



Facility Name & ID Number Alden Estates of Evanston

# 0040733 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

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	52	Skilled (SNF)	52	18,980	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5	47	Sheltered Care (SC)	47	17,155	5
6		ICF/DD 16 or Less		0	6
7	99	TOTALS	99	36,135	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	55	731	8,369	9,155	8
9	SNF/PED					9
10	ICF	1,760	3,330	45	5,135	10
11	ICF/DD					11
12	SC		6,323		6,323	12
13	DD 16 OR LESS					13
14	TOTALS	1,815	10,384	8,414	20,613	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 57.04%

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

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

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

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

None

F. Does the facility maintain a daily midnight census? Yes

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

YES  NO

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

YES  NO

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

Date started 3/15/96

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

YES  Date 3/15/96 NO

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

YES  NO  If YES, enter number of beds certified 52 and days of care provided 8,369

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: 12/31/13 Fiscal Year: 12/31/13

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

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
	<b>A. General Services</b>										
1	Dietary	434,962	16,497		451,459	3,859	455,318	1,102	456,420		1
2	Food Purchase		217,843		217,843	(31,842)	186,001	(9,015)	176,986		2
3	Housekeeping	85,401	34,404		119,805	934	120,739	3,088	123,827		3
4	Laundry	57,101	21,090		78,191	792	78,983		78,983		4
5	Heat and Other Utilities			140,164	140,164		140,164	(1,205)	138,959		5
6	Maintenance	93,815		165,345	259,160	670	259,830	(16,493)	243,337		6
7	Other (specify):* related party							3,433	3,433		7
8	<b>TOTAL General Services</b>	671,279	289,834	305,509	1,266,622	(25,587)	1,241,035	(19,090)	1,221,945		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			(500)	(500)		(500)	12,500	12,000		9
10	Nursing and Medical Records	1,642,804	120,243	3,349	1,766,396	1,879	1,768,275	18,091	1,786,366		10
10a	Therapy		1,785	11,400	13,185		13,185		13,185		10a
11	Activities	92,019	1,855	4,642	98,516		98,516		98,516		11
12	Social Services	47,608			47,608		47,608		47,608		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							2,859	2,859		15
16	<b>TOTAL Health Care and Programs</b>	1,782,431	123,883	18,891	1,925,205	1,879	1,927,084	33,450	1,960,534		16
	<b>C. General Administration</b>										
17	Administrative	99,507			99,507		99,507	48,216	147,723		17
18	Directors Fees										18
19	Professional Services			531,489	531,489	(402)	531,087	(466,851)	64,236		19
20	Dues, Fees, Subscriptions & Promotions			57,032	57,032		57,032	(48,088)	8,944		20
21	Clerical & General Office Expenses	126,924	17,941	148,011	292,876	222	293,098	112,970	406,068		21
22	Employee Benefits & Payroll Taxes			469,384	469,384	23,888	493,272		493,272		22
23	Inservice Training & Education										23
24	Travel and Seminar			55	55		55	956	1,011		24
25	Other Admin. Staff Transportation			8,689	8,689		8,689	6,561	15,250		25
26	Insurance-Prop.Liab.Malpractice			113,855	113,855		113,855	8,806	122,661		26
27	Other (specify):* related party			92,109	92,109		92,109	(68,789)	23,320		27
28	<b>TOTAL General Administration</b>	226,431	17,941	1,420,624	1,664,996	23,708	1,688,704	(406,218)	1,282,486		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,680,141	431,658	1,745,024	4,856,823		4,856,823	(391,858)	4,464,965		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 &amp; ID Number

Alden Estates of Evanston

#0040733

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## 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	
	<b>D. Ownership</b>											
30	Depreciation			37,076	37,076		37,076	221,329	258,405			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			109,351	109,351		109,351	341,009	450,360			32
33	Real Estate Taxes			149,340	149,340	(149,340)		152,306	152,306			33
34	Rent-Facility & Grounds			663,666	663,666	149,340	813,006	(813,006)				34
35	Rent-Equipment & Vehicles			22,033	22,033		22,033	21,687	43,720			35
36	Other (specify):* MIP							39,278	39,278			36
37	<b>TOTAL Ownership</b>			981,466	981,466		981,466	(37,397)	944,069			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		533,717	987,391	1,521,108		1,521,108	(137,108)	1,384,000			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			68,142	68,142		68,142		68,142			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		533,717	1,055,533	1,589,250		1,589,250	(137,108)	1,452,142			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,680,141	965,375	3,782,023	7,427,539		7,427,539	(566,363)	6,861,176			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 Evanston  
 Report Period Beginning: 01/01/2013  
 Ending: 12/31/2013

