



Facility Name & ID Number Alden Estates of Skokie

# 0050146 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	56	Skilled (SNF)	56	20,440	1
2		Skilled Pediatric (SNF/PED)		0	2
3		Intermediate (ICF)		0	3
4		Intermediate/DD		0	4
5		Sheltered Care (SC)		0	5
6		ICF/DD 16 or Less		0	6
7	56	TOTALS	56	20,440	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other		Total
8	SNF		3,208	6,112	9,320	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS		3,208	6,112	9,320	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 45.60%

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

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

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

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

None

F. Does the facility maintain a daily midnight census?

Yes

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

YES  NO

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

YES  NO

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

Date started 1/8/09

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

YES  Date 1/8/09 NO

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

YES  NO  If YES, enter number of beds certified 56 and days of care provided 6,112

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.

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	347,767	22,482	900	371,149	3,155	374,304	1,524	375,828		1
2	Food Purchase		131,575		131,575	(12,219)	119,356	2,960	122,316		2
3	Housekeeping	58,427	22,062		80,489	2,805	83,294	1,808	85,102		3
4	Laundry	42,102	9,297		51,399		51,399		51,399		4
5	Heat and Other Utilities			93,491	93,491		93,491	(492)	92,999		5
6	Maintenance	53,772		137,367	191,139		191,139	16,679	207,818		6
7	Other (specify):* related party							1,618	1,618		7
8	<b>TOTAL General Services</b>	502,068	185,416	231,758	919,242	(6,259)	912,983	24,096	937,079		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			9,000	9,000		9,000		9,000		9
10	Nursing and Medical Records	1,174,617	65,205	1,546	1,241,368	1,641	1,243,009	12,962	1,255,971		10
10a	Therapy		3,358	11,400	14,758		14,758		14,758		10a
11	Activities	36,147	2,204	2,489	40,840		40,840		40,840		11
12	Social Services	43,836		310	44,146		44,146		44,146		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							1,625	1,625		15
16	<b>TOTAL Health Care and Programs</b>	1,254,600	70,767	24,745	1,350,112	1,641	1,351,753	14,587	1,366,340		16
	<b>C. General Administration</b>										
17	Administrative	204,595			204,595		204,595	28,966	233,561		17
18	Directors Fees										18
19	Professional Services			293,203	293,203		293,203	(234,767)	58,436		19
20	Dues, Fees, Subscriptions & Promotions			90,177	90,177		90,177	(67,241)	22,936		20
21	Clerical & General Office Expenses	59,810	10,249	137,095	207,154	524	207,678	(11,882)	195,796		21
22	Employee Benefits & Payroll Taxes			353,361	353,361	4,094	357,455	(3,865)	353,590		22
23	Inservice Training & Education										23
24	Travel and Seminar			825	825		825	240	1,065		24
25	Other Admin. Staff Transportation			2,113	2,113		2,113	2,795	4,908		25
26	Insurance-Prop.Liab.Malpractice			70,252	70,252		70,252	7,560	77,812		26
27	Other (specify):* related party			16,841	16,841		16,841	(4,374)	12,467		27
28	<b>TOTAL General Administration</b>	264,405	10,249	963,867	1,238,521	4,618	1,243,139	(282,568)	960,571		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	2,021,073	266,432	1,220,370	3,507,875		3,507,875	(243,885)	3,263,990		29

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

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

Facility Name &amp; ID Number

Alden Estates of Skokie

#0050146

Report Period Beginning:

01/01/2015

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	
	<b>D. Ownership</b>											
30	Depreciation			20,731	20,731		20,731	346,203	366,934			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			955	955		955	444,229	445,184			32
33	Real Estate Taxes			101,080	101,080	(101,080)		102,224	102,224			33
34	Rent-Facility & Grounds			690,173	690,173	101,080	791,253	(791,253)				34
35	Rent-Equipment & Vehicles			11,667	11,667		11,667	9,314	20,981			35
36	Other (specify):* MIP							48,792	48,792			36
37	<b>TOTAL Ownership</b>			824,606	824,606		824,606	159,508	984,114			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		550,856	1,167,519	1,718,375		1,718,375	83,792	1,802,167			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			50,497	50,497		50,497		50,497			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		550,856	1,218,016	1,768,872		1,768,872	83,792	1,852,664			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	2,021,073	817,288	3,262,992	6,101,353		6,101,353	(585)	6,100,768			45

