



Facility Name & ID Number Alden Estates of Skokie

# 0050146 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	56	Skilled (SNF)	56	20,440	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	20,440	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				
		3 Medicaid Recipient	4 Private Pay	5 Other	6 Total	
8	SNF		2,145	7,181	9,326	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS		2,145	7,181	9,326	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 45.63%

D. How many bed-hold days during this year were paid by the Department? \_\_\_\_\_ (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 7,181

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.

Facility Name &amp; ID Number

Alden Estates of Skokie

# 0050146

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

**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	327,486	26,226		353,712	4,662	358,374	499	358,873		1
2	Food Purchase		137,523		137,523	(13,399)	124,124	(4,670)	119,454		2
3	Housekeeping	53,271	19,765		73,036	2,185	75,221	1,397	76,618		3
4	Laundry	31,543	10,468		42,011		42,011		42,011		4
5	Heat and Other Utilities			93,201	93,201		93,201	27	93,228		5
6	Maintenance	51,408		90,704	142,112		142,112	10,114	152,226		6
7	Other (specify):* <b>Realted Party</b>							1,617	1,617		7
8	<b>TOTAL General Services</b>	463,708	193,982	183,905	841,595	(6,552)	835,043	8,984	844,027		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			9,000	9,000		9,000		9,000		9
10	Nursing and Medical Records	1,081,784	57,705	2,517	1,142,006	1,278	1,143,284	8,865	1,152,149		10
10a	Therapy		1,671	11,400	13,071		13,071		13,071		10a
11	Activities	34,400	1,965	2,779	39,144		39,144		39,144		11
12	Social Services	36,798			36,798		36,798		36,798		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* <b>Realted Party</b>							1,294	1,294		15
16	<b>TOTAL Health Care and Programs</b>	1,152,982	61,341	25,696	1,240,019	1,278	1,241,297	10,159	1,251,456		16
	<b>C. General Administration</b>										
17	Administrative	145,065			145,065		145,065	21,814	166,879		17
18	Directors Fees										18
19	Professional Services			309,015	309,015	(2,205)	306,810	(262,516)	44,294		19
20	Dues, Fees, Subscriptions & Promotions			46,545	46,545		46,545	(37,845)	8,700		20
21	Clerical & General Office Expenses	60,532	23,306	117,559	201,397	408	201,805	27,627	229,432		21
22	Employee Benefits & Payroll Taxes			385,113	385,113	7,071	392,184	(167)	392,017		22
23	Inservice Training & Education										23
24	Travel and Seminar			592	592		592	153	745		24
25	Other Admin. Staff Transportation			3,143	3,143		3,143	2,968	6,111		25
26	Insurance-Prop.Liab.Malpractice			49,810	49,810		49,810	7,702	57,512		26
27	Other (specify):* <b>Realted Party</b>			38,923	38,923		38,923	(25,483)	13,440		27
28	<b>TOTAL General Administration</b>	205,597	23,306	950,700	1,179,603	5,274	1,184,877	(265,747)	919,130		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,822,287	278,629	1,160,301	3,261,217		3,261,217	(246,604)	3,014,613		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 Skokie

#0050146

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			23,626	23,626		23,626	354,189	377,815			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			734	734		734	859,401	860,135			32
33	Real Estate Taxes			102,903	102,903	(102,903)		104,312	104,312			33
34	Rent-Facility & Grounds			683,803	683,803	102,903	786,706	(786,706)				34
35	Rent-Equipment & Vehicles			11,402	11,402		11,402	9,812	21,214			35
36	Other (specify):* MIP							50,198	50,198			36
37	<b>TOTAL Ownership</b>			822,468	822,468		822,468	591,206	1,413,674			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		412,751	1,083,608	1,496,359		1,496,359	82,632	1,578,991			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			43,990	43,990		43,990		43,990			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		412,751	1,127,598	1,540,349		1,540,349	82,632	1,622,981			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,822,287	691,380	3,110,367	5,624,034		5,624,034	427,234	6,051,268			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: 01/01/2013  
 Ending: 12/31/2013