IDPH License ID Number: 0040733

Pg 4A

**Reclassifications - Pages 3 & 4, Column 5**

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(31,841.70)	Employee Meals
	22	31,841.70	Employee Meals
22		(7,954.00)	Uniforms
	1	3,457.00	Uniforms
	3	934.00	Uniforms
	4	792.00	Uniforms
	6	670.00	Uniforms
	10	1,879.00	Uniforms
	11	0.00	Uniforms
	21	222.00	Uniforms
33		(149,340.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	149,340.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(402.00)	Dietary Consultant
	1	402.00	Dietary Consultant



Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2013

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**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	(860)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,321)	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	(21,491)	30		9
10	Interest and Other Investment Income	(4,659)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,916)	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	(11,520)	21		17
18	Fines and Penalties	(11,616)	32		18
19	Entertainment	(351)	20		19
20	Contributions	(2,065)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(2,013)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(92,109)	27		24
25	Fund Raising, Advertising and Promotional	(13,316)	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	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (170,237)		\$	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)	(260,625)	Various	34
35	Other- Attach Schedule	(135,501)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (396,126)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B)</b>	\$ (566,363)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

## Alden Estates of Evanston

ID#	0040733
Report Period Beginning:	01/01/2013
Ending:	12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,229)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(11,406)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	2,823	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	18,117	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(252)	30	6
7	Adj for ABC Related Party Profit - Pg 13	(19)	30	7
8	Depreciation Adj Sage Report	(2,780)	30	8
9	Valet Cost	(55,101)	21	9
10	Late Fees on Utilities	(2,485)	5	10
11	Late Fees on Telephone	6,760	21	11
12				12
13	Intercompany Interest Not Allowed	(95,961)	32	13
14				14
15	Miscellaneous Income - Medical Records	(118)	10	15
16	Miscellaneous Income - Jury Duty Receipt	(206)	21	16
17	Miscellaneous Income - Polling Site Usage	(100)	6	17
18				18
19	Back Out Bank Fees - Estates of Evanston II	(100)	19	19
20				20
21	Eliminate MIDCAP Actg Fees - 2013	(1,573)	19	21
22	Eliminate MIDCAP Legal Fees - 2013	(888)	19	22
23				23
24	Back Out 30%(2013) of PAC Fees from IHCA Bills	(634)	20	24
25	Back Out Evanston Chamber of Commerce	(1,025)	20	25
26				26
27	Back out 2000 Real Estate Tax Refund	34	33	27
28	Back out 2003 Real Estate Tax Refund	142	33	28
29				29
30	Add Prior Year Medical Director Settlement	12,500	9	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	<b>Total</b>		(135,501)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	1,102	0	0	0	0	0	0	0	0	1,102	1
2	Food Purchase	(3,776)	0	0	(5,239)	0	0	0	0	0	0	0	(9,015)	2
3	Housekeeping	0	0	3,088	0	0	0	0	0	0	0	0	3,088	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,485)	0	1,280	0	0	0	0	0	0	0	0	(1,205)	5
6	Maintenance	13,519	7,132	(37,308)	0	0	0	164	0	0	0	0	(16,493)	6
7	Other (specify):*	0	0	2,926	507	0	0	0	0	0	0	0	3,433	7
8	<b>TOTAL General Services</b>	<b>7,258</b>	<b>7,132</b>	<b>(28,912)</b>	<b>(4,732)</b>	<b>0</b>	<b>0</b>	<b>164</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(19,090)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	12,500	0	0	0	0	0	0	0	0	0	0	12,500	9
10	Nursing and Medical Records	(118)	0	18,556	1,351	(1,698)	0	0	0	0	0	0	18,091	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	2,859	0	0	0	0	0	0	0	0	2,859	15
16	<b>TOTAL Health Care and Programs</b>	<b>12,382</b>	<b>0</b>	<b>21,415</b>	<b>1,351</b>	<b>(1,698)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33,450</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	48,216	0	0	0	0	0	0	0	0	48,216	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,574)	31,547	(493,824)	0	0	0	0	0	0	0	0	(466,851)	19
20	Fees, Subscriptions & Promotions	(17,391)	750	(31,447)	0	0	0	0	0	0	0	0	(48,088)	20
21	Clerical & General Office Expenses	(60,068)	4,592	113,309	10,675	44,462	0	0	0	0	0	0	112,970	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	617	339	0	0	0	0	0	0	0	0	956	24
25	Other Admin. Staff Transportation	0	0	6,561	0	0	0	0	0	0	0	0	6,561	25
26	Insurance-Prop.Liab.Malpractice	0	8,713	93	0	0	0	0	0	0	0	0	8,806	26
27	Other (specify):*	(92,109)	0	22,538	1,091	(309)	0	0	0	0	0	0	(68,789)	27
28	<b>TOTAL General Administration</b>	<b>(174,141)</b>	<b>46,219</b>	<b>(334,215)</b>	<b>11,766</b>	<b>44,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(406,218)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(154,501)</b>	<b>53,351</b>	<b>(341,712)</b>	<b>8,385</b>	<b>42,455</b>	<b>0</b>	<b>164</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(391,858)</b>	<b>29</b>