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

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

IDPH License No. 0050146

Page 4A

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		\$ (12,219.00)	Employee Meals
	22	\$ 12,219.00	Employee Meals
22		\$ (8,125.00)	Uniform Reclass
	1	\$ 3,155.00	Uniform Reclass
	3	\$ 2,805.00	Uniform Reclass
	4		Uniform Reclass
	6		Uniform Reclass
	10	\$ 1,641.00	Uniform Reclass
	11		Uniform Reclass
	21	\$ 524.00	Uniform Reclass
10			Oxygen Cost Reclass
	39		Oxygen Cost Reclass
33		\$ (101,080.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	\$ 101,080.00	Rent - Real Estate Tax on associated landowner (Pg 6)



Facility Name & ID Number Alden Estates of Skokie

# 0050146

Report Period Beginning: 01/01/2015

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**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.**

**In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,808)	2		4
5	Telephone, TV & Radio in Resident Rooms	(2,569)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(870)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,888)	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	(105)	21		17
18	Fines and Penalties				18
19	Entertainment	(141)	20		19
20	Contributions	(1,354)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(16,841)	27		24
25	Fund Raising, Advertising and Promotional	(41,595)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (70,171)		\$	30

<b>BHF USE ONLY</b>					
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	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	78,379		34
35	Other- Attach Schedule	(8,793)		35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ 69,586		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (585)		37

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

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

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

## Alden Estates of Skokie

ID#	0050146
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 -	\$ (847)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(9,101)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	1,649	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	10,834	6	4
5	Reconcile depreciation expense	3	30	5
6	Elim ABC Deprec Exp from Pg 12 series	114	30	6
7	Valet cost	(65,773)	21	7
8	Late fees on utilities	(1,203)	5	8
9	Vendor Discounts	(101)	10	9
10				10
11	Back out R/E Tax Refund	59,063	33	11
12	Misc Income- Jury Duty	(59)	21	12
13	Misc. income - Record Copies	(390)	21	13
14	Misc. income - Donations	(2,239)	21	14
15	Back out Landowner Bank Charges	(12)	20	15
16	Chamber of Commerce fees	(490)	20	16
17	Rotary Club Fees			17
18	AMS Depreciation Adj.	(241)	30	18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>		(8,793)	49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

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	544	980	0	0	0	0	0	0	0	1,524	1
2	Food Purchase	(6,696)	0	0	9,656	0	0	0	0	0	0	0	2,960	2
3	Housekeeping	0	0	1,808	0	0	0	0	0	0	0	0	1,808	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,203)	0	711	0	0	0	0	0	0	0	0	(492)	5
6	Maintenance	9,914	1,749	4,039	0	0	0	(28)	1,005	0	0	0	16,679	6
7	Other (specify):*	0	0	1,618	0	0	0	0	0	0	0	0	1,618	7
8	<b>TOTAL General Services</b>	<b>2,015</b>	<b>1,749</b>	<b>8,719</b>	<b>10,636</b>	<b>0</b>	<b>0</b>	<b>(28)</b>	<b>1,005</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24,096</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(101)	0	10,242	2,967	(147)	0	0	0	0	0	0	12,962	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	1,625	0	0	0	0	0	0	0	0	1,625	15
16	<b>TOTAL Health Care and Programs</b>	<b>(101)</b>	<b>0</b>	<b>11,867</b>	<b>2,967</b>	<b>(147)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14,587</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	28,966	0	0	0	0	0	0	0	0	28,966	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	28,994	(263,761)	0	0	0	0	0	0	0	0	(234,767)	19
20	Fees, Subscriptions & Promotions	(43,592)	321	(23,970)	0	0	0	0	0	0	0	0	(67,241)	20
21	Clerical & General Office Expenses	(68,566)	0	56,684	0	0	0	0	0	0	0	0	(11,882)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,865)	0	0	0	0	0	0	(3,865)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	240	0	0	0	0	0	0	0	0	240	24
25	Other Admin. Staff Transportation	0	0	2,795	0	0	0	0	0	0	0	0	2,795	25
26	Insurance-Prop.Liab.Malpractice	0	7,509	51	0	0	0	0	0	0	0	0	7,560	26
27	Other (specify):*	(16,841)	0	12,467	0	0	0	0	0	0	0	0	(4,374)	27
28	<b>TOTAL General Administration</b>	<b>(128,999)</b>	<b>36,824</b>	<b>(186,528)</b>	<b>0</b>	<b>(3,865)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(282,568)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(127,085)</b>	<b>38,573</b>	<b>(165,942)</b>	<b>13,603</b>	<b>(4,011)</b>	<b>0</b>	<b>(28)</b>	<b>1,005</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(243,885)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

