

		FOR BHF USE					

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2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2015)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH License ID Number: <u>0040733</u></p> <p>Facility Name: <u>Alden Estates of Evanston</u></p> <p>Address: <u>2520 Gross Point Rd</u> <u>Evanston</u> <u>60201</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(847) 328-6000</u> Fax # <u>(847) 328-6166</u></p> <p>HFS ID Number: _____</p> <p>Date of Initial License for Current Owners: <u>3/15/1996</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input checked="" type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steven M. Kroll</u> Telephone Number: <u>(773) 286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust	_____		<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> </tr> <tr> <td>(Type or Print Name) <u>Randi Schlossberg-Schullo</u> (Date) _____</td> </tr> <tr> <td></td> <td>(Title) <u>President, Alden Management Services, Inc.</u></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> </tr> <tr> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> </tr> <tr> <td>(Firm Name & Address) _____</td> </tr> <tr> <td></td> <td>(Telephone) <u>() () ()</u> Fax # () () ()</td> </tr> </table> <p>MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Randi Schlossberg-Schullo</u> (Date) _____		(Title) <u>President, Alden Management Services, Inc.</u>	Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____		(Telephone) <u>() () ()</u> Fax # () () ()
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																			
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	(Telephone) <u>() () ()</u> Fax # () () ()																																				

Facility Name & ID Number Alden Estates of Evanston

0040733 Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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	99	Skilled (SNF)	99	36,135	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	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	51	4,577	11,811	16,439	8
9	SNF/PED					9
10	ICF	1,813	2,168	39	4,020	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	1,864	6,745	11,850	20,459	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 56.62%

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 11,522

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: 12/31/15 Fiscal Year: 12/31/15

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

Facility Name & ID Number

Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	482,431	24,029	5,340	511,800	2,941	514,741	678	515,419		1
2	Food Purchase		292,356		292,356	(45,186)	247,170	(3,406)	243,764		2
3	Housekeeping	92,132	38,072		130,204	795	130,999	3,969	134,968		3
4	Laundry	42,394	18,310	7,796	68,500	673	69,173		69,173		4
5	Heat and Other Utilities			146,552	146,552		146,552	(896)	145,656		5
6	Maintenance	99,233		263,607	362,840	570	363,410	60,550	423,960		6
7	Other (specify):* related party							3,552	3,552		7
8	TOTAL General Services	716,190	372,767	423,295	1,512,252	(40,207)	1,472,045	64,447	1,536,492		8
	B. Health Care and Programs										
9	Medical Director			21,000	21,000		21,000		21,000		9
10	Nursing and Medical Records	1,876,639	118,696	10,300	2,005,635	1,598	2,007,233	105,276	2,112,509		10
10a	Therapy		2,727	16,518	19,245		19,245		19,245		10a
11	Activities	66,990	1,497	6,141	74,628		74,628		74,628		11
12	Social Services	44,130			44,130		44,130		44,130		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,567	3,567		15
16	TOTAL Health Care and Programs	1,987,759	122,920	53,959	2,164,638	1,598	2,166,236	108,843	2,275,079		16
	C. General Administration										
17	Administrative	207,206			207,206		207,206	63,584	270,790		17
18	Directors Fees										18
19	Professional Services			766,977	766,977		766,977	(642,404)	124,573		19
20	Dues, Fees, Subscriptions & Promotions			100,486	100,486	(1,168)	99,318	(78,549)	20,769		20
21	Clerical & General Office Expenses	173,103	14,768	195,349	383,220	1,357	384,577	(30,216)	354,361		21
22	Employee Benefits & Payroll Taxes			492,012	492,012	38,420	530,432	(17,621)	512,811		22
23	Inservice Training & Education										23
24	Travel and Seminar			420	420		420	527	947		24
25	Other Admin. Staff Transportation			5,879	5,879		5,879	6,136	12,015		25
26	Insurance-Prop.Liab.Malpractice			124,195	124,195		124,195	7,797	131,992		26
27	Other (specify):* related party			43,894	43,894		43,894	(16,527)	27,367		27
28	TOTAL General Administration	380,309	14,768	1,729,212	2,124,289	38,609	2,162,898	(707,274)	1,455,624		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,084,258	510,455	2,206,466	5,801,179		5,801,179	(533,984)	5,267,195		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:

01/01/2015

Ending:

12/31/2015

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			52,446	52,446		52,446	562,841	615,287			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			219,670	219,670		219,670	312,724	532,394			32
33	Real Estate Taxes			136,127	136,127	(136,127)		138,638	138,638			33
34	Rent-Facility & Grounds			588,927	588,927	136,127	725,054	(717,904)	7,150			34
35	Rent-Equipment & Vehicles			19,985	19,985		19,985	20,445	40,430			35
36	Other (specify):* MIP							51,690	51,690			36
37	TOTAL Ownership			1,017,155	1,017,155		1,017,155	368,434	1,385,589			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,027,692	1,601,974	2,629,666		2,629,666	(169,948)	2,459,718			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			109,428	109,428		109,428		109,428			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		1,027,692	1,711,402	2,739,094		2,739,094	(169,948)	2,569,146			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,084,258	1,538,147	4,935,023	9,557,428		9,557,428	(335,498)	9,221,930			45

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

Alden Estates of Evanston
 Period Beginning: 01/01/2015
 Period Ending: 12/31/2015