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2013 Ending:

Summary B

12/31/2013

## 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)	
	<b>D. Ownership</b>													
30	Depreciation	(39,177)	251,430	9,076	0	0	0	0	0	0	0	0	221,329	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(112,236)	392,608	59,550	0	1,087	0	0	0	0	0	0	341,009	32
33	Real Estate Taxes	176	149,340	2,361	0	429	0	0	0	0	0	0	152,306	33
34	Rent-Facility & Grounds	0	(813,006)	0	0	0	0	0	0	0	0	0	(813,006)	34
35	Rent-Equipment & Vehicles	0	0	21,687	0	0	0	0	0	0	0	0	21,687	35
36	Other (specify):*	0	39,278	0	0	0	0	0	0	0	0	0	39,278	36
37	<b>TOTAL Ownership</b>	<b>(151,237)</b>	<b>19,650</b>	<b>92,674</b>	<b>0</b>	<b>1,516</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(37,397)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(25,074)	(83,493)	(28,541)	0	0	0	0	0	(137,108)	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(25,074)</b>	<b>(83,493)</b>	<b>(28,541)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(137,108)</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(305,738)	73,001	(249,038)	(16,689)	(39,522)	(28,541)	164	0	0	0	0	(566,363)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 813,006	Alden Estates of Evanston II, Inc.	0.00%	\$	\$ (813,006)	1
2	V	32 Interest/Investment Income-RR	72	Alden Estates of Evanston II, Inc.			(72)	2
3	V	6 R & M - Replacement Reseve		Alden Estates of Evanston II, Inc.		7,132	7,132	3
4	V	19 Actg Fees/Legal Fees:N-C/Prof Fees		Alden Estates of Evanston II, Inc.		31,447	31,447	4
5	V	21 Licenses & Inspections		Alden Estates of Evanston II, Inc.		4,592	4,592	5
6	V	19 Bank Charges		Alden Estates of Evanston II, Inc.		100	100	6
7	V	20 Dues & Subscriptions		Alden Estates of Evanston II, Inc.		750	750	7
8	V	33 RE Tax Expense		Alden Estates of Evanston II, Inc.		149,340	149,340	8
9	V	26 Property & Liability Insurance		Alden Estates of Evanston II, Inc.		8,713	8,713	9
10	V	36 Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		39,278	39,278	10
11	V	32 Interest on Mortgage Note/Amortization		Alden Estates of Evanston II, Inc.		392,680	392,680	11
12	V	30 Depreciation		Alden Estates of Evanston II, Inc.		251,430	251,430	12
13	V	24 Auto & Travel		Alden Estates of Evanston II, Inc.		617	617	13
14	Total		\$ 813,078			\$ 886,079	\$ * 73,001	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%	\$ 1,280	\$ 1,280
16	V	24 Travel & Seminar		Alden Management Services, Inc.		339	339
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,561	6,561
18	V	26 Insurance		Alden Management Services, Inc.		93	93
19	V	20 Dues/Subscriptions	32,562	Alden Management Services, Inc.		1,115	(31,447)
20	V	30 Depreciation		Alden Management Services, Inc.		9,076	9,076
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,361	2,361
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		21,687	21,687
23	V	32 Interest		Alden Management Services, Inc.		59,550	59,550
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,102	1,102
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,088	3,088
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		2,926	2,926
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		18,556	18,556
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		2,859	2,859
29	V	17 Administrative Salary		Alden Management Services, Inc.		48,216	48,216
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		22,538	22,538
31	V	19 Professional Fees	513,589	Alden Management Services, Inc.		19,765	(493,824)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		113,309	113,309
33	V	6 Repairs & Maintenance	58,591	Alden Management Services, Inc.		21,283	(37,308)
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 604,742			\$ 355,704	\$ * (249,038)