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)	
	<b>D. Ownership</b>													
30	Depreciation	(10,072)	352,071	4,204	0	0	0	0	0	0	0	0	346,203	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(870)	443,593	1,506	0	0	0	0	0	0	0	0	444,229	32
33	Real Estate Taxes	59,063	42,017	1,144	0	0	0	0	0	0	0	0	102,224	33
34	Rent-Facility & Grounds	0	(791,253)	0	0	0	0	0	0	0	0	0	(791,253)	34
35	Rent-Equipment & Vehicles	0	0	9,314	0	0	0	0	0	0	0	0	9,314	35
36	Other (specify):*	0	48,792	0	0	0	0	0	0	0	0	0	48,792	36
37	<b>TOTAL Ownership</b>	<b>48,121</b>	<b>95,220</b>	<b>16,167</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>159,508</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(18,168)	(14,029)	115,989	0	0	0	0	0	83,792	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(18,168)</b>	<b>(14,029)</b>	<b>115,989</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>83,792</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	(sum of lines 29, 37 & 44)	(78,964)	133,793	(149,775)	(4,565)	(18,040)	115,989	(28)	1,005	0	0	0	(585)	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	\$ 791,253	Alden Estates of Skokie, LLC	0.00%	\$	\$ (791,253)	1
2	V	32 Interest Income Repl Reserve	163	Alden Estates of Skokie, LLC			(163)	2
3	V	19 Accounting/Professional fees		Alden Estates of Skokie, LLC		6,775	6,775	3
4	V	19 Legal Fees:Non-collections		Alden Estates of Skokie, LLC		22,219	22,219	4
5	V	20 Licen&Inspect/Annual Rep		Alden Estates of Skokie, LLC		321	321	5
6	V	6 R & M		Alden Estates of Skokie, LLC		1,749	1,749	6
7	V	33 Real Estate Tax Expense		Alden Estates of Skokie, LLC		42,017	42,017	7
8	V	26 General Insurance Expense		Alden Estates of Skokie, LLC		7,509	7,509	8
9	V	36 Mortgage Insurance Premium		Alden Estates of Skokie, LLC		48,792	48,792	9
10	V	32 Interest on Mortgage		Alden Estates of Skokie, LLC		439,152	439,152	10
11	V	30 Depreciation		Alden Estates of Skokie, LLC		352,071	352,071	11
12	V	32 Amortization		Alden Estates of Skokie, LLC		4,604	4,604	12
13	V	21 Write OFF Old A/P		Alden Estates of Skokie, LLC				13
14	Total		\$ 791,416			\$ 925,209	\$ * 133,793	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%	\$ 711	\$	711	15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		240		240	16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		2,795		2,795	17
18	V	26 Insurance		Alden Management Services, Inc.		51		51	18
19	V	20 Dues & Subscriptions	24,816	Alden Management Services, Inc.		846		(23,970)	19
20	V	30 Depreciation		Alden Management Services, Inc.		4,204		4,204	20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		1,144		1,144	21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		9,314		9,314	22
23	V	32 Interest		Alden Management Services, Inc.		1,506		1,506	23
24	V	1 Dietary		Alden Management Services, Inc.		544		544	24
25	V	3 Houskeeping		Alden Management Services, Inc.		1,808		1,808	25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		1,618		1,618	26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		10,242		10,242	27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		1,625		1,625	28
29	V	17 Administrative Salary		Alden Management Services, Inc.		28,966		28,966	29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		12,467		12,467	30
31	V	19 Professional Fees	279,766	Alden Management Services, Inc.		16,004		(263,761)	31
32	V	21 General & Administrative		Alden Management Services, Inc.		56,684		56,684	32
33	V	6 Repairs & Maintenance	10,528	Alden Management Services, Inc.		14,566		4,039	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 315,109			\$ 165,334	\$ *	(149,775)	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consultant	\$	Prism Health Care Services, Inc.	0.00%	\$	\$	15
16	V	1 Dietary Salary						16
17	V	2 Tube Feeding	317			6,863	6,546	17
18	V	10 Equipment Rental	6,660			8,809	2,149	18
19	V	39 Ancillary Supplies	41,266			16,664	(24,602)	19
20	V	39 Ventilator Rental						20
21	V	1 Gen'l & Admin & benefits				980	980	21
22	V	2 Gen'l & Admin & benefits				3,110	3,110	22
23	V	10 Gen'l & Admin & benefits				818	818	23
24	V	39 Gen'l & Admin & benefits				6,434	6,434	24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	<b>Total</b>		\$ 48,243			\$ 43,678	\$ * (4,565)	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	\$ 254,875	Forum Extended Care Services II, Inc.	0.00%	\$ 245,992	\$ (8,882)
16	V	39 I.V.	254,648			245,774	(8,874)
17	V	39 Wound Care	67			64	(2)
18	V	10 House Stock	2,867			2,767	(100)
19	V	10 Pharm Consult.	1,344			1,297	(47)
20	V	22 Employ. Vaccin.	3,865				(3,865)
21	V	39 Employ. Vaccin.				3,730	3,730
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		\$ 517,665			\$ 499,624	\$ * (18,040)

