	937	4,541	0	0	0	1,487	0	0	0	0	21,323	6
7	Other (specify):*	0	0	1,128	235	0	0	0	0	0	0	0	1,363	7
8	TOTAL General Services	8,167	937	8,169	648	0	0	1,487	0	0	0	0	19,408	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	0	0	7,243	84	1,066	0	0	0	0	0	0	8,393	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	1,057	0	0	0	0	0	0	0	0	1,057	15
16	TOTAL Health Care and Programs	0	0	8,300	84	1,066	0	0	0	0	0	0	9,450	16
	C. General Administration													
17	Administrative	0	0	19,733	0	0	0	0	0	0	0	0	19,733	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(450)	25,716	(281,668)	0	0	0	0	0	0	0	0	(256,402)	19
20	Fees, Subscriptions & Promotions	(30,251)	322	460	0	0	0	0	0	0	0	0	(29,469)	20
21	Clerical & General Office Expenses	(62,531)	0	45,974	4,229	37,614	0	0	0	0	0	0	25,286	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	159	0	0	0	0	0	0	0	0	159	24
25	Other Admin. Staff Transportation	0	0	2,935	0	0	0	0	0	0	0	0	2,935	25
26	Insurance-Prop.Liab.Malpractice	0	7,293	44	0	0	0	0	0	0	0	0	7,337	26
27	Other (specify):*	(5,010)	0	9,049	482	2,493	0	0	0	0	0	0	7,014	27
28	TOTAL General Administration	(98,242)	33,331	(203,314)	4,711	40,107	0	0	0	0	0	0	(223,407)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(90,075)	34,268	(186,845)	5,443	41,173	0	1,487	0	0	0	0	(194,549)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

01/01/2012 Ending:

Summary B

12/31/2012

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(7,524)	350,061	9,610	0	0	0	0	0	0	0	0	352,147	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,459)	547,196	1,667	0	253	0	0	0	0	0	0	545,657	32
33	Real Estate Taxes	0	43,756	1,079	0	371	0	0	0	0	0	0	45,206	33
34	Rent-Facility & Grounds	0	(855,740)	0	0	0	0	0	0	0	0	0	(855,740)	34
35	Rent-Equipment & Vehicles	0	0	8,871	0	0	0	0	0	0	0	0	8,871	35
36	Other (specify):*	0	91,785	0	0	0	0	0	0	0	0	0	91,785	36
37	TOTAL Ownership	(10,983)	177,058	21,227	0	624	0	0	0	0	0	0	187,926	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	(12,723)	(115,927)	186,901	0	0	0	0	0	58,251	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	(12,723)	(115,927)	186,901	0	0	0	0	0	58,251	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(101,058)	211,326	(165,618)	(7,280)	(74,130)	186,901	1,487	0	0	0	0	51,628	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 855,740	Alden Estates of Skokie, LLC		\$	\$ (855,740)	1
2	V	32 Interest Income Repl Reserve	33	Alden Estates of Skokie, LLC			(33)	2
3	V	19 Accounting/Professional fees		Alden Estates of Skokie, LLC		5,795	5,795	3
4	V	19 Legal Fees:Non-collections		Alden Estates of Skokie, LLC		19,921	19,921	4
5	V	20 Licen&Inspect/Annual Rep		Alden Estates of Skokie, LLC		322	322	5
6	V	6 R & M		Alden Estates of Skokie, LLC		937	937	6
7	V	33 Real Estate Tax Expense		Alden Estates of Skokie, LLC		43,756	43,756	7
8	V	26 General Insurance Expense		Alden Estates of Skokie, LLC		7,293	7,293	8
9	V	36 Mortgage Insurance Premium		Alden Estates of Skokie, LLC		91,785	91,785	9
10	V	32 Interest on Mortgage		Alden Estates of Skokie, LLC		533,711	533,711	10
11	V	30 Depreciation		Alden Estates of Skokie, LLC		350,061	350,061	11
12	V	32 Amortization		Alden Estates of Skokie, LLC		13,518	13,518	12
13	V							13
14	Total		\$ 855,773			\$ 1,067,099	\$ * 211,326	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	1 Dietary Consultant	\$	Prism Health Care Sevices, Inc.	0.00%	\$	\$	15
16	V	1 Dietary Salary		Prism Health Care Sevices, Inc.				16
17	V	2 Tube Feeding		Prism Health Care Sevices, Inc.		413	413	17
18	V	10 Equipment Rental	6,660	Prism Health Care Sevices, Inc.		6,744	84	18
19	V	39 Ancillary Supplies	21,740	Prism Health Care Sevices, Inc.		9,017	(12,723)	19
20	V	21 Gen'l & Admin Salary		Prism Health Care Sevices, Inc.		2,940	2,940	20
21	V	27 Employee Benefits		Prism Health Care Sevices, Inc.		482	482	21
22	V	7 Employee Benefits		Prism Health Care Sevices, Inc.		235	235	22
23	V	21 General & Administrative		Prism Health Care Sevices, Inc.		1,289	1,289	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		\$ 28,400			\$ 21,120	\$ * (7,280)	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	5 Utilities	\$	Alden Management Services, Inc.	0.00%	\$ 577	\$	577	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		159		159	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		2,935		2,935	17
18	V	26 Insurance		Alden Management Services, Inc.		44		44	18
19	V	20 Dues & Subscriptions		Alden Management Services, Inc.		460		460	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,610		9,610	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		1,079		1,079	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		8,871		8,871	22
23	V	32 Interest		Alden Management Services, Inc.		1,667		1,667	23
24	V	1 Dietary		Alden Management Services, Inc.		908		908	24
25	V	3 Houskeeping		Alden Management Services, Inc.		1,015		1,015	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		1,128		1,128	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		7,243		7,243	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		1,057		1,057	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		19,733		19,733	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		9,049		9,049	30
31	V	19 Professional Fees	288,517	Alden Management Services, Inc.		6,849		(281,668)	31
32	V	21 General & Administrative		Alden Management Services, Inc.		45,974		45,974	32
33	V	6 Repairs & Maintenance	5,267	Alden Management Services, Inc.		9,808		4,541	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 293,784			\$ 128,166	\$ *	(165,618)	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 <u>Drugs</u>	\$ 193,899	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 247,711	\$ 53,812
16	V	39 <u>I.V.</u>	193,811	<u>Forum Extended Care Services II, Inc.</u>		24,072	(169,739)
17	V	39 <u>Wound Care</u>		<u>Forum Extended Care Services II, Inc.</u>			
18	V	10 <u>House Stock</u>	3,727	<u>Forum Extended Care Services II, Inc.</u>		3,447	(280)
19	V	10 <u>Pharmacy Consultant</u>	1,344	<u>Forum Extended Care Services II, Inc.</u>		2,690	1,346
20	V	27 <u>Employee Vaccination</u>	2,113	<u>Forum Extended Care Services II, Inc.</u>		1,677	(436)
21	V	27 <u>Employee Benefits: G & A</u>		<u>Forum Extended Care Services II, Inc.</u>		2,929	2,929
22	V	21 <u>Gen'l & Admin. Salary</u>		<u>Forum Extended Care Services II, Inc.</u>		21,398	21,398
23	V	21 <u>Gen'l & Admin.</u>		<u>Forum Extended Care Services II, Inc.</u>		16,216	16,216
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		253	253
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		371	371
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 394,894			\$ 320,764	\$ * (74,130)

* 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	\$ 914,171	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,101,072	\$ 186,901	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		\$ 914,171			\$ 1,101,072	\$ * 186,901	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	\$ 24,091	Alden Bennett Construction Company, Inc.	0.00%	\$ 25,578	\$ 1,487	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		\$ 24,091			\$ 25,578	\$ *	1,487	39

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

Facility Name & ID Number

Alden Estates of Skokie

0050146

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Home Office rental	1
2			Alden-Lincoln Park Rehabilitation and Health Care	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care	Chicago	Forum Extended Care Se	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Serv	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and Health Care	McHenry	Alden Gardens of Bloom	Bloomingtondale	Supportive Living Fac	6
7			Alden - Wentworth Rehabilitation and Health Care	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzhei	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterfo	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health Care	Bloomingtondale	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomingtondale	Prism Health Care Servi	Schaumburg	Nursing and Durable	10
11			Alden - Orland Park Rehabilitation and Health Care	Orland Park	Community Physical The	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Care	Chicago	Alden Bennett Construct	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment	Fort Atkinson, WI	Nursing and Durable	13
14			Alden - Town Manor Rehabilitation and Health Care	Cicero	Fort Healthcare, LLC	Fort Atkinson, WI	SNF w/in hospital	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health Care	Hoffman Estates				16
17			Alden - North Shore Rehabilitation and Health Care	Skokie				17
18			Alden - Des Plaines Rehabilitation and Health Care	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Estates of Skokie # 0050146 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