\* 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	2 Tube Feeding	\$ 12,214	Prism Health Care Services, Inc.	0.00%	\$ 6,975	\$ (5,239)
16	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351
17	V	39 Supplies	46,337	Prism Health Care Services, Inc.		21,263	(25,074)
18	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		6,289	6,289
19	V	27 Employee Benefits		Prism Health Care Services, Inc.		1,091	1,091
20	V	7 Employee Benefits		Prism Health Care Services, Inc.		507	507
21	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		4,386	4,386
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 65,211			\$ 48,522	\$ * (16,689)

\* 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	\$ 238,482	Forum Extended Care Services II, Inc.	0.00%	\$ 196,817	\$ (41,665)	15
16	V	39 I.V.	236,041	Forum Extended Care Services II, Inc.		194,803	(41,238)	16
17	V	39 Wound Care	3,376	Forum Extended Care Services II, Inc.		2,786	(590)	17
18	V	10 House Stock	7,348	Forum Extended Care Services II, Inc.		6,065	(1,283)	18
19	V	10 Pharmacy Consultant	2,376	Forum Extended Care Services II, Inc.		1,961	(415)	19
20	V	27 Employee Vaccinations	1,768	Forum Extended Care Services II, Inc.		1,459	(309)	20
21	V	21 Employee Benefit: G & A		Forum Extended Care Services II, Inc.		3,837	3,837	21
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		25,625	25,625	22
23	V	21 General & Administrative		Forum Extended Care Services II, Inc.		15,000	15,000	23
24	V	32 Interest		Forum Extended Care Services II, Inc.		1,087	1,087	24
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		429	429	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		\$ 489,391			\$ 449,869	\$ * (39,522)	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 Revenue	\$ 962,894	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 934,353	\$ (28,541)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 962,894			\$ 934,353	\$ * (28,541)

\* 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	\$ 12,195	Alden Bennett Construction Company, Inc.	0.00%	\$ 12,359	\$	164	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	<b>Total</b>		\$ 12,195			\$ 12,359	\$ *	164	39

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

Facility Name &amp; ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

## 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				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			Alden Estates of Greenville, Inc.	Greenville, IL				30

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2013 Ending: 12/31/2013

## 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	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	Floyd A. Schlossberg	President	CEO	100.00	182,109	0.039	1.56	Salary	\$ 2,891	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	93,516	0.039	1.56	Salary	1,484	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	93,516	0.039	1.56	Salary	1,484	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	103,574	0.039	1.56	Salary	1,644	17-7	4
5	Audra Elisco	Training Coordinator	Train Employees	0.00	56,457	0.039	1.56	Salary	896	21-7	5
6											6
7	A. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberf. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our quality assurance program.										11
12											12
13								TOTAL	\$ 8,400		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 Evanston

# 0040733

Report Period Beginning:

01/01/2013

Ending: 2/31/2013

VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,319,137	35	\$ 81,942	\$ 20,613	\$ 1,280	1
2	24	Travel/Seminar	Patient Days	1,319,137	35	21,681	20,613	339	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	20,613	6,561	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	20,613	93	4
5	20	Dues/Subscriptions	Patient Days	1,319,137	35	71,386	20,613	1,115	5
6	30	Depreciation	No. of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/usage	1,319,137	35	171,267	20,613	2,361	7
8	35	Rent-Equip & Vehicles	Patient Days	1,319,137	35	1,387,861	20,613	21,687	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	20,613	59,550	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	1,102	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	3,088	11
12	7	Employee Benef-Gen'l Servs	Patient Days	1,319,137	35	187,265	20,613	2,926	12
13	10	Nurs/Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	18,556	13
14	15	Employee Benef-Health Care	Patient Days	1,319,137	35	182,984	20,613	2,859	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	48,216	15
16	27	Employee Benef-Administrative	Patient Days	1,319,137	35	1,442,333	20,613	22,538	16
17	19	Professional Fees	Patient Days	1,319,137	35	1,264,885	822,981	19,765	17
18	21	Gen'l & Administrative	Patient Days	1,319,137	35	7,251,269	6,199,389	113,309	18
19	6	Repairs & Maintenance	Patient Days	1,319,137	35	1,361,952	1,077,972	21,283	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 355,704	25

