

Facility Name & ID Number Alden Estates of Evanston

0040733 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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	58	Skilled (SNF)	99	34,085	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5	41	Sheltered Care (SC)		2,050	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	6	1,245	8,960	10,211	8
9	SNF/PED					9
10	ICF	1,763	3,048	29	4,840	10
11	ICF/DD					11
12	SC		4,363		4,363	12
13	DD 16 OR LESS					13
14	TOTALS	1,769	8,656	8,989	19,414	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 53.73%

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 99 and days of care provided 8,947

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: 12/31/14 Fiscal Year: 12/31/14

* 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
	A. General Services										
1	Dietary	454,150	40,233	5,595	499,978	3,156	503,134	(785)	502,349		1
2	Food Purchase		224,241		224,241	(34,362)	189,879	(5,440)	184,439		2
3	Housekeeping	75,112	47,455		122,567	853	123,420	3,623	127,043		3
4	Laundry	59,373	41,970	20,171	121,514	723	122,237		122,237		4
5	Heat and Other Utilities			134,823	134,823		134,823	(583)	134,240		5
6	Maintenance	96,648		228,305	324,953	612	325,565	98,700	424,265		6
7	Other (specify):* related party							3,874	3,874		7
8	TOTAL General Services	685,283	353,899	388,894	1,428,076	(29,018)	1,399,058	99,389	1,498,447		8
	B. Health Care and Programs										
9	Medical Director			12,000	12,000		12,000		12,000		9
10	Nursing and Medical Records	1,702,811	130,162	4,045	1,837,018	1,714	1,838,732	16,943	1,855,675		10
10a	Therapy		2,327	12,348	14,675		14,675		14,675		10a
11	Activities	65,902	1,622	4,662	72,186		72,186		72,186		11
12	Social Services	38,682			38,682		38,682		38,682		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,169	3,169		15
16	TOTAL Health Care and Programs	1,807,395	134,111	33,055	1,974,561	1,714	1,976,275	20,112	1,996,387		16
	C. General Administration										
17	Administrative	160,305			160,305		160,305	51,111	211,416		17
18	Directors Fees										18
19	Professional Services			562,123	562,123		562,123	(489,894)	72,229		19
20	Dues, Fees, Subscriptions & Promotions			125,479	125,479		125,479	(113,076)	12,403		20
21	Clerical & General Office Expenses	157,715	15,933	171,461	345,109	203	345,312	52,894	398,206		21
22	Employee Benefits & Payroll Taxes			508,423	508,423	27,101	535,524	(10,691)	524,833		22
23	Inservice Training & Education										23
24	Travel and Seminar			105	105		105	672	777		24
25	Other Admin. Staff Transportation			1,497	1,497		1,497	6,452	7,949		25
26	Insurance-Prop.Liab.Malpractice			124,166	124,166		124,166	8,292	132,458		26
27	Other (specify):* related party			53,614	53,614		53,614	(27,367)	26,247		27
28	TOTAL General Administration	318,020	15,933	1,546,868	1,880,821	27,304	1,908,125	(521,607)	1,386,518		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,810,698	503,943	1,968,817	5,283,458		5,283,458	(402,106)	4,881,352		29

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

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

Facility Name & ID Number

Alden Estates of Evanston

#0040733

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			34,449	34,449		34,449	343,746	378,195			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			220,216	220,216		220,216	398,073	618,289			32
33	Real Estate Taxes			161,268	161,268	(161,268)		187,339	187,339			33
34	Rent-Facility & Grounds			641,872	641,872	161,268	803,140	(795,340)	7,800			34
35	Rent-Equipment & Vehicles			22,580	22,580		22,580	21,281	43,861			35
36	Other (specify):* MIP							35,638	35,638			36
37	TOTAL Ownership			1,080,385	1,080,385		1,080,385	190,737	1,271,122			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		663,002	1,149,366	1,812,368		1,812,368	(154,533)	1,657,835			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			105,459	105,459		105,459		105,459			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		663,002	1,254,825	1,917,827		1,917,827	(154,533)	1,763,294			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,810,698	1,166,945	4,304,027	8,281,670		8,281,670	(365,902)	7,915,768			45

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

Reclassifications - Pages 3 & 4, Column 5

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		\$ (34,362.00)	Employee Meals
	22	\$ 34,362.00	Employee Meals
22		\$ (7,261.00)	Uniforms
	1	\$ 3,156.00	Uniforms
	3	\$ 853.00	Uniforms
	4	\$ 723.00	Uniforms
	6	\$ 612.00	Uniforms
	10	\$ 1,714.00	Uniforms
	11	\$ -	Uniforms
	21	\$ 203.00	Uniforms
10		N/A	Oxygen - to appropriate cost center
	39	N/A	Oxygen - to appropriate cost center
33		\$ (161,268.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 161,268.00	Rent - Real Estate Tax on associated landowner (Pg 6)
		<u>\$ -</u>	

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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	(66)	2		4
5	Telephone, TV & Radio in Resident Rooms	(7,688)	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	(3,207)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,814)	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	(12,363)	21		17
18	Fines and Penalties	(300)	32		18
19	Entertainment	(522)	20		19
20	Contributions	(315)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(1,438)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(53,614)	27		24
25	Fund Raising, Advertising and Promotional	(89,133)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (193,951)		\$	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)	57,440		34
35	Other- Attach Schedule	(229,391)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (171,951)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (365,902)		37