IDPH License ID Number: 0050146

Pg 4A

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

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(13,399.00)	Employee Meals
	22	13,399.00	Employee Meals
22		(6,328.00)	Uniforms
	1	2,457.00	Uniforms
	3	2,185.00	Uniforms
	4		Uniforms
	6		Uniforms
	10	1,278.00	Uniforms
	11		Uniforms
	21	408.00	Uniforms
10		0.00	Oxygen - to appropriate cost center
	39	0.00	Oxygen - to appropriate cost center
33		(102,903.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	102,903.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(2,205.00)	Reclass Linda Roberts charges
	1	2,205.00	Reclass Linda Roberts charges

page 4 line 33 Col 3



Facility Name & ID Number Alden Estates of Skokie

# 0050146

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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	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,272)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,250)	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	(1,289)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,248)	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	(389)	20		19
20	Contributions	(2,223)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(38,923)	27		24
25	Fund Raising, Advertising and Promotional	(21,720)	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>	\$ (71,314)		\$	30

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

		1	2	
		<b>Amount</b>	<b>Reference</b>	
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)	566,020	Various	34
35	Other- Attach Schedule	(67,472)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 498,548		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 427,234		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	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
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

<b>BHF USE ONLY</b>						
48		49		50		51
						52

Alden Estates of Skokie

Report Period Beginning: 01/01/2013  
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ID# 0050146

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (993)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(8,816)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,153	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	5,509	6	4
5	Reconcile depreciation expense	(13)	30	5
6	Elim ABC Deprec Exp from Pg 12 series -	114	30	6
7	Valet cost	(61,946)	21	7
8	Late fees on utilities	(552)	5	8
9	Flushots	0	21	9
10	Misc. income - Food rebate	(150)	2	10
11	Back out 30% of PAC Fees IHCA	(541)	20	11
12	Misc. income - Hoilday Staff Party Donation	(150)	22	12
13	Misc. income - Record Copies	(172)	21	13
14	Misc. income - Jury Duty	(17)	22	14
15	Chamber of Commerce fees	(575)	20	15
16	Rotary Club Fees	(323)	20	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	<b>Total</b>		(67,472)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

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	499	0	0	0	0	0	0	0	0	499	1
2	Food Purchase	(4,670)	0	0	0	0	0	0	0	0	0	0	(4,670)	2
3	Housekeeping	0	0	1,397	0	0	0	0	0	0	0	0	1,397	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(552)	0	579	0	0	0	0	0	0	0	0	27	5
6	Maintenance	4,412	0	5,511	0	0	0	191	0	0	0	0	10,114	6
7	Other (specify):*	0	0	1,324	293	0	0	0	0	0	0	0	1,617	7
8	<b>TOTAL General Services</b>	<b>(810)</b>	<b>0</b>	<b>9,310</b>	<b>293</b>	<b>0</b>	<b>0</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8,984</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	8,396	1,351	(882)	0	0	0	0	0	0	8,865	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	1,294	0	0	0	0	0	0	0	0	1,294	15
16	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>9,690</b>	<b>1,351</b>	<b>(882)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10,159</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	21,814	0	0	0	0	0	0	0	0	21,814	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	15,841	(278,357)	0	0	0	0	0	0	0	0	(262,516)	19
20	Fees, Subscriptions & Promotions	(25,771)	309	(12,383)	0	0	0	0	0	0	0	0	(37,845)	20
21	Clerical & General Office Expenses	(62,118)	0	51,265	6,158	32,322	0	0	0	0	0	0	27,627	21
22	Employee Benefits & Payroll Taxes	(167)	0	0	0	0	0	0	0	0	0	0	(167)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	153	0	0	0	0	0	0	0	0	153	24
25	Other Admin. Staff Transportation	0	0	2,968	0	0	0	0	0	0	0	0	2,968	25
26	Insurance-Prop.Liab.Malpractice	0	7,660	42	0	0	0	0	0	0	0	0	7,702	26
27	Other (specify):*	(38,923)	0	10,197	629	2,614	0	0	0	0	0	0	(25,483)	27
28	<b>TOTAL General Administration</b>	<b>(126,979)</b>	<b>23,810</b>	<b>(204,301)</b>	<b>6,787</b>	<b>34,936</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(265,747)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> (sum of lines 8,16 & 28)	<b>(127,789)</b>	<b>23,810</b>	<b>(185,301)</b>	<b>8,431</b>	<b>34,054</b>	<b>0</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(246,604)</b>	<b>29</b>