Facility Name & ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		8	9	10						
		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			
<b>A. Directly Facility Related</b>																	
<b>Long-Term</b>																	
1	Cambridge (GL 2505/7055)		X	Mortgage		6/2005	\$ 8,000,800	\$ 7,071,561	7/2040	5.5000	\$ 385,634						
2																	
3	Insurance Interest (GL 7053)		X	Medical Malpractice							1,774						
4																	
5																	
<b>Working Capital</b>																	
6	Related party-AMS		x	Working Capital							59,550						
7	Related party-FECII		x	Working Capital							1,087						
8																	
9	<b>TOTAL Facility Related</b>						\$ 8,000,800	\$ 7,071,561			\$ 448,045						
<b>B. Non-Facility Related*</b>																	
10	Interest Income on RR(II4972/4975)		x								(72)						
11	Int Income EV(GL#4646/4975)		x								(4,659)						
12																	
13	Amortization-Fin/Refin Fee(II7105)		x	Operations							7,046						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 2,315						
15	<b>TOTALS (line 9+line14)</b>						\$ 8,000,800	\$ 7,071,561			\$ 450,360						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 39,278 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

1. Real Estate Tax accrual used on 2012 report.		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>		\$	<b>158,700</b>	<b>1</b>
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.)		\$	<b>151,816</b>			<b>2</b>
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>(6,884)</b>			<b>3</b>
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>156,400</b>			<b>4</b>
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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$				<b>5</b>
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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$				<b>6</b>
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>149,516</b>			<b>7</b>
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<b>2,790.00</b>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<b>152,306</b>	
Real Estate Tax Bill for Calendar Year:		2008	<u>184,783</u>	8		
		2009	<u>173,999</u>	9		
		2010	<u>188,811</u>	10		
		2011	<u>154,078</u>	11		
		2012	<u>151,816</u>	12		
<b>the current year accrual is based on an estimated 3% increase of the prior year tax</b>						

<b>FOR BHF USE ONLY</b>	
13	FROM R. E. TAX STATEMENT FOR 2012 \$ 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.**

## 2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Evanston COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0040733  
 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 2012 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 2012.

(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>285,389.00</u>	\$ <u>2,361.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>429.00</u>
3. <u>10-10-200-077-0000</u>	<u>Nursing Home Facility</u>	\$ <u>151,816.00</u>	\$ <u>151,816.00</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>472,886.00</u></u>	\$ <u><u>154,606.00</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 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

**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: 53,567 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

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

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

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

None

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

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

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

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>SNF/Assisted Living</u>	<u>53,277</u>	<u>1995</u>	<u>\$ 350,000</u>	1
2					2
3	<b>TOTALS</b>	<u>53,277</u>		<u>\$ 350,000</u>	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	99	1995	1994	\$ 5,377,512	\$ 159,376	39	\$ 137,885	\$ (21,491)	\$ 2,590,400	4
5	Building	1999		54,450	1,601	34	1,601		22,415	5
6										6
7										7
8										8
	<b>Improvement Type**</b>									
9	Repair: boiler, valve, elect. Fixtures, heater, TV antenna	1995		17,311	470	10-20	470		17,246	9
10	Install lawn sprinkler system	1996		19,670		15			19,670	10
11	Demolition, excavating, electricalwork, masonry	1996		39,481	777	25	777	0	33,585	11
12	Sign	1996		745					745	12
13	Sink	1996		1,366	68	20	68		1,201	13
14	Motor repair	1996		3,300	165	20	165		2,970	14
15	Elevator remodeling	1996		3,018	151	20	151		2,603	15
16	Install new electrical outlets	1997		2,542		5			2,542	16
17	Telephone system upgrade	1997		2,698		10			2,698	17
18	Repair panel	1998		3,631		5			3,631	18
19	Repair rainshields, relief valve	1998		7,117		10			7,117	19
20	Replace fan motor	1998		5,797		5			5,797	20
21	Electrical panel	1998		1,926		10			1,926	21
22	Replace freezer compressor	1998		3,457		10			3,457	22
23	Replace fire alarm sys	1998		56,459	2,823	15	2,823		56,459	23
24	Elm heating-cooler-hvac	1999		2,500		10			2,500	24
25	Aqua plumbing-water heater	1999		10,445	696	15	696		9,864	25
26	CSI-repair air maint. Handler unit	1999		1,855		10			1,855	26
27	New horizons-hook up phones	1999		1,827		10			1,827	27
28	Alden Bennett Const.	2000		7,160		10			7,160	28
29	The floor source-lobby & elevator carpeting	2000		3,652		5			3,652	29
30	Alden Bennett Const.-wallcovering	2000		1,350		5			1,350	30
31	DBS Contracting-repair lawn sprinkler	2000		2,281		10			2,281	31
32	CSI-install disposal	2000		2,341		5			2,341	32
33	Forx valley fire & safety-repair sprinkler system	2000		1,765	118	15	118		1,579	33
34	CSI-replace compressor	2000		1,770		10			1,770	34
35	Alden Bennett-seea/stripe parking lot, replace sidewalk	2000		5,582	246	5-15	246		5,152	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