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
15	V	39 Therapy	\$ 1,149,703	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,265,692	\$	115,989	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total		\$ 1,149,703			\$ 1,265,692	\$ *	115,989	39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 Repairs & Maintenance	\$ 14,569	Alden Bennett Construction Company, Inc.	0.00%	\$ 14,542	\$ (28)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 14,569			\$ 14,542	\$ * (28)	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	\$ 4,787	Alden Design Group, Inc.	0.00%	\$ 5,791	\$ 1,005	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		\$ 4,787			\$ 5,791	\$ *	1,005	39

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

Facility Name &amp; ID Number

Alden Estates of Skokie

# 0050146

Report Period Beginning:

01/01/2015

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 Skokie # 0050146 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	183,622	0.296	0.74	Salary	\$ 1,378	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,255	0.296	0.74	Salary	745	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,255	0.296	0.74	Salary	745	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	108,335	0.296	0.74	Salary	813	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,051	0.296	0.74	Salary	466	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	\$ 4,145		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 Skokie

# 0050146 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		9,320	\$ 711	1
2	24	Travel & Seminar	Patient days	34	32,213		9,320	240	2
3	25	Other Admin Travel	Patient days	34	375,370		9,320	2,795	3
4	26	Insurance	Patient days	34	6,897		9,320	51	4
5	20	Dues/Subscriptions	Patient days	34	113,573		9,320	846	5
6	30	Depreciation	No. of providers	34	156,306		1	4,204	6
7	33	Real Estate Tax	Patient days/usage	34	176,959		9,320	1,144	7
8	35	Rent-Equip/Vehicles	Patient days	34	1,250,701		9,320	9,314	8
9	32	Interest	Patient days/usage	34	2,158,573		9,320	1,506	9
10	1	Dietary Aide Coordinator Salary	Patient days	34	72,994	72,994	9,320	544	10
11	3	Housekeeping Coordinator Salary	Patient days	34	242,795	242,795	9,320	1,808	11
12	7	Employee Benef % -Gen'l Servs	Patient days	34	217,281		9,320	1,618	12
13	10	Nurs/Med Records Salary	Patient days/usage	34	1,562,220	1,562,220	9,320	10,242	13
14	15	Employee Benef % - Health Care	Patient days	34	218,198		9,320	1,625	14
15	17	Administrative Salary	Patient days/usage	34	4,332,153	4,332,153	9,320	28,966	15
16	27	Employee Benef %-Administrativ	Patient days	34	1,674,148		9,320	12,467	16
17	19	Professional Fees	Patient days	34	1,213,223	909,774	9,320	16,004	17
18	21	Gen'l & Admin	Patient days/usage	34	7,611,926	6,744,406	9,320	56,684	18
19	6	Repairs & Maintenance	Patient days	34	1,835,211	1,239,870	9,320	14,566	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$ 23,346,179	\$ 15,104,212		\$ 165,334	25

