



Facility Name & ID Number Alden Estates of Evanston

# 0040733 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

**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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	601	4,499	13,501	18,601	8
9	SNF/PED					9
10	ICF	2,557	592	19	3,168	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,158	5,091	13,520	21,769	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 60.24%

**D. How many bed reserve days during this year were paid by the Department?**  
None (Do not include bed reserve 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 03/15/1996

**J. Was the facility purchased or leased after January 1, 1978?**  
YES  Date 03/15/1996 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 13,160

Medicare Intermediary National Government Services

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	470,971	17,363	5,400	493,734	4,584	498,318	3,852	502,170		1
2	Food Purchase		244,181		244,181	(34,483)	209,698	(160)	209,538		2
3	Housekeeping	128,662	41,359		170,021	1,239	171,260	3,598	174,858		3
4	Laundry	53,833	33,757	11,095	98,685	1,050	99,735		99,735		4
5	Heat and Other Utilities			158,936	158,936		158,936	(358)	158,578		5
6	Maintenance	101,686		247,499	349,185	1,315	350,500	49,767	400,267		6
7	Other (specify):* related party			426	426	(426)		4,032	4,032		7
8	<b>TOTAL General Services</b>	755,152	336,660	423,356	1,515,168	(26,721)	1,488,447	60,731	1,549,178		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			30,000	30,000		30,000		30,000		9
10	Nursing and Medical Records	2,176,774	142,976	13,223	2,332,973	2,491	2,335,464	31,016	2,366,480		10
10a	Therapy		3,638	29,377	33,015		33,015		33,015		10a
11	Activities	128,530	1,541	4,945	135,016		135,016		135,016		11
12	Social Services	54,520			54,520		54,520		54,520		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							3,902	3,902		15
16	<b>TOTAL Health Care and Programs</b>	2,359,824	148,155	77,545	2,585,524	2,491	2,588,015	34,918	2,622,933		16
	<b>C. General Administration</b>										
17	Administrative	90,466			90,466		90,466	167,572	258,038		17
18	Directors Fees										18
19	Professional Services			898,320	898,320		898,320	(802,721)	95,599		19
20	Dues, Fees, Subscriptions & Promotions			129,766	129,766		129,766	(109,404)	20,362		20
21	Clerical & General Office Expenses	158,283	19,602	223,252	401,137	295	401,432	28,608	430,040		21
22	Employee Benefits & Payroll Taxes			535,873	535,873	23,935	559,808	(5,125)	554,683		22
23	Inservice Training & Education										23
24	Travel and Seminar							523	523		24
25	Other Admin. Staff Transportation			3,294	3,294		3,294	5,748	9,042		25
26	Insurance-Prop.Liab.Malpractice			152,166	152,166		152,166	8,169	160,335		26
27	Other (specify):* related party			279,592	279,592		279,592	(248,864)	30,728		27
28	<b>TOTAL General Administration</b>	248,749	19,602	2,222,263	2,490,614	24,230	2,514,844	(955,494)	1,559,350		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,363,725	504,417	2,723,164	6,591,306		6,591,306	(859,845)	5,731,461		29

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

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

Facility Name &amp; ID Number

Alden Estates of Evanston

#0040733

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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			63,304	63,304		63,304	685,920	749,224			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			71,590	71,590		71,590	490,182	561,772			32
33	Real Estate Taxes			110,379	110,379	(110,379)		125,876	125,876			33
34	Rent-Facility & Grounds			885,915	885,915	110,379	996,294	(988,495)	7,799			34
35	Rent-Equipment & Vehicles			16,320	16,320		16,320	15,692	32,012			35
36	Other (specify):* MIP							82,558	82,558			36
37	<b>TOTAL Ownership</b>			1,147,508	1,147,508		1,147,508	411,733	1,559,241			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,209,337	1,842,901	3,052,238		3,052,238	(336,989)	2,715,249			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			104,183	104,183		104,183		104,183			42
43	Other (specify):*											43
44	<b>TOTAL Special Cost Centers</b>		1,209,337	1,947,084	3,156,421		3,156,421	(336,989)	2,819,432			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,363,725	1,713,754	5,817,756	10,895,235		10,895,235	(785,101)	10,110,134			45

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

0040733  
 Period Beginning: 01/01/2017  
 Period Ending: 12/31/2017

IDPH License No. 0

Reclassifications - Pages 3 & 4

From Line	To Line	Amount	Description
2		(34,483)	Employee Meals
	22	34,483	Employee Meals
22		(10,548)	Uniform Reclass
	1	4,584	Uniform Reclass
	3	1,239	Uniform Reclass
	4	1,050	Uniform Reclass
	6	889	Uniform Reclass
	10	2,491	Uniform Reclass
	11	-	Uniform Reclass
	21	295	Uniform Reclass
10	N/A		Oxygen Cost Reclass
	39 N/A		Oxygen Cost Reclass
33		(110,379)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	110,379	Rent - Real Estate Tax on associated landowner (Pg 6)
7		(426)	Re-class Security related to R&M Exp. Incorrect booking
	6	426	Re-class Security related to R&M Exp. Incorrect booking

Also, check your reclasses on last year's file, as there may be reclasses specific to your facility.

