

		FOR BHF USE					

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2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

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

I. IDPH License ID Number: 0040733

Facility Name: Alden Estates of Evanston

Address: 2520 Gross Point Rd Evanston 60201
Number City Zip Code

County: Cook

Telephone Number: (847) 328-6000 Fax # (847) 328-6166

HFS ID Number:

Date of Initial License for Current Owners: 3/15/1996

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

X PROPRIETARY
Individual
Partnership
X Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll Telephone Number: (773) 286-3883
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2016 to 12/31/2016 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed)
(Type or Print Name) Randi Schlossberg-Schullo
(Title) President, Alden Management Services, Inc.

Paid
Preparer

(Signed)
(Print Name and Title)
(Firm Name & Address)
(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Alden Estates of Evanston

0040733 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	36,234	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	36,234	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	936	4,169	9,964	15,069	8
9	SNF/PED					9
10	ICF	2,766	1,390	387	4,543	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	3,702	5,559	10,351	19,612	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 54.13%

D. How many bed-hold days during this year were paid by the Department? None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy) None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES NO x

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES NO x

I. On what date did you start providing long term care at this location? Date started 03/15/96

J. Was the facility purchased or leased after January 1, 1978? YES x Date 03/15/96 NO

K. Was the facility certified for Medicare during the reporting year? YES x NO If YES, enter number of beds certified 99 and days of care provided 9,621

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL x CASH* CASH*

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

Tax Year: 12/31/16 Fiscal Year: 12/31/16

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

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	475,419	20,506	5,916	501,841	4,366	506,207	1,436	507,643			1
2	Food Purchase		231,667		231,667	(36,252)	195,415	216	195,631			2
3	Housekeeping	99,989	37,590		137,579	1,180	138,759	2,748	141,507			3
4	Laundry	44,059	31,727	8,922	84,708	1,000	85,708		85,708			4
5	Heat and Other Utilities			145,850	145,850		145,850	(2,181)	143,669			5
6	Maintenance	101,723		269,614	371,337	846	372,183	80,329	452,512			6
7	Other (specify):* security/related party			140	140		140	2,771	2,911			7
8	TOTAL General Services	721,190	321,490	430,442	1,473,122	(28,860)	1,444,262	85,319	1,529,581			8
	B. Health Care and Programs											
9	Medical Director			47,360	47,360		47,360		47,360			9
10	Nursing and Medical Records	2,097,770	121,490	13,142	2,232,402	2,373	2,234,775	27,825	2,262,600			10
10a	Therapy		2,401	53,952	56,353		56,353		56,353			10a
11	Activities	63,335	2,210	5,166	70,711		70,711		70,711			11
12	Social Services	48,864			48,864		48,864		48,864			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							2,752	2,752			15
16	TOTAL Health Care and Programs	2,209,969	126,101	119,620	2,455,690	2,373	2,458,063	30,577	2,488,640			16
	C. General Administration											
17	Administrative	162,649			162,649		162,649	62,823	225,472			17
18	Directors Fees											18
19	Professional Services			709,208	709,208		709,208	(644,204)	65,004			19
20	Dues, Fees, Subscriptions & Promotions			87,555	87,555		87,555	(67,557)	19,998			20
21	Clerical & General Office Expenses	130,426	14,894	240,425	385,745	281	386,026	6,944	392,970			21
22	Employee Benefits & Payroll Taxes			519,104	519,104	26,206	545,310	(5,115)	540,195			22
23	Inservice Training & Education											23
24	Travel and Seminar			557	557		557	541	1,098			24
25	Other Admin. Staff Transportation			3,475	3,475		3,475	5,291	8,766			25
26	Insurance-Prop.Liab.Malpractice			147,584	147,584		147,584	9,181	156,765			26
27	Other (specify):* related party			151,659	151,659		151,659	(129,362)	22,297			27
28	TOTAL General Administration	293,075	14,894	1,859,567	2,167,536	26,487	2,194,023	(761,458)	1,432,565			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,224,234	462,485	2,409,629	6,096,348		6,096,348	(645,562)	5,450,786			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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			53,968	53,968		53,968	549,484	603,452			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			65,310	65,310		65,310	534,700	600,010			32
33	Real Estate Taxes			155,664	155,664	(155,664)		158,045	158,045			33
34	Rent-Facility & Grounds			920,160	920,160	155,664	1,075,824	(1,069,324)	6,500			34
35	Rent-Equipment & Vehicles			16,867	16,867		16,867	15,753	32,620			35
36	Other (specify):* MIP							83,055	83,055			36
37	TOTAL Ownership			1,211,969	1,211,969		1,211,969	271,713	1,483,682			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		996,692	1,496,978	2,493,670		2,493,670	(133,519)	2,360,151			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			110,724	110,724		110,724		110,724			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		996,692	1,607,702	2,604,394		2,604,394	(133,519)	2,470,875			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,224,234	1,459,177	5,229,300	9,912,711		9,912,711	(507,368)	9,405,343			45

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

From Line	To Line	Amount	Description
2		(36,252)	Employee Meals
	22	36,252	Employee Meals
22		(10,046)	Uniform Reclass
	1	4,366	Uniform Reclass
	3	1,180	Uniform Reclass
	4	1,000	Uniform Reclass
	6	846	Uniform Reclass
	10	2,373	Uniform Reclass
	11	-	Uniform Reclass
	21	281	Uniform Reclass
10		N/A	Oxygen Cost Reclass
	39	N/A	Oxygen Cost Reclass
33		(155,664)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	155,664	Rent - Real Estate Tax on associated landowner (Pg 6)

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

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(280)	2		4
5	Telephone, TV & Radio in Resident Rooms	(12,724)	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	(559)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(5,484)	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	(12,503)	21		17
18	Fines and Penalties				18
19	Entertainment	(2,711)	20		19
20	Contributions	(4,325)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(3,272)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(151,659)	27		24
25	Fund Raising, Advertising and Promotional	(18,874)	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)	\$ (233,882)		\$	30

BHF USE ONLY								
48		49		50		51		52

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

		1 Amount	2 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)	(170,107)		34
35	Other- Attach Schedule	(103,379)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (273,486)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (507,368)		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 Yes	2 No	3 Amount	4 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

