

Facility Name & ID Number Alden Estates of Skokie, Inc

0050146 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	10	1,380	7,293	8,683	8
9	SNF/PED					9
10	ICF	586	77		663	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	596	1,457	7,293	9,346	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 45.72%

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 1/8/09

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1/8/09 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 56 and days of care provided 7,293

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: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Alden Estates of Skokie, Inc # 0050146 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	374,232	8,820	389	383,441	2,158	385,599	2,222	387,821		1
2	Food Purchase		104,499		104,499	(9,684)	94,815	1,529	96,344		2
3	Housekeeping	76,187	15,696		91,882	1,919	93,801	1,318	95,119		3
4	Laundry	29,094	9,330		38,423		38,423		38,423		4
5	Heat and Other Utilities			91,792	91,792		91,792	(229)	91,563		5
6	Maintenance	59,435		126,887	186,322		186,322	8,363	194,685		6
7	Other (specify):* related party			1,120	1,120		1,120	1,213	2,333		7
8	TOTAL General Services	538,948	138,344	220,188	897,480	(5,607)	891,873	14,416	906,290		8
	B. Health Care and Programs										
9	Medical Director			9,000	9,000		9,000		9,000		9
10	Nursing and Medical Records	1,137,479	57,989	1,344	1,196,812	464	1,197,276	14,000	1,211,276		10
10a	Therapy		1,780		1,780		1,780		1,780		10a
11	Activities	35,619	1,303	1,981	38,904		38,904		38,904		11
12	Social Services	46,307			46,307		46,307		46,307		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):* related party							1,244	1,244		15
16	TOTAL Health Care and Programs	1,219,406	61,072	12,325	1,292,803	464	1,293,267	15,244	1,308,511		16
	C. General Administration										
17	Administrative	157,688			157,688		157,688	37,421	195,109		17
18	Directors Fees										18
19	Professional Services			332,334	332,334		332,334	(292,963)	39,371		19
20	Dues, Fees, Subscriptions & Promotions			129,442	129,442		129,442	(109,198)	20,244		20
21	Clerical & General Office Expenses	92,460	7,010	171,391	270,861	358	271,219	(17,346)	253,872		21
22	Employee Benefits & Payroll Taxes			334,035	334,035	4,126	338,161	(4,606)	333,555		22
23	Inservice Training & Education										23
24	Travel and Seminar			463	463		463	278	741		24
25	Other Admin. Staff Transportation							2,630	2,630		25
26	Insurance-Prop.Liab.Malpractice			133,815	133,815		133,815	5,897	139,712		26
27	Other (specify):* related party			14,038	14,038		14,038	(1,073)	12,965		27
28	TOTAL General Administration	250,148	7,010	1,115,518	1,372,676	4,484	1,377,160	(378,960)	998,200		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,008,502	206,426	1,348,032	3,562,959	(659)	3,562,300	(349,299)	3,213,001		29

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

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

Facility Name & ID Number

Alden Estates of Skokie, Inc

#0050146

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			17,476	17,476		17,476	208,645	226,121			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1,211	1,211		1,211	427,964	429,175			32
33	Real Estate Taxes			109,348	109,348	(109,348)		113,587	113,587			33
34	Rent-Facility & Grounds			708,680	708,680	109,348	818,028	(818,028)				34
35	Rent-Equipment & Vehicles			12,902	12,902		12,902	6,527	19,429			35
36	Other (specify):* MIP							47,212	47,212			36
37	TOTAL Ownership			849,616	849,616		849,616	(14,092)	835,524			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		529,662	1,048,502	1,578,163	659	1,578,822	(47,828)	1,530,994			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			45,319	45,319		45,319		45,319			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		529,662	1,093,821	1,623,482	659	1,624,141	(47,828)	1,576,313			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,008,502	736,088	3,291,468	6,036,057		6,036,057	(411,220)	5,624,838			45