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	(670)	2		4
5	Telephone, TV & Radio in Resident Rooms	(11,685)	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	(2,523)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,248)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(12,992)	21		17
18	Fines and Penalties	(321)	32		18
19	Entertainment	(3,167)	20		19
20	Contributions	(3,040)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(7,094)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(279,592)	27		24
25	Fund Raising, Advertising and Promotional	(17,142)	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>	\$ (364,965)		\$	30

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

		1	2	
		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)	(297,243)	Pg 6s	34
35	Other- Attach Schedule	(122,893)	Pg 5A	35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (420,136)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (785,101)		37

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

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

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

BHF USE ONLY							
48		49		50		51	52

Alden Estates of Evanston

ID# 0040733

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (5,383)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(32,266)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	7,245	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	28,524	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(321)	30	6
7	Depreciation Adj Sage Report	99	30	7
8	Valet Cost	(65,343)	21	8
9	Late Fees on Utilities	(1,848)	5	9
10	Intercompany Interest Not Allowed	(66,379)	32	10
11	Misc Income - Record Copies	(20)	10	11
12	Misc Income - Jury Duty	(69)	22	12
13	Refund Real Estates tax	13,759	33	13
14	Vendor Discount	(451)	10	14
15	Back Out Bank Fees - Estates of Evanston II	0	21	15
16	Back Out Evanston Chamber of Commerce	(1,025)	20	16
17	Misc Income - Settlement	585	21	17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(122,893)		49

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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	1,227	2,625	0	0	0	0	0	0	0	3,852	1
2	Food Purchase	(5,918)	0	0	5,758	0	0	0	0	0	0	0	(160)	2
3	Housekeeping	0	0	3,598	0	0	0	0	0	0	0	0	3,598	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,848)	0	1,490	0	0	0	0	0	0	0	0	(358)	5
6	Maintenance	24,084	10,000	14,354	0	0	0	(38)	1,367	0	0	0	49,767	6
7	Other (specify):*	0	0	4,032	0	0	0	0	0	0	0	0	4,032	7
8	<b>TOTAL General Services</b>	<b>16,318</b>	<b>10,000</b>	<b>24,701</b>	<b>8,383</b>	<b>0</b>	<b>0</b>	<b>(38)</b>	<b>1,367</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>60,731</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	(471)	0	25,877	6,877	(1,267)	0	0	0	0	0	0	31,016	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	3,902	0	0	0	0	0	0	0	0	3,902	15
16	<b>TOTAL Health Care and Programs</b>	<b>(471)</b>	<b>0</b>	<b>29,779</b>	<b>6,877</b>	<b>(1,267)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34,918</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	0	0	167,572	0	0	0	0	0	0	0	0	167,572	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(7,094)	36,264	(831,891)	0	0	0	0	0	0	0	0	(802,721)	19
20	Fees, Subscriptions & Promotions	(24,374)	0	(85,030)	0	0	0	0	0	0	0	0	(109,404)	20
21	Clerical & General Office Expenses	(77,750)	106	106,252	0	0	0	0	0	0	0	0	28,608	21
22	Employee Benefits & Payroll Taxes	(69)	0	0	0	(5,056)	0	0	0	0	0	0	(5,125)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	523	0	0	0	0	0	0	0	0	523	24
25	Other Admin. Staff Transportation	0	0	5,748	0	0	0	0	0	0	0	0	5,748	25
26	Insurance-Prop.Liab.Malpractice	0	8,047	122	0	0	0	0	0	0	0	0	8,169	26
27	Other (specify):*	(279,592)	0	30,728	0	0	0	0	0	0	0	0	(248,864)	27
28	<b>TOTAL General Administration</b>	<b>(388,879)</b>	<b>44,417</b>	<b>(605,976)</b>	<b>0</b>	<b>(5,056)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(955,494)</b>	<b>28</b>
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(373,032)</b>	<b>54,417</b>	<b>(551,496)</b>	<b>15,260</b>	<b>(6,323)</b>	<b>0</b>	<b>(38)</b>	<b>1,367</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(859,845)</b>	<b>29</b>

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(59,362)	742,500	2,782	0	0	0	0	0	0	0	0	685,920	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(69,223)	488,614	70,791	0	0	0	0	0	0	0	0	490,182	32
33	Real Estate Taxes	13,759	110,380	1,737	0	0	0	0	0	0	0	0	125,876	33
34	Rent-Facility & Grounds	0	(988,495)	0	0	0	0	0	0	0	0	0	(988,495)	34
35	Rent-Equipment & Vehicles	0	0	15,692	0	0	0	0	0	0	0	0	15,692	35
36	Other (specify):*	0	82,558	0	0	0	0	0	0	0	0	0	82,558	36
37	<b>TOTAL Ownership</b>	<b>(114,826)</b>	<b>435,557</b>	<b>91,002</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>411,733</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	(78,917)	(75,821)	(182,251)	0	0	0	0	0	(336,989)	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>(78,917)</b>	<b>(75,821)</b>	<b>(182,251)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(336,989)</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	<b>(487,858)</b>	<b>489,974</b>	<b>(460,494)</b>	<b>(63,657)</b>	<b>(82,144)</b>	<b>(182,251)</b>	<b>(38)</b>	<b>1,367</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(785,101)</b>	<b>45</b>