## STATE OF ILLINOIS

Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

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	(9,708)	354,821	9,076	0	0	0	0	0	0	0	0	354,189	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,289)	858,104	1,722	0	864	0	0	0	0	0	0	859,401	32
33	Real Estate Taxes	0	102,903	1,068	0	341	0	0	0	0	0	0	104,312	33
34	Rent-Facility & Grounds	0	(786,706)	0	0	0	0	0	0	0	0	0	(786,706)	34
35	Rent-Equipment & Vehicles	0	0	9,812	0	0	0	0	0	0	0	0	9,812	35
36	Other (specify):*	0	50,198	0	0	0	0	0	0	0	0	0	50,198	36
37	<b>TOTAL Ownership</b>	<b>(10,997)</b>	<b>579,320</b>	<b>21,678</b>	<b>0</b>	<b>1,205</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>591,206</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	(17,998)	(66,702)	167,332	0	0	0	0	0	82,632	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>(17,998)</b>	<b>(66,702)</b>	<b>167,332</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>82,632</b>	<b>44</b>
45	<b>GRAND TOTAL COST (sum of lines 29, 37 &amp; 44)</b>	<b>(138,786)</b>	<b>603,130</b>	<b>(163,623)</b>	<b>(9,567)</b>	<b>(31,443)</b>	<b>167,332</b>	<b>191</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>427,234</b>	<b>45</b>