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

0050146
 Period Beginning: 1/1/2018
 Period Ending: 12/31/2018

IDPH License No. 11-3837174

Reclassifications - Pages 3 & 4

<u>From Line</u>	<u>To Line</u>	<u>Amount</u>	<u>Description</u>
2		(9,684)	Employee Meals
	22	9,684	Employee Meals
22		(5,558)	Uniform Reclass
	1	2,158	Uniform Reclass
	3	1,919	Uniform Reclass
	4	-	Uniform Reclass
	6	-	Uniform Reclass
	10	1,123	Uniform Reclass
	11	-	Uniform Reclass
	21	358	Uniform Reclass
10		(659)	Oxygen Cost Reclass
	39	659	Oxygen Cost Reclass
33		(109,348)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	109,348	Rent - Real Estate Tax on associated landowner (Pg 6)
Net (Should be zero)		-	

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,069)	2		4
5	Telephone, TV & Radio in Resident Rooms	(3,741)	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	(2,918)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,322)	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	(555)	21		17
18	Fines and Penalties	(117)	32		18
19	Entertainment	(402)	20		19
20	Contributions	(1,354)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,347)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(14,038)	27		24
25	Fund Raising, Advertising and Promotional	(21,785)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (56,647)		\$	30

BHF USE ONLY							
48		49		50		51	

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)	(300,715)	Pg 6s	34
35	Other- Attach Schedule	(53,857)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (354,572)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (411,219)		37

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

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

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

Alden Estates of Skokie, Inc

ID# 0050146

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (1,100)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(7,569)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +		6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	8,592	6	4
5	Reconcile depreciation expense	(162)	30	5
6	Elim ABC Deprec Exp from Pg 12 series	112	30	6
7	Valet cost	(52,661)	21	7
8	Late fees on utilities	(877)	5	8
9	Vendor Discounts	(43)	10	9
10				10
11	Back out R/E Tax Refund	2,835	33	11
12	Misc Income- Jury Duty	(34)	21	12
13	Misc. income - Record Copies	(1,028)	21	13
14	Misc. income - Donations	(1,375)	21	14
15	Back out Landowner Bank Charges	(12)	20	15
16	Chamber of Commerce fees	(535)	20	16
17	Rotary Club Fees		20	17
18	AMS Depreciation Adj.		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	Total	(53,857)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	495	1,727	0	0	0	0	0	0	0	2,222	1
2	Food Purchase	(3,391)	0	0	4,920	0	0	0	0	0	0	0	1,529	2
3	Housekeeping	0	0	1,318	0	0	0	0	0	0	0	0	1,318	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(877)	0	648	0	0	0	0	0	0	0	0	(229)	5
6	Maintenance	4,851	0	4,720	0	0	0	78	(1,285)	0	0	0	8,363	6
7	Other (specify):*	0	0	1,213	0	0	0	0	0	0	0	0	1,213	7
8	TOTAL General Services	583	0	8,394	6,647	0	0	78	(1,285)	0	0	0	14,416	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(43)	0	8,739	5,786	(482)	0	0	0	0	0	0	14,000	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	1,244	0	0	0	0	0	0	0	0	1,244	15
16	TOTAL Health Care and Programs	(43)	0	9,983	5,786	(482)	0	0	0	0	0	0	15,244	16
	C. General Administration													
17	Administrative	0	0	37,421	0	0	0	0	0	0	0	0	37,421	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,347)	8,482	(293,098)	0	0	0	0	0	0	0	0	(292,963)	19
20	Fees, Subscriptions & Promotions	(24,087)	140	(85,251)	0	0	0	0	0	0	0	0	(109,198)	20
21	Clerical & General Office Expenses	(55,653)	0	38,307	0	0	0	0	0	0	0	0	(17,346)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(4,606)	0	0	0	0	0	0	(4,606)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	278	0	0	0	0	0	0	0	0	278	24
25	Other Admin. Staff Transportation	0	0	2,630	0	0	0	0	0	0	0	0	2,630	25
26	Insurance-Prop.Liab.Malpractice	0	5,842	55	0	0	0	0	0	0	0	0	5,897	26
27	Other (specify):*	(14,038)	0	12,965	0	0	0	0	0	0	0	0	(1,073)	27
28	TOTAL General Administration	(102,125)	14,464	(286,693)	0	(4,606)	0	0	0	0	0	0	(378,960)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(101,585)	14,464	(268,316)	12,433	(5,088)	0	78	(1,285)	0	0	0	(349,299)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(8,719)	211,279	6,085	0	0	0	0	0	0	0	0	208,645	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(3,036)	429,045	1,955	0	0	0	0	0	0	0	0	427,964	32
33	Real Estate Taxes	2,835	109,348	1,404	0	0	0	0	0	0	0	0	113,587	33
34	Rent-Facility & Grounds	0	(818,028)	0	0	0	0	0	0	0	0	0	(818,028)	34
35	Rent-Equipment & Vehicles	0	0	6,527	0	0	0	0	0	0	0	0	6,527	35
36	Other (specify):*	0	47,212	0	0	0	0	0	0	0	0	0	47,212	36
37	TOTAL Ownership	(8,919)	(21,144)	15,971	0	0	0	0	0	0	0	0	(14,092)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(34,002)	(32,993)	19,167	0	0	0	0	0	(47,828)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	(34,002)	(32,993)	19,167	0	0	0	0	0	(47,828)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(110,504)	(6,680)	(252,345)	(21,569)	(38,081)	19,167	78	(1,285)	0	0	0	(411,220)	45