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Elim Deprec Exp on Pg 12 items under \$2,500 -	\$ (4,538)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(27,918)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	6,822	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	62,028	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(321)	30	6
7	Depreciation Adj Sage Report	142	30	7
8	Valet Cost	(65,958)	21	8
9	Late Fees on Utilities	(3,547)	5	9
10	Intercompany Interest Not Allowed	(60,348)	32	10
11	Misc Income - Record Copies	(897)	10	11
12	Misc Income - Jury Duty	(115)	22	12
13	Refund Real Estates tax	149	33	13
14	Vendor Discount	(519)	10	14
15	Back Out Bank Fees - Estates of Evanston II	(1)	21	15
16	Back Out Evanston Chamber of Commerce	(1,025)	20	16
17	Reduce Emplyee Benefit for Customer Services Liason	(1,123)	22	17
18	Customer Services Liason & Aides	(6,210)	21	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	(103,379)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	1,115	321	0	0	0	0	0	0	0	1,436	1
2	Food Purchase	(5,764)	0	0	5,980	0	0	0	0	0	0	0	216	2
3	Housekeeping	0	0	2,748	0	0	0	0	0	0	0	0	2,748	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(3,547)	0	1,366	0	0	0	0	0	0	0	0	(2,181)	5
6	Maintenance	56,126	5,705	18,359	0	0	0	(173)	312	0	0	0	80,329	6
7	Other (specify):*	0	0	2,771	0	0	0	0	0	0	0	0	2,771	7
8	TOTAL General Services	46,815	5,705	26,359	6,301	0	0	(173)	312	0	0	0	85,319	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(1,416)	0	22,867	7,381	(1,007)	0	0	0	0	0	0	27,825	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	2,752	0	0	0	0	0	0	0	0	2,752	15
16	TOTAL Health Care and Programs	(1,416)	0	25,619	7,381	(1,007)	0	0	0	0	0	0	30,577	16
	C. General Administration													
17	Administrative	0	0	62,823	0	0	0	0	0	0	0	0	62,823	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(3,272)	10,975	(651,907)	0	0	0	0	0	0	0	0	(644,204)	19
20	Fees, Subscriptions & Promotions	(26,935)	154	(40,776)	0	0	0	0	0	0	0	0	(67,557)	20
21	Clerical & General Office Expenses	(84,672)	1	91,615	0	0	0	0	0	0	0	0	6,944	21
22	Employee Benefits & Payroll Taxes	(1,238)	0	0	0	(3,877)	0	0	0	0	0	0	(5,115)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	541	0	0	0	0	0	0	0	0	541	24
25	Other Admin. Staff Transportation	0	0	5,291	0	0	0	0	0	0	0	0	5,291	25
26	Insurance-Prop.Liab.Malpractice	0	9,077	104	0	0	0	0	0	0	0	0	9,181	26
27	Other (specify):*	(151,659)	0	22,297	0	0	0	0	0	0	0	0	(129,362)	27
28	TOTAL General Administration	(267,776)	20,207	(510,012)	0	(3,877)	0	0	0	0	0	0	(761,458)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(222,377)	25,912	(458,034)	13,682	(4,884)	0	(173)	312	0	0	0	(645,562)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(54,126)	600,073	3,537	0	0	0	0	0	0	0	0	549,484	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(60,907)	532,113	63,494	0	0	0	0	0	0	0	0	534,700	32
33	Real Estate Taxes	149	155,664	2,232	0	0	0	0	0	0	0	0	158,045	33
34	Rent-Facility & Grounds	0	(1,069,324)	0	0	0	0	0	0	0	0	0	(1,069,324)	34
35	Rent-Equipment & Vehicles	0	0	15,753	0	0	0	0	0	0	0	0	15,753	35
36	Other (specify):*	0	83,055	0	0	0	0	0	0	0	0	0	83,055	36
37	TOTAL Ownership	(114,884)	301,581	85,016	0	0	0	0	0	0	0	0	271,713	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	(33,926)	(59,297)	(40,296)	0	0	0	0	0	(133,519)	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	(33,926)	(59,297)	(40,296)	0	0	0	0	0	(133,519)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(337,261)	327,493	(373,018)	(20,244)	(64,181)	(40,296)	(173)	312	0	0	0	(507,368)	45

VII. RELATED PARTIES

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

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	\$ 1,069,324	Alden Estates of Evanston II, Inc.	0.00%	\$	\$ (1,069,324)	1
2	V	32	Interest/Investment Income-RR	3,700	Alden Estates of Evanston II, Inc.			(3,700)	2
3	V	19	Professional Fees		Alden Estates of Evanston II, Inc.		4,000	4,000	3
4	V	19	Accounting Fees		Alden Estates of Evanston II, Inc.		6,975	6,975	4
5	V	20	Annual Rpt Fee		Alden Estates of Evanston II, Inc.		154	154	5
6	V	21	Bank Charges		Alden Estates of Evanston II, Inc.		1	1	6
7	V	32	Amortization		Alden Estates of Evanston II, Inc.		15,466	15,466	7
8	V	33	RE Tax Expense		Alden Estates of Evanston II, Inc.		155,664	155,664	8
9	V	26	General Insurance Expenses		Alden Estates of Evanston II, Inc.		9,077	9,077	9
10	V	36	Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		83,055	83,055	10
11	V	32	Interest on Mortgage Note		Alden Estates of Evanston II, Inc.		520,347	520,347	11
12	V	30	Depreciation		Alden Estates of Evanston II, Inc.		600,073	600,073	12
13	V	6	R & M - Replacement Reseve		Alden Estates of Evanston II, Inc.		5,705	5,705	13
14	Total			\$ 1,073,024			\$ 1,400,517	\$ * 327,493	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%	\$ 1,366	\$ 1,366	15
16	V	24	Travel & Seminar		Alden Management Services, Inc.		541	541	16
17	V	25	Other Admin Travel		Alden Management Services, Inc.		5,291	5,291	17
18	V	26	Insurance		Alden Management Services, Inc.		104	104	18
19	V	20	Dues/Subscriptions	41,868	Alden Management Services, Inc.		1,092	(40,776)	19
20	V	30	Depreciation		Alden Management Services, Inc.		3,537	3,537	20
21	V	33	Real Estate Tax		Alden Management Services, Inc.		2,232	2,232	21
22	V	35	Rent-Equip/Vehicles		Alden Management Services, Inc.		15,753	15,753	22
23	V	32	Interest		Alden Management Services, Inc.		63,494	63,494	23
24	V	1	Dietary Aide Coordinator Salary		Alden Management Services, Inc.		1,115	1,115	24
25	V	3	Housekeeping Coordinator Salary		Alden Management Services, Inc.		2,748	2,748	25
26	V	7	Employee Benef % -Gen'l Servs		Alden Management Services, Inc.		2,771	2,771	26
27	V	10	Nurs & Med Records Salary		Alden Management Services, Inc.		22,867	22,867	27
28	V	15	Employee Benef % - Health Care		Alden Management Services, Inc.		2,752	2,752	28
29	V	17	Administrative Salary		Alden Management Services, Inc.		62,823	62,823	29
30	V	27	Employee Benef %-Administrative		Alden Management Services, Inc.		22,297	22,297	30
31	V	19	Professional Fees	685,303	Alden Management Services, Inc.		33,396	(651,907)	31
32	V	21	Gen'l & Admin	28,776	Alden Management Services, Inc.		120,391	91,615	32
33	V	6	Repairs & Maintenance	49,480	Alden Management Services, Inc.		67,839	18,359	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 805,427			\$ 432,409	\$ * (373,018)	39