Facility Name &amp; ID Number

Alden Estates of Skokie

# 0050146

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			
		<b>A. Directly Facility Related</b>																	
		<b>Long-Term</b>																	
1		Cambridge Realty		X	Mortgage	\$44,016.74	10/13	\$ 9,024,300	\$ 8,830,750	7/51	4.9500	\$ 439,152	1						
2													2						
3													3						
4		Insurance Interest (GL07053)		X	Medical Malpractice							955	4						
5		Amort of Fin Fees (GL 1918)		X	Refinancing							4,604	5						
		<b>Working Capital</b>																	
6		Related party-AMS		X	Working Capital							1,506	6						
7													7						
8													8						
9		<b>TOTAL Facility Related</b>				\$44,016.74		\$ 9,024,300	\$ 8,830,750			\$ 446,217	9						
		<b>B. Non-Facility Related*</b>																	
10		Interest Income on R.R.		X								(163)	10						
11		Int Income (GL#4975)		X								(870)	11						
12													12						
13													13						
14		<b>TOTAL Non-Facility Related</b>						\$	\$			\$ (1,033)	14						
15		<b>TOTALS (line 9+line14)</b>						\$ 9,024,300	\$ 8,830,750			\$ 445,184	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 48,792 Line # 36

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

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

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

**B. Real Estate Taxes**

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<u>103,700</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>100,880</u>		2
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>(2,820)</u>		3
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>103,900</u>		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$			5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$			6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>101,080</u>		7
Real Estate Tax History:			Plus: Related Party Taxes (2) - See Pg RE_Tax	\$	<u>1,144</u>
			Total Real Estate Tax Expense, Sch V, Line 33	\$	<u>102,224</u>
Real Estate Tax Bill for Calendar Year:	2010	<u>163,419</u>	8	<b>FOR BHF USE ONLY</b>	
	2011	<u>41,260</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>71,603</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>100,659</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>100,880</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>The current year accrual is based on an estimated 3% increase of the prior year tax</b>					

**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 Skokie COUNTY Cook  
 FACILITY IDPH LICENSE NUMBER 0050146  
 CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll  
 TELEPHONE (773)286-3883 FAX #: (773)286-8038

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 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>1,144.02</u>
2. <u>10-10-103-032</u>	<u>Nursing Home Facility</u>	\$ <u>100,880.00</u>	\$ <u>100,880.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>254,507.00</u></u>	\$ <u><u>102,024.02</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: 19,000 B. General Construction Type: Exterior Brick Frame Wood Number of Stories 1

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

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

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
 List entity name, type of business, square footage, and number of beds/units available (where applicable).  
none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

**XI. OWNERSHIP COSTS (continued)**

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	56	2009		\$ 1,231,396	\$ 31,574	39	\$ 31,574	\$	\$ 221,019
5			2011	6,157,997	157,897	39	157,897		736,853
6									
7									
8									
<b>Improvement Type**</b>									
9	GT Mechanical-Actuator, Transformer, Belts, & Filters (HVAC)	2009		2,838		5			2,838
10	Long Elevator - Elevator Pump Motor	2009		3,139		5			3,139
11									
12	Gutters and Downspouts installation-ABC	2011		8,173	817	10	817		3,472
13	Sprinkler system installation-ABC	2011		5,662	226	25	226		1,001
14	Heating system for roof-ABC	2011		48,105	4,811	10	4,811		19,645
15	Design & permit of alternate water service-JACHEF	2011		2,928	293	10	293		1,367
16	Design & permit of alternate water service-JACHEF	2011		2,867	287	10	287		1,315
17									
18									
19									
20	Tuck pointed chimney, cap replaced-ALDBEN	2012		3,207	214	15	214		660
21									
22	Motor-Inducer & Fuses On HVAC unit - GT Mechanical	2013		4,843	969	5	969		2,099
23									
24	Replace damaged skylights-Alden Bennett	2014		6,381	1,276	5	1,276		1,276
25									
26	Sub ceilings for elev and stairwell -ALDBEN	2015		11,442	419	25	419		419
27	Walkway Brick Pavers installed-SEBLAN	2015		7,180	200	15	200		200
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

Report Period Beginning:

01/01/2015 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	<b>Totals from Page 12C, Carried Forward</b>		\$ 7,496,158	\$ 198,983		\$ 198,983	\$	\$ 995,303	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	Adj for ABC related party profit	2011	605	86		86		277	28
29	Adj for ABC related party profit	2012	198	28		28		85	29
30	Adj for ABC related party profit	2014	(12)						30
31	Adj for ABC related party profit	2015	(22)						31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,587,838	\$ 200,369		\$ 200,369	\$	\$ 1,081,136	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	\$ 895,472	\$ 164,459	\$ 164,459	\$	varies	\$ 746,453	71
72	Current Year Purchases	3,384	1,029	1,029		varies	1,029	72
73	Fully Depreciated Assets	137,758	1,076	1,076		varies	137,758	73
74								74
75	TOTALS	\$ 1,036,614	\$ 166,564	\$ 166,564	\$		\$ 885,241	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)	\$ 8,857,793	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 366,933	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 366,933	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,970,402	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 Skokie

# 0050146

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 eliminated

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

If NO, see instructions.