VII. RELATED PARTIES

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

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

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: 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	\$ 818,028	Alden Estates of Skokie, LLC	0.00%	\$	\$ (818,028)	1
2	V	32 Interest Income Repl Reserve	338	Alden Estates of Skokie, LLC			(338)	2
3	V	19 Accounting/Professional fees		Alden Estates of Skokie, LLC		7,300	7,300	3
4	V	19 Legal Fees:Non-collections		Alden Estates of Skokie, LLC		1,182	1,182	4
5	V	20 Licen&Inspect/Annual Rep		Alden Estates of Skokie, LLC		140	140	5
6	V	6 R & M		Alden Estates of Skokie, LLC				6
7	V	33 Real Estate Tax Expense		Alden Estates of Skokie, LLC		109,348	109,348	7
8	V	26 General Insurance Expense		Alden Estates of Skokie, LLC		5,842	5,842	8
9	V	36 Mortgage Insurance Premium		Alden Estates of Skokie, LLC		47,212	47,212	9
10	V	32 Interest on Mortgage		Alden Estates of Skokie, LLC		424,928	424,928	10
11	V	30 Depreciation		Alden Estates of Skokie, LLC		211,279	211,279	11
12	V	32 Amortization		Alden Estates of Skokie, LLC		4,455	4,455	12
13	V	21 Write OFF Old A/P		Alden Estates of Skokie, LLC				13
14	Total		\$ 818,366			\$ 811,686	\$ * (6,680)	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%	\$ 648	\$ 648 15
16	V	24 Travel & Seminar		Alden Management Services, Inc.		278	278 16
17	V	25 Other Admin Travel		Alden Management Services, Inc.		2,630	2,630 17
18	V	26 Insurance		Alden Management Services, Inc.		55	55 18
19	V	20 Dues & Subscriptions	85,584	Alden Management Services, Inc.		333	(85,251) 19
20	V	30 Depreciation		Alden Management Services, Inc.		6,085	6,085 20
21	V	33 Real Estate Taxes		Alden Management Services, Inc.		1,404	1,404 21
22	V	35 Rent - Equipment & Vehicles		Alden Management Services, Inc.		6,527	6,527 22
23	V	32 Interest		Alden Management Services, Inc.		1,955	1,955 23
24	V	1 Dietary		Alden Management Services, Inc.		495	495 24
25	V	3 Houskeeping		Alden Management Services, Inc.		1,318	1,318 25
26	V	7 Employee Benefits - Gen'l Services		Alden Management Services, Inc.		1,213	1,213 26
27	V	10 Nursing & Medical Records Salaries		Alden Management Services, Inc.		8,739	8,739 27
28	V	15 Employee Benefits - Health Care		Alden Management Services, Inc.		1,244	1,244 28
29	V	17 Administrative Salary		Alden Management Services, Inc.		37,421	37,421 29
30	V	27 Employee Benefits - Admin		Alden Management Services, Inc.		12,965	12,965 30
31	V	19 Professional Fees	312,031	Alden Management Services, Inc.		18,933	(293,098) 31
32	V	21 General & Administrative	21,600	Alden Management Services, Inc.		59,907	38,307 32
33	V	6 Repairs & Maintenance	13,814	Alden Management Services, Inc.		18,534	4,720 33
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 433,029			\$ 180,684	\$ * (252,345) 39

