

		FOR BHF USE					

LL1

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2020)

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: <u>0040733</u>			II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																																																																		
Facility Name: <u>Alden Estates of Evanston</u>			I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</u> to <u>12/31/2020</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																																																																		
Address: <u>2520 Gross Point Rd</u> <u>Evanston</u> <u>60201</u>																																																																					
Number City Zip Code																																																																					
County: <u>Cook</u>																																																																					
Telephone Number: <u>(847) 328-6000</u> Fax # <u>(847) 328-6166</u>																																																																					
HFS ID Number: _____																																																																					
Date of Initial License for Current Owners: <u>3/15/1996</u>																																																																					
Type of Ownership:																																																																					
<table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☒</td><td>PROPRIETARY</td><td>☐</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td colspan="2">IRS Exemption Code _____</td><td>☒</td><td>Corporation</td><td>☐</td><td>Other _____</td></tr><tr><td colspan="2"></td><td>☐</td><td>"Sub-S" Corp.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Limited Liability Co.</td><td colspan="2">_____</td></tr><tr><td colspan="2"></td><td>☐</td><td>Trust</td><td colspan="2"></td></tr><tr><td colspan="2"></td><td>☐</td><td>Other</td><td colspan="2">_____</td></tr></table>			☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code _____		☒	Corporation	☐	Other _____			☐	"Sub-S" Corp.	_____				☐	Limited Liability Co.	_____				☐	Trust					☐	Other	_____		<table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) <u>Derek Smart</u></td><td></td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title) <u>CFO, Alden Management Services, Inc., as agent</u></td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td><td></td></tr><tr><td>(Firm Name & Address) _____</td><td></td></tr><tr><td>(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u></td><td></td></tr></table>			Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) <u>Derek Smart</u>		Paid Preparer	(Title) <u>CFO, Alden Management Services, Inc., as agent</u>		(Signed) _____	(Date) _____	(Print Name and Title) _____		(Firm Name & Address) _____		(Telephone) <u>773-286-3883</u> Fax # <u>773-286-8038</u>	
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In the event there are further questions about this report, please contact:			MAIL TO: BUREAU OF HEALTH FINANCE																																																																		
Name: <u>Mark Novotny</u>			ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES																																																																		
Telephone Number: <u>773-724-6362</u>			201 S. Grand Avenue East																																																																		
Email Address: _____			Springfield, IL 62763-0001																																																																		
			Phone # (217) 782-1630																																																																		

Facility Name & ID Number

Alden Estates of Evanston

#

0040733

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	1,120	2,963	8,359	12,442	8
9	SNF/PED					9
10	ICF	3,006	112	465	3,583	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	4,126	3,075	8,824	16,025	14

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

44.23%

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

0 (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 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 3/15/1996

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

YES x Date 03/15/1996 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 8,113

Medicare Intermediary

National Government Services, Inc.

IV. ACCOUNTING BASIS

MODIFIED

ACCRUAL x CASH* CASH*

Is your fiscal year identical to your tax year?

YES x NO

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

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

HFS 3745 (N-4-99)