**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	Capps plumbing repair for meter bypass line	2001	\$ 1,840	\$	5	\$	\$	\$ 1,840	37
38	The floor source - lobby & elevator carpet	2001	944		5			944	38
39	Sonja	2002	1,411					1,411	39
40	ABC (amtech lighting)	2002	2,202	110	20	110		1,211	40
41	New Horizon (replace main frame)	2002	1,745		5			1,745	41
42	ABC - parquet floor	2003	5,398	44	10	44		5,398	42
43	ABC - interior work - various - walls/bathroom	2003	8,703	146	10	146		8,703	43
44	ABC - replaced HID Ballasts (3) HID Lamp (1)	2003	2,870	48	10	48		2,870	44
45	Csi-Coker - door gasket/safety switch	2003	2,480					2,480	45
46	ABC - sewage ejector pump - install	2003	6,104	407	10	407		6,104	46
47	ABC	2003	6,955	638	10	638		6,955	47
48	US Foods - steamer	2003	1,059					1,059	48
49	ABC-fence work	2004	1,875		8			1,875	49
50	ABC-interior work various walls/bathroom	2004	2,540	254	10	254		2,434	50
51	ABC-replaced HID ballasts	2004	1,406	70	20	70		662	51
52	New Horizons - move phone extensions between floors	2005	1,358					1,358	52
53	ABC - Shaw Malabar carpet for 1st floor	2005	6,493	649	10	649		5,844	53
54	ABC - Excelon VC Tile in PT room	2005	1,992	199	10	199		1,693	54
55	ABC - Excelon VC Tile in PT room	2006	3,300	330	10	330		2,503	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		2,547	56
57	ABC - new smoke detectors, upgrade fire alarm software	2006	11,602		10			11,602	57
58	Top Notch Service-replaced 5 wells	2006	5,985	599	10	599		3,541	58
59									59
60	Therapy Room Expansion	2007	94,048	6,290	29	6,290		36,052	60
61	Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		13,801	61
62	Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		13,954	62
63	Repair freezer door assembly	2007	3,945	395	10	395		2,203	63
64	Replace pump motor chiller	2007	5,544	554	10	554		3,095	64
65	Replace worn & torn cubicle curtains	2007	2,566	128	10	128		2,566	65
66	Charge Chiller	2007	5,773	385	10	385		2,149	66
67	Repair broken fence & driveway	2007	6,447	430	15	430		2,400	67
68	Replace worn & damaged window shades	2007	3,840	320	10	320		3,840	68
69	New boilers/hoses/Install	2007	5,580	279	20	279		1,814	69
70	TOTAL (lines 4 thru 69)		\$ 5,914,867	\$ 184,102		\$ 162,611	\$ (21,491)	\$ 2,972,443	70

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,914,867	\$ 184,102		\$ 162,611	\$ (21,491)	\$ 2,972,443	1
2	ABC-New Cubicle Track/Curtains/New Control Pump Circuit	2008	6,029	603	10	603		3,366	2
3	ABC-New Sidewalk	2008	7,189	479	15	479		2,636	3
4	ABC-Replace Failed Centronic Door Closures to Patient Units	2008	2,911	291	10	291		1,722	4
5	ABC-New Shower	2008	2,572	129	20	129		718	5
6	ABC - New Sidewalk	2010	7,336	489	15	489		1,712	6
7	Washing Machine Repairs;Housing Trunnon/Gables-EQUINT	2010	3,608	722	5	722		2,525	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725	248	5	248		745	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159	716	10	716		1,134	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982	698	10	698		1,105	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-US	2012	6,104	916	25	916		916	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454	155	10	155		125	12
13									13
14	Dampers, Fire, major rebuild - ALDBEN	2013	18,694	467	10	467		467	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	<b>TOTAL (lines 1 thru 33)</b>		\$ 5,994,630	\$ 190,015		\$ 168,524	\$ (21,491)	\$ 2,989,614	34