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

VII. RELATED PARTIES (continued)

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1 Dietary Consultant	\$	Prism Health Care Services, Inc.	0.00%	\$	\$	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.				16
17	V	2 Tube Feeding	825	Prism Health Care Services, Inc.		401	(424)	17
18	V	10 Equipment Rental	6,660	Prism Health Care Services, Inc.		10,997	4,337	18
19	V	39 Ancillary Supplies	60,960	Prism Health Care Services, Inc.		16,516	(44,444)	19
20	V	39 Ventilator Rental		Prism Health Care Services, Inc.				20
21	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,727	1,727	21
22	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		5,344	5,344	22
23	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,449	1,449	23
24	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		10,442	10,442	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		\$ 68,445			\$ 46,876	\$ * (21,569)	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	\$ 451,544	Forum Extended Care Services II, Inc.	0.00%	\$ 415,674	\$ (35,870)
16	V	39 I.V.	17,157	Forum Extended Care Services II, Inc.		15,794	(1,363)
17	V	39 Wound Care Products		Forum Extended Care Services II, Inc.			
18	V	10 House Stock	4,730	Forum Extended Care Services II, Inc.		4,354	(376)
19	V	10 Pharm Consult.	1,344	Forum Extended Care Services II, Inc.		1,237	(107)
20	V	22 Employ. Vaccin.	4,606	Forum Extended Care Services II, Inc.			(4,606)
21	V	39 Employ. Vaccin.		Forum Extended Care Services II, Inc.		4,240	4,240
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		\$ 479,381			\$ 441,300	\$ * (38,081)

* 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	\$ 1,026,698	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,045,865	\$	19,167	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		\$ 1,026,698			\$ 1,045,865	\$ *	19,167	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	\$ 25,611	Alden Bennett Construction Company, Inc.	0.00%	\$ 25,689	\$	78	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		\$ 25,611			\$ 25,689	\$ *	78	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	\$ 1,949	Alden Design Group, Ltd.	0.00%	\$ 664	\$ (1,285)
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		\$ 1,949			\$ 664	\$ * (1,285)

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

Facility Name & ID Number

Alden Estates of Skokie, Inc

0050146

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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 F	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/Alz	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	Alden Courts of Shorewood, Inc.		SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of Huntley, Inc.		SNF	27
28			Alden Estates of Countryside, Inc.	Jefferson, WI				28
29			Alden Estates of Shorewood, Inc.	Shorewood, IL				29
30			Alden - Long Grove Rehabilitation and Health C	Long Grove				30

Facility Name & ID Number Alden Estates of Skokie, Inc # 0050146 Report Period Beginning: 1/1/2018 Ending: 12/31/2018

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd A. Schlossberg A.	Chairman-Board of D	Chairman	100.00	183,715	0.276	0.69	Salary	\$ 1,285	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	99,305	0.276	0.69	Salary	695	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	99,305	0.276	0.69	Salary	695	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	116,023	0.276	0.69	Salary	812	17-7	4
5	Audra Elisco F.	Training Coordinator	Train employees	0.00	62,694	0.276	0.69	Salary	439	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	183,715	0.2415	0.69	Salary	1,285	6-7, 17-7	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	\$ 5,211		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, Inc

0050146

Report Period Beginning:

1/1/2018

Ending: 2/31/2018

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	1,345,058	36	\$ 93,217	\$ 9,346	\$ 648	1
2	24	Trav & Seminar	Patient Days	1,345,058	36	40,070	9,346	278	2
3	25	Other Admin Travel	Patient Days	1,345,058	36	378,471	9,346	2,630	3
4	26	Insurance	Patient Days	1,345,058	36	7,901	9,346	55	4
5	20	Dues & Subscriptions	Patient Days	1,345,058	36	47,918	9,346	333	5
6	30	Depreciation	No of Providers/usage	36	36	241,024	1	6,085	6
7	33	Real Estate Tax	Patient Days/usage	1,345,058	36	225,231	9,346	1,404	7
8	35	Rent-Equip & Vehicle	Patient Days	1,345,058	36	939,296	9,346	6,527	8
9	32	Interest	Patient Days/usage	1,345,058	36	2,386,801	9,346	1,955	9
10	1	Dietary Salary	Patient Days	1,345,058	36	71,277	71,277	495	10
11	3	Housekeeping Salary	Patient Days	1,345,058	36	189,741	189,741	1,318	11
12	7	Employee Benefits -Gen'I Servs	Patient Days	1,345,058	36	174,531	9,346	1,213	12
13	10	Nurs & Med Records Salary	Patient Days	1,345,058	36	1,365,622	1,365,622	8,739	13
14	15	Employee Benefits -Health Care	Patient Days	1,345,058	36	178,975	9,346	1,244	14
15	17	Administrative Salary	Patient Days/usage	1,345,058	36	5,672,224	9,346	37,421	15
16	27	Employee Benefits - Admin	Patient Days	1,345,058	36	1,865,905	1,865,905	12,965	16
17	19	Professional fees	Patient Days	1,345,058	36	1,189,339	934,398	18,933	17
18	21	Gen'I & Admin	Patient Days	1,345,058	36	8,621,748	7,630,656	59,907	18
19	6	Repair & Maint.	Patient Days	1,345,058	36	1,609,999	1,070,693	18,534	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 25,299,290	\$ 13,128,292	\$ 180,684	25

Facility Name & ID Number

Alden Estates of Skokie, Inc

0050146

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	Cambridge Realty		X	Mortgage	\$44,016.74	10/13	\$ 9,024,300	\$ 8,536,835	7/51	4.9500	\$ 424,928	1						
2												2						
3												3						
4	Insurance Interest (GL7053)		X	Medical Malpractice							598	4						
5	Amort of Fin Fees (GL 1918)		X	Refinancing							4,455	5						
Working Capital																		
6	Related party - AMS		X	Working Capital							1,955	6						
7												7						
8	Ascentium (GL 7030)		X	Capital Lease							495	8						
9	TOTAL Facility Related				\$44,016.74		\$ 9,024,300	\$ 8,536,835			\$ 432,431	9						
B. Non-Facility Related*																		
10	Interest Income on R.R.		X								(338)	10						
11	Int Income (GL#4975)		X								(2,918)	11						
12												12						
13												13						
14	TOTAL Non-Facility Related						\$	\$			\$ (3,256)	14						
15	TOTALS (line 9+line14)						\$ 9,024,300	\$ 8,536,835			\$ 429,175	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 47,212 Line # 36

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

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

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2017 report.			\$	105,600	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.)			\$	107,283	2
3. Under or (over) accrual (line 2 minus line 1).			\$	1,683	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	110,500	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	112,183	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	1,404
		Total Real Estate Tax Expense, Sch V, Line 33		\$	113,587
Real Estate Tax Bill for Calendar Year:	2013	100,659	8	FOR BHF USE ONLY	
	2014	100,880	9	13	FROM R. E. TAX STATEMENT FOR 2017 \$
	2015	103,290	10	14	PLUS APPEAL COST FROM LINE 5 \$
	2016	102,571	11	15	LESS REFUND FROM LINE 6 \$
	2017	107,283	12	16	AMOUNT TO USE FOR RATE CALCULATION \$
The current year accrual is based on an estimated 3% increase of the prior year tax.					

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.

2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Estates of Skokie, Inc 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 2017 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 2017.