IL478-2471

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	544,132	12,383	1,649	558,164	1,337	559,501	1,390	560,891			1
2	Food Purchase		160,393		160,393	(29,667)	130,726	1,322	132,048			2
3	Housekeeping	144,325	71,829		216,154	361	216,515	5,589	222,104			3
4	Laundry	102,187	24,027		126,214	306	126,520		126,520			4
5	Heat and Other Utilities			138,733	138,733		138,733	(562)	138,171			5
6	Maintenance	107,016		234,302	341,318	259	341,577	42,427	384,004			6
7	Other (specify):* security/rel party			603	603		603	2,588	3,191			7
8	TOTAL General Services	897,660	268,632	375,287	1,541,579	(27,404)	1,514,175	52,754	1,566,929			8
	B. Health Care and Programs											
9	Medical Director			30,000	30,000		30,000		30,000			9
10	Nursing and Medical Records	2,279,325	165,974	7,651	2,452,950	5,347	2,458,297	21,570	2,479,867			10
10a	Therapy		940	41,570	42,510		42,510		42,510			10a
11	Activities	103,118	953	3,172	107,243		107,243		107,243			11
12	Social Services	64,601			64,601		64,601		64,601			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):* related party							2,231	2,231			15
16	TOTAL Health Care and Programs	2,447,044	167,867	82,393	2,697,304	5,347	2,702,651	23,801	2,726,452			16
	C. General Administration											
17	Administrative	109,437			109,437		109,437	68,472	177,909			17
18	Directors Fees											18
19	Professional Services			619,540	619,540		619,540	(554,341)	65,199			19
20	Dues, Fees, Subscriptions & Promotions			138,468	138,468	(270)	138,198	(114,691)	23,507			20
21	Clerical & General Office Expenses	161,594	14,284	173,339	349,217	(4,534)	344,683	52,457	397,140			21
22	Employee Benefits & Payroll Taxes			645,676	645,676	26,591	672,267	(3,735)	668,532			22
23	Inservice Training & Education											23
24	Travel and Seminar			679	679	270	949	341	1,290			24
25	Other Admin. Staff Transportation			2,696	2,696		2,696	3,053	5,749			25
26	Insurance-Prop.Liab.Malpractice			273,195	273,195		273,195	12,251	285,446			26
27	Other (specify):* related party			57,755	57,755		57,755	(30,638)	27,117			27
28	TOTAL General Administration	271,031	14,284	1,911,348	2,196,663	22,057	2,218,720	(566,831)	1,651,889			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,615,735	450,783	2,369,028	6,435,546		6,435,546	(490,276)	5,945,270			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			60,725	60,725		60,725	629,745	690,470			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			39,123	39,123		39,123	464,907	504,030			32
33	Real Estate Taxes			825,397	825,397	(825,397)		827,699	827,699			33
34	Rent-Facility & Grounds			935,404	935,404	825,397	1,760,801	(1,758,202)	2,599			34
35	Rent-Equipment & Vehicles			21,608	21,608		21,608	12,243	33,851			35
36	Other (specify):* MIP							78,754	78,754			36
37	TOTAL Ownership			1,882,257	1,882,257		1,882,257	255,146	2,137,403			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		763,481	1,315,664	2,079,145		2,079,145	(138,635)	1,940,510			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			104,217	104,217		104,217		104,217			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		763,481	1,419,881	2,183,362		2,183,362	(138,635)	2,044,727			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,615,735	1,214,264	5,671,166	10,501,165		10,501,165	(373,765)	10,127,400			45

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

Alden Estates of Evanston
 Period Beginning: 1/1/2020
 Period Ending: 12/31/2020

IDPH License No. 0040733

Reclassifications - Pages 3 & 4 (Column 5)

From Line	To Line	Amount	Description
2		(29,667.00)	Employee Meals
	22	29,667.00	Employee Meals
22		(3,076.00)	Uniform Reclass
	1	1,337.00	Uniform Reclass
	3	361.00	Uniform Reclass
	4	306.00	Uniform Reclass
	6	259.00	Uniform Reclass
	10	727.00	Uniform Reclass
	11		Uniform Reclass
	21	86.00	Uniform Reclass
21		(4,620.00)	Team TSI expense Reclass
	10	4,620.00	Team TSI expense Reclass
33		(825,397.00)	Rent - Real Estate Tax on associated landowner (Pg 6)
	34	825,397.00	Rent - Real Estate Tax on associated landowner (Pg 6)
19		(270.00)	Seminar Reclass
	24	270.00	Seminar Reclass
		-	

Note for internal purposes: check your reclasses on last year's file, as there may be reclasses specific to your facility.