**VII. RELATED PARTIES**

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rental Income	\$ 988,495	Alden Estates of Evanston II, Inc.	0.00%	\$	\$ (988,495)	1
2	V	32 Interest/Investment Income-RR	1,027	Alden Estates of Evanston II, Inc.			(1,027)	2
3	V	30 Gain on Sale of Assets	7,255	Alden Estates of Evanston II, Inc.			(7,255)	3
4	V	19 Professional Fees		Alden Estates of Evanston II, Inc.		29,064	29,064	4
5	V	19 Accounting Fees		Alden Estates of Evanston II, Inc.		7,200	7,200	5
6	V	21 Bank Charges		Alden Estates of Evanston II, Inc.		106	106	6
7	V	32 Amortization		Alden Estates of Evanston II, Inc.		18,375	18,375	7
8	V	33 RE Tax Expense		Alden Estates of Evanston II, Inc.		110,380	110,380	8
9	V	26 General Insurance Expenses		Alden Estates of Evanston II, Inc.		8,047	8,047	9
10	V	36 Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		82,558	82,558	10
11	V	32 Interest on Mortgage Note		Alden Estates of Evanston II, Inc.		471,266	471,266	11
12	V	30 Depreciation		Alden Estates of Evanston II, Inc.		749,755	749,755	12
13	V	6 Repairs & Maintenance		Alden Estates of Evanston II, Inc.		10,000	10,000	13
14	Total		\$ 996,777			\$ 1,486,751	\$ * 489,974	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%	\$ 1,490	\$ 1,490
16	V	24 Travel & Seminar		Alden Management Services, Inc.		523	523
17	V	25 Other Admin Travel		Alden Management Services, Inc.		5,748	5,748
18	V	26 Insurance		Alden Management Services, Inc.		122	122
19	V	20 Dues/Subscriptions	85,584	Alden Management Services, Inc.		554	(85,030)
20	V	30 Depreciation		Alden Management Services, Inc.		2,782	2,782
21	V	33 Real Estate Tax		Alden Management Services, Inc.		1,737	1,737
22	V	35 Rent-Equip/Vehicles		Alden Management Services, Inc.		15,692	15,692
23	V	32 Interest		Alden Management Services, Inc.		70,791	70,791
24	V	1 Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,227	1,227
25	V	3 Housekeeping Coordinator Salary		Alden Management Services, Inc.		3,598	3,598
26	V	7 Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		4,032	4,032
27	V	10 Nurs & Med Records Salary		Alden Management Services, Inc.		25,877	25,877
28	V	15 Employee Benef % - Health Care		Alden Management Services, Inc.		3,902	3,902
29	V	17 Administrative Salary		Alden Management Services, Inc.		167,572	167,572
30	V	27 Employee Benef %-Administrative		Alden Management Services, Inc.		30,728	30,728
31	V	19 Professional Fees	866,650	Alden Management Services, Inc.		34,759	(831,891)
32	V	21 Gen'l & Admin	28,776	Alden Management Services, Inc.		135,028	106,252
33	V	6 Repairs & Maintenance	40,539	Alden Management Services, Inc.		54,893	14,354
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 1,021,549			\$ 561,055	\$ * (460,494)

\* 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 Sevices, Inc.	0.00%	\$	\$ (4,800)
16	V	1 Dietarty Salary		Prism Health Care Sevices, Inc.		2,724	2,724
17	V	2 Tube Feeding	20,528	Prism Health Care Sevices, Inc.		10,210	(10,318)
18	V	10 Equip. Rental	6,660	Prism Health Care Sevices, Inc.		9,694	3,034
19	V	39 Ancillary Supplies	158,280	Prism Health Care Sevices, Inc.		50,431	(107,849)
20	V	1 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Sevices, Inc.		4,701	4,701
21	V	2 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Sevices, Inc.		16,076	16,076
22	V	10 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Sevices, Inc.		3,843	3,843
23	V	39 Gen'l & Admin & Employee Beenfit costs		Prism Health Care Sevices, Inc.		28,932	28,932
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		\$ 190,268			\$ 126,611	\$ * (63,657)

\* 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	\$ 911,794	Forum Extended Care Services II, Inc.	0.00%	\$ 841,643	\$ (70,151)
16	V	39 I.V.	129,610	Forum Extended Care Services II, Inc.		119,638	(9,972)
17	V	39 Wound Care Products	4,751	Forum Extended Care Services II, Inc.		4,385	(366)
18	V	10 House Stock	14,088	Forum Extended Care Services II, Inc.		13,004	(1,084)
19	V	10 Pharmacy Consultant	2,376	Forum Extended Care Services II, Inc.		2,193	(183)
20	V	22 Employee Vaccinations	5,056	Forum Extended Care Services II, Inc.			(5,056)
21	V	39 Employee Vaccinations		Forum Extended Care Services II, Inc.		4,668	4,668
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		\$ 1,067,675			\$ 985,531	\$ * (82,144)

\* 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	\$ 1,795,106	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,612,855	\$ (182,251)
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		\$ 1,795,106			\$ 1,612,855	\$ * (182,251)

\* 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	\$ 28,022	Alden Bennett Construction Company, Inc.	0.00%	\$ 27,984	\$	(38)	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		\$ 28,022			\$ 27,984	\$ *	(38)	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	\$ 6,241	Alden Design Group, Inc.	0.00%	\$ 7,608	\$	1,367	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		\$ 6,241			\$ 7,608	\$ *	1,367	39

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

Facility Name &amp; ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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 Professional Center, LP		Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care Services II, Inc.		Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illinois, Inc.		Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Services, Inc.		Management	5
6			Alden Terrace of McHenry Rehabilitation and E	McHenry	Alden Gardens of Bloomingtondale, Inc.		Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts of DesPlaines, LLC		Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Waterford, LLC		SNF & Alzheimers I	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Waterford, LLC		Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Services, Inc.		Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical Therapy & Associates, Lt		Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Construction Company, Inc.		General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipment, LLC		Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, Inc.		Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale				15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for Seniors, Inc		Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health Services, Inc.		Home health & hosp	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	Alden Courts of Shorewood, Inc.		SNF	29
30			Alden - Long Grove Rehabilitation and Health	C Long Grove				30

Facility Name &amp; ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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.	Chairman-Board of D	Chairman	100.00	181,950	0.66	1.65	Salary	\$ 3,050	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,351	0.66	1.65	Salary	1,649	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,351	0.66	1.65	Salary	1,649	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	113,003	0.66	1.65	Salary	1,894	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	61,920	0.66	1.65	Salary	1,038	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	181,950	0.495	1.65	Salary	3,050	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										
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.										
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.										
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.										
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										
13								TOTAL	\$ 12,330		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:

01/01/2017

Ending: 2/31/2017

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

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

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Patient Days	1,320,269	35	\$ 90,340	\$ 21,769	\$ 1,490	1	
2	24	Trav & Seminar	Patient Days	1,320,269	35	31,744	21,769	523	2	
3	25	Other Admin Travel	Patient Days	1,320,269	35	348,589	21,769	5,748	3	
4	26	Insurance	Patient Days	1,320,269	35	7,373	21,769	122	4	
5	20	Dues & Subscriptions	Patient Days	1,320,269	35	33,588	21,769	554	5	
6	30	Depreciation	No of Providers/usage	35	35	119,326	1	2,782	6	
7	33	Real Estate Tax	Patient Days/usage	1,320,269	35	129,699	21,769	1,737	7	
8	35	Rent-Equip & Vehicle	Patient Days	1,320,269	35	951,681	21,769	15,692	8	
9	32	Interest	Patient Days/usage	1,320,269	35	2,187,612	21,769	70,791	9	
10	1	Dietary Salary	Patient Days	1,320,269	35	74,426	74,426	21,769	1,227	10
11	3	Housekeeping Salary	Patient Days	1,320,269	35	218,203	218,203	21,769	3,598	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,320,269	35	244,557		21,769	4,032	12
13	10	Nurs & Med Records Salary	Patient Days	1,320,269	35	1,647,662	1,647,662	21,769	25,877	13
14	15	Employee Benefits -Health Care	Patient Days	1,320,269	35	236,654		21,769	3,902	14
15	17	Administrative Salary	Patient Days/usage	1,320,269	35	4,903,376	4,750,005	21,769	167,572	15
16	27	Employee Benefits - Admin	Patient Days	1,320,269	35	1,863,643		21,769	30,728	16
17	19	Professional fees	Patient Days	1,320,269	35	1,119,817	920,527	21,769	34,759	17
18	21	Gen'I & Admin	Patient Days	1,320,269	35	8,189,318	7,151,399	21,769	135,028	18
19	6	Repair & Maint.	Patient Days	1,320,269	35	1,823,498	1,358,004	21,769	54,893	19
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 24,221,106	\$ 16,120,226	\$ 561,055	25	

Facility Name &amp; ID Number

Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

## 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	Capital Funding (GL 2505/7055)	x		Mortgage		1/2015	\$ 7,226,100	\$ 6,915,491	2/2050	3.5500	\$ 247,354	1						
2	Capital Funding (GL 2513/7053)	x		Supplemental Healthcare		8/2015	6,279,900	6,088,842	2/2050	3.6500	223,913	2						
3												3						
4	Insurance Interest (GL7053)	x		Medical Malpractice							1,721	4						
5												5						
	<b>Working Capital</b>																	
6	Related party-AMS	x		Working Capital							70,791	6						
7	Ascentium Capital LLC	x		Capital Lease		03/2017	11,406	9,995	04/2022	7.8810	744	7						
8	Avaya Financial Services	x		Capital Lease		12/2014	67,016	28,475	12/2019	6.9760	2,426	8						
9	<b>TOTAL Facility Related</b>						\$ 13,584,422	\$ 13,042,803			\$ 546,949	9						
	<b>B. Non-Facility Related*</b>																	
10	Interest Income on R.R.	x									(1,027)	10						
11	Int Income (GL#4975)	x									(2,523)	11						
12												12						
13	Amortization-Fin/Refin Fee(II7105)	x									18,373	13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$ 14,823	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 13,584,422	\$ 13,042,803			\$ 561,772	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 82,558      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.)



**2016 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 2016 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 2016.

(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>105,372.00</u>	\$ <u>1,737.00</u>
2. <u>10-10-200-077-0000</u>	<u>Nursing facility</u>	\$ <u>139,338.66</u>	\$ <u>139,338.66</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	<b>TOTALS</b>	\$ <u><u>244,710.66</u></u>	\$ <u><u>141,075.66</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

**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.**

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2017 Ending:

12/31/2017

**X. BUILDING AND GENERAL INFORMATION:**

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

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

none

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

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

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>nursing facility</u>	<u>53,277</u>		<u>\$ 350,000</u>	<u>1</u>
2					<u>2</u>
3	<b>TOTALS</b>	<u>53,277</u>		<u>\$ 350,000</u>	<u>3</u>

**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)	\$ 3,141,940	4
5	Building	1999		54,450	1,601	34	1,601		28,819	5
6	Insurance claimed on Building	2017			(7,255)		(7,255)			6
7										7
8										8
<b>Improvement Type**</b>										
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		37,471	11
12	Sign	1996		745					745	12
13	Sink	1996		1,366		20			1,366	13
14	Motor repair	1996		3,300		20			3,300	14
15	Elevator remodeling	1996		3,018		20			3,018	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		15			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		5-15			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		1,651	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		942	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		10			1,992	54
55	ABC - Excelon VC Tile in PT room	2006	3,300		10			3,300	55
56	GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		4,294	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		5,936	58
59									59
60	Therapy Room Expansion	2007	94,048	6,290	29	6,290		61,212	60
61	Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		23,402	61
62	Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		23,950	62
63	Repair freezer door assembly	2007	3,945	395	10	395		3,782	63
64	Replace pump motor chiller	2007	5,544	554	10	554		5,312	64
65	Replace worn & torn cubicle curtains	2007	2,566		10			2,566	65
66	Charge Chiller	2007	5,773	385	10	385		3,688	66
67	Repair broken fence & driveway	2007	6,447	430	15	430		4,119	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		2,930	69
70	TOTAL (lines 4 thru 69)		\$ 5,914,867	\$ 168,947		\$ 147,456	\$ (21,491)	\$ 3,596,088	70