IDPH License No. 0040733

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (45,186.00)	Employee Meals
	22	\$ 45,186.00	Employee Meals
22		\$ (6,766.00)	Uniform Reclass
	1	\$ 2,941.00	Uniform Reclass
	3	\$ 795.00	Uniform Reclass
	4	\$ 673.00	Uniform Reclass
	6	\$ 570.00	Uniform Reclass
	10	\$ 1,598.00	Uniform Reclass
	11	\$ -	Uniform Reclass
	21	\$ 189.00	Uniform Reclass
10		N/A	Oxygen Cost Reclass
	39	N/A	Oxygen Cost Reclass
33		(136,127.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	136,127.00	Rent - Real Estate Tax on associated landowner (Pg 6)
20		(1,168.00)	Reclass Special Education -Relias Learning
	21	1,168.00	Reclass Special Education -Relias Learning

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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	(2,476)	2		4
5	Telephone, TV & Radio in Resident Rooms	(8,943)	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	(13,659)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(4,831)	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	(12,092)	21		17
18	Fines and Penalties	(158)	32		18
19	Entertainment	(667)	20		19
20	Contributions	(1,825)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(490)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(43,894)	27		24
25	Fund Raising, Advertising and Promotional	(52,228)	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)	\$ (162,754)		\$	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)	190,275		34
35	Other- Attach Schedule	(363,019)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (172,744)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (335,498)		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

ID#	0040733
Report Period Beginning:	01/01/2015
Ending:	12/31/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,029)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(26,769)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +		6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	43,420	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(321)	30	6
7				7
8	Depreciation Adj Sage Report	(896)	30	8
9	AMS Deprec Adj	(241)	30	9
10	Valet Cost	(65,328)	21	10
11	Late Fees on Utilities	(2,456)	5	11
12	Intercompany Interest Not Allowed	(213,581)	32	12
13	Misc Income - Nursing R&M	(33)	6	13
14	Misc Income - Food Rebate	(113)	2	14
15	Misc Income - Record Copies	(920)	10	15
16	Misc Income - Jury Duty	(94)	22	16
17	Misc Income - Interest	392	32	17
18	Vendor Discount	(622)	10	18
19	Reduce Emplpyee Benefit for Marketing	(5,890)	22	19
20	Marketing Manager & Aides	(36,923)	21	20
21	Collection Fees	(30)	21	21
22	Back Out Bank Fees - Estates of Evanston II	(1)	21	22
23	Back Out Evanston Chamber of Commerce	(1,025)	20	23
24	Reduce Emplpyee Benefit for Customer Services Liason	(7,285)	22	24
25	Customer Services Liason & Aides	(40,274)	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		(363,019)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	1,193	(515)	0	0	0	0	0	0	0	678	1
2	Food Purchase	(7,420)	0	0	4,014	0	0	0	0	0	0	0	(3,406)	2
3	Housekeeping	0	0	3,969	0	0	0	0	0	0	0	0	3,969	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,456)	0	1,560	0	0	0	0	0	0	0	0	(896)	5
6	Maintenance	34,445	10,185	8,012	0	0	0	(56)	7,964	0	0	0	60,550	6
7	Other (specify):*	0	0	3,552	0	0	0	0	0	0	0	0	3,552	7
8	TOTAL General Services	24,569	10,185	18,286	3,499	0	0	(56)	7,964	0	0	0	64,447	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	(1,542)	0	103,429	3,698	(309)	0	0	0	0	0	0	105,276	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	3,567	0	0	0	0	0	0	0	0	3,567	15
16	TOTAL Health Care and Programs	(1,542)	0	106,996	3,698	(309)	0	0	0	0	0	0	108,843	16
	C. General Administration													
17	Administrative	0	0	63,584	0	0	0	0	0	0	0	0	63,584	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(490)	22,070	(663,984)	0	0	0	0	0	0	0	0	(642,404)	19
20	Fees, Subscriptions & Promotions	(55,745)	155	(22,959)	0	0	0	0	0	0	0	0	(78,549)	20
21	Clerical & General Office Expenses	(154,648)	1	124,431	0	0	0	0	0	0	0	0	(30,216)	21
22	Employee Benefits & Payroll Taxes	(13,269)	0	0	0	(4,352)	0	0	0	0	0	0	(17,621)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	527	0	0	0	0	0	0	0	0	527	24
25	Other Admin. Staff Transportation	0	0	6,136	0	0	0	0	0	0	0	0	6,136	25
26	Insurance-Prop.Liab.Malpractice	0	7,684	113	0	0	0	0	0	0	0	0	7,797	26
27	Other (specify):*	(43,894)	0	27,367	0	0	0	0	0	0	0	0	(16,527)	27
28	TOTAL General Administration	(268,047)	29,910	(464,785)	0	(4,352)	0	0	0	0	0	0	(707,274)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(245,020)	40,095	(339,503)	7,197	(4,661)	0	(56)	7,964	0	0	0	(533,984)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Evanston# 0040733

Report Period Beginning:

01/01/2015 Ending:

12/31/2015

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	(53,747)	612,384	4,204	0	0	0	0	0	0	0	0	562,841	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(227,006)	322,843	216,887	0	0	0	0	0	0	0	0	312,724	32
33	Real Estate Taxes	0	136,127	2,511	0	0	0	0	0	0	0	0	138,638	33
34	Rent-Facility & Grounds	0	(717,904)	0	0	0	0	0	0	0	0	0	(717,904)	34
35	Rent-Equipment & Vehicles	0	0	20,445	0	0	0	0	0	0	0	0	20,445	35
36	Other (specify):*	0	51,690	0	0	0	0	0	0	0	0	0	51,690	36
37	TOTAL Ownership	(280,753)	405,140	244,047	0	0	0	0	0	0	0	0	368,434	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	(24,068)	(28,975)	(116,905)	0	0	0	0	0	(169,948)	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	(24,068)	(28,975)	(116,905)	0	0	0	0	0	(169,948)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(525,773)	445,235	(95,456)	(16,871)	(33,636)	(116,905)	(56)	7,964	0	0	0	(335,498)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG 6-Supp		See PG 6-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	\$ 717,904	Alden Estates of Evanston II, Inc.		\$	\$ (717,904)	1
2	V	32 Interest/Investment Income-RR	1,639	Alden Estates of Evanston II, Inc.			(1,639)	2
3	V	19 Professional Fees		Alden Estates of Evanston II, Inc.		15,295	15,295	3
4	V	19 Accounting Fees		Alden Estates of Evanston II, Inc.		6,775	6,775	4
5	V	20 Annual Rpt Fee		Alden Estates of Evanston II, Inc.		155	155	5
6	V	21 Bank Charges		Alden Estates of Evanston II, Inc.		1	1	6
7	V	32 Amortization		Alden Estates of Evanston II, Inc.		117,635	117,635	7
8	V	33 RE Tax Expense		Alden Estates of Evanston II, Inc.		136,127	136,127	8
9	V	26 General Insurance Expenses		Alden Estates of Evanston II, Inc.		7,684	7,684	9
10	V	36 Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		51,690	51,690	10
11	V	32 Interest on Mortgage Note		Alden Estates of Evanston II, Inc.		206,847	206,847	11
12	V	30 Depreciation		Alden Estates of Evanston II, Inc.		612,384	612,384	12
13	V	6 R & M - Replacement Reseve		Alden Estates of Evanston II, Inc.		10,185	10,185	13
14	Total		\$ 719,543			\$ 1,164,778	\$ * 445,235	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%	\$ 1,560	\$ 1,560
16	V	24 Travel & Seminar		Alden Management Services, Inc.		527	527
17	V	25 Other Admin Travel		Alden Management Services, Inc.		6,136	6,136
18	V	26 Insurance		Alden Management Services, Inc.		113	113
19	V	20 Dues/Subscriptions	24,816	Alden Management Services, Inc.		1,857	(22,959)
20	V	30 Depreciation		Alden Management Services, Inc.		4,204	4,204
21	V	33 Real Estate Tax		Alden Management Services, Inc.		2,511	2,511
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		20,445	20,445
23	V	32 Interest		Alden Management Services, Inc.		216,887	216,887
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,193	1,193
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,969	3,969
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		3,552	3,552
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		103,429	103,429
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,567	3,567
29	V	17 Administrative Salary		Alden Management Services, Inc.		63,584	63,584
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		27,367	27,367
31	V	19 Professional Fees	702,524	Alden Management Services, Inc.		38,540	(663,984)
32	V	21 Gen'l & Admin		Alden Management Services, Inc.		124,431	124,431
33	V	6 Repairs & Maintenance	45,846	Alden Management Services, Inc.		53,858	8,012
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 773,186			\$ 677,730	\$ * (95,456)

* 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	\$ 4,800	Prism Health Care Services, Inc.	0.00%	\$ 26	\$ (4,774)
16	V	1 Dietarty Salary		Prism Health Care Services, Inc.		2,405	2,405
17	V	2 Tube Feeding	12,684	Prism Health Care Services, Inc.		10,815	(1,869)
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		8,809	2,149
19	V	39 Ancillary Supplies	67,114	Prism Health Care Services, Inc.		30,875	(36,239)
20	V	1 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		1,854	1,854
21	V	2 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		5,883	5,883
22	V	10 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		1,549	1,549
23	V	39 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		12,171	12,171
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		\$ 91,258			\$ 74,387	\$ * (16,871)

* 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	\$ 480,068	Forum Extended Care Services II, Inc.	0.00%	\$ 463,338	\$ (16,730)
16	V	39 I.V.	471,159	Forum Extended Care Services II, Inc.		454,739	(16,420)
17	V	39 Wound Care	738	Forum Extended Care Services II, Inc.		713	(25)
18	V	10 House Stock	6,489	Forum Extended Care Services II, Inc.		6,263	(226)
19	V	10 Pharmacy Consultant	2,376	Forum Extended Care Services II, Inc.		2,293	(83)
20	V	22 Employee Vaccinations	4,352	Forum Extended Care Services II, Inc.			(4,352)
21	V	39 Employee Vaccinations		Forum Extended Care Services II, Inc.		4,200	4,200
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		\$ 965,182			\$ 931,546	\$ * (33,636)

* 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	\$ 1,546,030	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,429,125	\$ (116,905)
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		\$ 1,546,030			\$ 1,429,125	\$ * (116,905)

* 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	\$ 29,384	Alden Bennett Construction Company, Inc.	0.00%	\$ 29,328	\$	(56)	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		\$ 29,384			\$ 29,328	\$ *	(56)	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	\$ 37,946	Alden Design Group, Inc.	0.00%	\$ 45,910	\$ 7,964	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		\$ 37,946			\$ 45,910	\$ *	7,964	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:

01/01/2015

Ending:

12/31/2015

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/Alzi	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 Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health C	Skokie	Family Home Health S	Addison	Home health & hosj	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: 01/01/2015 Ending: 12/31/2015

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	181,976	0.652	1.63	Salary	\$ 3,024	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,365	0.652	1.63	Salary	1,635	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,365	0.652	1.63	Salary	1,635	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	107,364	0.652	1.63	Salary	1,784	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	61,494	0.652	1.63	Salary	1,022	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	\$ 9,100		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:

01/01/2015

Ending: 2/31/2015

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	34	\$ 95,438	\$	20,459	\$ 1,560	1
2	24	Travel/Seminar	Patient Days	34	32,213		20,459	527	2
3	25	Other Admin Travel	Patient Days	34	375,370		20,459	6,136	3
4	26	Insurance	Patient Days	34	6,897		20,459	113	4
5	20	Dues/Subscriptions	Patient Days	34	113,573		20,459	1,857	5
6	30	Depreciation	No. of Providers/usage	34	156,306		1	4,204	6
7	33	Real Estate Tax	Patient Days/usage	34	176,959		20,459	2,511	7
8	35	Rent-Equip & Vehicles	Patient Days	34	1,250,701		20,459	20,445	8
9	32	Interest	Patient Days/usage	34	2,158,573		20,459	216,887	9
10	1	Dietary Salary	Patient Days	34	72,994	72,994	20,459	1,193	10
11	3	Housekeeping Salary	Patient Days	34	242,795	242,795	20,459	3,969	11
12	7	Employee Benef-Gen'l Servs	Patient Days	34	217,281		20,459	3,552	12
13	10	Nurs/Med Records Salary	Patient Days/usage	34	1,562,220	1,562,220	20,459	103,429	13
14	15	Employee Benef-Health Care	Patient Days	34	218,198		20,459	3,567	14
15	17	Administrative Salary	Patient Days/usage	34	4,332,153	4,332,153	20,459	63,584	15
16	27	Employee Benef-Administrative	Patient Days	34	1,674,148		20,459	27,367	16
17	19	Professional Fees	Patient Days	34	1,213,223	909,774	20,459	38,540	17
18	21	Gen'l & Administrative	Patient Days	34	7,611,926	6,744,406	20,459	124,431	18
19	6	Repairs & Maintenance	Patient Days	34	1,835,211	1,239,870	20,459	53,858	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 677,730	25

Facility Name & ID Number

Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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		7	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	\$ Zero		7/2040	5.5000	\$ 32,411	1					
2		Capital Funding (GL 2505/7055)		X	Mortgage		1/2015	7,226,100	7,137,960		2/2050	3.5500	70,177	2					
3		Capital Funding (GL 2513/7053)		X	Supplemental Healthcare		8/2015	6,279,900	6,261,692		2/2050	4.7500	104,259	3					
4		Insurance Interest (GL07053)		X	Medical Malpractice								2,073	4					
5														5					
		Working Capital																	
6		Related party-AMS		X	Working Capital								216,887	6					
7														7					
8		Avaya Financial Services		X	Capital Lease		12/2014	67,016	54,405		12/2019	6.9760	3,857	8					
9		TOTAL Facility Related						\$ 21,573,816	\$ 13,454,057			\$ 429,664	9						
		B. Non-Facility Related*																	
10		Interest Income on R.R.		X									(1,639)	10					
11		Int Income (GL#4975)		X									(13,266)	11					
12														12					
13		Amortization-Fin/Refin Fee(II7105)											117,635	13					
14		TOTAL Non-Facility Related						\$	\$			\$ 102,730	14						
15		TOTALS (line 9+line14)						\$ 21,573,816	\$ 13,454,057			\$ 532,394	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 51,690 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 2014 report.			\$	<u>173,300</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>152,427</u>	2
3.	Under or (over) accrual (line 2 minus line 1).			\$	<u>(20,873)</u>	3
4.	Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	<u>157,000</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>136,127</u>	7
Real Estate Tax History:		Plus: Related Party Taxes (2) - See Pg RE_Tax		\$	<u>2,511</u>	
		Total Real Estate Tax Expense, Sch V, Line 33		\$	<u>138,638</u>	
Real Estate Tax Bill for Calendar Year:		2010	<u>188,811</u>	8		
		2011	<u>154,078</u>	9		
		2012	<u>151,816</u>	10		
		2013	<u>168,293</u>	11		
		2014	<u>152,427</u>	12		
The current year accrual is based on an estimated 10% increase of the prior year tax						
				FOR BHF USE ONLY		
		13	FROM R. E. TAX STATEMENT FOR 2014	\$		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.