**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	\$ 786,706	Alden Estates of Skokie, LLC	0.00%	\$	\$ (786,706)	1
2	V	32 Interest Income Repl Reserve	67	Alden Estates of Skokie, LLC			(67)	2
3	V	19 Accounting/Professional fees		Alden Estates of Skokie, LLC		13,935	13,935	3
4	V	19 Legal Fees:Non-collections		Alden Estates of Skokie, LLC		1,906	1,906	4
5	V	20 Licen&Inspect/Annual Rep		Alden Estates of Skokie, LLC		309	309	5
6	V	6 R & M		Alden Estates of Skokie, LLC				6
7	V	33 Real Estate Tax Expense		Alden Estates of Skokie, LLC		102,903	102,903	7
8	V	26 General Insurance Expense		Alden Estates of Skokie, LLC		7,660	7,660	8
9	V	36 Mortgage Insurance Premium		Alden Estates of Skokie, LLC		50,198	50,198	9
10	V	32 Interest on Mortgage		Alden Estates of Skokie, LLC		505,078	505,078	10
11	V	30 Depreciation		Alden Estates of Skokie, LLC		354,821	354,821	11
12	V	32 Amortization		Alden Estates of Skokie, LLC		353,093	353,093	12
13	V							13
14	Total		\$ 786,773			\$ 1,389,903	\$ * 603,130	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%	\$ 579	\$	579	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		153		153	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		2,968		2,968	17
18	V	26 Insurance		Alden Management Services, Inc.		42		42	18
19	V	20 Dues & Subscriptions	12,888	Alden Management Services, Inc.		505		(12,383)	19
20	V	30 Depreciation		Alden Management Services, Inc.		9,076		9,076	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		1,068		1,068	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		9,812		9,812	22
23	V	32 Interest		Alden Management Services, Inc.		1,722		1,722	23
24	V	1 Dietary		Alden Management Services, Inc.		499		499	24
25	V	3 Houskeeping		Alden Management Services, Inc.		1,397		1,397	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		1,324		1,324	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		8,396		8,396	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		1,294		1,294	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		21,814		21,814	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		10,197		10,197	30
31	V	19 Professional Fees	287,299	Alden Management Services, Inc.		8,942		(278,357)	31
32	V	21 General & Administrative		Alden Management Services, Inc.		51,265		51,265	32
33	V	6 Repairs & Maintenance	4,118	Alden Management Services, Inc.		9,629		5,511	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 304,305			\$ 140,682	\$ *	(163,623)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consultant	\$	Prism Health Care Services, Inc.	0.00%	\$	\$	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.				16
17	V	2 Tube Feeding		Prism Health Care Services, Inc.				17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		8,011	1,351	18
19	V	39 Ancillary Supplies	30,953	Prism Health Care Services, Inc.		12,955	(17,998)	19
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		3,628	3,628	20
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		629	629	21
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		293	293	22
23	V	21 General & Administrative		Prism Health Care Services, Inc.		2,530	2,530	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		\$ 37,613			\$ 28,046	\$ * (9,567)	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>	\$ 190,899	<u>Forum Extended Care Services II, Inc.</u>	0.00%	\$ 157,548	\$ (33,351)
16	V	39 <u>IV</u>	190,899	<u>Forum Extended Care Services II, Inc.</u>		157,548	(33,351)
17	V	39 <u>Wound Care</u>		<u>Forum Extended Care Services II, Inc.</u>			
18	V	10 <u>House Stock</u>	3,703	<u>Forum Extended Care Services II, Inc.</u>		3,056	(647)
19	V	10 <u>Pharmacy Consultant</u>	1,344	<u>Forum Extended Care Services II, Inc.</u>		1,109	(235)
20	V	27 <u>Employee Vaccination</u>	2,513	<u>Forum Extended Care Services II, Inc.</u>		2,074	(439)
21	V	27 <u>Employee Benefit: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		3,053	3,053
22	V	21 <u>Salary: G &amp; A</u>		<u>Forum Extended Care Services II, Inc.</u>		20,387	20,387
23	V	21 <u>General and Administrative</u>		<u>Forum Extended Care Services II, Inc.</u>		11,935	11,935
24	V	32 <u>Interest</u>		<u>Forum Extended Care Services II, Inc.</u>		864	864
25	V	33 <u>Real Estate Tax</u>		<u>Forum Extended Care Services II, Inc.</u>		341	341
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	<b>Total</b>		\$ 389,358			\$ 357,915	\$ * (31,444)

\* 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	\$ 1,054,301	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,221,633	\$	167,332	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		\$ 1,054,301			\$ 1,221,633	\$ *	167,332	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	\$ 14,210	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,401	\$	191	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		\$ 14,210			\$ 14,401	\$ *	191	39

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

Facility Name &amp; ID Number

Alden Estates of Skokie

# 0050146

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 Skokie # 0050146 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 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	183,692	0.284	0.71	Salary	\$ 1,308	17-7	1
2	Lauren Magnusson	Dir. Of Clinical Servi	Technical Nursing	0.00	69,187	0.284	0.71	Salary	493	10-7	2
3	Terry Magnusson	Dir. of Purchasing	Supervise Mainten	0.00	40,273	0.284	0.71	Salary	287	6-7	3
4	Ina Schlossberg	Board Member	General Operation	0.00	104,474	0.284	0.71	Salary	744	17-7	4
5	Audra Elisco	Training Coordinator	Train Employees	0.00	56,948	0.284	0.71	Salary	405	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 Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our quality control assurance.										11
12											12
13								TOTAL	\$ 3,237		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: 01/01/2013