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

VII. RELATED PARTIES (continued)

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

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	Diet. Consultant	\$ 4,800	Prism Health Care Services, Inc.	0.00%	\$ 2	\$ (4,798)	15
16	V	1	Dietarty Salary		Prism Health Care Services, Inc.		2,490	2,490	16
17	V	2	Tube Feeding	13,819	Prism Health Care Services, Inc.		10,578	(3,241)	17
18	V	10	Equip. Rental	6,660	Prism Health Care Services, Inc.		11,380	4,720	18
19	V	39	Ancillary Supplies	89,964	Prism Health Care Services, Inc.		38,033	(51,931)	19
20	V	1	Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		2,629	2,629	20
21	V	2	Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		9,221	9,221	21
22	V	10	Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		2,661	2,661	22
23	V	39	Gen'l & Admin & Employee Beenfit costs		Prism Health Care Services, Inc.		18,005	18,005	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			\$ 115,243			\$ 94,999	\$ * (20,244)	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	\$ 750,204	Forum Extended Care Services II, Inc.	0.00%	\$ 697,877	\$ (52,327)	15
16	V	39	I.V.	150,587	Forum Extended Care Services II, Inc.		140,084	(10,503)	16
17	V	39	Wound Care Products	1,050	Forum Extended Care Services II, Inc.		976	(74)	17
18	V	10	House Stock	12,061	Forum Extended Care Services II, Inc.		11,220	(841)	18
19	V	10	Pharmacy Consultant	2,376	Forum Extended Care Services II, Inc.		2,210	(166)	19
20	V	22	Employee Vaccinations	3,877	Forum Extended Care Services II, Inc.			(3,877)	20
21	V	39	Employee Vaccinations		Forum Extended Care Services II, Inc.		3,607	3,607	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			\$ 920,155			\$ 855,974	\$ * (64,181)	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	Therapy Revenue	\$ 1,471,696	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,431,400	\$ (40,296)	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			\$ 1,471,696			\$ 1,431,400	\$ * (40,296)	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	\$ 27,434	Alden Bennett Construction Company, Inc.	0.00%	\$ 27,261	\$ (173)	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			\$ 27,434			\$ 27,261	\$ * (173)	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	\$ 1,098	Alden Design Group, Inc.	0.00%	\$ 1,410	\$ 312	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			\$ 1,098			\$ 1,410	\$ * 312	39

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

Facility Name & ID Number

Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Heather Health Care Center, Inc.	Harvey	The Forum Profession	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health C	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Ca	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care	Chicago	FECS of Central Illino	Chicago	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomingtondale	Alden Management Se	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and F	McHenry	Alden Gardens of Bloo	Bloomingtondale	Supportive Living F	6
7			Wentworth Rehabilitation and Health Care Cen	Chicago	Alden Garden Courts	DesPlaines	Assisted Living/Alzh	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	Alzheimers Facility	8
9			Alden - Valley Ridge Rehabilitation and Health	Bloomingtondale	Alden Gardens of Wat	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Y	Bloomingtondale	Prism Health Care Ser	Schaumburg	Nursing and Durabl	10
11			Alden - Orland Park Rehabilitation and Health	Orland Park	Community Physical T	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Cent	Chicago	Alden Bennett Constr	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomingtondale	Fort Medical Equipme	Fort Atkinson, WI	Nursing and Durabl	13
14			Alden - Town Manor Rehabilitation and Health	Cicero	Alden Design Group, I	Chicago	Design & Engineeri	14
15			Alden Trails, Inc.	Bloomingtondale	Achieve Recovery and	Elmhurst	Rehab-substance ab	15
16			Alden - Poplar Creek Rehabilitation and Health	Hoffman Estates	Family Solutions for S	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health	(Skokie	Family Home Health S	Addison	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				29
30			Alden Long Grove Rehabilitation and Health Ca	Long Grove, IL				30

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	182,184	0.608	1.52	Salary	\$ 2,816	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,478	0.608	1.52	Salary	1,522	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,478	0.608	1.52	Salary	1,522	6-7	3
4	Ina Schlossberg D.	Board Member	General Operation	0.00	114,716	0.608	1.52	Salary	1,773	17-7	4
5	Audra Elisco E.	Training Coordinator	Train employees	0.00	61,319	0.608	1.52	Salary	948	21-7	5
6	Randi Schlossberg -Schullo F.	President	General Operation	0.00	146,347	0.4408	1.52	Salary	2,262	6-7	6
7	A. Floyd Schlossberg is the Chairman of the Board of Directors, Alden Management Services, Inc.										7
8	B. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is the Director of Clinical Services and provides technical support for the entire nursing staff.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry coordinates the purchase of all building maintenance items as well as supervise building engineers.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg. Ina is on the Board of Directors and participates in the general operations of the company.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg. Audra is a training coordinator for our Quality Assurance Program.										11
12	F. Randi Schlossberg -Schullo is the daughter of Floyd Schlossberg. Randi is President of Alden Management Services, Inc.										12
13								TOTAL	\$ 10,843		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