YES  NO

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

10. Effective dates of current rental agreement:

Beginning 01/01/09

Ending 12/31/18

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

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

12. 12/31/2016 \$ varies

13. 12/31/2017 \$ varies

14. 12/31/2018 \$ varies

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

YES  NO

16. Rental Amount for movable equipment: \$ 15,641 Description: Copy machine \$11,667.43 & equipment lease \$3,973.69

(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>239.56</u>	\$ <u>2,875</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>0.00</u>		19
20					20
21	<b>TOTAL</b>		\$ <u>239.56</u>	\$ <u>2,875</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.

Facility Name & ID Number Alden Estates of Skokie # 0050146 Report Period Beginning: 01/01/2015 Ending: 12/31/2015  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

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

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

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

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

**C. CONTRACTUAL INCOME**

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

\$

**D. NUMBER OF CNAs TRAINED**

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

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

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

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

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8	
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service			Units	Cost					
1	Licensed Occupational Therapist	39-3	hrs	\$		\$	244,692	\$		\$	244,692	1
2	Licensed Speech and Language Development Therapist	39-3	hrs				793				793	2
3	Licensed Recreational Therapist		hrs									3
4	Licensed Physical Therapist	39-3	hrs				904,218				904,218	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					249,722			249,722	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					115,989	286,752			402,741	13
14	<b>TOTAL</b>			\$		\$	1,265,692	\$	536,474	\$	1,802,167	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		\$244,692.21
2.	ST	39-3	To Col 5	-	792.79
3.					
4.	PT	39-3	To Col 5	-	904,218.45
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			-	254,874.61
	Manual Input from Related Party- Forum Drugs & Vaccinations				(5,152.33)
					-----
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	-	249,722.28
					-----
10.					
11.					
12.	Exceptional Care-Salaries:	See pg 16A	To Col. 3	-	0.00
12.	Exceptional Care-Supplies:	See pg 16A	To Col. 6	-	0.00
					-----
	Total Exceptional Care (Line 12, Col 8)			-	0.00
					-----
13.	Other:	See Pg 16A			
13.	Col 5: Manual Input: Related Party - CPT		To Col 5		115,989.00
					From Page 6D

Other		313,796.72	
Manual Input: Related Party - Prism		(18,168.00)	From Page 6B
Manual Input: Related Party FECII - I.V.		(8,874.33)	From Page 6C
Manual Input: Related Party FECII - Wound Care Oxygen, from reclass worksheet (Pg 4A)		(2.32)	From Page 6C

13. Col 6: Supplies Total	To Col 6	-	----- 286,752.07 -----
---------------------------	----------	---	------------------------------

13. Total Line 13, Column 8		-	----- 402,741.07 -----
-----------------------------	--	---	------------------------------

14. Total		-	----- 1,802,166.79 =====
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Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

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*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>8,000</u> )	353,674	353,674	3
4	Supply Inventory (priced at )	1,516	1,516	4
5	Short-Term Investments			5
6	Prepaid Insurance		42,308	6
7	Other Prepaid Expenses	16,492	16,492	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	113	119,068	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 371,795	\$ 533,058	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		373,915	13
14	Buildings, at Historical Cost		7,395,188	14
15	Leasehold Improvements, at Historical Cost	62,632	62,632	15
16	Equipment, at Historical Cost	120,059	1,064,283	16
17	Accumulated Depreciation (book methods)	(103,320)	(1,837,568)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		237,384	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Refinancing fees</u>		104,375	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 79,371	\$ 7,400,209	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 451,166	\$ 7,933,268	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 232,746	\$ 171,134	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	22,078	22,078	28
29	Short-Term Notes Payable		93,174	29
30	Accrued Salaries Payable	199,827	199,827	30
31	Accrued Taxes Payable (excluding real estate taxes)	8,555	8,555	31
32	Accrued Real Estate Taxes(Sch.IX-B)		103,900	32
33	Accrued Interest Payable		36,427	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	56,567	56,567	36
37	<u>Due to Affiliates</u>	1,084,089	1,084,089	37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,603,862	\$ 1,775,750	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable			39
40	Mortgage Payable		8,737,576	40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43	<u>Due to Affiliates</u>	4,008,098	4,008,098	43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 4,008,098	\$ 12,745,674	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,611,960	\$ 14,521,424	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ (5,160,794)	\$ (6,588,156)	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 451,166	\$ 7,933,268	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (4,275,082)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded	1	3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (4,275,081)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	(885,713)	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)	\$ (885,713)	17
<b>B. Transfers (Itemize):</b>			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (5,160,794)	24 *

\* This must agree with page 17, line 47.