VI. ADJUSTMENT DETAIL

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

	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				4
5	Telephone, TV & Radio in Resident Rooms	(12,849)	6		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(21,491)	30		9
10	Interest and Other Investment Income	(2,136)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,523)	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	(16,147)	21		17
18	Fines and Penalties	(34)	32		18
19	Entertainment	(3,400)	20		19
20	Contributions	(3,374)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(20,132)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(57,755)	27		24
25	Fund Raising, Advertising and Promotional	(107,222)	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)	\$ (248,063)		\$	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)	(62,144)		34
35	Other- Attach Schedule	(63,558)		35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (125,702)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (373,765)		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 -	\$ (4,063)	30	1
2	Elim Deprec Exp on Pg 13 items under \$2500 -	(32,420)	30	2
3	Expense Pg 12 items under \$2,500 - curr yr purchs +	7,848	6	3
4	Expense Pg 13 items under \$2,500 - curr yr purchs +	29,665	6	4
5				5
6	Elim ABC Deprec Exp from Pg 12 series -	(336)	30	6
7	Depreciation Adj Sage Report	(289)	30	7
8	Valet Cost	(12,000)	21	8
9	Late Fees on Utilities	(1,715)	5	9
10	Intercompany Interest Not Allowed	(38,633)	32	10
11	Misc Income	(3,157)	21	11
12	Misc Income - Record Copies	(480)	21	12
13	Misc Income - Settlement			13
14	Vendor Discount	(598)	10	14
15	Back Out Bank Fees - Estates of Evanston II			15
16	Back Out Evanston Chamber of Commerce	(1,100)	20	16
17	Collection Fees	(409)	21	17
18	Elim LI-ADG Deprec Exp	(5,850)	30	18
19	Other Nursing Income	(21)	21	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	(63,558)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	Operating Expenses	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)	
	A. General Services													
1	Dietary	0	0	0	1,390	0	0	0	0	0	0	0	1,390	1
2	Food Purchase	(3,523)	0	0	4,845	0	0	0	0	0	0	0	1,322	2
3	Housekeeping	0	0	5,589	0	0	0	0	0	0	0	0	5,589	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(1,715)	0	1,153	0	0	0	0	0	0	0	0	(562)	5
6	Maintenance	24,664	0	12,806	0	0	0	38	4,919	0	0	0	42,427	6
7	Other (specify):*	0	0	2,588	0	0	0	0	0	0	0	0	2,588	7
8	TOTAL General Services	19,426	0	22,136	6,235	0	0	38	4,919	0	0	0	52,754	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	(598)	0	15,168	7,633	(633)	0	0	0	0	0	0	21,570	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	2,231	0	0	0	0	0	0	0	0	2,231	15
16	TOTAL Health Care and Programs	(598)	0	17,399	7,633	(633)	0	0	0	0	0	0	23,801	16
	C. General Administration													
17	Administrative	0	0	68,472	0	0	0	0	0	0	0	0	68,472	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(20,132)	10,450	(544,659)	0	0	0	0	0	0	0	0	(554,341)	19
20	Fees, Subscriptions & Promotions	(115,096)	0	405	0	0	0	0	0	0	0	0	(114,691)	20
21	Clerical & General Office Expenses	(32,214)	0	84,671	0	0	0	0	0	0	0	0	52,457	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	(3,735)	0	0	0	0	0	0	(3,735)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	341	0	0	0	0	0	0	0	0	341	24
25	Other Admin. Staff Transportation	0	0	3,053	0	0	0	0	0	0	0	0	3,053	25
26	Insurance-Prop.Liab.Malpractice	0	12,139	112	0	0	0	0	0	0	0	0	12,251	26
27	Other (specify):*	(57,755)	0	27,117	0	0	0	0	0	0	0	0	(30,638)	27
28	TOTAL General Administration	(225,197)	22,589	(360,488)	0	(3,735)	0	0	0	0	0	0	(566,831)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(206,369)	22,589	(320,953)	13,868	(4,368)	0	38	4,919	0	0	0	(490,276)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	(64,449)	683,076	11,118	0	0	0	0	0	0	0	0	629,745	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(40,803)	464,372	41,338	0	0	0	0	0	0	0	0	464,907	32
33	Real Estate Taxes	0	825,397	2,302	0	0	0	0	0	0	0	0	827,699	33
34	Rent-Facility & Grounds	0	(1,758,202)	0	0	0	0	0	0	0	0	0	(1,758,202)	34
35	Rent-Equipment & Vehicles	0	0	12,243	0	0	0	0	0	0	0	0	12,243	35
36	Other (specify):*	0	78,754	0	0	0	0	0	0	0	0	0	78,754	36
37	TOTAL Ownership	(105,252)	293,397	67,001	0	0	0	0	0	0	0	0	255,146	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	(68,256)	(27,359)	(43,020)	0	0	0	0	0	(138,635)	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	(68,256)	(27,359)	(43,020)	0	0	0	0	0	(138,635)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(311,621)	315,986	(253,952)	(54,388)	(31,727)	(43,020)	38	4,919	0	0	0	(373,765)	45

VII. RELATED PARTIES

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

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Ltd.	100	See PG-Supp		See PG-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	\$ 1,758,202	Alden Estates of Evanston II, Inc.	0.00%	\$	\$ (1,758,202)	1
2	V	32	Interest/Investment Income-RR	244	Alden Estates of Evanston II, Inc.			(244)	2
3	V	30	Gain on Sale of Assets		Alden Estates of Evanston II, Inc.				3
4	V	19	Professional Fees		Alden Estates of Evanston II, Inc.				4
5	V	19	Accounting Fees		Alden Estates of Evanston II, Inc.		10,450	10,450	5
6	V	21	Bank Charges/Report Fee		Alden Estates of Evanston II, Inc.				6
7	V	32	Amortization		Alden Estates of Evanston II, Inc.		17,442	17,442	7
8	V	33	RE Tax Expense		Alden Estates of Evanston II, Inc.		825,397	825,397	8
9	V	26	General Insurance Expenses		Alden Estates of Evanston II, Inc.		12,139	12,139	9
10	V	36	Mortgage Insurance Premium		Alden Estates of Evanston II, Inc.		78,754	78,754	10
11	V	32	Interest on Mortgage Note		Alden Estates of Evanston II, Inc.		447,174	447,174	11
12	V	30	Depreciation		Alden Estates of Evanston II, Inc.		683,076	683,076	12
13	V								13
14	Total			\$ 1,758,446			\$ 2,074,432	\$ * 315,986	14