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	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge (GL 2505/7055)		x	Mortgage	6/2005		\$ 8,000,800	\$ zero	1/2016	5.5000	\$ 43,457	1	
2	Capital Funding (GL 2505/7055)		x	Mortgage	1/2015		7,226,100	7,028,697	2/2050	3.5500	251,308	2	
3	Capital Funding (GL 2513/7053		x	Supplemental Healthcare	8/2015		6,279,900	6,186,560	2/2050	4.7500	225,582	3	
4												4	
5	Insurance Interest (GL7053)		x	Malpractice Insurance							1,562	5	
	Working Capital												
6	Related party-AMS		x	Working Capital							63,494	6	
7												7	
8	Avaya Financial Services		x	Capital Lease	12/2014		67,016	41,891	12/2019	6.9760	3,400	8	
9	TOTAL Facility Related						\$ 21,573,816	\$ 13,257,148			\$ 588,803	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		x								(3,700)	10	
11	Int Income (GL#4975)		x								(559)	11	
12												12	
13	Amortization-Fin/Refin Fee(II7105)		x								15,466	13	
14	TOTAL Non-Facility Related						\$	\$			\$ 11,207	14	
15	TOTALS (line 9+line14)						\$ 21,573,816	\$ 13,257,148			\$ 600,010	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 83,055 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

1. Real Estate Tax accrual used on 2015 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	157,000	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.)			\$	154,113	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(2,887)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	158,700	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.			\$	155,813	7
Real Estate Tax History:		Plus: Related Party Taxes - See Pg RE_Tax	\$	2,232	
		Total Real Estate Tax Expense, Sch V, Line 33	\$	158,045	
Real Estate Tax Bill for Calendar Year:		FOR BHF USE ONLY			
2011	154,078	8	13	FROM R. E. TAX STATEMENT FOR 2015	13
2012	151,816	9	14	PLUS APPEAL COST FROM LINE 5	14
2013	168,293	10	15	LESS REFUND FROM LINE 6	15
2014	152,427	11	16	AMOUNT TO USE FOR RATE CALCULATION	16
2015	154,113	12			
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.

2015 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 2015 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 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. See attached (Supplement)	Related party-Alden Management	\$ 146,629.00	\$ 2,232.00
2. 10-10-200-077-0000	Nursing facility	\$ 154,113.00	\$ 154,113.00
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 300,742.00	\$ 156,345.00

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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation . Facilities located in Cook County are required to providecopies of their original second installment tax bill.

X. BUILDING AND GENERAL INFORMATION:

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

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

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

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

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

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

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

none

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

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

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

XI. OWNERSHIP COSTS:

A. Land.

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

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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)	\$ 3,004,055
5	Building		1999		54,450	1,601	34	1,601		27,218
6										
7										
8										
	Improvement Type**									
9	Repair: boiler, valve, elect. Fixtures, heater, TV antenna			1995	17,311		10-20			17,311
10	Install lawn sprinkler system			1996	19,670		15			19,670
11	Demolition, excavating, electricalwork, masonry			1996	39,481	777	25	777		36,694
12	Sign			1996	745					745
13	Sink			1996	1,366	28	20	28		1,366
14	Motor repair			1996	3,300		20			3,300
15	Elevator remodeling			1996	3,018	113	20	113		3,018
16	Install new electrical outlets			1997	2,542		5			2,542
17	Telephone system upgrade			1997	2,698		10			2,698
18	Repair panel			1998	3,631		5			3,631
19	Repair rainshields, relief valve			1998	7,117		10			7,117
20	Replace fan motor			1998	5,797		5			5,797
21	Electrical panel			1998	1,926		10			1,926
22	Replace freezer compressor			1998	3,457		10			3,457
23	Replace fire alarm sys			1998	56,459		15			56,459
24	Elm heating-cooler-hvac			1999	2,500		10			2,500
25	Aqua plumbing-water heater			1999	10,445		15			10,445
26	CSI-repair air maint. Handler unit			1999	1,855		10			1,855
27	New horizons-hook up phones			1999	1,827		10			1,827
28	Alden Bennett Const.			2000	7,160		10			7,160
29	The floor source-lobby & elevator carpeting			2000	3,652		5			3,652
30	Alden Bennett Const.-wallcovering			2000	1,350		5			1,350
31	DBS Contracting-repair lawn sprinkler			2000	2,281		10			2,281
32	CSI-install disposal			2000	2,341		5			2,341
33	Forx valley fire & safety-repair sprinkler system			2000	1,765		15			1,765
34	CSI-replace compressor			2000	1,770		10			1,770
35	Alden Bennett-seea/stripe parking lot, replace sidewalk			2000	5,582		5-15			5,582
36										

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	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		1,541	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		872	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	137	10	137		3,300	55
56 GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366	437	10	437		3,857	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		5,337	58
59								59
60 Therapy Room Expansion	2007	94,048	6,290	29	6,290		54,922	60
61 Hot Water Tank Replacement	2007	24,003	2,400	10	2,400		21,002	61
62 Repair air conditioner/Replace compressor	2007	37,488	2,499	10	2,499		21,451	62
63 Repair freezer door assembly	2007	3,945	395	10	395		3,387	63
64 Replace pump motor chiller	2007	5,544	554	10	554		4,758	64
65 Replace worn & torn cubicle curtains	2007	2,566		10			2,566	65
66 Charge Chiller	2007	5,773	385	10	385		3,303	66
67 Repair broken fence & driveway	2007	6,447	430	15	430		3,689	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		2,651	69
70 TOTAL (lines 4 thru 69)		\$ 5,914,867	\$ 176,480		\$ 154,989	\$ (21,491)	\$ 3,441,377	70