(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>202,125.00</u>	\$ <u>1,404.00</u>
2. <u>10-10-103-032</u>	<u>Nursing Home Facility</u>	\$ <u>107,283.00</u>	\$ <u>107,283.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>309,408.00</u></u>	\$ <u><u>108,687.00</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

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 Skokie, Inc

0050146 Report Period Beginning:

1/1/2018 Ending:

12/31/2018

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	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Nursing facility</u>		<u>2009</u>	<u>\$ 229,315</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 229,315	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	\$	\$ 315,741
5			2011	6,157,997	157,897	39	157,897		1,210,544
6									
7									
8									
Improvement Type**									
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		5,923
13	Sprinkler system installation-ABC	2011		5,662	226	25	226		1,679
14	Heating system for roof-ABC	2011		48,105	4,811	10	4,811		34,078
15	Design & permit of alternate water service-JACHEF	2011		2,928	293	10	293		2,246
16	Design & permit of alternate water service-JACHEF	2011		2,867	287	10	287		2,176
17									
18									
19									
20	Tuck pointed chimney, cap replaced-ALDBEN	2012		3,207	214	15	214		1,302
21									
22	Motor-Inducer & Fuses On HVAC unit - GT Mechanical	2013		4,843	806	5	806		4,843
23									
24	Replace damaged skylights-Alden Bennett	2014		6,381	1,276	5	1,276		5,104
25									
26	Sub ceilings for elev and stairwell -ALDBEN	2015		11,442	458	25	458		1,793
27	Walkway Brick Pavers installed-SEBLAN	2015		7,180	479	15	479		1,637
28									
29	Motor, for Washer -EQUINT	2017		2,776	555	5	555		601
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 & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 7,498,934	\$ 199,693		\$ 199,693	\$	\$ 1,593,644	1
2	Forum Prof Ctr: Remodeling	1979	14,770		20			14,770	2
3	Forum Prof Ctr: Build Improv - multiple	1980	28,765		15			28,765	3
4	Forum Prof Ctr: Tennant Improv	1986	908		13			908	4
5	Forum Prof Ctr: AMS remodel	1990	6,169		10			6,169	5
6	Forum Prof Ctr: Roof	1994	3,254		16			3,254	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,147		16			1,147	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,812		10			1,812	8
9	Forum Prof Ctr: Remodel/electrical	2001	706		7			706	9
10	Forum Prof Ctr: bathroom remodel	2002	624		5			624	10
11	Forum Prof Ctr: remodel suites/etc.	2003	803		9			803	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,471		7			2,471	12
13	Forum Prof Ctr: Suite renovation	2005	2,383		10			2,383	13
14	Forum Prof Ctr: Superior installations, etc.	2006	119		4			119	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	479		7			479	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	412		7			412	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	838	90	10	90		771	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	356	10	356		3,252	19
20	Forum Prof Ctr: Building Renovations	2012	272	37	15	37		258	20
21	Forum Prof Ctr: Building Renovations	2013	408	58	7	58		282	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		177	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	65	10	65		290	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		176	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,du	2018	20,591	718	15	718		718	25
26									26
27	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	27
28	Alden Mgt Servs: Remodel suites	2002	274		13			274	28
29	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	29
30	Alden Mgt Servs: MotorControl Board	2014	81	16	15	16		40	30
31	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	1,259	15	1,259		1,259	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,644,110	\$ 202,440		\$ 202,440	\$	\$ 1,679,913	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,644,110	\$ 202,440		\$ 202,440	\$	\$ 1,679,913	1
2	Adj for ABC related party profit	2011	605	86		86		535	2
3	Adj for ABC related party profit	2012	198	28		28		169	3
4	Adj for ABC related party profit	2014	(12)	(1)		(1)		(2)	4
5	Adj for ABC related party profit	2015	(22)	(1)		(1)		(2)	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,644,879	\$ 202,552		\$ 202,552	\$	\$ 1,680,613	34

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

Facility Name & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$ 248,630	\$ 18,512	\$ 18,512	\$		\$ 101,994	71
72	Current Year Purchases	49,600	4,138	4,138			4,138	72
73	Fully Depreciated Assets	889,012	918	918			889,012	73
74								74
75	TOTALS	\$ 1,187,242	\$ 23,569	\$ 23,569	\$		\$ 995,145	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	3,802				3	3,802	77
78										78
79										79
80	TOTALS			\$ 3,802	\$	\$	\$		\$ 3,802	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)	\$ 9,065,239	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 226,121	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 226,121	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)	\$ 2,679,559	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	Leasehold Improvement-ADG-2018	\$ 696,222	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$ 696,222	\$	\$	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, Inc