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

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

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

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,201,927	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,201,927	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,870	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 5,870	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	709	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,808	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		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 3,517	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	870	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 870	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See PG 19A	3,457	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,457	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 5,215,640	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	919,242	31
32	Health Care	1,350,112	32
33	General Administration	1,238,521	33
<b>B. Capital Expense</b>			
34	Ownership	824,606	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	1,718,375	35
36	Provider Participation Fee	50,497	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 6,101,353	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(885,713)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (885,713)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue	10,355	45
46	Medicare - Net Inpatient Revenue	3,597,013	46
47	Other-(specify) <u>Charity/Sales Allow</u>	(1,450)	47
48	Other-(specify) <u>Insurance</u>	1,596,010	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,201,927	49

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

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

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

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

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
<b>Misc. Income GL#4977 (describe) (is offset against Sch.# V)</b>	
Misc. income - Jury Duty	\$ 59
Misc. income - Record Copies	\$ 390
Misc. income - Donations	\$ 2,239
Vendor Discounts	\$ 101
Gain on Sale of Assets	\$ 668
Line 28 Total:	<u><u>3,457</u></u>

**Ending:** 12/31/2015

Facility Name & ID Number Alden Estates of Skokie

# 0050146

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	2,080	2,080	\$ 131,911	\$ 63.42	1
2	Assistant Director of Nursing					2
3	Registered Nurses	16,826	18,070	565,184	31.28	3
4	Licensed Practical Nurses	3,996	4,135	102,199	24.72	4
5	CNAs & Orderlies	21,835	23,313	268,445	11.51	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,003	3,245	36,147	11.14	10
11	Social Service Workers	2,116	2,116	43,836	20.72	11
12	Dietician					12
13	Food Service Supervisor	1,952	1,960	52,804	26.94	13
14	Head Cook	4,120	4,211	94,550	22.45	14
15	Cook Helpers/Assistants	18,021	19,013	200,413	10.54	15
16	Dishwashers					16
17	Maintenance Workers	2,000	2,000	53,772	26.89	17
18	Housekeepers	5,058	5,458	58,427	10.70	18
19	Laundry	3,757	4,095	42,102	10.28	19
20	Administrator	2,040	2,221	136,346	61.40	20
21	Assistant Administrator	2,160	2,160	68,250	31.60	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,593	4,849	59,810	12.33	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,080	71,207	34.23	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	2,088	2,088	35,671	17.09	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	97,724	103,093	\$ 2,021,073 *	\$ 19.60	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	225/mo	\$ 900	1-3	35
36	Medical Director	750/mo	9,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	112/mo	1,344	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	26	1,413	11-3	44
45	Social Service Consultant				45
46	Other(specify) <u>Psycho-Social Consul</u>	1 month	280	11-3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	26	\$ 12,937		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



Alden Estates of Skokie  
 Legal Fee Support  
 2015

Legal Fees Reported on Pg 21, Section C:	\$	21,803.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22		-
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)		(19,200.00)
+ Add Back voided invoice of prior year, if any		
Allowable Legal Fees	\$	<u>2,603.00</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Schmidt Salzman & Moran	06/15/10	2,303.00
Nixon Peabody	12/10/15	300.00
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><u>2,603.00</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<u><u>-</u></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Legal Allocation	Monthly Legal Work	19,200

<b>TOTAL Allocated Legal Fees</b>	<u><u>19,200.00</u></u>
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Total Legal Cost	<u><u>21,803.00</u></u>
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XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

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

Facility Name &amp; ID Number Alden Estates of Skokie

# 0050146

Report Period Beginning: 01/01/2015

Ending: 12/31/2015

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Health Care Council of IL. dues \$ 5,376
- (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. \$ 858 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. \$ 50,497  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 12,219 Has any meal income been offset against related costs? No Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 0  
d. Have vehicle usage logs been maintained? No  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? Yes  
**g. Does the facility transport residents to and from day training? No**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) 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.