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	President	CEO	100.00	183,756	0.268	0.67	Salary	\$ 1,244	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	68,179	0.268	0.67	Salary	461	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	39,254	0.268	0.67	Salary	266	6-7	3
4											4
5											5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10											10
11											11
12											12
13								TOTAL	\$ 1,971		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 Skokie

0050146

Report Period Beginning:

01/01/2012

Ending: 2/31/2012

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	1,340,098	35	\$ 85,836	\$ 9,010	\$ 577	1
2	24	Trav & Seminar	Patient Days	1,340,098	35	23,644	9,010	159	2
3	25	Other Admin Travel	Patient Days	1,340,098	35	436,530	9,010	2,935	3
4	26	Insurance	Patient Days	1,340,098	35	6,589	9,010	44	4
5	20	Dues & Subscriptions	Patient Days	1,340,098	35	68,371	9,010	460	5
6	30	Depreciation	No of Providers/usage	35	35	340,112	1	9,610	6
7	33	Real Estate Tax	Patient Days/ysage	1,340,098	35	184,769	9,010	1,079	7
8	35	Rent-Equip & Vehicle	Patient Days	1,340,098	35	1,319,497	9,010	8,871	8
9	32	Interest	Patient Days/usage	1,340,098	35	2,398,912	9,010	1,667	9
10	1	Dietary Salary	Patient Days	1,340,098	35	135,080	135,080	9,010	908
11	3	Housekeeping Salary	Patient Days	1,340,098	35	151,028	151,028	9,010	1,015
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,340,098	35	167,731	9,010	1,128	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,340,098	35	1,186,643	1,186,643	9,010	7,243
14	15	Employee Benefits -Health Care	Patient Days	1,340,098	35	157,190	9,010	1,057	14
15	17	Administrative Salary	Patient Days/usage	1,340,098	35	3,283,025	3,283,025	9,010	19,733
16	27	Employee Benefits - Admin	Patient Days	1,340,098	35	1,345,837	9,010	9,049	16
17	19	Professional fees	Patient Days	1,340,098	35	1,018,709	751,716	9,010	6,849
18	21	Gen'I & Admin	Patient Days	1,340,098	35	6,837,958	6,125,097	9,010	45,974
19	6	Repair & Maint.	Patient Days	1,340,098	35	1,458,765	980,107	9,010	9,808
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 20,606,226	\$ 12,612,696	\$ 128,166	25

Facility Name & ID Number

Alden Estates of Skokie

0050146

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	11									
						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 Realty		x	Mortgage	\$49,339.00	7/11	\$ 924,300	\$ 8,943,038	6/51	5.9500	\$ 533,711	1									
2												2									
3												3									
4	Amortization		x	Refinancing							13,518	4									
5	Insurance interest		x	Medical Malpractice							553	5									
	Working Capital																				
6	Related party-AMS		x								1,667	6									
7	Related party-FECII		x								253	7									
8												8									
9	TOTAL Facility Related				\$49,339.00		\$ 924,300	\$ 8,943,038			\$ 549,702	9									
	B. Non-Facility Related*																				
10	Interest Income		x	Replacement reserve							(33)	10									
11	Interest Income		x	Resident interest							(3,459)	11									
12												12									
13												13									
14	TOTAL Non-Facility Related						\$	\$			(3,492)	14									
15	TOTALS (line 9+line14)						\$ 924,300	\$ 8,943,038			\$ 546,210	15									

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 91,785 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 2011 report.		\$	40,004		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.)		\$	41,260		2
3. Under or (over) accrual (line 2 minus line 1).		\$	1,256		3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	42,500		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.		\$	43,756		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	1450
			Total Real Estate Tax Expense, Sch V, Line 33	\$	45,206
Real Estate Tax Bill for Calendar Year:	2007	106,161			8
	2008	105,897			9
	2009	85,091			10
	2010	163,419			11
	2011	41,260			12
the current year accrual is based on an estimated 3% increase of the prior year tax					
FOR BHF USE ONLY					
	13	FROM R. E. TAX STATEMENT FOR 2011	\$		13
	14	PLUS APPEAL COST FROM LINE 5	\$		14
	15	LESS REFUND FROM LINE 6	\$		15
	16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