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

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 5,914,867	\$ 168,947		\$ 147,456	\$ (21,491)	\$ 3,596,088	1
2	ABC-New Cubicle Track Rm# 210 # 217/Curtains/New Control Pu	2008	6,029	603	10	603		5,778	2
3	ABC-New Sidewalk RAMP @ EMRG Exit per IDPA LSC Inspect	2008	7,189	479	15	479		4,552	3
4	ABC-Door Closer rpls (5) to Patient Units	2008	2,911	291	10	291		2,887	4
5	ABC-Regulator install in shower room to ensure patient safety	2008	2,572	129	20	129		1,233	5
6	ABC - Sidewalk rpls on Front entrance	2010	7,336	489	15	489		3,668	6
7	Washing Machine leaking Repairs-EQUINT	2010	3,608		5			3,608	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725	248	5	248		1,738	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159	716	10	716		3,997	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982	698	10	698		3,898	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-U	2012	6,104	916	25	916		4,579	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454	155	10	155		746	12
13	Dampers, Fire, major rebuild - ALDBEN	2013	18,694	1,869	10	1,869		7,944	13
14	Acoustical-ALDBEN	2014	79,307	9,913	8	9,913		33,870	14
15	Carpentry & Drywall Interior on 1st Floor & 3rd Floor-ALDBEN	2014	673,002	33,650	20	33,650		114,971	15
16	Carpentry Exterior on 1st Floor & 3rd Floor -ALDBEN	2014	181,188	12,079	15	12,079		41,270	16
17	Casework -Key Interiors-ALDBEN	2014	96,137	4,807	20	4,807		16,424	17
18	Caulking-ALDBEN	2014	19,051	1,905	10	1,905		6,509	18
19	Demolition -ALDBEN	2014	77,570	5,171	15	5,171		17,668	19
20	E.I.F.S. Outside of Building Structure-ALDBEN	2014	29,277	1,952	15	1,952		6,669	20
21	Electrical -ALDBEN	2014	538,578	35,905	15	35,905		122,676	21
22	Elevator-ALDBEN	2014	154,920	7,746	20	7,746		26,465	22
23	Evanston Remodel Drawings - FOXBUI	2014	6,700	335	20	335		1,145	23
24	Fence-ALDBEN	2014	11,729	782	15	782		2,672	24
25	Fire Protection - Exterior-ALDBEN	2014	26,063	1,043	25	1,043		3,563	25
26	Fire Protection - Interior-ALDBEN	2014	56,340	2,254	25	2,254		7,701	26
27	Glass/Glazing-ALDBEN	2014	29,663	1,978	15	1,978		6,758	27
28	Hollow Metal/Doors/Frames/Hdwr-ALDBEN	2014	260,634	13,032	20	13,032		44,526	28
29	HVAC-ALDBE	2014	405,534	27,036	15	27,036		92,373	29
30	Landscaping -ALDBEN	2014	19,622	1,308	15	1,308		4,469	30
31	Masonry-ALDBEN	2014	4,716	943	5	943		3,222	31
32	Painting/Decorating-ALDBEN	2014	166,311	11,087	15	11,087		37,881	32
33	Permit Fee - CITEVA	2014	26,376	1,319	20	1,319		4,506	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 8,857,346	\$ 349,785		\$ 328,294	\$ (21,491)	\$ 4,236,054	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	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 12B, Carried Forward</b>		\$ 8,857,346	\$ 349,785		\$ 328,294	\$ (21,491)	\$ 4,236,054	1
2	Permit-CITEVA	2014	4,329	216	20	216		738	2
3	Plan Review Fee - ILLDPH	2014	11,915	596	20	596		2,036	3
4	Plumbing-ALDBEN	2014	198,330	9,917	20	9,917		33,883	4
5	Certificate of need Fees - ARNLUN/CHAFOL	2014	85,094	4,255	20	4,255		14,538	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		8,863	9
10	Tiles, Marble install on 1st & 3rd Floor renovation-ALDBEN	2014	71,550	4,770	15	4,770		16,298	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		2,081	14
15	Hand Rails install in hallway-1st & 3rd Floor-ALDBEN	2014	19,937	1,994	10	1,994		6,813	15
16	Roof decking -ALDBEN	2014	23,085	1,154	20	1,154		3,943	16
17	Tree Trimming-ALDBEN	2014	3,599	240	15	240		820	17
18	Vinyl Fabric wallcovering -1st & 3rd Floor -ALDBEN	2014	70,634	14,127	5	14,127		48,267	18
19	Window-ALDBEN	2014	4,363	436	10	436		1,490	19
20	Asphalt Paving -ALDBEN	2014	67,641	8,455	8	8,455		28,888	20
21	Asphalt-ALDBEN	2014	3,475	434	8	434		1,483	21
22	Concrete Patching/Sitework-ALDBEN	2014	44,246	2,950	15	2,950		10,079	22
23	Remodel 2nd floor -ALDDES	2015	6,640	443	15	443		1,034	23
24	Architect/Design -Remodel 2nd floor -ALDDES	2015	3,335	222	15	222		500	24
25	Nursing call station part install/repairs -ALDBEN	2015	2,557	511	5	511		1,150	25
26	Architect fee for 2nd floor -ALDDES	2016	11,573	297	39	297		569	26
27	Architect fees for 2nd Floor- ALDDES	2016	27,143	696	39	696		1,334	27
28	Remodel-2nd Floor -ALDDES	2016	11,638	298	39	298		447	28
29	Remodel - 2nd floor - Ald Design	2016	10,437	268	39	268		335	29
30	Architect fees & Plan review for 2nd floor-ALDDES	2016	17,180	441	39	441		441	30
31	Boiler Retube # 2 -ALDBEN	2016	17,265	443	39	443		539	31
32	Boiler tube replacement #2 -ALDBEN	2016	20,412	523	39	523		1,544	32