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	\$ 9,326	\$ 579	1
2	24	Trav & Seminar	Patient Days	1,319,137	35	21,681	9,326	153	2
3	25	Other Admin Travel	Patient Days	1,319,137	35	419,878	9,326	2,968	3
4	26	Insurance	Patient Days	1,319,137	35	5,945	9,326	42	4
5	20	Dues & Subscriptions	Patient Days	1,319,137	35	71,386	9,326	505	5
6	30	Depreciation	No of Providers/usage	35	35	331,030	1	9,076	6
7	33	Real Estate Tax	Patient Days/ysage	1,319,137	35	171,267	9,326	1,068	7
8	35	Rent-Equip & Vehicle	Patient Days	1,319,137	35	1,387,861	9,326	9,812	8
9	32	Interest	Patient Days/usage	1,319,137	35	2,365,205	9,326	1,722	9
10	1	Dietary Salary	Patient Days	1,319,137	35	70,514	70,514	499	10
11	3	Housekeeping Salary	Patient Days	1,319,137	35	197,635	197,635	1,397	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,319,137	35	187,265	9,326	1,324	12
13	10	Nurs & Med Records Salary	Patient Days/usage	1,319,137	35	1,315,353	1,315,353	8,396	13
14	15	Employee Benefits -Health Care	Patient Days	1,319,137	35	182,984	9,326	1,294	14
15	17	Administrative Salary	Patient Days/usage	1,319,137	35	3,345,614	3,345,614	21,814	15
16	27	Employee Benefits - Admin	Patient Days	1,319,137	35	1,442,333	9,326	10,197	16
17	19	Professional fees	Patient Days	1,319,137	35	1,264,885	822,981	8,942	17
18	21	Gen'I & Admin	Patient Days	1,319,137	35	7,251,269	6,199,389	51,265	18
19	6	Repair & Maint.	Patient Days	1,319,137	35	1,361,952	1,077,972	9,629	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 21,475,999	\$ 13,029,458	\$ 140,682	25

Facility Name & ID Number

Alden Estates of Skokie

# 0050146

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 Realty		x	Mortgage	\$44,016.74	10/13	\$ 9,024,300	\$ 9,003,841	7/51	4.9500	\$ 111,507	1					
2	Cambridge Realty		x	Mortgage	\$49,338.75	8/11	9,024,300		7/51	5.9500	393,571	2					
3												3					
4												4					
5	Insurance interest		x	Medical Malpractice							734	5					
	<b>Working Capital</b>																
6	Related party-AMS		x								1,722	6					
7	Related party-FECH		x								864	7					
8												8					
9	<b>TOTAL Facility Related</b>				\$93,355.49		\$ 18,048,600	\$ 9,003,841			\$ 508,398	9					
	<b>B. Non-Facility Related*</b>																
10	Interest Income on R.R.(4972)		x								(67)	10					
11	Int Income (GL#4975,4646,4979)		x								(1,289)	11					
12												12					
13	Amortization-Fin/Refin Fee & early re		x								353,093	13					
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 351,737	14					
15	<b>TOTALS (line 9+line14)</b>						\$ 18,048,600	\$ 9,003,841			\$ 860,135	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 50,198 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

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2012 report.		\$	<u>42,500</u>		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>71,603</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>29,103</u>		3
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>73,800</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>102,903</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>1,409.00</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>104,312</u>
Real Estate Tax Bill for Calendar Year:	2008	<u>105,897</u>			8
	2009	<u>85,091</u>			9
	2010	<u>163,419</u>			10
	2011	<u>41,260</u>			11
	2012	<u>71,603</u>			12
<u>the current year accrual is based on an estimated 3% increase of the prior year tax</u>					
<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 Skokie 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 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>308,970.00</u>	\$ <u>1,068.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>35,681.00</u>	\$ <u>341.00</u>
3. <u>10-10-103-024</u>	<u>Nursing Home Facility</u>	\$ <u>70,524.50</u>	\$ <u>70,524.50</u>
4. <u>10-10-103-029</u>	<u>Nursing Home Facility</u>	\$ <u>1,054.75</u>	\$ <u>1,054.75</u>
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>416,230.25</u></u>	\$ <u><u>72,988.25</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: 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).

info from A. - E. should be the same as last year. Delete this note.