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

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

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

Alden Estates of Evanston

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (3,760)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(17,814)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	3,614	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	117,778	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(147)	30	6
7				7
8	Depreciation Adj Sage Report	(1,175)	30	8
9				9
10	Valet Cost	(58,967)	21	10
11	Late Fees on Utilities	(1,924)	5	11
12	Other Nursing Income	(212)	21	12
13	Other Interest	(390)	32	13
14	Intercompany Interest Not Allowed	(217,826)	32	14
15	Misc Income - Record Copies	(1,370)	10	15
16	Misc Income - Jury Duty	(17)	22	16
17	Vendor Discount	(313)	10	17
18	Reduce Emplpyee Benefit for Marketing	(5,009)	22	18
19	Marketing Manager & Aides	(27,692)	21	19
20	Collection Fees	(30)	21	20
21	Back Out Bank Fees - Estates of Evanston II	(56)	21	21
22	Back Out Evanston Chamber of Commerce	(1,025)	20	22
23	Back out 2009 Real Estate Tax Refund	23,925	33	23
24	Reduce Emplpyee Benefit for Customer Services Liason	(5,665)	22	24
25	Customer Services Liason & Aides	(31,316)	21	25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	(229,391)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2014

Ending:

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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	1,081	(1,866)	0	0	0	0	0	0	0	(785)	1
2	Food Purchase	(3,880)	0	0	(1,560)	0	0	0	0	0	0	0	(5,440)	2
3	Housekeeping	0	0	3,623	0	0	0	0	0	0	0	0	3,623	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,924)	0	1,341	0	0	0	0	0	0	0	0	(583)	5
6	Maintenance	113,704	(1,116)	(14,666)	0	0	0	(21)	799	0	0	0	98,700	6
7	Other (specify):*	0	0	3,295	579	0	0	0	0	0	0	0	3,874	7
8	TOTAL General Services	107,900	(1,116)	(5,326)	(2,847)	0	0	(21)	799	0	0	0	99,389	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,683)	0	20,491	(58)	(1,807)	0	0	0	0	0	0	16,943	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	3,169	0	0	0	0	0	0	0	0	3,169	15
16	TOTAL Health Care and Programs	(1,683)	0	23,660	(58)	(1,807)	0	0	0	0	0	0	20,112	16
	C. General Administration													
17	Administrative	0	0	51,111	0	0	0	0	0	0	0	0	51,111	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,438)	18,057	(506,513)	0	0	0	0	0	0	0	0	(489,894)	19
20	Fees, Subscriptions & Promotions	(90,995)	1,140	(23,221)	0	0	0	0	0	0	0	0	(113,076)	20
21	Clerical & General Office Expenses	(130,636)	0	117,209	15,297	51,024	0	0	0	0	0	0	52,894	21
22	Employee Benefits & Payroll Taxes	(10,691)	0	0	0	0	0	0	0	0	0	0	(10,691)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	672	0	0	0	0	0	0	0	0	672	24
25	Other Admin. Staff Transportation	0	0	6,452	0	0	0	0	0	0	0	0	6,452	25
26	Insurance-Prop.Liab.Malpractice	0	8,200	92	0	0	0	0	0	0	0	0	8,292	26
27	Other (specify):*	(53,614)	0	25,177	1,504	(434)	0	0	0	0	0	0	(27,367)	27
28	TOTAL General Administration	(287,374)	27,397	(329,021)	16,801	50,590	0	0	0	0	0	0	(521,607)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(181,157)	26,281	(310,687)	13,896	48,783	0	(21)	799	0	0	0	(402,106)	29

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2014 Ending:

Summary B

12/31/2014

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(44,387)	384,143	3,990	0	0	0	0	0	0	0	0	343,746	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(221,723)	397,609	221,171	0	1,016	0	0	0	0	0	0	398,073	32
33	Real Estate Taxes	23,925	161,268	2,272	0	(126)	0	0	0	0	0	0	187,339	33
34	Rent-Facility & Grounds	0	(795,340)	0	0	0	0	0	0	0	0	0	(795,340)	34
35	Rent-Equipment & Vehicles	0	0	21,281	0	0	0	0	0	0	0	0	21,281	35
36	Other (specify):*	0	35,638	0	0	0	0	0	0	0	0	0	35,638	36
37	TOTAL Ownership	(242,185)	183,318	248,714	0	890	0	0	0	0	0	0	190,737	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(39,656)	(90,865)	(24,012)	0	0	0	0	0	(154,533)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(39,656)	(90,865)	(24,012)	0	0	0	0	0	(154,533)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(423,342)	209,599	(61,973)	(25,760)	(41,192)	(24,012)	(21)	799	0	0	0	(365,902)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34 Rental Income	\$ 795,340	Alden Estates of Evanston II, Inc.	0.00%	\$	\$ (795,340)	1
2	V	32 Interest/Investment Income-RR	56	Alden Estates of Evanston II, Inc.			(56)	2
3	V	30 Gain on Sale of Asset	28,928	Alden Estates of Evanston II, Inc.			(28,928)	3
4	V	19 Actg Fees/Legal Fees:N-C/Prof Fees		Alden Estates of Evanston II, Inc.		18,001	18,001	4
5	V	20 Annual Rpt Fee		Alden Estates of Evanston II, Inc.		155	155	5
6	V	19 Bank Charges		Alden Estates of Evanston II, Inc.		56	56	6
7	V	20 Dues & Subscriptions		Alden Estates of Evanston II, Inc.		985	985	7
8	V	33 RE Tax Expense		Alden Estates of Evanston II, Inc.		161,268	161,268	8
9	V	26 General Insurance Expenses		Alden Estates of Evanston II, Inc.		8,200	8,200	9
10	V	36 Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		35,638	35,638	10
11	V	32 Interest on Mortgage Note/Amortization		Alden Estates of Evanston II, Inc.		397,665	397,665	11
12	V	30 Depreciation		Alden Estates of Evanston II, Inc.		413,071	413,071	12
13	V	6 R & M - Replacement Reseve		Alden Estates of Evanston II, Inc.		(1,116)	(1,116)	13
14	Total		\$ 824,324			\$ 1,033,923	\$ * 209,599	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%	\$ 1,341	\$	1,341	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		672		672	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,452		6,452	17
18	V	26 Insurance		Alden Management Services, Inc.		92		92	18
19	V	20 Dues/Subscriptions	24,816	Alden Management Services, Inc.		1,595		(23,221)	19
20	V	30 Depreciation		Alden Management Services, Inc.		3,990		3,990	20
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,272		2,272	21
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		21,281		21,281	22
23	V	32 Interest		Alden Management Services, Inc.		221,171		221,171	23
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,081		1,081	24
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,623		3,623	25
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		3,295		3,295	26
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		20,491		20,491	27
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,169		3,169	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		51,111		51,111	29
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		25,177		25,177	30
31	V	19 Professional Fees	544,910	Alden Management Services, Inc.		38,397		(506,513)	31
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		117,209		117,209	32
33	V	6 Repairs & Maintenance	168,625	Alden Management Services, Inc.		153,959		(14,666)	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 738,351			\$ 676,378	\$ *	(61,973)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Diet. Consultant	\$ 3,600	Prism Health Care Services, Inc.	0.00%	\$ 9	\$ (3,591)	15
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		1,725	1,725	16
17	V	2 Tube Feeding	5,672	Prism Health Care Services, Inc.		4,112	(1,560)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		6,602	(58)	18
19	V	39 Ancillary Supplies	64,852	Prism Health Care Services, Inc.		25,196	(39,656)	19
20	V	21 Gen'l & Admin Salary		Prism Health Care Services, Inc.		9,043	9,043	20
21	V	27 Employee Benefits		Prism Health Care Services, Inc.		1,504	1,504	21
22	V	7 Employee Benefits		Prism Health Care Services, Inc.		579	579	22
23	V	21 Gen'l & Admin		Prism Health Care Services, Inc.		6,254	6,254	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		\$ 80,784			\$ 55,024	\$ * (25,760)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 298,521	Forum Extended Care Services II, Inc.	0.00%	\$ 252,915	\$ (45,606)
16	V	39 I.V.	294,818	Forum Extended Care Services II, Inc.		249,777	(45,041)
17	V	39 Wound Care	1,429	Forum Extended Care Services II, Inc.		1,211	(218)
18	V	10 House Stock	9,452	Forum Extended Care Services II, Inc.		8,008	(1,444)
19	V	10 Pharmacy Consultant	2,376	Forum Extended Care Services II, Inc.		2,013	(363)
20	V	27 Employee Vaccinations	2,837	Forum Extended Care Services II, Inc.		2,403	(434)
21	V	21 Employee Benefit: G & A		Forum Extended Care Services II, Inc.		3,908	3,908
22	V	21 Salary: G & A		Forum Extended Care Services II, Inc.		25,912	25,912
23	V	21 General & Administrative		Forum Extended Care Services II, Inc.		21,204	21,204
24	V	32 Interest		Forum Extended Care Services II, Inc.		1,016	1,016
25	V	33 Real Estate Tax		Forum Extended Care Services II, Inc.		(126)	(126)
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		\$ 609,433			\$ 568,241	\$ * (41,192)

* 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	\$ 1,116,647	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,092,635	\$ (24,012)
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		\$ 1,116,647			\$ 1,092,635	\$ * (24,012)

* 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	\$ 10,653	Alden Bennett Construction Company, Inc.	0.00%	\$ 10,632	\$	(21)	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		\$ 10,653			\$ 10,632	\$ *	(21)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	6 Repairs & Maintenance	\$ 3,808	Alden Design Group, Inc.	0.00%	\$ 4,607	\$ 799	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		\$ 3,808			\$ 4,607	\$ *	799	39

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

Facility Name & ID Number

Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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 C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	Alden Management Se	Chicago	Management	4
5			Alden of Old Town East, Inc.	Bloomingtondale				5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Alden - Wentworth Rehabilitation and Health C	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alz	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Alden - Princeton Rehabilitation and Health Ca	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solution for Se	Addison	Private Duty Care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home Health & Hos	17
18			Alden - Des Plaines Rehabilitation and Health C	Des Plaines				18
19			Alden Estates of Evanston, Inc.	Evanston				19
20			Alden - Alma Nelson Manor, Inc.	Rockford				20
21			Alden - Park Strathmoor, Inc.	Rockford				21
22			Alden - Meadow Park Health Care Center, Inc.	Clinton, WI				22
23			Alden Estates of Barrington, Inc.	Barrington				23
24			Alden of Waterford, LLC	Aurora				24
25			Alden Springs, Inc.	Bloomingtondale				25
26			Alden Village North, Inc.	Chicago				26
27			Alden Estates of Skokie, Inc.	Skokie				27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30								30