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

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,914,867	\$ 176,480		\$ 154,989	\$ (21,491)	\$ 3,441,377	1
2	ABC-New Cubicle Track/Curtains/New Control Pump Circuit	2008	6,029	603	10	603		5,175	2
3	ABC-New Sidewalk	2008	7,189	479	15	479		4,073	3
4	ABC-Replace Failed Centronic Door Closures to Patient Units	2008	2,911	291	10	291		2,596	4
5	ABC-New Shower	2008	2,572	129	20	129		1,104	5
6	ABC - New Sidewalk	2010	7,336	489	15	489		3,179	6
7	Washing Machine Repairs;Housing Trunnon/Gables-EQUINT	2010	3,608		5			3,608	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725	248	5	248		1,490	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159	716	10	716		3,281	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982	698	10	698		3,200	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-U	2012	6,104	916	25	916		3,663	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454	155	10	155		591	12
13	Dampers, Fire, major rebuild - ALDBEN	2013	18,694	1,869	10	1,869		6,075	13
14	Acoustical-ALDBEN	2014	79,307	9,913	8	9,913		23,957	14
15	Carpentry & Drywall Interior-ALDBEN	2014	673,002	33,650	20	33,650		81,321	15
16	Carpentry Exterior -ALDBEN	2014	181,188	12,079	15	12,079		29,191	16
17	Casework -Key Interiors-ALDBEN	2014	96,137	4,807	20	4,807		11,617	17
18	Caulking-ALDBEN	2014	19,051	1,905	10	1,905		4,604	18
19	Demolition -ALDBEN	2014	77,570	5,171	15	5,171		12,497	19
20	E.I.F.S. Outside of Building Structure-ALDBEN	2014	29,277	1,952	15	1,952		4,717	20
21	Electrical -ALDBEN	2014	538,578	35,905	15	35,905		86,771	21
22	Elevator-ALDBEN	2014	154,920	7,746	20	7,746		18,719	22
23	Evanston Remodel Drawings - FOXBUI	2014	6,700	335	20	335		810	23
24	Fence-ALDBEN	2014	11,729	782	15	782		1,890	24
25	Fire Protection - Exterior-ALDBEN	2014	26,063	1,043	25	1,043		2,520	25
26	Fire Protection - Interior-ALDBEN	2014	56,340	2,254	25	2,254		5,447	26
27	Glass/Glazing-ALDBEN	2014	29,663	1,978	15	1,978		4,780	27
28	Hollow Metal/Doors/Frames/Hdwr-ALDBEN	2014	260,634	13,032	20	13,032		31,494	28
29	HVAC-ALDBE	2014	405,534	27,036	15	27,036		65,337	29
30	Landscaping -ALDBEN	2014	19,622	1,308	15	1,308		3,161	30
31	Masonry-ALDBEN	2014	4,716	943	5	943		2,279	31
32	Painting/Decorating-ALDBEN	2014	166,311	11,087	15	11,087		26,794	32
33	Permit Fee - CITEVA	2014	26,376	1,319	20	1,319		3,187	33
34	TOTAL (lines 1 thru 33)		\$ 8,857,346	\$ 357,318		\$ 335,827	\$ (21,491)	\$ 3,900,505	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:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,857,346	\$ 357,318		\$ 335,827	\$ (21,491)	\$ 3,900,505	1
2	Permit-CITEVA	2014	4,329	216	20	216		522	2
3	Plan Review Fee - ILLDPH	2014	11,915	596	20	596		1,440	3
4	Plumbing-ALDBEN	2014	198,330	9,917	20	9,917		23,966	4
5	Certificate of need Fees - ARNLUN/CHAFOL	2014	85,094	4,255	20	4,255		10,283	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		6,269	9
10	Tiles, Marble install on 1st & 3rd Floor renovation-ALDBEN	2014	71,550	4,770	15	4,770		11,528	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		1,472	14
15	Hand Rails install in hallway-1st & 3rd Floor-ALDBEN	2014	19,937	1,994	10	1,994		4,819	15
16	Roof decking -ALDBEN	2014	23,085	1,154	20	1,154		2,789	16
17	Tree Trimming-ALDBEN	2014	3,599	240	15	240		580	17
18	Vinyl Fabric wallcovering -1st & 3rd Floor -ALDBEN	2014	70,634	14,127	5	14,127		34,140	18
19	Window-ALDBEN	2014	4,363	436	10	436		1,054	19
20	Asphalt Paving -ALDBEN	2014	67,641	8,455	8	8,455		20,433	20
21	Asphalt-ALDBEN	2014	3,475	434	8	434		1,049	21
22	Concrete Patching/Sitework-ALDBEN	2014	44,246	2,950	15	2,950		7,129	22
23	Remodel 2nd floor -ALDDES	2015	6,640	443	15	443		591	23
24	Architect/Design -Remodel 2nd floor -ALDDES	2015	3,335	222	15	222		278	24
25	Nursing call station part install/repairs -ALDBEN	2015	2,557	511	5	511		639	25
26	Architect fee for 2nd floor -ALDDES	2016	11,573	272	39	272		272	26
27	Architect fees for 2nd Floor- ALDDES	2016	27,143	638	39	638		638	27
28	Remodel-2nd Floor -ALDDES	2016	11,638	149	39	149		149	28
29	Remodel - 2nd floor - Ald Design	2016	10,437	67	39	67		67	29
30	Architect fees & Plan review for 2nd floor-ALDDES	2016	17,180		39				30
31	Boiler Retube # 2 -ALDBEN	2016	17,265	863	39	863		96	31
32	Boiler tube replacement #2 -ALDBEN	2016	20,412	1,021	39	1,021		1,021	32
33	Concrete -Coring/Sawcutting-ABC	2016	3,076		15				33
34	TOTAL (lines 1 thru 33)		\$ 9,641,801	\$ 414,251		\$ 392,760	\$ (21,491)	\$ 4,031,728	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:

01/01/2016 Ending: 12/31/2016

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 9,641,801	\$ 414,251		\$ 392,760	\$ (21,491)	\$ 4,031,728	1
2	Forum Prof Ctr: Remodeling	1979	15,638		20			15,638	2
3	Forum Prof Ctr: Build Improv - multiple	1980	30,457		15			30,457	3
4	Forum Prof Ctr: Tennant Improv	1986	961		13			961	4
5	Forum Prof Ctr: AMS remodel	1990	6,532		10			6,532	5
6	Forum Prof Ctr: Roof	1994	3,445		16			3,445	6
7	Forum Prof Ctr: Build Improv-multiple	1995	1,215		16			1,215	7
8	Forum Prof Ctr: Asphalt/Design/etc.	2000	1,919		10			1,919	8
9	Forum Prof Ctr: Remodel/electrical	2001	748		7			748	9
10	Forum Prof Ctr: bathroom remodel	2002	661		5			661	10
11	Forum Prof Ctr: remodel suites/etc.	2003	850		9			850	11
12	Forum Prof Ctr: lunchroom/suites remodel/concrete/plaster/etc	2004	2,616		7			2,616	12
13	Forum Prof Ctr: Suite renovation	2005	528	(45)	10	(45)		528	13
14	Forum Prof Ctr: Superior installations, etc.	2006	126		4			126	14
15	Forum Prof Ctr: Sidewalks/major hvac/Condensor	2007	508		7			508	15
16	Forum Prof Ctr: Park. Lot/glass/maj hvac	2008	436		7			436	16
17	Forum Prof Ctr: Maj Hvac/re-stucco bldg	2009	887	95	10	95		626	17
18	Forum Prof Ctr: Building Renovations	2010	1,511		5			1,511	18
19	Forum Prof Ctr: Building Renovations	2011	6,625	532	10	532		3,327	19
20	Forum Prof Ctr: Building Renovations	2012	288	39	15	39		195	20
21	Forum Prof Ctr: Building Renovations	2013	432	62	7	62		175	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	440	44		44		100	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	455	121	10	121		172	23
24	Alden Mgt Servs: Remodel suites	1993	6,963		13			6,963	24
25	Alden Mgt Servs: Remodel suites	2002	290		11			290	25
26	Alden Mgt Servs: Remodel suites	2003	6,295					6,295	26
27	Alden Mgt Servs: Motor Controllor PC Board	2014	86	17		17		44	27
28	Adjust for ABC Related Party Profit	2008	(107)	(5)		(5)		(47)	28
29	Adjust for ABC Related Party Profit	2009	(97)	(3)		(3)		(22)	29
30	Adjust for ABC Related Party Profit	2011	(56)	(1)		(1)		(6)	30
31	Adjust for ABC Related Party Profit	2012	460	23		23		92	31
32	Adjust for ABC Related Party Profit	2013	252	13		13		44	32
33	Adjust for ABC Related Party Profit	2014	(6,401)	(347)		(347)		(869)	33
34	TOTAL (lines 1 thru 33)		\$ 9,726,764	\$ 414,795		\$ 393,304	\$ (21,491)	\$ 4,117,258	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	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 12D, Carried Forward	\$ 9,726,764	\$ 414,795		\$ 393,304	\$ (21,491)	\$ 4,117,258	1
2	Adjust for ABC Related Party Profit	2015 (5)	(0)		(0)		(0)	2
3	Adjust for ABC Related Party Profit	2016 (1,870)	(12)		(12)		(7)	3
4								4
5								5
6								6
7								7
8								8
9								9
10	Carpentry Labor & Material-ABC	2016 104,583		15				10
11	Temporary Partitions-ABC	2016 24,608		15				11
12	Drywall & Tape-ABC	2016 52,907		15				12
13	Fire Caulking-ABC	2016 6,152		25				13
14	Acoustical-ABC	2016 18,456		20				14
15	Countertops, Solid Surface-ABC	2016 49,216		20				15
16	Permit Fees 2nd Floor -CITEVA	2016 15,939		25				16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 9,996,749	\$ 414,783		\$ 393,292	\$ (21,491)	\$ 4,117,251	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$2,578,805	\$201,582	\$201,582	\$	varies	\$1,022,584	71
72	Current Year Purchases	1,247,151	3,413	3,413		varies	3,412	72
73	Fully Depreciated Assets	425,494	5,165	5,165		varies	425,494	73
74								74
75	TOTALS	\$4,251,450	\$210,160	\$210,160	\$		\$1,451,490	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
77									
78									
79									
80	TOTALS			\$4,026	\$	\$	\$		\$4,026

E. Summary of Care-Related Assets					1	2
		Reference			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)			\$	14,602,225
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$	624,943
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$	603,452
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$	(21,491)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$	5,572,767

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		\$	\$	
87				
88				
89				
90				
91	TOTALS	\$	\$	

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
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: 01/01/2016

Ending: 12/31/2016

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

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: \$ 19,472 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	related party-PG 6A	various	\$ 515.67	\$ 6,188	17
18					18
19	Auto lease - gl 6890	various	642.00	7,704	19
20					20
21	TOTAL		\$ #####	\$ 13,892	21

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. 12/31/2017

\$ varies

13. 12/31/2018

\$ varies

14. 12/31/2019

\$ varies

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

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

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

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nursing on site.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☐

☐

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		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)	\$			

- (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.
- 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	
- (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.)

		1	2	3	4	5	6	7	8	
	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	\$		\$ 471,594	\$		\$ 471,594	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			53,989			53,989	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			907,223			907,223	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				701,484		701,484	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					(40,296)	266,157		225,861	13
14	TOTAL			\$		\$ 1,392,510	\$ 967,641		\$ 2,360,151	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		471,594.00	\$471,594.00
2.	ST		39-3	To Col 5		53,989.00	53,989.00
3.							
4.	PT		39-3	To Col 5		907,223.00	907,223.00
5.							
6.							
7.							
8.	Pharmacy Supplies per GL					750,204.00	
	Manual Input from Related Party- Forum Drugs					(48,720.00)	
9.	Total to line 9 Pharmacy	See Pg 16A		To Col 6		701,484.00	701,484.00
10.							
11.							
12.	Exceptional Care-Salaries:	See pg 16A		To Col. 3		-	0.00
12.	Exceptional Care-Supplies:	See pg 16A		To Col. 6		-	0.00
	Total Exceptional Care (Line 12, Col 8)					-	0.00
13.	Other:	See Pg 16A				-	0.00
13.	Col 5: Manual Input: Related Party - CPT			To Col 5		(40,296.00)	(40,296.00)
	Other					310,659.00	
	Manual Input: Related Party - Prism					(33,926.00)	
	Manual Input: Related Party FECII - I.V.					(10,503.00)	
	Manual Input: Related Party FECII - Wound Care Products					(73.00)	
	Oxygen, from reclass worksheet (Pg 4A)					-	
13.	Col 6: Supplies Total			To Col 6		266,157.00	266,157.00
13.	Total Line 13, Column 8					-	225,861.00
14.	Total					-	2,360,151.00