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>		<u>2009</u>	<u>\$ 229,315</u>	1
2					2
3	TOTALS			<u>\$ 229,315</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	56	2009		\$ 1,231,396	\$ 31,574	39	\$ 31,574	\$	\$ 157,871
5			2011	6,157,997	157,897	39	157,897		421,059
6									
7									
8									
<b>Improvement Type**</b>									
9	GT Mechanical-Actuator, Transformer, Belts, & Filters (HVAC)	2009		2,838	567	5	567		2,599
10	Long Elevator - Elevator Pump Motor	2009		3,139	628	5	628		2,617
11									
12	Gutters and Downspouts installation-ABC	2011		8,173	817	10	817		1,838
13	Sprinkler system installation-ABC	2011		5,662	226	25	226		549
14	Heating system for roof-ABC	2011		48,105	4,811	10	4,811		10,023
15	Design & permit of alternate water service-JACHEF	2011		2,928	293	10	293		781
16	Design & permit of alternate water service-JACHEF	2011		2,867	287	10	287		741
17									
18									
19									
20	Tuck pointed chimney, cap replaced-ALDBEN	2012		3,207	214	15	214		232
21									
22	Motor-Inducer & Fuses On HVAC unit - GT Mechanical	2013		4,843	161	5	161	(0)	161
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
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 &amp; ID Number Alden Estates of Skokie

# 0050146

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	10
	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>		\$ 7,471,155	\$ 197,476		\$ 197,475	\$ (0)	\$ 598,471	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	18	10	18		1,848	8
9	Forum Prof Ctr: Remodel/electrical	2001	720	13	7	13		707	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		2,477	12
13	Forum Prof Ctr: Suite renovation	2005	509	(12)	10	(12)		565	13
14	Forum Prof Ctr: Superior installations, etc.	2006	121		4			121	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	489	47	7	47		489	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	420	51	7	51		386	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	854	82	10	82		428	17
18	Forum Prof Ctr: Building Renovations	2010	1,455	295	5	295		1,266	18
19	Forum Prof Ctr: Building Renovations	2011	6,379	648	10	648		2,099	19
20	Forum Prof Ctr: Building Renovations	2012	278	38	15	38		113	20
21	Forum Prof Ctr: Building Renovations	2013	476	25	7	25		50	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		7			6,115	24
25									25
26									26
27									27
28	Adj for ABC related party profit	2011	605	86		86		105	28
29	Adj for ABC related party profit	2012	198	28		28		29	29
30	Adj for ABC related party profit	2013							30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,558,725	\$ 198,888		\$ 198,887	\$ (0)	\$ 679,852	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	\$ 873,350	\$ 163,446	\$ 163,446	\$	Various	\$ 430,803	71
72	Current Year Purchases	27,335	614	614		Various	613	72
73	Fully Depreciated Assets	121,462	14,868	14,868		Various	121,462	73
74								74
75	TOTALS	\$ 1,022,147	\$ 178,928	\$ 178,928	\$		\$ 552,878	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					3,911	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)	\$ 8,814,098	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 377,816	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 377,815	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (0)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,236,641	85

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

**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. 12/31/14                      \$ Varies

13. 12/31/15                      \$ Varies

14. 12/31/16                      \$ 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: \$ 15,857 Description: Copy machine \$11,402.14, postage meter, office equipment \$4,455.22  
(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>317.33</u>	\$ <u>3,808</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>317.33</u>	\$ <u>3,808</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><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p><b>2. 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><b>3. 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		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	<b>TOTALS</b>	\$	\$	\$	\$
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$			

**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	\$		\$	270,792	\$		\$	270,792	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				239				239	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				783,269				783,269	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					157,548			157,548	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>						167,332	199,810			367,142	13
14	TOTAL			\$		\$	1,221,633	\$	357,358	\$	1,578,991	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		270,792.44
2.	ST	39-3	To Col 5	\$0.00	239.21
3.				0.00	
4.	PT	39-3	To Col 5		783,269.09
5.				0.00	
6.					
7.					
8.	Pharmacy Supplies per GL				190,899.22
	Manual Input from Related Party- Forum Drugs			0.00	(33,351.00)
					-----
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6		157,548.22
				0.00	-----
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3		
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	0.00	
				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	167,332.00
Other		251,158.62
Manual Input: Related Party - Prism	0.00	(17,998.00)
Manual Input: Related Party FECII - I.V.		(33,351.00)
Manual Input: Related Party FECII - Wound Care		-
Oxygen, from reclass worksheet (Pg 4A)		-
		-----
13. Col 6: Supplies Total	To Col 6	199,809.62
	0.00	-----
13. Total Line 13, Column 8		367,141.62
	0.00	-----
14. Total		1,578,990.58
	0.00	=====

Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

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	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 14,000 )	498,964	498,964	3
4	Supply Inventory (priced at )	1,516	1,516	4
5	Short-Term Investments			5
6	Prepaid Insurance		40,504	6
7	Other Prepaid Expenses	23,978	23,978	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party		73,976	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 524,458	\$ 638,938	10
<b>B. Long-Term Assets</b>				
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	59,325	59,325	15
16	Equipment, at Historical Cost	129,567	1,020,250	16
17	Accumulated Depreciation (book methods)	(64,918)	(1,097,299)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		106,971	21
22	Other Long-Term Assets (spec CIP, S/H loan			22
23	Other(specify): Refinancing fees		113,628	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 123,974	\$ 7,971,978	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 648,432	\$ 8,610,916	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 256,608	\$ 224,707	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	13,289	13,289	28
29	Short-Term Notes Payable		84,409	29
30	Accrued Salaries Payable	161,698	161,698	30
31	Accrued Taxes Payable (excluding real estate taxes)	9,776	9,776	31
32	Accrued Real Estate Taxes(Sch.IX-B)		73,800	32
33	Accrued Interest Payable		37,141	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.	49,113	61,945	36
37	Due to Affiliates	954,693	954,693	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,445,177	\$ 1,621,457	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,919,433	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	Due to Affiliates	2,670,961	2,574,082	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 2,670,961	\$ 11,493,515	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 4,116,138	\$ 13,114,972	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (3,467,706)	\$ (4,504,056)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 648,432	\$ 8,610,916	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (3,022,755)	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)	\$ (3,022,755)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(444,951)	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)	\$ (444,951)	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)	\$ (3,467,706)	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	\$ 5,172,715	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,172,715	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	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	424	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,272	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	453	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 3,150	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	1,289	24
25	Interest and Other Investment Income***		25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,289	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Page 19A	1,929	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,929	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 5,179,083	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	841,595	31
32	Health Care	1,240,019	32
33	General Administration	1,179,603	33
<b>B. Capital Expense</b>			
34	Ownership	822,468	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,496,359	35
36	Provider Participation Fee	43,990	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 5,624,034	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(444,951)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (444,951)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue	9,810	45
46	Medicare - Net Inpatient Revenue	4,079,730	46
47	Other-(specify) Hospice/Insurance		47
48	Other-(specify) Veterans/Sales Allow.	1,083,175	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,172,715	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>
<b>Misc. Income GL#4977 (describe) (is offset against Sch.# V)</b>	
Miscellaneous Income - Hoilday Staff Party Donation	\$ 150
Miscellaneous Income - Record Copies	172.07
Miscellaneous Income - Jury Duty	\$ 17
Miscellaneous Income - Food Rebate	\$ 150
Miscellaneous Income - Donations	\$ 195
Gain on Sale of Assets	\$ 1,245