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2014 Ending: 12/31/2014

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 A.	President	CEO	100.00	182,190	0.608	1.52	Salary	\$ 2,810	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	93,557	0.608	1.52	Salary	1,443	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	93,557	0.608	1.52	Salary	1,443	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	98,718	0.608	1.52	Salary	1,523	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	60,002	0.608	1.52	Salary	926	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 Assurance Program.										11
12											12
13								TOTAL	\$ 8,145		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:

01/01/2014

Ending: 2/31/2014

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	35	\$ 88,281	\$	19,414	\$ 1,341	1
2	24	Travel/Seminar	Patient Days	35	44,237		19,414	672	2
3	25	Other Admin Travel	Patient Days	35	424,738		19,414	6,452	3
4	26	Insurance	Patient Days	35	6,060		19,414	92	4
5	20	Dues/Subscriptions	Patient Days	35	104,997		19,414	1,595	5
6	30	Depreciation	No. of Providers/usage	35	150,051		1	3,990	6
7	33	Real Estate Tax	Patient Days/usage	35	171,564		19,414	2,272	7
8	35	Rent-Equip & Vehicles	Patient Days	35	1,400,909		19,414	21,281	8
9	32	Interest	Patient Days/usage	35	2,235,440		19,414	221,171	9
10	1	Dietary Salary	Patient Days	35	71,149	71,149	19,414	1,081	10
11	3	Housekeeping Salary	Patient Days	35	238,482	238,482	19,414	3,623	11
12	7	Employee Benef-Gen'l Servs	Patient Days	35	216,885		19,414	3,295	12
13	10	Nurs/Med Records Salary	Patient Days/usage	35	1,414,605	1,414,605	19,414	20,491	13
14	15	Employee Benef-Health Care	Patient Days	35	208,622		19,414	3,169	14
15	17	Administrative Salary	Patient Days/usage	35	3,718,414	3,718,414	19,414	51,111	15
16	27	Employee Benef-Administrative	Patient Days	35	1,657,386		19,414	25,177	16
17	19	Professional Fees	Patient Days	35	1,311,498	850,594	19,414	38,397	17
18	21	Gen'l & Administrative	Patient Days	35	7,716,027	6,669,245	19,414	117,209	18
19	6	Repairs & Maintenance	Patient Days	35	1,444,891	1,161,005	19,414	153,959	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 22,624,236	\$ 14,123,494		\$ 676,378	25

Facility Name & ID Number

Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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			
	A. Directly Facility Related																
	Long-Term																
1	Cambridge (GL 2505/7055)		X	Mortgage		6/2005	\$ 8,000,800	\$ 7,071,561	7/2040	5.5000	\$ 379,734	1					
2												2					
3												3					
4	Insurance Interest (GL07053)		X	Medical Malpractice							1,701	4					
5	Amort of Fin Fees (GL 1918)		X	Refinancing								5					
	Working Capital																
6	Related party-AMS		X	Working Capital							221,171	6					
7	Related party-FECII		X	Working Capital							1,016	7					
8												8					
9	TOTAL Facility Related						\$ 8,000,800	\$ 7,071,561			\$ 603,621	9					
	B. Non-Facility Related*																
10	Interest Income on R.R.		X								(56)	10					
11	Int Income (GL#4975)		X								(3,206)	11					
12												12					
13	Amortization-Fin/Refin Fee(II7105)										17,931	13					
14	TOTAL Non-Facility Related						\$	\$			\$ 14,668	14					
15	TOTALS (line 9+line14)						\$ 8,000,800	\$ 7,071,561			\$ 618,289	15					

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 35,638 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.				
1.	Real Estate Tax accrual used on 2013 report.			\$	<u>156,400</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>168,293</u>	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>11,893</u>	3
4.	Real Estate Tax accrual used for 2014 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>173,300</u>	4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	<u>185,193</u>	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>2,146.00</u>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>187,339</u>	
Real Estate Tax Bill for Calendar Year:		2009	<u>173,999</u>	8		
		2010	<u>188,811</u>	9		
		2011	<u>154,078</u>	10		
		2012	<u>151,816</u>	11		
		2013	<u>168,293</u>	12		
The current year accrual is based on an estimated 3% increase of the prior year tax						
				FOR BHF USE ONLY		
		13	FROM R. E. TAX STATEMENT FOR 2013	\$		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.

2013 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 2013 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 2013.

(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>317,349.00</u>	\$ <u>2,272.00</u>
2. <u>See attached (Supplement)</u>	<u>Related Party-Forum Extended Care</u>	\$ <u>(9,166.00)</u>	\$ <u>(126.00)</u>
3. <u>10-10-200-077-0000</u>	<u>Nursing Home Facility</u>	\$ <u>168,293.21</u>	\$ <u>168,293.21</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>476,476.21</u></u>	\$ <u><u>170,439.21</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 2013 tax bills which were listed in Section A to this statement. Be sure to use the 2013 tax bill which is normally paid during 2014.