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

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2013 Ending: 12/31/2013

**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	<b>Totals from Page 12C, Carried Forward</b>		\$ 5,994,630	\$ 190,015		\$ 168,524	\$ (21,491)	\$ 2,989,614	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		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,848	14	10	14		1,830	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		694	9
10	Forum Prof Ctr: bathroom remodel	2002	637		5			637	10
11	Forum Prof Ctr: remodel suites/etc.	2003	818		9			818	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,519	93	7	93		2,384	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		577	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	53	7	53		442	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		335	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		346	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		971	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		1,451	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		75	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		25	21
22	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	22
23	Alden Mgt Servs: Remodel suites	2002	282		7			282	23
24	Alden Mgt Servs: Remodel suites	2003	6,115	11	7	11		6,115	24
25									25
26									26
27									27
28	Adjust for ABC Related Party Profit	2008	(107)	(5)		(5)		(32)	28
29	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(13)	29
30	Adjust for ABC Related Party Profit	2011	(56)	(1)		(1)		(3)	30
31	Adjust for ABC Related Party Profit	2012	460	23		23		23	31
32	Adjust for ABC Related Party Profit	2013	252	6		6		6	32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 6,081,848	\$ 191,346		\$ 169,855	\$ (21,491)	\$ 3,069,545	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	\$ 847,059	\$ 78,332	\$ 78,332	\$	Various	\$ 602,477	71
72	Current Year Purchases	17,603	1,018	1,018		Various	397	72
73	Fully Depreciated Assets	295,186	9,200	9,200		Various	295,186	73
74								74
75	TOTALS	\$ 1,159,848	\$ 88,550	\$ 88,550	\$		\$ 898,060	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	Related Party - AMS	Various	'98 - '02	\$ 3,911	\$	\$	\$	3	\$ 3,911	76
77										77
78										78
79										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)	\$ 7,595,608	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 279,896	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 258,405	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (21,491)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,971,515	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	Evanston Remodel	\$ 2,747,433	92
93			93
94			94
95		\$ 2,747,433	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 Evanston

# 0040733

Report Period Beginning: 01/01/2013

Ending: 12/31/2013

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: Related Party Cost is backed out

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

If NO, see instructions.  YES  NO

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

10. Effective dates of current rental agreement:

Beginning 4/01/2000

Ending 4/30/2020

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

Fiscal Year Ending                      Annual Rent

12. 12/31/2014                      \$ 820,263

13. 12/31/2015                      \$ 820,263

14. 12/31/2016                      \$ 820,263

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: \$ 15,035 Description: Copy mach gl 6861, postage meter gl 6850, & office equip gl 6859

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>701.33</u>	\$ <u>8,416</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>756.00</u>	<u>9,072</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>17,488</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. <b>CLASSROOM PORTION:</b></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. <b>CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
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	<b>TOTALS</b>	\$	\$	\$	\$
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**

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

- (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	\$		\$	333,027	\$		\$	333,027	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				53,981				53,981	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				575,885				575,885	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					196,817			196,817	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify): <u>Except. Care</u>	39-1, 39-3, if any										12
13	Other (specify): <u>See Pg 16A</u>						(28,541)	252,831			224,290	13
14	TOTAL			\$		\$	934,352	\$	449,648	\$	1,384,000	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		\$0.00	\$333,026.86
2.	ST		39-3	To Col 5		0.00	53,981.02
3.							
4.	PT		39-3	To Col 5		0.00	575,885.40
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					0.00	238,481.63
	Manual Input from Related Party- Forum Drugs						(41,665.00)
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		0.00	196,816.63
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		0.00	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		0.00	0.00
	Total Exceptional Care (Line 12, Col 8)					0.00	0.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(28,541.00)
Other		0.00	319,733.46
Manual Input: Related Party - Prism			(25,074.00)
Manual Input: Related Party FECII - I.V.			(41,238.00)
Manual Input: Related Party FECII - Wound Care			(590.00)
Oxygen, from reclass worksheet (Pg 4A)			-
			-----
13. Col 6: Supplies Total	To Col 6	0.00	252,831.46
			-----
13. Total Line 13, Column 8		0.00	224,290.46
			-----
14. Total		0.00	1,384,000.37
			=====