0050146

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related party - cost is eliminated

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

If NO, see instructions. YES NO

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

10. Effective dates of current rental agreement:

Beginning 01/01/09

Ending 12/31/21

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

Fiscal Year Ending Annual Rent

12.	<u>12/31/2019</u>	\$ <u>varies</u>
13.	<u>12/31/2020</u>	\$ <u>varies</u>
14.	<u>12/31/2021</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: \$ 16,796 Description: Copy machine \$12,901.67 and equipment lease \$3,894.22

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Related party-PG 6A</u>	<u>various</u>	\$ <u>309.42</u>	\$ <u>3,713</u>	17
18					18
19	<u>Auto lease-GL 6890</u>		<u>0.00</u>		19
20					20
21	TOTAL		\$ <u>309.42</u>	\$ <u>3,713</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	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

	Service	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	\$		\$ 237,313	\$		\$ 237,313	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			1,516			1,516	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			788,429			788,429	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				419,914		419,914	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG 16A	39-1, 39-3, if any				19,167	64,656		83,822	13
14	TOTAL			\$		\$ 1,046,425	\$ 484,570		\$ 1,530,994	14

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

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

XIV. Special Services (Direct Cost)

Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	\$237,313.11	
2.	ST	39-3	To Col 5	1,515.82	
3.					
4.	PT	39-3	To Col 5	788,428.90	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			451,544.04	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(31,629.90)	From Page 6C
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	419,914.14	
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	19,166.82	From Page 6D
	Other			99,361.57	
	Manual Input: Related Party - Prism			(34,002.04)	From Page 6B
	Manual Input: Related Party FECII - I.V.			(1,362.94)	From Page 6C
	Manual Input: Related Party FECII - Wound Care Products			0.00	From Page 6C
	Oxygen, from reclass worksheet (Pg 4A)			659.00	
13.	Col 6: Supplies Total		To Col 6	64,655.59	
13.	Total Line 13, Column 8			83,822.40	
14.	Total			1,530,994.38	

Facility Name & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (6,900))	629,522	629,522	3
4	Supply Inventory (priced at)	1,516	1,516	4
5	Short-Term Investments			5
6	Prepaid Insurance		40,997	6
7	Other Prepaid Expenses	10,724	10,724	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due from 3rd party</u>		154,681	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 641,763	\$ 837,442	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	6,046	6,046	12
13	Land		373,915	13
14	Buildings, at Historical Cost		7,395,188	14
15	Leasehold Improvements, at Historical Cost	757,204	757,204	15
16	Equipment, at Historical Cost	161,218	1,177,861	16
17	Accumulated Depreciation (book methods)	(151,835)	(2,563,766)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		447,332	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Refinancing fees</u>		90,855	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 772,634	\$ 7,684,636	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,414,396	\$ 8,522,078	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 249,470	\$ 227,440	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	19,507	19,507	28
29	Short-Term Notes Payable		108,057	29
30	Accrued Salaries Payable	255,337	255,337	30
31	Accrued Taxes Payable (excluding real estate taxes)	10,153	10,153	31
32	Accrued Real Estate Taxes(Sch.IX-B)		110,500	32
33	Accrued Interest Payable		35,214	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Accr Exp/Ins,d/t PA,SaleTx,etc.</u>	81,739	81,739	36
37	<u>Due to Affiliates</u>	915,887	915,887	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,532,093	\$ 1,763,835	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,353	3,353	39
40	Mortgage Payable		8,428,777	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	7,360,250	7,314,334	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,363,603	\$ 15,746,464	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,895,697	\$ 17,510,299	46
47	TOTAL EQUITY(page 18, line 24)	\$ (7,481,300)	\$ (8,988,221)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,414,396	\$ 8,522,078	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (6,798,598)	1
2	Restatements (describe):		2
3	Non-allowable cost or revenue adjustments recorded		3
4	after prior year report submitted:		4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (6,798,598)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(682,702)	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)	\$ (682,702)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (7,481,300)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,287,294	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,287,294	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	56,055	6
7	Oxygen	828	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 56,883	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop	726	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,069	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	530	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 3,325	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	2,918	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,918	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG 19A</u>	2,935	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,935	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,353,355	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	897,480	31
32	Health Care	1,292,803	32
33	General Administration	1,372,676	33
B. Capital Expense			
34	Ownership	849,616	34
C. Ancillary Expense			
35	Special Cost Centers	1,578,163	35
36	Provider Participation Fee	45,319	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,036,057	40
41	Income before Income Taxes (line 30 minus line 40)**	(682,702)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (682,702)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 123,014	44
45	Private Pay - Net Inpatient Revenue	106,010	45
46	Medicare - Net Inpatient Revenue	4,524,159	46
47	Other-(specify) <u>Hospice/Insurance</u>	574,586	47
48	Other-(specify) <u>VA/Sales Allow.</u>	(40,475)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,287,294	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 Skokie, Inc # 0050146 Report Period Beginning 01/01/2018 Ending: 12/31/2018