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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>53,277</u>		<u>\$ 350,000</u>	1
2					2
3	TOTALS	<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)	\$ 2,728,285	4
5	Building	1999		54,450	1,601	34	1,601		24,016	5
6										6
7										7
8										8
Improvement Type**										
9	Repair: boiler, valve, elect. Fixtures, heater, TV antenna	1995		17,311	65	10-20	65		17,311	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	34,363	11
12	Sign	1996		745					745	12
13	Sink	1996		1,366	68	20	68		1,270	13
14	Motor repair	1996		3,300	165	20	165		3,135	14
15	Elevator remodeling	1996		3,018	151	20	151		2,754	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		15			56,459	23
24	Elm heating-cooler-hvac	1999		2,500		10			2,500	24
25	Aqua plumbing-water heater	1999		10,445	581	15	581		10,445	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		1,697	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		5,398	35
36										36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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		1,321	40
41	New Horizon (replace main frame)	2002	1,745		5			1,745	41
42	ABC - parquet floor	2003	5,398		10			5,398	42
43	ABC - interior work - various - walls/bathroom	2003	8,703		10			8,703	43
44	ABC - replaced HID Ballasts (3) HID Lamp (1)	2003	2,870		10			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		10			6,104	46
47	ABC	2003	6,955		10			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	106	10	106		2,540	50
51	ABC-replaced HID ballasts	2004	1,406	70	20	70		732	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		6,493	53
54	ABC - Excelon VC Tile in PT room	2005	1,992	199	10	199		1,892	54
55	ABC - Excelon VC Tile in PT room	2006	3,300	330	10	330		2,833	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		2,984	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		4,139	58
59									59
60	Therapy Room Expansion	2007	94,048	6,290	29	6,290		42,342	60
61	Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		16,202	61
62	Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		16,453	62
63	Repair freezer door assembly	2007	3,945	395	10	395		2,597	63
64	Replace pump motor chiller	2007	5,544	554	10	554		3,649	64
65	Replace worn & torn cubicle curtains	2007	2,566		10			2,566	65
66	Charge Chiller	2007	5,773	385	10	385		2,533	66
67	Repair broken fence & driveway	2007	6,447	430	15	430		2,829	67
68	Replace worn & damaged window shades	2007	3,840		10			3,840	68
69	New boilers/hoses/Install	2007	5,580	279	20	279		2,093	69
70	TOTAL (lines 4 thru 69)		\$ 5,914,867	\$ 178,880		\$ 157,389	\$ (21,491)	\$ 3,129,832	70

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

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,914,867	\$ 178,880		\$ 157,389	\$ (21,491)	\$ 3,129,832	1
2	ABC-New Cubicle Track/Curtains/New Control Pump Circuit	2008	6,029	603	10	603		3,969	2
3	ABC-New Sidewalk	2008	7,189	479	15	479		3,115	3
4	ABC-Replace Failed Centronic Door Closures to Patient Units	2008	2,911	291	10	291		2,013	4
5	ABC-New Shower	2008	2,572	129	20	129		847	5
6	ABC - New Sidewalk	2010	7,336	489	15	489		2,201	6
7	Washing Machine Repairs;Housing Trunnon/Gables-EQUINT	2010	3,608	722	5	722		3,247	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725	248	5	248		993	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159	716	10	716		1,849	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982	698	10	698		1,804	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-US	2012	6,104	916	25	916		1,831	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454	155	10	155		280	12
13	Dampers, Fire, major rebuild - ALDBEN	2013	18,694	1,869	10	1,869		2,337	13
14	Acoustical-ALDBEN	2014	79,307	4,131	8	4,131		4,131	14
15	Carpentry & Drywall Interior-ALDBEN	2014	673,002	14,021	20	14,021		14,021	15
16	Carpentry Exterior -ALDBEN	2014	181,188	5,033	15	5,033		5,033	16
17	Casework -Key Interiors-ALDBEN	2014	96,137	2,003	20	2,003		2,003	17
18	Caulking-ALDBEN	2014	19,051	794	10	794		794	18
19	Demolition -ALDBEN	2014	77,570	2,155	15	2,155		2,155	19
20	E.I.F.S. Outside of Building Structure-ALDBEN	2014	29,277	813	15	813		813	20
21	Electrical -ALDBEN	2014	538,578	14,961	15	14,961		14,961	21
22	Elevator-ALDBEN	2014	154,920	3,227	20	3,227		3,227	22
23	Evanston Remodel Drawings - FOXBUI	2014	6,700	140	20	140		140	23
24	Fence-ALDBEN	2014	11,729	326	15	326		326	24
25	Fire Protection - Exterior-ALDBEN	2014	26,063	434	25	434		434	25
26	Fire Protection - Interior-ALDBEN	2014	56,340	939	25	939		939	26
27	Glass/Glazing-ALDBEN	2014	29,663	824	15	824		824	27
28	Hollow Metal/Doors/Frames/Hdwr-ALDBEN	2014	260,634	5,430	20	5,430		5,430	28
29	HVAC-ALDBE	2014	405,534	11,265	15	11,265		11,265	29
30	Landscaping -ALDBEN	2014	19,622	545	15	545		545	30
31	Masonry-ALDBEN	2014	4,716	393	5	393		393	31
32	Painting/Decorating-ALDBEN	2014	166,311	4,620	15	4,620		4,620	32
33	Permit Fee - CITEVA	2014	26,376	549	20	549		549	33
34	TOTAL (lines 1 thru 33)		\$ 8,857,346	\$ 258,797		\$ 237,306	\$ (21,491)	\$ 3,226,920	34