NOTES:

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

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Skokie, Inc COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0050146
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll
 TELEPHONE 773-286-3883 FAX #: 773-286-8038

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 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 2011.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>30,310.00</u>	\$ <u>1,079.00</u>
2. <u>See attached (Supplement)</u>	<u>Related party-FECII,Inc</u>	\$ <u>37,853.00</u>	\$ <u>371.00</u>
3. <u>10-10-103-024</u>	<u>Nursing Home Facility</u>	\$ <u>40,280.00</u>	\$ <u>40,280.00</u>
4. <u>10-10-103-029</u>	<u>Nursing Home Facility</u>	\$ <u>980.00</u>	\$ <u>980.00</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>109,423.00</u></u>	\$ <u><u>42,710.00</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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: 19,000 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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).

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Nursing facility</u>		<u>2009</u>	<u>\$ 229,315</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 229,315	3

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	56	2009		\$ 1,246,896	\$ 31,574	39	\$ 31,574	\$	\$ 126,297	4
5			2011	6,157,997	157,897	39	157,897		263,162	5
6										6
7										7
8										8
Improvement Type**										
9	GT Mechanical-Actuator, Transformer, Belts, & Filters (HVAC)	2009		2,838	567	5	567		2,032	9
10	Long Elevator - Elevator Pump Motor	2009		3,139	628	5	628		1,989	10
11										11
12	Gutters and Downspouts installation-ABC	2011		8,173	817	10	817		1,021	12
13	Sprinkler system installation-ABC	2011		5,662	226	25	226		283	13
14	Heating system for roof-ABC	2011		48,105	4,811	10	4,811		5,212	14
15	Heaters:Installation of infared heaters in driveway-ABC	2011		10,672	1,067	10	1,067		1,067	15
16	Bathroom plumbing repair-ABC	2011		5,107	1,021	5	1,021		1,191	16
17	Design & permit of alternate water service-JACHEF	2011		2,928	293	10	293		488	17
18	Design & permit of alternate water service-JACHEF	2011		2,867	287	10	287		454	18
19										19
20	Tuck pointed chimney, cap replaced-ALDBEN	2012		3,207	18	15	18		18	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										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 Skokie

0050146

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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		\$ 7,497,591	\$ 199,207		\$ 199,207	\$	\$ 403,214	1
2	Forum Prof Ctr: Remodeling	1979	15,057		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,324		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	925		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,289		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,317		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,170	73	16	73		1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,816	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	26	7	26		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637	45	5	45		637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818	81	9	81		818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	101	7	101		2,291	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		590	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	59	7	59		389	15
16	Forum Prof Ctr: Park, Lot/glass/maj hvac	2008	420	51	7	51		284	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	7	82		264	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	7	295		676	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	7	648		802	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	7	38		38	20
21	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	21
22	Alden Mgt Servs: Remodel suites	2002	282		7			282	22
23	Alden Mgt Servs: Remodel suites	2003	6,115		7			6,115	23
24									24
25									25
26									26
27	Adj for ABC related party profit	2011	605	13		13		19	27
28	Adj for ABC related party profit	2012	198	1		1		1	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,584,684	\$ 200,722		\$ 200,722	\$	\$ 481,898	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	\$ 878,664	\$ 172,870	\$ 172,870	\$	various	\$ 315,094	71
72	Current Year Purchases	74,786	4,335	4,335		various	3,395	72
73	Fully Depreciated Assets	58,126				various	58,126	73
74								74
75	TOTALS	\$ 1,011,576	\$ 177,205	\$ 177,205	\$		\$ 376,615	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				\$	\$	\$	\$		\$	76
77										77
78										78
79	Related party - AMS	Various	98 - '02	3,911				3	3,911	79
80	TOTALS			\$ 3,911	\$	\$	\$		\$ 3,911	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,829,486	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 377,927	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 377,927	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 862,424	85

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

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

G. Construction-in-Progress

	Description	Cost	
92	Rehab Plans	\$ 20,082	92
93			93
94			94
95		\$ 20,082	95

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

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

Facility Name & ID Number

Alden Estates of Skokie

0050146

Report Period Beginning:

01/01/2012

Ending: 12/31/2012

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

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

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 01/01/09

Ending 12/31/18

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

Fiscal Year Ending Annual Rent

12. 12/31/13 \$ Varies

13. 12/31/14 \$ Varies

14. 12/31/15 \$ 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: \$ 11,016 Description: Copy machine, postage meter, office equipment

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>370.75</u>	\$ <u>4,449</u>	17
18					18
19	<u>Auto Lease GL 6890</u>	<u>various</u>	<u>337.50</u>	<u>4,050</u>	19
20					20
21	TOTAL		\$ <u>708.25</u>	\$ <u>8,499</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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	232,185	\$		\$	232,185	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				2,175				2,175	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				774,479				774,479	4
5	Physician Care		visits									5
6	Dental Care		visits									6
7	Work Related Program		hrs									7
8	Habilitation		hrs									8
9	Pharmacy	See Pg 16A	# of prescripts					247,712			247,712	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Exceptional Care</u>	39-1,39-3										12
13	Other (specify): <u>See Pg 16A</u>						186,900	69,767			256,667	13
14	TOTAL			\$		\$	1,195,739	\$	317,479	\$	1,513,218	14

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

XIV. Special Services (Direct Cost)

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

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.	
1.	OT	39-3	To Col 5	\$232,185.44
2.	ST	39-3	To Col 5	2,174.88
3.				
4.	PT	39-3	To Col 5	774,478.94
5.				
6.				
7.				
8.	Pharmacy Supplies per GL			193,899.07
	Manual Input from Related Party- Forum Drugs			53,813.00
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	247,712.07
10.				
11.				
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00
	Total Exceptional Care (Line 12, Col 8)			0.00
13.	Other:	See Pg 16A		

13. Col 5: Manual Input: Related Party - CPT	To Col 5	186,900.00
Other		252,228.70
Manual Input: Related Party - Prism		(12,723.00)
Manual Input: Related Party FECII - I.V.		(169,739.00)
Manual Input: Related Party FECII - Wound Care		0.00
Oxygen, from reclass worksheet (Pg 4A)		0.00
Rounding		
13. Col 6: Supplies Total	To Col 6	----- 69,766.70 -----
13. Total Line 13, Column 8		----- 256,666.70 -----
14. Total		----- 1,513,218.03 =====

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning: 01/01/2012

Ending:

12/31/2012

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(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	\$ 281,583	\$ 305,016	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (5,800))	498,666	498,666	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		36,693	6
7	Other Prepaid Expenses	6,648	6,648	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	11,646	208,716	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 798,543	\$ 1,055,739	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		373,915	13
14	Buildings, at Historical Cost		7,395,188	14
15	Leasehold Improvements, at Historical Cost	62,531	850,831	15
16	Equipment, at Historical Cost	114,301	185,817	16
17	Accumulated Depreciation (book methods)	(42,537)	(720,097)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		51,753	21
22	Other Long-Term Assets (spec <u>Due from affiliates</u>)	20,082	20,082	22
23	Other(specify): <u>Net financing fees</u>		351,898	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 154,377	\$ 8,509,387	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 952,920	\$ 9,565,126	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 166,613	\$ 176,777	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	27,757	27,757	28
29	Short-Term Notes Payable		61,616	29
30	Accrued Salaries Payable	154,891	154,891	30
31	Accrued Taxes Payable (excluding real estate taxes)	35,118	35,118	31
32	Accrued Real Estate Taxes(Sch.IX-B)		42,500	32
33	Accrued Interest Payable		44,342	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Accr Exp,Due HFS,SalesTax,Etc.</u>	43,907	43,907	36
37	<u>Due to affiliates</u>	877,767	877,767	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,306,053	\$ 1,464,675	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,881,423	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43	<u>Due to affiliates</u>	2,669,622	2,675,003	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,669,622	\$ 11,556,426	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,975,675	\$ 13,021,101	46
47	TOTAL EQUITY(page 18, line 24)	\$ (3,022,755)	\$ (3,455,975)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 952,920	\$ 9,565,126	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,479,815)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:	(2,003)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,481,818)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(540,937)	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)	\$ (540,937)	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)	\$ (3,022,755)	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	\$ 5,005,875	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,005,875	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,482	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,482	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	423	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,932	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	266	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	256	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,877	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,459	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,459	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG19A	455	28
28a	Gain on Sale of Assets	6,094	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,549	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,022,242	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	826,812	31
32	Health Care	1,248,311	32
33	General Administration	1,094,460	33
B. Capital Expense			
34	Ownership	894,123	34
C. Ancillary Expense			
35	Special Cost Centers	1,454,967	35
36	Provider Participation Fee	44,506	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,563,179	40
41	Income before Income Taxes (line 30 minus line 40)**	(540,937)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (540,937)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,289,057	44
45	Private Pay - Net Inpatient Revenue	2,180	45
46	Medicare - Net Inpatient Revenue	3,716,787	46
47	Other-(specify) <u>Charity/Sales allow</u>	(2,149)	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,005,875	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 done 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 Skokie