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	
Misc. income - Record Copies	\$ 1,028
Misc. income - Jury Duty	\$ 34
Misc. income - Donations	\$ 1,375
Write Off Old A/P	\$ 455
Vendor Discounts	\$ 43
Gain on Sale of Assets	\$ -
Line 28 Total:	<u><u>2,935</u></u>

Facility Name & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	2,094	2,110	\$ 139,749	\$ 66.24	1
2	Assistant Director of Nursing					2
3	Registered Nurses	13,985	14,815	476,160	32.14	3
4	Licensed Practical Nurses	3,390	3,502	108,241	30.91	4
5	CNAs & Orderlies	22,190	23,782	297,211	12.50	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,868	3,039	35,619	11.72	10
11	Social Service Workers	2,103	2,119	46,307	21.85	11
12	Dietician					12
13	Food Service Supervisor	2,056	2,080	50,097	24.09	13
14	Head Cook	3,712	3,752	91,557	24.40	14
15	Cook Helpers/Assistants	18,810	20,094	232,578	11.57	15
16	Dishwashers					16
17	Maintenance Workers	2,048	2,064	59,435	28.80	17
18	Housekeepers	6,284	6,753	76,187	11.28	18
19	Laundry	2,156	2,391	29,094	12.17	19
20	Administrator	2,064	2,080	116,172	55.85	20
21	Assistant Administrator	1,192	1,200	41,516	34.60	21
22	Other Administrative	1,506	1,530	38,602	25.23	22
23	Office Manager					23
24	Clerical	4,149	4,311	53,858	12.49	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,070	2,086	78,328	37.55	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	1,990	2,141	37,790	17.65	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	94,665	99,848	\$ 2,008,502 *	\$ 20.12	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	32/mo	\$ 389	1-3	35
36	Medical Director	750/mo	9,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	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	16	880	11-3	44
45	Social Service Consultant	70/mo	840	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	16	\$ 12,453		49

C. CONTRACT NURSES

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

Alden Estates of Skokie, Inc
 Legal Fee Support
 2018

Legal Fees Reported on Pg 21, Section C:	\$ 32,346.61
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(8,346.61)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(24,000.00)
Allowable Legal Fees	<u>\$ -</u>

In Detail:

Vendor Name	Invoice Date	Amount
TOTAL ALLOWABLE LEGAL FEES		<u>-</u>

Vendor Name	Invoice Date	Amount
Stone Pogrund & Korey	1/1/2018-12/31/2018	4,219.44
SB2 Inc	1/1/2018-12/31/2018	3,493.21
TIAA Bank	1/1/2018-12/31/2018	633.96

TOTAL Collection-NOT ALLOWABLE LEGAL FEES	<u>8,346.61</u>
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Vendor Name	Invoice Date	Amount
AMS Legal Allocation	Monthly Legal Work	24,000

TOTAL Allocated Legal Fees	<u>24,000.00</u>
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Total Legal Cost	<u>32,346.61</u>
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Facility Name & ID Number Alden Estates of Skokie, Inc

0050146

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

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. II.Health Care Ass. \$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? 7.5
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,682 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. \$ 45,319
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 benefit on Schedule V. \$ 9,684 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: 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