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$ 63,018	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 89,000 )	663,723	663,723	3
4	Supply Inventory (priced at )	2,465	2,465	4
5	Short-Term Investments			5
6	Prepaid Insurance		28,516	6
7	Other Prepaid Expenses	14,763	14,763	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	6,935	6,935	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 687,886	\$ 779,419	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,278,135	14
15	Leasehold Improvements, at Historical Cost	341,075	444,946	15
16	Equipment, at Historical Cost	389,583	1,367,761	16
17	Accumulated Depreciation (book methods)	(577,761)	(3,491,399)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		58,931	21
22	Other Long-Term Assets (spec RR, CIP, S/H loan)		241,858	22
23	Other(specify): Due from Affiliate,		209,692	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 152,897	\$ 6,089,925	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 840,783	\$ 6,869,344	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 511,867	\$ 536,718	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	49,507	49,507	28
29	Short-Term Notes Payable		122,958	29
30	Accrued Salaries Payable	282,929	282,929	30
31	Accrued Taxes Payable (excluding real estate taxes)	11,424	11,424	31
32	Accrued Real Estate Taxes(Sch.IX-B)		156,400	32
33	Accrued Interest Payable		32,975	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	45,225	313,173	36
37	Due to Affiliates	1,943,421	1,943,421	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,844,373	\$ 3,449,504	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		7,071,561	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	Due to Affiliates	4,893,576	4,913,296	43
44	Sharehold.loan, other			44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 4,893,576	\$ 11,984,857	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 7,737,949	\$ 15,434,361	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (6,897,166)	\$ (8,565,017)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 840,783	\$ 6,869,344	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,238,427)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,238,427)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(658,739)	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)	\$ (658,739)	17
<b>B. Transfers (Itemize):</b>			
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)	\$ (6,897,166)	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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 6,682,352	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 6,682,352	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	75,266	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 75,266	8
<b>C. Other Operating Revenue</b>			
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	34	13
14	Non-Patient Meals	860	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	2,133	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 3,026	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	4,659	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 4,659	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Page 19A	3,497	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,497	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,768,800	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,266,622	31
32	Health Care	1,925,205	32
33	General Administration	1,664,996	33
<b>B. Capital Expense</b>			
34	Ownership	981,466	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,521,108	35
36	Provider Participation Fee	68,142	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,427,539	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(658,739)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (658,739)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 298,985	44
45	Private Pay - Net Inpatient Revenue	1,434,238	45
46	Medicare - Net Inpatient Revenue	4,419,993	46
47	Other-(specify) Hospice/Insurance	7,413	47
48	Other-(specify) Veterans/Sales Allow.	521,723	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 6,682,352	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Gain on Sale of Assets (related to prior yr, Not o/s on Sch V)	\$ 2,773
Miscellaneous Income - Medical Records	\$ 118
Miscellaneous Income - Jury Duty Receipt	\$ 206
Miscellaneous Income - Polling Site Usage	\$ 100
Miscellaneous Income - Refund from State of Illinois for late license fee payments	\$ 300
Line 28 Total:	<u><u>3,497</u></u>

01/01/2013 Ending: 12/31/2013

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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	2,016	2,056	\$ 88,466	\$ 43.03	1
2	Assistant Director of Nursing					2
3	Registered Nurses	22,101	23,411	747,869	31.95	3
4	Licensed Practical Nurses	7,048	7,631	216,502	28.37	4
5	CNAs & Orderlies	37,714	40,283	496,995	12.34	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,433	3,677	61,925	16.84	9
10	Activity Assistants	3,230	3,416	30,093	8.81	10
11	Social Service Workers	2,130	2,210	47,608	21.54	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	55,132	26.51	13
14	Head Cook	6,128	6,540	118,354	18.10	14
15	Cook Helpers/Assistants	22,383	24,267	261,476	10.77	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	93,815	45.10	17
18	Housekeepers	7,498	8,105	85,401	10.54	18
19	Laundry	4,057	4,457	57,101	12.81	19
20	Administrator	2,032	2,069	77,465	37.44	20
21	Assistant Administrator	1,176	1,176	22,042	18.74	21
22	Other Administrative	2,680	2,993	76,761	25.65	22
23	Office Manager	1,496	1,524	25,717	16.87	23
24	Clerical	2,590	2,630	24,446	9.30	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	1,775	1,981	65,188	32.91	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	1,749	1,776	27,785	15.64	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	135,396	144,362	\$ 2,680,141 *	\$ 18.57	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			35	
36	Medical Director	Monthly	12,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,376	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	Monthly	1,644	11-3	44
45	Social Service Consultant	Monthly	568	11-3	45
46	Other(specify) <u>Psychio-Social Consu</u>	Monthly	840	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 17,428		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



Alden Estates of Evanston  
Legal Fee Support  
2013

Legal Fees Reported on Pg 21, Section C:	\$	47,272.78
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		(46,893.00)
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		
Allowable Legal Fees	\$	<u>379.78</u>

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	Plumbing repairs	11/96	\$ 1,897	15	\$ 126	\$ 126	\$ 126	\$ 126	\$ 126	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS		\$ 1,897		\$ 126	\$ 126	\$ 126	\$ 126	\$ 126	\$	\$	\$

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? Yes
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. ILHCA \$1,478.40, Health Care Council \$2,026
- (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. \$ 18,186 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. n/a
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 68,142  
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. \$ 31,841 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. \$ N/A  
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.