0050146

Report Period Beginning 01/01/2012 **Ending:**12/31/2012

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Miscellaneous Income - Food Rebate	455.00
Line 28 Total:	<u>455.00</u>

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning:

01/01/2012

Ending:

12/31/2012

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	2,048	2,048	\$ 113,863	\$ 55.60	1
2	Assistant Director of Nursing					2
3	Registered Nurses	17,628	18,326	544,125	29.69	3
4	Licensed Practical Nurses	1,942	2,198	62,234	28.31	4
5	CNAs & Orderlies	21,388	22,726	253,029	11.13	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	4,028	4,195	41,778	9.96	10
11	Social Service Workers	2,143	2,143	44,648	20.83	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,080	48,080	23.12	13
14	Head Cook	4,360	4,360	91,739	21.04	14
15	Cook Helpers/Assistants	17,767	18,289	183,459	10.03	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	50,275	24.17	17
18	Housekeepers	4,479	4,862	49,763	10.24	18
19	Laundry	4,668	4,984	45,524	9.13	19
20	Administrator	2,080	2,080	100,551	48.34	20
21	Assistant Administrator					21
22	Other Administrative	68	130	2,828	21.75	22
23	Office Manager	2,080	2,080	50,446	24.25	23
24	Clerical	4,639	4,798	50,138	10.45	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,872	2,064	70,089	33.96	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Mngr	2,102	2,102	30,731	14.62	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	97,444	101,545	\$ 1,833,300 *	\$ 18.05	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		0	35	
36	Medical Director	750/mo	9,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	112/mo	1,344	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	75/mo	899	11-3	44
45	Social Service Consultant	740/mo	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 12,083		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses			50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)		\$	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	
Lindsay McKenzie	Administrator	0	\$ 100,551	Workers' Compensation Insurance	\$ 54,949	IDPH License Fee	\$	
		0		Unemployment Compensation Insurance	80,013	Advertising: Employee Recruitment	506	
		0		FICA Taxes	134,000	Health Care Worker Background Check		
		0		Employee Health Insurance	76,196	(Indicate # of checks performed 51)	510	
		0		Employee Meals	12,408	Patient Background Checks	2,910	
		0		Illinois Municipal Retirement Fund (IMRF)*		Surety bond	100	
		0		Dental Insurance	100	IHCA dues	4,266	
				Life Insurance	831	Rotary club dues	579	
				Employee Relations/Misc costs	927	Allscripts/Collaborative Health	903	
				Employee drug tests	1,056	Related party- AMS	460	
				401K Match	728	Less: Public Relations Expense	()	
				Employee vaccinations	2,113	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)			TOTAL (agree to Sch. V, line 20, col. 8)	
\$ 100,551				\$ 363,321			\$ 10,234	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$			\$	Out-of-State Travel	\$
							In-State Travel	
							IHCA Conven./II Council	1,156
							Therapy training support	455
							Related party- AMS	159
							Seminar Expense	
							Nat Inv	260
							Fou Edu	96
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			TOTAL (agree to Sch. V, line 24, col. 8)	
\$				\$			\$ 2,126	
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Servs.	Consulting		\$ 250,705					
AMS (eliminated)	Allocated legal fees		37,812					
Linrob/Cicent	Sanitation consulting		901					
BDO Siedman/Baker Tilly,et al	Accounting fees		11,523					
Ken Fisch	Legal fees		450					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)								
\$ 301,391								

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Alden Estates of Skokie

0050146

Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$4,266
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 440 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. \$ 44,506
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. \$ 12,408 Has any meal income been offset against related costs? No Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? No
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? No
Attach invoices and a summary of services for all architect and appraisal fees.