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

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,857,346	\$ 258,797		\$ 237,306	\$ (21,491)	\$ 3,226,920	1
2	Permit-CITEVA	2014	4,329	90	20	90		90	2
3	Plan Review Fee - ILLDPH	2014	11,915	248	20	248		248	3
4	Plumbing-ALDBEN	2014	198,330	4,132	20	4,132		4,132	4
5	Certificate of need Fees - ARNLUN/CHAFOL	2014	85,094	1,773	20	1,773		1,773	5
6	For Conversion of 47 shelter care beds to SNF beds including;	2014							6
7	Flooring, Bathrooms, Handrails, Windows, Wallcoverings,	2014							7
8	Nursing call -1st & 3rd Floor	2014							8
9	Roof-ALDBEN	2014	38,908	1,081	15	1,081		1,081	9
10	Tiles, Marble install on 1st & 3rd Floor renovation-ALDBEN	2014	71,550	1,988	15	1,988		1,988	10
11	Towel bars, Towel rings, Robe hooks, Grab bars,	2014							11
12	Toiler paper holders and Shower Rods for all resident rooms	2014							12
13	on the 1st and 3rd floor of total 40 bathroom and	2014							13
14	Replacement of (1) fire extinguisher cabinet -ALDBEN	2014	6,094	254	10	254		254	14
15	Hand Rails install in hallway-1st & 3rd Floor-ALDBEN	2014	19,937	831	10	831		831	15
16	Roof decking -ALDBEN	2014	23,085	481	20	481		481	16
17	Tree Trimming-ALDBEN	2014	3,599	100	15	100		100	17
18	Vinyl Fabric wallcovering -1st & 3rd Floor -ALDBEN	2014	70,634	5,886	5	5,886		5,886	18
19	Window-ALDBEN	2014	4,363	182	10	182		182	19
20	Asphalt Paving -ALDBEN	2014	67,641	3,523	8	3,523		3,523	20
21	Asphalt-ALDBEN	2014	3,475	181	8	181		181	21
22	Concrete Patching/Sitework-ALDBEN	2014	44,246	1,229	15	1,229		1,229	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,510,545	\$ 280,775		\$ 259,284	\$ (21,491)	\$ 3,248,898	34

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

Facility Name & ID Number Alden Estates of Evanston

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Report Period Beginning:

01/01/2014 Ending: 12/31/2014

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,510,545	\$ 280,775		\$ 259,284	\$ (21,491)	\$ 3,248,898	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,057	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			29,324	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			925	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,289	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,317	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,170	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	15	10	15		1,915	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		734	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616	79	7	79		2,555	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		587	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508	48	7	48		508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	50	7	50		398	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	85	10	85		445	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	267	5	267		1,276	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	656	10	656		2,163	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		117	20
21	Forum Prof Ctr: Building Renovations	2013	432	26	7	26		51	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	12		12		12	22
23	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	23
24	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		286	24
25	Alden Mgt Servs: Remodel suites	2003	6,295	12	11	12		6,295	25
26	Alden Mgt Servs: Motor Controller PC Board	2014	86	10		10		10	26
27									27
28	Adjust for ABC Related Party Profit	2008	(107)	(5)		(5)		(37)	28
29	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(16)	29
30	Adjust for ABC Related Party Profit	2011	(56)	(1)		(1)		(4)	30
31	Adjust for ABC Related Party Profit	2012	460	23		23		46	31
32	Adjust for ABC Related Party Profit	2013	252	13		13		19	32
33	Adjust for ABC Related Party Profit	2014	(6,401)	(174)		(174)		(174)	33
34	TOTAL (lines 1 thru 33)		\$ 9,595,052	\$ 281,932		\$ 260,441	\$ (21,491)	\$ 3,330,766	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	\$ 989,741	\$ 79,159	\$ 79,159	\$	varies	\$ 646,945	71
72	Current Year Purchases	1,747,035	66,545	66,545		varies	66,148	72
73	Fully Depreciated Assets	306,596	(27,950)	(27,950)		varies	306,596	73
74								74
75	TOTALS	\$ 3,043,372	\$ 117,754	\$ 117,754	\$		\$ 1,019,689	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	related party-AMS	various	1998-2004	4,026				3	4,026	77
78										78
79										79
80	TOTALS			\$ 4,026	\$	\$	\$		\$ 4,026	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)	\$ 12,992,450	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 399,686	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 378,195	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)	\$ 4,354,481	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.

Facility Name & ID Number Alden Estates of Evanston

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Report Period Beginning: 01/01/2014

Ending: 12/31/2014

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				<u>Related Party Cost is backed out</u>			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. 12/31/2015 \$ varies

13. 12/31/2016 \$ varies

14. 12/31/2017 \$ 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: \$ 17,272

Description: copy machine GL 6861 and equipment lease GL 6859

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-Pg 6A</u>	<u>various</u>	\$ <u>652.00</u>	\$ <u>7,824</u>	17
18					18
19	<u>Auto Lease gl 6890</u>	<u>various</u>	<u>760.55</u>	<u>9,127</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>16,951</u>	21

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

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

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

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

B. EXPENSES

ALLOCATION OF COSTS (d)

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

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	356,797	\$		\$	356,797	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				39,979				39,979	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				718,923				718,923	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					252,915			252,915	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs									10
11	Academic Education		hrs									11
12	Other (specify):	39-1, 39-3, if any										12
13	Other (specify):	See Pg 16A					(24,012)	313,233			289,221	13
14	TOTAL			\$		\$	1,091,687	\$	566,148	\$	1,657,835	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		\$356,796.98	
2.	ST		39-3	To Col 5		39,979.03	
3.							
4.	PT		39-3	To Col 5		718,922.86	
5.							
6.							
7.							
8.							
	Pharmacy Supplies per GL					298,521.36	
	Manual Input from Related Party- Forum Drugs					(45,606.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		252,915.36	1,368,614.23
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	0.00
13.	Other:	See Pg 16A					