33	Concrete -Coring/Sawcutting-ABC	2016	3,076	205	15	205		205	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,641,801	\$ 406,879		\$ 385,388	\$ (21,491)	\$ 4,424,371	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	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>		\$ 9,641,801	\$ 406,879		\$ 385,388	\$ (21,491)	\$ 4,424,371	1
2	Forum Prof Ctr: Remodeling	1979	1,519		20			15,192	2
3	Forum Prof Ctr: Build Improv - multiple	1980	29,587		15			29,587	3
4	Forum Prof Ctr: Tennant Improv	1986	934		13			934	4
5	Forum Prof Ctr: AMS remodel	1990	6,346		10			6,346	5
6	Forum Prof Ctr: Roof	1994	3,347		16			3,347	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,180		16			1,180	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,864		10			1,864	8
9	Forum Prof Ctr: Remodel/electrical	2001	726		7			726	9
10	Forum Prof Ctr: bathroom remodel	2002	642		5			642	10
11	Forum Prof Ctr: remodel suites/etc.	2003	825		9			825	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,541		7			2,541	12
13	Forum Prof Ctr: Suite renovation	2005	2,451		10			2,451	13
14	Forum Prof Ctr: Superior installations, etc.	2006	123		4			123	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	493		7			493	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	423		7			423	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	862	92	10	92		700	17
18	Forum Prof Ctr: Building Renovations	2010	1,468		5			1,468	18
19	Forum Prof Ctr: Building Renovations	2011	4,608	365	10	365		2,978	19
20	Forum Prof Ctr: Building Renovations	2012	280	38	15	38		228	20
21	Forum Prof Ctr: Building Renovations	2013	420	60	7	60		230	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	427	43	10	43		140	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	347	99	10	99		231	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	979	73	13	73		73	24
25	Forum Prof Ctr: Paving and sidewalks	2015	3,318	253	7	253		3,018	25
26	Alden Mgt Servs: Remodel suites	1993	6,764		7			6,764	26
27	Alden Mgt Servs: Remodel suites	2002	282		13			282	27
28	Alden Mgt Servs: Remodel suites	2003	6,115		8			6,115	28
29	Alden Mgt Servs: Motor Controller PC Board	2014	83	17		17		60	29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,720,755	\$ 407,919		\$ 386,428	\$ (21,491)	\$ 4,513,332	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	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 12D, Carried Forward</b>		\$ 9,720,755	\$ 407,919		\$ 386,428	\$ (21,491)	\$ 4,513,332	1
2	Carpentry Labor & Material-ABC	2016	104,583	6,972	15	6,972		6,972	2
3	Temporary Partitions-ABC	2016	24,608	1,641	15	1,641		1,641	3
4	Drywall & Tape-ABC	2016	52,907	3,527	15	3,527		3,527	4
5	Fire Caulking-ABC	2016	6,152	246	25	246		246	5
6	Acoustical-ABC	2016	18,456	923	20	923		923	6
7	Countertops, Solid Surface-ABC	2016	49,216	2,461	20	2,461		2,461	7
8	Permit Fees 2nd Floor -CITEVA	2016	15,939	638	25	638		638	8
9	Insulation, patch/repair-GTMECH	2017	2,510	146	10	146		146	9
10	Refrigerant & Circuit #1 rprs -GTMECH	2017	9,551	1,114	5	1,114		1,114	10
11	Motor (3) repls on condenser -GTMECH	2017	5,795	580	5	580		580	11
12	Fire Dampers Rpls (5) -GTMECH	2017	7,067	353	10	353		353	12
13	Pavements/Creck filling- CENICO	2017	2,980	155	8	155		155	13
14	Electric Power supply repairs -OAKFIR	2017	5,375	358	5	358		358	14
15	Building repair from water damage -DEDRES	2017	23,982	1,199	15	1,199		1,199	15
16	Remodel-2nd Floor -ALDDDES	2017	11,638	174	39	174		174	16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,061,512	\$ 428,407		\$ 406,916	\$ (21,491)	\$ 4,533,820	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	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 12E, Carried Forward</b>		\$ 10,061,512	\$ 428,407		\$ 406,916	\$ (21,491)	\$ 4,533,820	1
2	Adjust for ABC Related Party Profit	2008	(107)	(5)		(5)		(52)	2
3	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(25)	3
4	Adjust for ABC Related Party Profit	2011	(56)	(1)		(1)		(7)	4
5	Adjust for ABC Related Party Profit	2012	460	23		23		115	5
6	Adjust for ABC Related Party Profit	2013	252	13		13		57	6
7	Adjust for ABC Related Party Profit	2014	(6,401)	(347)		(347)		(1,216)	7
8	Adjust for ABC Related Party Profit	2015	(5)	(0)		(0)		(0)	8
9	Adjust for ABC Related Party Profit	2016	(1,870)	(12)		(12)		(19)	9
10	Adjust for ABC Related Party Profit	2017							10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 10,053,688	\$ 428,074		\$ 406,583	\$ (21,491)	\$ 4,532,673	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:

01/01/2017

Ending:

12/31/2017

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	\$ 3,781,000	\$ 332,622	\$ 332,622	\$		\$ 1,335,092	71
72	Current Year Purchases	165,569	7,233	7,233			7,233	72
73	Fully Depreciated Assets	447,075	2,786	2,786			447,075	73
74								74
75	TOTALS	\$ 4,393,644	\$ 342,641	\$ 342,641	\$		\$ 1,789,400	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Related party-AMS	various	1998-2004	\$ 4,026	\$	\$	\$	3	\$ 4,026	76
77										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)	\$ 14,801,358	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 770,715	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 749,224	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)	\$ 6,326,099	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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 04/01/2000

Ending 04/30/2020

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

Fiscal Year Ending                      Annual Rent

12.	<u>12/31/2018</u>	\$ <u>varies</u>
13.	<u>12/31/2019</u>	\$ <u>varies</u>
14.	<u>12/31/2020</u>	\$ <u>varies</u>

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: \$ 20,401 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>583.83</u>	\$ <u>7,006</u>	17
18					18
19	<u>Auto lease - gl 6890</u>	<u>various</u>	<u>642.00</u>	<u>7,704</u>	19
20					20
21	TOTAL		\$ <u>#####</u>	\$ <u>14,710</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.

**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>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p> <p><u>Skilled nursing on site.</u></p>	<p>2. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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**

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
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	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 629,240	\$		\$ 629,240	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			53,351			53,351	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			1,092,895			1,092,895	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				846,310		846,310	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				(182,251)	275,704		93,453	13
14	TOTAL			\$		\$ 1,593,235	\$ 1,122,014		\$ 2,715,249	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.

**Alden Estates of Evanston, Inc.**  
**PA pg 16A Ref. Line 39 Details**  
**For the Thirteen Months Ending December 31, 2017**

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	629,239.95	<b>\$629,239.95</b>	
2.	ST	39-3	To Col 5	53,350.76	<b>53,350.76</b>	
3.						
4.	PT	39-3	To Col 5	1,092,895.35	<b>1,092,895.35</b>	
5.						
6.						
7.						
8.	Pharmacy Supplies per GL			911,793.91		
	Manual Input from Related Party- Forum Drugs & Vaccinations			(65,484.00)		From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6		<b>846,309.91</b>	
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)				<b>0.00</b>	
13.	Other:	See Pg 16A		-	<b>0.00</b>	
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(182,251.00)	<b>(182,251.00)</b>	From Page 6D
	Other			364,958.67		
	Manual Input: Related Party - Prism			(78,917.00)		From Page 6B
	Manual Input: Related Party FECII - I.V.			(9,972.00)		From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			(366.00)		From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			-		
13.	Col 6: Supplies Total		To Col 6		<b>275,703.67</b>	
13.	Total Line 13, Column 8				<b>93,452.67</b>	
14.	Total				<b>2,715,248.64</b>	

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 415	\$ 134,739	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (156,350) )	1,680,184	1,680,184	3
4	Supply Inventory (priced at )	2,465	2,465	4
5	Short-Term Investments			5
6	Prepaid Insurance		7,543	6
7	Other Prepaid Expenses	18,159	57,384	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>	11,414	160,618	9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,712,637	\$ 2,042,933	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	35,384	35,384	12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,272,635	14
15	Leasehold Improvements, at Historical Cost	462,930	4,365,986	15
16	Equipment, at Historical Cost	574,138	4,693,522	16
17	Accumulated Depreciation (book methods)	(727,303)	(5,984,981)	17
18	Deferred Charges		6,546	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		63,557	21
22	Other Long-Term Assets (spe <u>Financing Fees</u> )		351,713	22
23	Other(specify): <u>Repair Escrow</u>		45,918	23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 345,149	\$ 10,830,280	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 2,057,786	\$ 12,873,213	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 554,865	\$ 554,865	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	101,601	101,601	28
29	Short-Term Notes Payable	14,383	233,069	29
30	Accrued Salaries Payable	401,360	401,360	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,142	18,142	31
32	Accrued Real Estate Taxes(Sch.IX-B)		143,500	32
33	Accrued Interest Payable		38,978	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Accr Exp/Ins,due to IDPA,Sales Tax</u>	39,949	39,949	36
37	<u>Due to Affiliates</u>	1,941,892	1,941,892	37
38	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 37)	\$ 3,072,192	\$ 3,473,356	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	22,027	22,027	39
40	Mortgage Payable		6,798,201	40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Due to Affiliates</u>	8,132,128	8,900,894	43
44	<u>Loan Payable -other</u>		5,987,447	44
45	<b>TOTAL Long-Term Liabilities</b> (sum of lines 39 thru 44)	\$ 8,154,155	\$ 21,708,569	45
46	<b>TOTAL LIABILITIES</b> (sum of lines 38 and 45)	\$ 11,226,347	\$ 25,181,925	46
47	<b>TOTAL EQUITY</b> (page 18, line 24)	\$ (9,168,561)	\$ (12,308,712)	47
48	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 46 and 47)	\$ 2,057,786	\$ 12,873,213	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,225,239)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (9,225,239)	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	56,678	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)	\$ 56,678	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)	\$ (9,168,561)	24 *

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

Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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**

I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 10,821,276	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,821,276	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	103,723	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 103,723	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	607	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	670	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	5,873	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	10,606	21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 17,756	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	2,523	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 2,523	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>See PG19A</u>	6,635	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 6,635	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 10,951,913	30

II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,515,168	31
32	Health Care	2,585,524	32
33	General Administration	2,490,614	33
<b>B. Capital Expense</b>			
34	Ownership	1,147,508	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers	3,052,238	35
36	Provider Participation Fee	104,183	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 10,895,235	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	56,678	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ 56,678	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 646,073	44
45	Private Pay - Net Inpatient Revenue	443,986	45
46	Medicare - Net Inpatient Revenue	7,915,751	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,818,618	47
48	Other-(specify) <u>Sales Allow.</u>	(3,152)	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 10,821,276	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.