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

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 415	\$ 25,240	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 57,000)	1,314,177	1,314,177	3
4	Supply Inventory (priced at)	2,465	2,465	4
5	Short-Term Investments			5
6	Prepaid Insurance		7,361	6
7	Other Prepaid Expenses	29,302	69,059	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd parties	34,655	166,539	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,381,014	\$ 1,584,841	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	39,092	39,092	12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,278,135	14
15	Leasehold Improvements, at Historical Cost	443,079	4,337,802	15
16	Equipment, at Historical Cost	517,705	4,590,374	16
17	Accumulated Depreciation (book methods)	(683,697)	(5,196,388)	17
18	Deferred Charges		6,546	18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds		58,761	21
22	Other Long-Term Assets (specify) <u>Financing Fees</u>		370,088	22
23	Other(specify): <u>Repair Escrow</u>		426,470	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 316,179	\$ 11,890,880	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,697,193	\$ 13,475,721	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 499,505	\$ 600,895	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	54,492	54,492	28
29	Short-Term Notes Payable	13,416	224,365	29
30	Accrued Salaries Payable	376,676	376,676	30
	Accrued Taxes Payable			
31	(excluding real estate taxes)	16,722	16,722	31
32	Accrued Real Estate Taxes(Sch.IX-B)		158,700	32
33	Accrued Interest Payable		39,610	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>	84,176	84,176	36
37	<u>Due to Affiliates</u>	2,026,348	2,026,348	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,071,335	\$ 3,581,984	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	28,475	28,475	39
40	Mortgage Payable		6,915,491	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>Due to Affiliates</u>	7,822,622	8,736,371	43
44	<u>Loan Payble -other</u>		6,088,817	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 7,851,097	\$ 21,769,154	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 10,922,432	\$ 25,351,138	46
47	TOTAL EQUITY(page 18, line 24)	\$ (9,225,239)	\$ (11,875,417)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,697,193	\$ 13,475,721	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (8,162,948)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (8,162,948)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,062,291)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,062,291)	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)	\$ (9,225,239)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

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	\$ 8,784,810	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,784,810	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	53,044	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 53,044	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	953	12
13	Barber and Beauty Care	437	13
14	Non-Patient Meals	280	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(39)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	39	19
20	Radiology and X-Ray		20
21	Other Medical Services	7,004	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 8,674	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	559	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 559	26
	E. Other Revenue (specify).****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See PG19A</u>	3,333	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 3,333	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,850,420	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,473,122	31
32	Health Care	2,455,690	32
33	General Administration	2,167,536	33
	B. Capital Expense		
34	Ownership	1,211,969	34
	C. Ancillary Expense		
35	Special Cost Centers	2,493,670	35
36	Provider Participation Fee	110,724	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,912,711	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,062,291)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,062,291)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 747,541	44
45	Private Pay - Net Inpatient Revenue	525,253	45
46	Medicare - Net Inpatient Revenue	5,734,028	46
47	Other-(specify) <u>Hospice/Insurance</u>	1,777,988	47
48	Other-(specify) <u>Sales Allow.</u>		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 8,784,810	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	#	0040733	Report Period Beginning	01/01/2016	Ending:	12/31/2016
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Details of Page 19, Line 28

Description	Amount
Miscellaneous Income gl 4977 (describe) (is offset againts Schdl V.)	\$ 1,012
Record Copies- Backed out with line reference 22 on page 5A	
Jury Duty- Backed out with line reference 22 on page 5A	
Recovery of Bad Debts (private only, is not offset on Schld V)	
Adjustment to prior year expense (related to prior yr, not offset on Schdl V)	
Vendor Discounts	\$ 519
Gain on Sale of Assets (related to prior yr, not offset on Schdl V)	\$ 1,802
Line 28 Total:	<u>3,333</u>

Facility Name & ID Number Alden Estates of Evanston# 0040733Report Period Beginning: 01/01/2016Ending: 12/31/2016

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	2,134	2,134	\$ 102,939	\$ 48.24	1
2	Assistant Director of Nursing	1,546	1,546	62,625	40.51	2
3	Registered Nurses	29,111	30,994	1,060,952	34.23	3
4	Licensed Practical Nurses	8,190	8,472	235,978	27.85	4
5	CNAs & Orderlies	34,102	36,781	503,713	13.69	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,080	2,080	34,135	16.41	9
10	Activity Assistants	2,705	2,830	29,200	10.32	10
11	Social Service Workers	1,872	1,902	49,089	25.81	11
12	Dietician					12
13	Food Service Supervisor	1,840	1,923	49,279	25.63	13
14	Head Cook	4,904	5,055	125,882	24.90	14
15	Cook Helpers/Assistants	23,595	25,392	300,256	11.82	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	101,723	48.91	17
18	Housekeepers	8,073	8,775	99,989	11.39	18
19	Laundry	2,967	3,154	44,059	13.97	19
20	Administrator	2,240	2,240	122,921	54.88	20
21	Assistant Administrator	1,200	1,288	39,728	30.84	21
22	Other Administrative	3,075	3,145	84,606	26.90	22
23	Office Manager					23
24	Clerical	4,036	4,225	45,597	10.79	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,576	3,605	131,563	36.49	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	139,326	147,621	\$ 3,224,234 *	\$ 21.84	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	493/Monthly	\$ 5,916	1-3	35
36	Medical Director	3947/Monthly	47,360	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	3,480	11-3	44
45	Social Service Consultant			11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 59,132		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	20	\$ 7,012		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	20	\$ 7,012		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			
Name	Function	%	Amount
HANSON, EMILY J	Administrator		\$ 90,037
GREEN, JULIE M	Administrator		32,884
GREEN, JULIE M	Assistant Administrator		18,721
STABERG, BRIDGET	Assistant Administrator		21,007
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 162,649
B. Administrative - Other			
Description			Amount
		\$	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$
C. Professional Services			
Vendor/Payee	Type		Amount
Alden Management Services	Consulting fees	\$	640,111
BDO Seidman & Virchow Krause	Accounting Fees		7,710
Christine Novotny & KPMG	Cost Reporting		216
MIDCAP	Accounting Fees		570
First Advantage/Mix Solutions/Siman	Tax Credit Services		7,206
Achieve Accreditation, LLC	Consultation		3,006
AMS (Eliminated)	Allocated Legal Fees		45,192
Pogrund & Korey LLC-d/b/a Stone H	Legal-Collections		203
Clerk of the Circuit Court/Sheriff of c	Legal Fees: Collections		2,709
Ariana Fisch/ABC Accounts Corp./M	Legal Fees: Collections		360
MIDCAP	Legal Fees: Non Collection		840
Gozdecki, Del Giudice, /Simandl Law	Legal-Non Collections-Medicaid		1,085
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 709,208
D. Employee Benefits and Payroll Taxes			
Description			Amount
Workers' Compensation Insurance		\$	97,563
Unemployment Compensation Insurance			32,007
FICA Taxes			238,491
Employee Health Insurance			110,744
Employee Meals			36,252
Illinois Municipal Retirement Fund (IMRF)*			
Dental, Life, Relations, Pension & Misc			15,148
Drug Test, Tuition Reimb. & Employee Physicals			6,192
401k Match / Empl. Dishonesty/Emp Vaccinations			8,913
Offset Benefit Costs with Misc. Income			(115)
Employee Benefit -Marketing			0
Employee Benefit -Customer Services Liason			(1,123)
Related party- Forum			(3,877)
TOTAL (agree to Schedule V, line 22, col.8)			\$ 540,195
E. Schedule of Non-Cash Compensation Paid to Owners or Employees			
Description	Line #		Amount
		\$	
TOTAL			\$
F. Dues, Fees, Subscriptions and Promotions			
Description			Amount
IDPH License Fee		\$	
Advertising: Employee Recruitment			1,467
Health Care Worker Background Check (Indicate # of checks performed 12)			390
Patient Background Checks 502			5,056
Surety Bond Fees/Citi Bank AnnualRpt			280
Health Care Council			9,504
Chicago Tribune/'Collaborative Healthcare			2,055
Related party-Evanston II, Inc			154
Related party- AMS			1,092
Less: Public Relations Expense	(	)	
Non-allowable advertising	(	)	
Yellow page advertising	(	)	
TOTAL (agree to Sch. V, line 20, col. 8)			\$ 19,998
G. Schedule of Travel and Seminar**			
Description			Amount
Out-of-State Travel		\$	
In-State Travel			
Related Party - AMS			541
Seminar Expense			
IL Council Seminar			480
Healthcare Career Experts, LLC			77
Entertainment Expense	(	)	
(agree to Sch. V, line 24, col. 8)			
TOTAL			\$ 1,098