2014 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 2014 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 2014.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>See attached (Supplement)</u>	<u>Related party-Alden Management</u>	\$ <u>153,627.00</u>	\$ <u>2,511.00</u>
2. <u>10-10-200-077-0000</u>	<u>Nursing facility</u>	\$ <u>152,427.40</u>	\$ <u>152,427.40</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>306,054.40</u></u>	\$ <u><u>154,938.40</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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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)	\$ 2,866,170	4
5	Building	1999		54,450	1,601	34	1,601		25,617	5
6										6
7										7
8										8
Improvement Type**										
9	Repair: boiler, valve, elect. Fixtures, heater, TV antenna	1995		17,311		10-20			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		35,917	11
12	Sign	1996		745					745	12
13	Sink	1996		1,366	68	20	68		1,338	13
14	Motor repair	1996		3,300	165	20	165		3,300	14
15	Elevator remodeling	1996		3,018	151	20	151		2,905	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		15			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	68	15	68		1,765	33
34	CSI-replace compressor	2000		1,770		10			1,770	34
35	Alden Bennett-seea/stripe parking lot, replace sidewalk	2000		5,582	184	5-15	184		5,582	35
36										36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Capps plumbing repair for meter bypass line	2001	\$ 1,840	\$	5	\$	\$	\$ 1,840	37
38	The floor source - lobby & elevator carpet	2001	944		5			944	38
39	Sonja	2002	1,411					1,411	39
40	ABC (amtech lighting)	2002	2,202	110	20	110		1,431	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		10			2,540	50
51	ABC-replaced HID ballasts	2004	1,406	70	20	70		802	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		10			6,493	53
54	ABC - Excelon VC Tile in PT room	2005	1,992	100	10	100		1,992	54
55	ABC - Excelon VC Tile in PT room	2006	3,300	330	10	330		3,163	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		3,420	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		4,738	58
59									59
60	Therapy Room Expansion	2007	94,048	6,290	29	6,290		48,632	60
61	Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		18,602	61
62	Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		18,952	62
63	Repair freezer door assembly	2007	3,945	395	10	395		2,992	63
64	Replace pump motor chiller	2007	5,544	554	10	554		4,204	64
65	Replace worn & torn cubicle curtains	2007	2,566		10			2,566	65
66	Charge Chiller	2007	5,773	385	10	385		2,918	66
67	Repair broken fence & driveway	2007	6,447	430	15	430		3,259	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		2,372	69
70	TOTAL (lines 4 thru 69)		\$ 5,914,867	\$ 177,268		\$ 155,777	\$ (21,491)	\$ 3,286,388	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:

01/01/2015 Ending: 12/31/2015

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	\$ 177,268		\$ 155,777	\$ (21,491)	\$ 3,286,388	1
2	ABC-New Cubicle Track/Curtains/New Control Pump Circuit	2008	6,029	603	10	603		4,572	2
3	ABC-New Sidewalk	2008	7,189	479	15	479		3,594	3
4	ABC-Replace Failed Centronic Door Closures to Patient Units	2008	2,911	291	10	291		2,305	4
5	ABC-New Shower	2008	2,572	129	20	129		975	5
6	ABC - New Sidewalk	2010	7,336	489	15	489		2,690	6
7	Washing Machine Repairs;Housing Trunnon/Gables-EQUINT	2010	3,608	361	5	361		3,608	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725	248	5	248		1,242	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159	716	10	716		2,565	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982	698	10	698		2,502	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-US	2012	6,104	916	25	916		2,747	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454	155	10	155		436	12
13	Dampers, Fire, major rebuild - ALDBEN	2013	18,694	1,869	10	1,869		4,206	13
14	Acoustical-ALDBEN	2014	79,307	9,913	8	9,913		14,044	14
15	Carpentry & Drywall Interior-ALDBEN	2014	673,002	33,650	20	33,650		47,671	15
16	Carpentry Exterior -ALDBEN	2014	181,188	12,079	15	12,079		17,112	16
17	Casework -Key Interiors-ALDBEN	2014	96,137	4,807	20	4,807		6,810	17
18	Caulking-ALDBEN	2014	19,051	1,905	10	1,905		2,699	18
19	Demolition -ALDBEN	2014	77,570	5,171	15	5,171		7,326	19
20	E.I.F.S. Outside of Building Structure-ALDBEN	2014	29,277	1,952	15	1,952		2,765	20
21	Electrical -ALDBEN	2014	538,578	35,905	15	35,905		50,866	21
22	Elevator-ALDBEN	2014	154,920	7,746	20	7,746		10,973	22
23	Evanston Remodel Drawings - FOXBUI	2014	6,700	335	20	335		475	23
24	Fence-ALDBEN	2014	11,729	782	15	782		1,108	24
25	Fire Protection - Exterior-ALDBEN	2014	26,063	1,043	25	1,043		1,477	25
26	Fire Protection - Interior-ALDBEN	2014	56,340	2,254	25	2,254		3,193	26
27	Glass/Glazing-ALDBEN	2014	29,663	1,978	15	1,978		2,802	27
28	Hollow Metal/Doors/Frames/Hdwr-ALDBEN	2014	260,634	13,032	20	13,032		18,462	28
29	HVAC-ALDBE	2014	405,534	27,036	15	27,036		38,301	29
30	Landscaping -ALDBEN	2014	19,622	1,308	15	1,308		1,853	30
31	Masonry-ALDBEN	2014	4,716	943	5	943		1,336	31
32	Painting/Decorating-ALDBEN	2014	166,311	11,087	15	11,087		15,707	32
33	Permit Fee - CITEVA	2014	26,376	1,319	20	1,319		1,868	33
34	TOTAL (lines 1 thru 33)		\$ 8,857,346	\$ 358,467		\$ 336,976	\$ (21,491)	\$ 3,564,678	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:

01/01/2015 Ending: 12/31/2015

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	\$ 358,467		\$ 336,976	\$ (21,491)	\$ 3,564,678	1
2	Permit-CITEVA	2014	4,329	216	20	216		306	2
3	Plan Review Fee - ILLDPH	2014	11,915	596	20	596		844	3
4	Plumbing-ALDBEN	2014	198,330	9,917	20	9,917		14,049	4
5	Certificate of need Fees - ARNLUN/CHAFOL	2014	85,094	4,255	20	4,255		6,028	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	2,594	15	2,594		3,675	9
10	Tiles, Marble install on 1st & 3rd Floor renovation-ALDBEN	2014	71,550	4,770	15	4,770		6,758	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	609	10	609		863	14
15	Hand Rails install in hallway-1st & 3rd Floor-ALDBEN	2014	19,937	1,994	10	1,994		2,825	15
16	Roof decking -ALDBEN	2014	23,085	1,154	20	1,154		1,635	16
17	Tree Trimming-ALDBEN	2014	3,599	240	15	240		340	17
18	Vinyl Fabric wallcovering -1st & 3rd Floor -ALDBEN	2014	70,634	14,127	5	14,127		20,013	18
19	Window-ALDBEN	2014	4,363	436	10	436		618	19
20	Asphalt Paving -ALDBEN	2014	67,641	8,455	8	8,455		11,978	20
21	Asphalt-ALDBEN	2014	3,475	434	8	434		615	21
22	Concrete Patching/Sitework-ALDBEN	2014	44,246	2,950	15	2,950		4,179	22
23	Remodel 2nd floor -ALDDES	2015	6,640	148	15	148		148	23
24	Architect/Design -Remodel 2nd floor -ALDDES	2015	3,335	56	15	56		56	24
25	Nursing call station part install/repairs -ALDBEN	2015	2,557	128	5	128		128	25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,523,078	\$ 411,545		\$ 390,054	\$ (21,491)	\$ 3,639,735	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:

01/01/2015 Ending: 12/31/2015

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		\$ 9,523,078	\$ 411,545		\$ 390,054	\$ (21,491)	\$ 3,639,735	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,456		15			30,456	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919	4	10	4		1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	747	14	7	14		747	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	58	7	58		2,613	12
13	Forum Prof Ctr: Suite renovation	2005	528	(13)	10	(13)		574	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436	38	7	38		436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	86	10	86		531	17
18	Forum Prof Ctr: Building Renovations	2010	1,511	235	5	235		1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	633	10	633		2,796	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		156	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		113	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44	10	44		56	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	51	3-15	51		51	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		10			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290	4	13	4		290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295		11			6,295	26
27	Alden Mgt Servs: Motor Controller PC Board	2014	86	17	5	17		27	27
28	Adjust for ABC Related Party Profit	2008	(107)	(5)		(5)		(42)	28
29	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(19)	29
30	Adjust for ABC Related Party Profit	2011	(56)	(1)		(1)		(5)	30
31	Adjust for ABC Related Party Profit	2012	460	23		23		69	31
32	Adjust for ABC Related Party Profit	2013	252	13		13		31	32
33	Adjust for ABC Related Party Profit	2014	(6,401)	(347)		(347)		(521)	33
34	TOTAL (lines 1 thru 33)		\$ 9,608,039	\$ 412,497		\$ 391,006	\$ (21,491)	\$ 3,724,719	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,608,039	\$ 412,497		\$ 391,006	\$ (21,491)	\$ 3,724,719	1
2	Adjust for ABC Related Party Profit	2015	(5)	(0)		(0)		(0)	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,608,034	\$ 412,496		\$ 391,005	\$ (21,491)	\$ 3,724,719	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,483,294	\$ 212,968	\$ 212,968	\$	varies	\$ 864,565	71
72	Current Year Purchases	151,315	4,183	4,183		varies	4,183	72
73	Fully Depreciated Assets	372,938	7,131	7,131		varies	372,938	73
74								74
75	TOTALS	\$ 3,007,547	\$ 224,282	\$ 224,282	\$		\$ 1,241,686	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)	\$ 12,969,607	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 636,778	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 615,287	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)	\$ 4,970,431	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	CIP	\$ 98,481	92
93			93
94			94
95		\$ 98,481	95

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

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

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

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:				\$ <u>Related Party Cost is backed out</u>			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning 4/01/2000

Ending 4/30/2020

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

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. 12/31/16 \$ varies

13. 12/31/17 \$ varies

14. 12/31/18 \$ 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: \$ 16,107 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>525.92</u>	\$ <u>6,311</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>876.59</u>	<u>10,519</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>16,830</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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	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	\$			\$ 537,082	\$		\$ 537,082	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				53,183			53,183	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs				950,610			950,610	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 prescrpts					467,538		467,538	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					(116,906)	568,211		451,305	13
14	TOTAL			\$			\$ 1,423,968	\$ 1,035,750		\$ 2,459,718	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	537,081.97	
2.	ST	39-3	To Col 5	53,182.61	
3.					
4.	PT	39-3	To Col 5	950,609.54	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			480,068.49	
	Manual Input from Related Party- Forum Drugs			(12,530.00)	
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	467,538.49	2,008,412.61
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00
	Total Exceptional Care (Line 12, Col 8)			-	0.00
13.	Other:	See Pg 16A			0.00
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(116,906.00)	(116,906.00)