13. Col 5: Manual Input: Related Party - CPT	To Col 5		(24,012.00)
Other		398,147.99	
Manual Input: Related Party - Prism		(39,656.00)	
Manual Input: Related Party FECII - I.V.		(45,041.00)	
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)	N/A	(218.00)	
13. Col 6: Supplies Total	To Col 6	313,232.99	313,232.99
13. Total Line 13, Column 8		0.00	289,220.99
14. Total		0.00	1,657,835.22

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 415	\$ 61,809	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (100,000))	764,397	764,397	3
4	Supply Inventory (priced at)	2,465	2,465	4
5	Short-Term Investments			5
6	Prepaid Insurance		6,856	6
7	Other Prepaid Expenses	16,522	37,100	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	11,987	111,632	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 795,786	\$ 984,260	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	65,899	65,899	12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,278,135	14
15	Leasehold Improvements, at Historical Cost	342,975	3,962,761	15
16	Equipment, at Historical Cost	479,972	3,108,741	16
17	Accumulated Depreciation (book methods)	(608,471)	(3,908,708)	17
18	Deferred Charges		6,546	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		66,007	21
22	Other Long-Term Assets (spec Financing Fees)	13,500	205,262	22
23	Other(specify): Due from Affiliates	271	271	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 294,146	\$ 10,764,914	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,089,932	\$ 11,749,174	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 501,565	\$ 529,166	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	35,736	35,736	28
29	Short-Term Notes Payable	11,606	141,499	29
30	Accrued Salaries Payable	315,224	315,224	30
31	Accrued Taxes Payable (excluding real estate taxes)	14,443	14,443	31
32	Accrued Real Estate Taxes(Sch.IX-B)		173,300	32
33	Accrued Interest Payable		32,411	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,d/t PA,SaleTx,etc.	67,962	232,884	36
37	Due to Affiliates	2,703,356	2,813,725	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,649,892	\$ 4,288,388	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	54,473	54,473	39
40	Mortgage Payable		6,941,668	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	5,404,310	10,360,838	43
44	Sharehold.loan, other			44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,458,783	\$ 17,356,979	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,108,675	\$ 21,645,367	46
47	TOTAL EQUITY(page 18, line 24)	\$ (8,018,743)	\$ (9,896,193)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,089,932	\$ 11,749,174	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,897,166)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,897,166)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,121,577)	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)	\$ (1,121,577)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (8,018,743)	24 *

* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,097,001	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,097,001	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	40,509	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 40,509	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	275	12
13	Barber and Beauty Care	47	13
14	Non-Patient Meals	66	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	212	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 599	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	3,208	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 3,208	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See page 19A, if any	18,775	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 18,775	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,160,093	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,428,076	31
32	Health Care	1,974,561	32
33	General Administration	1,880,821	33
B. Capital Expense			
34	Ownership	1,080,385	34
C. Ancillary Expense			
35	Special Cost Centers	1,812,368	35
36	Provider Participation Fee	105,459	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 8,281,670	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,121,577)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,121,577)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 312,794	44
45	Private Pay - Net Inpatient Revenue	1,113,652	45
46	Medicare - Net Inpatient Revenue	4,697,426	46
47	Other-(specify) Hospice/Insurance	973,994	47
48	Other-(specify) Veterans/Sales Allow.	(865)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,097,001	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.

STATE OF ILLINOIS

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2014 Ending: _____

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V)	
<u>Description</u>	<u>Amount</u>
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	1,386.75
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Recovery of Bad Debts (private only, is not offset on Schld V)	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	14,453.04
Vendor Discounts	313.16
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	2,622.27
Line 28 Total:	<u><u>18,775</u></u>