*** Attach copy of IMRF notifications**

****See instructions.**

	PG 21A
Alden Estates of Evanston, Inc. Legal Fee Support 2016	
Legal Fees Reported on Pg 21, Section C:	\$50,389.00
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(3,272.16)
Non-allowable legal fees, if any, deducted on - Pg 6A (AMS Allocated Legal Fees) + Add Back voided invoice of prior year, if any	(45,192.00)
Allowable Legal Fees	<u>\$ 1,924.84</u>

In Detail:		
Vendor Name	Invoice Date	Amount
Alden Group- MidCap Alloc Int Exp	02/05/16	7.91
Alden Group- MidCap Alloc Int Exp	12/06/16	554.78
Alden Group- MidCap Alloc Int Exp	05/04/16	260.11
Alden Group- MidCap Alloc Int Exp	07/06/16	17.13
Gozdecki, Del Giudice, Americus, Farkas & Brocate LLP	02/05/16	144.08
Gozdecki, Del Giudice, Americus, Farkas & Brocate LLP	02/05/16	159.96
Gozdecki, Del Giudice, Americus, Farkas & Brocate LLP	04/07/16	372.74
Simandl Law Group, S.C.	11/29/16	386.78
Simandl Law Group, S.C.	12/15/16	21.32

TOTAL ALLOWABLE LEGAL FEES	<u>1,924.81</u>
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Vendor Name	Invoice Date	Amount
ABCACC Leonard Smith dba ABC A	11/18/16	43.00
Ariana Fisch	08/30/16	6.00
Ariana Fisch	01/29/16	22.00
Ariana Fisch	08/30/16	29.00
Ariana Fisch	08/30/16	60.00
Clerk Of The Circuit Court	06/06/16	(6.00)
Clerk Of The Circuit Court	06/30/16	179.00
Clerk Of The Circuit Court	10/20/16	278.00
Clerk Of The Circuit Court	10/20/16	368.00
Clerk Of The Circuit Court	10/20/16	258.00
Clerk Of The Circuit Court	05/31/16	6.00
Clerk Of The Circuit Court	03/02/16	249.00
Clerk Of The Circuit Court	03/02/16	359.00
Clerk Of The Circuit Court	03/02/16	269.00
Clerk Of The Circuit Court	02/02/16	269.00
Pogrund & Korey LLC-d/b/a Stone Pogrund	01/09/17	68.75
Pogrund & Korey LLC-d/b/a Stone Pogrund	12/06/16	94.41
Markley Investigations	01/04/17	50.00
Markley Investigations	11/19/16	50.00
Markley Investigations	06/30/16	50.00
Markley Investigations	06/30/16	50.00
Sheriff of Cook County	10/20/16	60.00
Sheriff of Cook County	10/20/16	60.00
Sheriff of Cook County	10/20/16	60.00
Sheriff of Cook County	03/02/16	60.00
Sheriff of Cook County	03/02/16	60.00
Sheriff of Cook County	03/02/16	60.00
Sheriff of Cook County	01/25/16	120.00
Recorder of Deeds Cook	08/30/16	40.00

TOTAL Collection-NOT ALLOWABLE LEGAL FEES	<u>3,272.16</u>
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Vendor Name	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'16	01/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	02/29/16	3,766.00
AMS Corp Legal Cost Alloc-'16	03/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	04/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	05/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	06/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	07/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	08/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	09/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	10/31/16	3,766.00
AMS Corp Legal Cost Alloc-'16	11/30/16	3,766.00
AMS Corp Legal Cost Alloc-'16	12/31/16	3,766.00

TOTAL Allocated Legal Fees	<u>45,192.00</u>
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Total Legal Cost	<u>92,744.13</u>
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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? CNA: Yes,RN/LPNs: No

(2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Health Care Council \$9,504

(3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____

(5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 7.5

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 13,248 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. \$ 110,724
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. \$ 36,252 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