Facility Name & ID Number Alden Estates of Evanston# 0040733Report Period Beginning 01/01/2017 Ending:12/31/2017**Details of Page 19, Line 28**

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (discribe) (is offset against Sch.# V) Record Copies-Backed out with Ln ref 21-Pg 5A Jury Duty-Backed out with Ln ref 22-Pg 5A	\$ 673
Write Off Old Accounts Payables Vendor Discount	\$ 451
United Healthcare-(Rebate/Incentive) U'SAgain LLc Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	\$ 5,510
Line 28 Total:	<u><u>6,635</u></u>

Facility Name & ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

**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	2,442	2,706	\$ 119,074	\$ 44.00	1
2	Assistant Director of Nursing	2,856	2,912	102,214	35.10	2
3	Registered Nurses	26,581	28,182	974,659	34.58	3
4	Licensed Practical Nurses	10,857	11,153	332,347	29.80	4
5	CNAs & Orderlies	31,548	34,426	508,438	14.77	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,688	1,760	31,553	17.93	9
10	Activity Assistants	3,072	3,368	36,595	10.87	10
11	Social Service Workers	1,973	2,143	54,520	25.44	11
12	Dietician					12
13	Food Service Supervisor	944	960	26,519	27.62	13
14	Head Cook	4,030	4,480	100,728	22.48	14
15	Cook Helpers/Assistants	24,991	27,196	343,724	12.64	15
16	Dishwashers					16
17	Maintenance Workers	1,784	2,080	101,686	48.89	17
18	Housekeepers	9,556	10,435	128,662	12.33	18
19	Laundry	3,757	4,145	53,833	12.99	19
20	Administrator	1,256	1,360	64,288	47.27	20
21	Assistant Administrator	760	792	26,179	33.05	21
22	Other Administrative	2,919	3,126	109,589	35.06	22
23	Office Manager					23
24	Clerical	3,969	4,117	48,692	11.83	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,457	3,801	140,043	36.84	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Resident Attendant	5,298	5,373	60,382	11.24	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	143,738	154,515	\$ 3,363,725 *	\$ 21.77	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	450/Monthly	\$ 5,400	1-3	35
36	Medical Director	2500/Monthly	30,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	198/Monthly	2,376	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	52/Hourly	2,420	11-3	44
45	Social Service Consultant	56/Hourly	1,120	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 41,316		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	10	\$ 4,559	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	10	\$ 4,559		53



**Alden Estates of Evanston  
Legal Fee Support  
2017**

Legal Fees Reported on Pg 21, Section C:	\$ 53,718.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(7,094.12)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees)	(45,192.00)
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 1,431.88</u>

In Detail:

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Alden Group- MidCap Alloc Int Exp -1/17	1/1/2017	463.30
Alden Group- MidCap Alloc Int Exp -2/17	2/1/2017	332.32
Alden Group- MidCap Alloc Int Exp -5/17	5/1/2017	59.34
Alden Group- MidCap Alloc Int Exp -8/17	8/1/2017	506.05
Ariana Fisch	8/1/2017	9.95
Simandl Law Group, S.C.	1/1/2017	60.91
<b>TOTAL ALLOWABLE LEGAL FEES</b>		<u><b>1,431.87</b></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
Leonard Smith dba ABC accounts Corp	08/25/17	43.00
Ariana Fish	12/31/16	6.00
Ariana Fish	05/31/17	6.00
Ariana Fish	05/31/17	60.00
Clerk Of The Circuit Court Cook County	08/08/17	6.00
Clerk Of The Circuit Court Cook County	08/08/17	6.00
Clerk Of The Circuit Court Cook County	04/11/17	258.00
Clerk Of The Circuit Court Cook County	04/11/17	258.00
Stone Poground & Korey LLC	10/31/17	546.24
Stone Poground & Korey LLC	11/30/17	539.36
Stone Poground & Korey LLC	06/30/17	918.26
Stone Poground & Korey LLC	01/31/17	462.50
Stone Poground & Korey LLC	05/31/17	529.95
Stone Poground & Korey LLC	02/28/17	673.15
Stone Poground & Korey LLC	04/30/17	107.12
Stone Poground & Korey LLC	09/30/17	687.77
Stone Poground & Korey LLC	08/31/17	500.00
Stone Poground & Korey LLC	07/31/17	1,113.15
Stone Poground & Korey LLC	03/31/17	115.62
MARINV Markley Investigations	10/05/17	78.00
Sheriff of Cook County	04/11/17	60.00
Sheriff of Cook County	04/11/17	60.00
Sheriff of Cook County	08/09/17	60.00
<b>TOTAL Collection-NOT ALLOWABLE LEGAL FEES</b>		<u><b>7,094.12</b></u>

<u>Vendor Name</u>	<u>Invoice Date</u>	<u>Amount</u>
AMS Corp Legal Cost Alloc-17	01/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	02/28/17	3,766.00
AMS Corp Legal Cost Alloc-17	03/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	04/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	05/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	06/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	07/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	08/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	09/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	10/31/17	3,766.00
AMS Corp Legal Cost Alloc-17	11/30/17	3,766.00
AMS Corp Legal Cost Alloc-17	12/31/17	3,766.00
<b>TOTAL Allocated Legal Fees</b>		<u><b>45,192.00</b></u>

Total Legal Cost	<u><b>53,717.99</b></u>
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Facility Name &amp; ID Number Alden Estates of Evanston

# 0040733

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

**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. HCC of Illinois \$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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 13,467 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. \$ 104,183  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 34,483 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