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	2,056	2,148	\$ 91,390	\$ 42.55	1
2	Assistant Director of Nursing	240	240	8,914	37.14	2
3	Registered Nurses	28,174	29,535	941,833	31.89	3
4	Licensed Practical Nurses	2,965	3,563	106,817	29.98	4
5	CNAs & Orderlies	35,472	37,951	488,652	12.88	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	32,285	15.52	9
10	Activity Assistants	3,280	3,372	33,617	9.97	10
11	Social Service Workers	1,872	1,872	38,682	20.66	11
12	Dietician					12
13	Food Service Supervisor	1,912	1,993	54,360	27.28	13
14	Head Cook	6,205	6,403	128,627	20.09	14
15	Cook Helpers/Assistants	22,452	24,543	271,163	11.05	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	96,648	46.47	17
18	Housekeepers	6,143	6,693	75,112	11.22	18
19	Laundry	3,949	4,536	59,373	13.09	19
20	Administrator	2,065	2,193	109,386	49.88	20
21	Assistant Administrator	1,704	1,796	50,919	28.35	21
22	Other Administrative	4,440	4,596	115,210	25.07	22
23	Office Manager					23
24	Clerical	4,162	4,238	42,504	10.03	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,093	2,093	65,206	31.15	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	133,344	141,925	\$ 2,810,698 *	\$ 19.80	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	400/Monthly	\$ 5,595	1-3	35
36	Medical Director	1000/Monthly	12,000	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	198/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	52/Hourly	2,480	11-3	44
45	Social Service Consultant				45
46	Other(specify) <u>Psycho-Social Consul</u>	53/Hourly	840	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 23,291		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	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	
CRIST, KAITLIN M	Administrator		\$ 74,750	Workers' Compensation Insurance	\$ 121,989	IDPH License Fee	\$	
HANSON, EMILY J	Administrator		34,636	Unemployment Compensation Insurance	24,728	Advertising: Employee Recruitment	524	
EVANS, LAUREN A	Assistant Administrator		30,204	FICA Taxes	208,613	Health Care Worker Background Check		
FOSTER, ADRIANNE F	Assistant Administrator		20,716	Employee Health Insurance	122,568	(Indicate # of checks performed 18)	585	
				Employee Meals	34,362	Patient Background Checks	2,820	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees/Corp Ann Fee	435	
				Dental, Life, Relations, Pension & Misc	17,812	Health Care Council	4,383	
				Drug Test & Employee Physicals	656	Chicago Tribune/'Collaborative Healthcare	921	
				401k Match / Empl. Dishonesty/Emp Vaccinations	4,796	Related party-Evanston II, Inc	1,140	
				Offset Benefit Costs with Misc. Income	(17)	Related party- AMS	1,595	
				Employee Benefit -Marketing	(5,009)	Less: Public Relations Expense	()	
				Employee Benefit -Customer Services Liason	(5,665)	Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 160,305	TOTAL (agree to Schedule V, line 22, col.8)	\$ 524,833	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 12,403	
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
			\$	Not Applicable		\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				Related party- AMS	672
C. Professional Services				TOTAL			Seminar Expense	
Vendor/Payee	Type		Amount				IL Council Seminar	105
Alden Management Services	Consulting fees		\$ 498,002					
BDO Seidman & Virchow Krause	Accounting Fees		9,237				Entertainment Expense	()
Mercer Health & Benefit, LLC	Accounting Fees		916				(agree to Sch. V, line 24, col. 8)	
MIDCAP	Accounting Fees		667				TOTAL	\$ 777
Edward J.Molloy & Assoc	Land&Construction Serv.		675					
Achieve Accreditation, LLC	Consultation		734					
AMS (Eliminated)	Allocated Legal Fees		46,908					
Applegate & Thorne	Bldg Rehab Consultants		3,330					
Clerk of the Circuit Court/Sheriff/R	Legal Fees: Collections		1,153					
Real Estates Search/Ariana Fisch/AF	Legal Fees: Collections		285					
KPMG/C. Novotny	Cost Reporting		216					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 562,123					

* Attach copy of IMRF notifications

**See instructions.

**Alden Estates of Evanston
Legal Fee Support
2014**

Legal Fees Reported on Pg 21, Section C:	\$ 51,676.20
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(1,437.95)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(46,908.00)
Allowable Legal Fees	<u>\$ 3,330.25</u>

Vendor Name	Invoice Date	Amount	Allowable Legal fees
APPTHO Applegate & Thorne-Thom	12/08/14	1,870.00	
ARNLEH Law Office Arnstein & L	12/30/14	1,460.25	
Total Allowable Legal fees		<u><u>3,330.25</u></u>	

Vendor Name	Invoice Date	Amount	Allowable Legal fees
Leonard Smith adb ABC Accounts Corp.	03/11/14	43.00	
ABCACC Collection Suits	04/08/14	43.00	
ABCACC Leonard Smith dba ABC A	04/23/14	43.00	
ABCACC Special Process for Col	08/06/14	43.00	
ABCACC Special Process for Col	01/28/14	43.00	
Ariana Fisch	06/30/14	6.00	
Ariana Fisch	12/31/14	3.95	
Chicago Title Company, LLC.	10/07/14	60.00	
Clerk Of The Circuit Court	01/13/14	247.00	
Clerk Of The Circuit Court	01/21/14	6.00	
Clerk Of The Circuit Court	01/21/14	6.00	

Clerk Of The Circuit Court	01/21/14	12.00
Clerk Of The Circuit Court	04/08/14	6.00
Clerk Of The Circuit Court	04/08/14	80.00
Clerk Of The Circuit Court	04/08/14	(80.00)
Clerk Of The Circuit Court	04/23/14	80.00
Clerk Of The Circuit Court	06/17/14	6.00
Clerk Of The Circuit Court	07/02/14	247.00
Clerk Of The Circuit Court	07/02/14	247.00
Clerk Of The Circuit Court	06/17/14	6.00
Refund received Cash Import	09/11/14	(50.00)
Refund received Cash Import	10/09/14	(50.00)
Recorder of Deeds Cook County	06/30/14	80.00
Recorder of Deeds Cook County	10/20/14	50.00
Recorder of Deeds Cook County	06/30/14	40.00
Recorder of Deeds Cook County	03/18/14	40.00
SHEOCO Collection lawsuit	01/13/14	60.00
SHEOCO Lawsuit for Collection	07/02/14	60.00
Sheriff of Cook County	07/02/14	60.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 1,437.95

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>	<u>Allowable Legal fees</u>
AMS Corp Legal Cost Alloc-'14	01/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	02/28/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	03/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	04/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	05/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	06/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	07/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	08/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	09/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	10/31/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	11/30/14	3,909.00	
AMS Corp Legal Cost Alloc-'14	12/31/14	3,909.00	

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 51,676.20
\$ -

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 & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes,RN/LPNs: No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council \$4,383
- (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. \$ 16,199 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. \$ 105,459
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. \$ 34,362 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (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. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. No
Attach invoices and a summary of services for all architect and appraisal fees.