Other		608,725.39	
Manual Input: Related Party - Prism		(24,068.00)	
Manual Input: Related Party FECII - I.V.		(16,420.00)	
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(26.00)	
		-	
13. Col 6: Supplies Total	To Col 6	568,211.39	568,211.39
13. Total Line 13, Column 8		-	451,305.39
14. Total		-	2,459,718.00

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(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	\$ 58,845	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 86,000)	1,162,073	1,162,073	3
4	Supply Inventory (priced at)	2,465	2,465	4
5	Short-Term Investments			5
6	Prepaid Insurance		8,319	6
7	Other Prepaid Expenses	22,672	62,557	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd parties</u>	28,056	172,411	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,215,681	\$ 1,466,670	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	52,496	52,496	12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,278,135	14
15	Leasehold Improvements, at Historical Cost	358,287	3,978,074	15
16	Equipment, at Historical Cost	474,484	3,155,935	16
17	Accumulated Depreciation (book methods)	(644,008)	(4,556,626)	17
18	Deferred Charges		6,546	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		59,114	21
22	Other Long-Term Assets (spec <u>Financing Fees</u>)		379,954	22
23	Other(specify): <u>Repair Escrow/CIP</u>		1,937,433	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 241,259	\$ 12,271,061	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,456,940	\$ 13,737,731	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 629,390	\$ 629,761	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	107,832	107,832	28
29	Short-Term Notes Payable	12,442	196,734	29
30	Accrued Salaries Payable	345,568	345,568	30
31	Accrued Taxes Payable (excluding real estate taxes)	13,637	13,637	31
32	Accrued Real Estate Taxes(Sch.IX-B)		157,000	32
33	Accrued Interest Payable		45,902	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	70,237	78,941	36
37	<u>Due to Affiliates</u>	1,741,958	1,741,958	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,921,064	\$ 3,317,333	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	41,963	41,963	39
40	Mortgage Payable		7,028,697	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	6,656,861	7,648,708	43
44	<u>Loan Payble -other</u>		6,186,663	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 6,698,824	\$ 20,906,031	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,619,888	\$ 24,223,364	46
47	TOTAL EQUITY(page 18, line 24)	\$ (8,162,948)	\$ (10,485,633)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,456,940	\$ 13,737,731	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,018,743)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,018,743)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(144,205)	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)	\$ (144,205)	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)	\$ (8,162,948)	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	\$ 9,331,998	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,331,998	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	51,953	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 51,953	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	761	12
13	Barber and Beauty Care	1,125	13
14	Non-Patient Meals	2,476	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	4,800	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 9,162	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	13,659	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 13,659	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	6,451	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,451	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 9,413,223	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,512,252	31
32	Health Care	2,164,638	32
33	General Administration	2,124,289	33
B. Capital Expense			
34	Ownership	1,017,155	34
C. Ancillary Expense			
35	Special Cost Centers	2,629,666	35
36	Provider Participation Fee	109,428	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,557,428	40
41	Income before Income Taxes (line 30 minus line 40)**	(144,205)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (144,205)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 340,073	44
45	Private Pay - Net Inpatient Revenue	839,640	45
46	Medicare - Net Inpatient Revenue	6,549,724	46
47	Other-(specify) Hospice/Insurance	2,559,084	47
48	Other-(specify) Sales Allow.	(14,766)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 10,273,755	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

Description

Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)
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)
Vendor Discounts
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)

Line 28 Total:

Ending: 12/31/2015

766.63

706.00

622.00

4,356.00

6,450.63

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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	880	\$ 47,875	\$ 54.40	1
2	Assistant Director of Nursing	1,101	44,889	40.77	2
3	Registered Nurses	31,519	1,097,819	33.24	3
4	Licensed Practical Nurses	4,103	115,555	27.23	4
5	CNAs & Orderlies	34,976	542,307	14.58	5
6	CNA Trainees				6
7	Licensed Therapist				7
8	Rehab/Therapy Aides				8
9	Activity Director	2,080	33,247	15.98	9
10	Activity Assistants	3,183	33,743	10.22	10
11	Social Service Workers	1,536	44,050	27.90	11
12	Dietician				12
13	Food Service Supervisor	1,880	50,165	26.68	13
14	Head Cook	4,787	119,161	24.32	14
15	Cook Helpers/Assistants	24,585	313,105	11.68	15
16	Dishwashers				16
17	Maintenance Workers	2,080	99,233	47.71	17
18	Housekeepers	7,384	92,132	11.55	18
19	Laundry	2,752	42,475	14.69	19
20	Administrator	2,072	122,146	58.72	20
21	Assistant Administrator	2,080	85,059	38.54	21
22	Other Administrative	4,846	135,085	26.74	22
23	Office Manager				23
24	Clerical	3,476	38,018	10.36	24
25	Vocational Instruction				25
26	Academic Instruction				26
27	Medical Director				27
28	Qualified MR Prof. (QMRP)				28
29	Resident Services Coordinator	832	28,194	32.94	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)	136,152	\$ 3,084,258 *	\$ 21.45	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	445/Monthly	\$ 5,340	1-3	35
36	Medical Director	1750/Monthly	21,000	9-3	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	3,480	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 32,196		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	14	\$ 5,102	10-3	50
51	Licensed Practical Nurses			10-3	51
52	Certified Nurse Assistants/Aides			10-3	52
53	TOTAL (lines 50 - 52)	14	\$ 5,102		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	
HANSON, EMILY J	Administrator		\$ 122,146	Workers' Compensation Insurance	\$ 108,062	IDPH License Fee	\$	
EVANS, LAUREN A	Assistant Administrator		48,141	Unemployment Compensation Insurance	26,748	Advertising: Employee Recruitment	584	
GREEN, JULIE M	Assistant Administrator		36,919	FICA Taxes	229,493	Health Care Worker Background Check		
				Employee Health Insurance	98,746	(Indicate # of checks performed 593)	6,064	
				Employee Meals	45,186	Patient Background Checks	10 325	
				Illinois Municipal Retirement Fund (IMRF)*		Surety Bond Fees	125	
				Dental, Life, Relations, Pension & Misc	15,231	Health Care Council	9,504	
				Drug Test & Employee Physicals	5,056	Chicago Tribune/'Collaborative Healthcare	2,155	
				401k Match / Empl. Dishonesty/Emp Vaccinations	1,909	Related party-Evanston II, Inc	155	
				Offset Benefit Costs with Misc. Income	(94)	Related party- AMS	1,857	
				Employee Benefit -Marketing	(5,890)	Less: Public Relations Expense	()	
				Employee Benefit -Customer Services Liason	(7,285)	Non-allowable advertising	()	
				Related party- Forum	(4,352)	Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 207,206	TOTAL (agree to Schedule V, line 22, col.8)	\$ 512,811	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 20,769	
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)			\$	TOTAL		\$	Related party- AMS	527
C. Professional Services								
Vendor/Payee	Type		Amount					
Alden Management Services	Consulting fees		\$ 655,616				Seminar Expense	
BDO Seidman & Virchow Krause	Accounting Fees		7,405				IL Council Seminar	420
Christine Novotny	Cost Reporting		100					
MIDCAP	Accounting Fees		1,274				Entertainment Expense	()
First Advantage/MB Finance	Tax Credit Services		330				(agree to Sch. V, line 24, col. 8)	
Achieve Accreditation, LLC	Consultation		9,507				TOTAL	\$ 947
AMS (Eliminated)	Allocated Legal Fees		46,908					
Applegate & Thorne	Bldg Rehab Consultants		3,230					
Clerk of the Circuit Court/Sheriff of	Legal Fees: Collections		391					
Ariana Fisch/ABC Accounts Corp./N	Legal Fees: Collections		99					
MIDCAP	Legal Fees: Non Collection		37,557					
Edward Clancy/Ariana Fisch/Siman	Legal-Non Collections-Medicaid		4,560					
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 766,977					

* Attach copy of IMRF notifications

**See instructions.

**Alden Estates of Evanston
Legal Fee Support
2015**

Legal Fees Reported on Pg 21, Section C:	\$ 92,745.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(490.00)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(46,908.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	\$ 45,347.00

In Detail:

Vendor Name	Invoice Date	Amount
Alden Group- MidCap Alloc Int Exp-1/16	01/01/15	29.66
Alden Group- MidCap Alloc Int Exp-10/16	10/01/15	87.42
Alden Group- MidCap Alloc Int Exp-2/16	02/01/15	48.61
Alden Group- MidCap Alloc Int Exp-3/16	03/01/15	252.63
Alden Group- MidCap Alloc Int Exp-4/16	04/01/15	36,410.28
Alden Group- MidCap Alloc Int Exp-6/16	06/01/15	266.99
Alden Group- MidCap Alloc Int Exp-7/16	07/01/15	83.67
Alden Group- MidCap Alloc Int Exp-9/16	09/01/15	377.71
Applegate & Thorne-Thomsen	01/16/15	3,230.00
Law Office Arnstein & Lehr LLP	02/12/15	1,980.00
Medicaid Legal Fees-2011	12/10/15	1,278.03
Medicaid Legal Fees-2012	12/10/15	847.20
Medicaid Legal Fees-2013	12/10/15	143.03
Simandl Law Group, S.C.	08/26/15	310.90
TOTAL ALLOWABLE LEGAL FEES		45,346.13

Vendor Name	Invoice Date	Amount
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ABCACC Leonard Smith dba ABC A	8/17/2015	43.00
Ariana Fisch	7/31/2015	6.00
Clerk Of The Circuit Court	10/19/2015	161.00
Clerk Of The Circuit Court	8/31/2015	337.00
Clerk Of The Circuit Court	6/17/2014	(6.00)
Markley Investigations	8/17/2015	50.00
Refund received Cash Import	5/14/2015	(161.00)
Sheriff of Cook County	8/31/2015	60.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES 490.00

Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'15	01/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	02/28/15	3,909.00
AMS Corp Legal Cost Alloc-'15	03/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	04/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	05/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	06/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	07/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	08/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	09/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	10/31/15	3,909.00
AMS Corp Legal Cost Alloc-'15	11/30/15	3,909.00
AMS Corp Legal Cost Alloc-'15	12/31/15	3,909.00

TOTAL Allocated Legal Fees 46,908.00

Total Legal Cost 92,744.13
 \$ (0.87)

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	ALDBEN Paint residents	2015	\$ 2,779	3	\$	\$	\$	\$	\$	\$	\$	\$ 849
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20	TOTALS		\$ 2,779		\$	\$	\$	\$	\$	\$	\$	\$ 849

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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 \$9,504
- (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. \$ 15,287 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. \$ 109,428
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. \$ 45,186 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. Yes
Attach invoices and a summary of services for all architect and appraisal fees.