Line 28 Total: 1,929

**Ending:** 12/31/2013

Facility Name & ID Number Alden Estates of Skokie

# 0050146

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	1,792	2,080	\$ 122,591	\$ 58.94	1
2	Assistant Director of Nursing					2
3	Registered Nurses	17,898	18,906	557,214	29.47	3
4	Licensed Practical Nurses	1,244	1,440	38,597	26.80	4
5	CNAs & Orderlies	22,702	23,941	259,895	10.86	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,200	3,371	34,400	10.20	10
11	Social Service Workers	2,000	2,080	36,798	17.69	11
12	Dietician					12
13	Food Service Supervisor	1,896	2,025	47,557	23.48	13
14	Head Cook	3,995	4,187	89,341	21.34	14
15	Cook Helpers/Assistants	18,009	18,859	190,589	10.11	15
16	Dishwashers					16
17	Maintenance Workers	1,936	2,080	51,408	24.72	17
18	Housekeepers	5,281	5,575	53,271	9.56	18
19	Laundry	2,945	3,180	31,543	9.92	19
20	Administrator	1,928	2,081	112,361	53.99	20
21	Assistant Administrator	1,360	1,400	32,704	23.36	21
22	Other Administrative					22
23	Office Manager	400	400	9,901	24.75	23
24	Clerical	4,251	4,499	50,631	11.25	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,320	70,831	30.53	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Manager	1,984	2,080	32,655	15.70	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	94,901	100,504	\$ 1,822,287 *	\$ 18.13	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	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	76/mo	907	11-3	44
45	Social Service Consultant	117/mo	1,400	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 12,651		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	
McKenzie, Lindsey N.	Administrator	0	\$ 113,150	Workers' Compensation Insurance	\$ 67,919	IDPH License Fee	\$	
Sovacool, Alicia W.	Asst Administrator	0	31,915	Unemployment Compensation Insurance	34,111	Advertising: Employee Recruitment	280	
		0		FICA Taxes	133,081	Health Care Worker Background Check		
		0		Employee Health Insurance	108,754	(Indicate # of checks performed 51)	510	
		0		Employee Meals	13,399	Patient Background Checks	4,390	
		0		Illinois Municipal Retirement Fund (IMRF)*		IHCA/HEACOU dues	2,293	
		0		Dental Insurance	34	Allscripts/Collaborative Health	158	
		0		Life Insurance	1,254	Surety Bond/Annual Rpt Fee	565	
		0		Employee Relations/Misc costs	8,490	Related party-AMS	505	
TOTAL (agree to Schedule V, line 17, col. 1)				Employee drug tests	608			
(List each licensed administrator separately.)			\$ 145,065	401K Match	1,798	Less: Public Relations Expense	( )	
<b>B. Administrative - Other</b>				Employee vaccinations	2,513	Non-allowable advertising	( )	
Description			Amount	Tuition Reimbursement & Misc Income	20,057	Yellow page advertising	( )	
			\$					
TOTAL (agree to Schedule V, line 17, col. 3)			\$	TOTAL (agree to Schedule V, line 22, col.8)	\$ 392,017	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 8,700	
(Attach a copy of any management service agreement)								
<b>C. Professional Services</b>				<b>E. Schedule of Non-Cash Compensation Paid to Owners or Employees</b>			<b>G. Schedule of Travel and Seminar**</b>	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Alden Management Services	Consulting		\$ 258,793			\$	Out-of-State Travel	\$
KPMG / Ava P. Daley	Accounting Fees		333					
Baker Tilly, LLP	Accounting Fees		4,958					
BDO Seidman	Accounting Fees		1,700				In-State Travel	
First Advantage Corporation	Tax Consulting		990				Apr AMS	
Plant & Moran/Pathway	Legal Fees		2,779				Petty Cash	
Linda Roberts & Associates, Inc.	Food Service Audit		2,205				Related party-AMS	153
ACHACC Achieve Accred.	Consulting		8,750				Seminar Expense	
AMS (Eliminated)	Allocated Legal Services		28,506				Women's NorthShore	115
							July AMS	327
							Feb Ams	150
							Entertainment Expense	( )
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V, line 24, col. 8)	
(If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 309,015				TOTAL	\$ 745

\* Attach copy of IMRF notifications

\*\*See instructions.

Alden Estates of Skokie		
Legal Fee Support		
2013		
Legal Fees Reported on Pg 21, Section C:	\$	31,285.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		
Less: Non-allowable legal fees, if any, deducted on Pg 5A (AMS Allocated Legal Fees)		
		(28,506.00)
Allowable Legal Fees	\$	2,779.00

**Total Allow. Legal Fees should be the sum of the invoices you are providing.**

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												
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16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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/HEACOU dues \$ 2,293
- (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. \$ 655 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. \$ 43,990  
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. \$ 13,399 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?
  - 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? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.