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

Facility Name & ID Number Alden Estates of Evanston# 0040733Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	<u>5</u> Utilities	\$	<u>Alden Management Services, Inc.</u>	<u>0.00%</u>	\$ <u>1,153</u>	\$ <u>1,153</u>	15
16	V	<u>24</u> Travel & Seminar		<u>Alden Management Services, Inc.</u>		<u>341</u>	<u>341</u>	16
17	V	<u>25</u> Other Admin Travel		<u>Alden Management Services, Inc.</u>		<u>3,053</u>	<u>3,053</u>	17
18	V	<u>26</u> Insurance		<u>Alden Management Services, Inc.</u>		<u>112</u>	<u>112</u>	18
19	V	<u>20</u> Dues/Subscriptions		<u>Alden Management Services, Inc.</u>		<u>405</u>	<u>405</u>	19
20	V	<u>30</u> Depreciation		<u>Alden Management Services, Inc.</u>		<u>11,118</u>	<u>11,118</u>	20
21	V	<u>33</u> Real Estate Tax		<u>Alden Management Services, Inc.</u>		<u>2,302</u>	<u>2,302</u>	21
22	V	<u>35</u> Rent-Equip/Vehicles		<u>Alden Management Services, Inc.</u>		<u>12,243</u>	<u>12,243</u>	22
23	V	<u>32</u> Interest		<u>Alden Management Services, Inc.</u>		<u>41,338</u>	<u>41,338</u>	23
24	V	<u>1</u> Dietary Aide Coordinator Salary		<u>Alden Management Services, Inc.</u>				24
25	V	<u>3</u> Housekeeping Coordinator Salary		<u>Alden Management Services, Inc.</u>		<u>5,589</u>	<u>5,589</u>	25
26	V	<u>7</u> Employee Benef % -Gen'l Servs		<u>Alden Management Services, Inc.</u>		<u>2,588</u>	<u>2,588</u>	26
27	V	<u>10</u> Nurs & Med Records Salary		<u>Alden Management Services, Inc.</u>		<u>15,168</u>	<u>15,168</u>	27
28	V	<u>15</u> Employee Benef % - Health Care		<u>Alden Management Services, Inc.</u>		<u>2,231</u>	<u>2,231</u>	28
29	V	<u>17</u> Administrative Salary		<u>Alden Management Services, Inc.</u>		<u>68,472</u>	<u>68,472</u>	29
30	V	<u>27</u> Employee Benef %-Administrative		<u>Alden Management Services, Inc.</u>		<u>27,117</u>	<u>27,117</u>	30
31	V	<u>19</u> Professional Fees	<u>584,531</u>	<u>Alden Management Services, Inc.</u>		<u>39,872</u>	<u>(544,659)</u>	31
32	V	<u>21</u> Gen'l & Admin	<u>28,320</u>	<u>Alden Management Services, Inc.</u>		<u>112,991</u>	<u>84,671</u>	32
33	V	<u>6</u> Repairs & Maintenance	<u>41,493</u>	<u>Alden Management Services, Inc.</u>		<u>54,299</u>	<u>12,806</u>	33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ <u>654,344</u>			\$ <u>400,392</u>	\$ * <u>(253,952)</u>	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	1 Dietary Consult.	\$ 1,500	Prism Health Care Services, Inc.	0.00%	\$	(1,500)	15
16	V	1 Dietary Salary		Prism Health Care Services, Inc.		843	843	16
17	V	2 Tube feeding	8,131	Prism Health Care Services, Inc.		6,738	(1,393)	17
18	V	10 Equip. Rental	6,660	Prism Health Care Services, Inc.		12,452	5,792	18
19	V	39 Ancillary supplies	110,823	Prism Health Care Services, Inc.		31,241	(79,582)	19
20	V	1 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		2,047	2,047	20
21	V	2 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		6,238	6,238	21
22	V	10 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		1,841	1,841	22
23	V	39 Gen'l & Admin & benefits		Prism Health Care Services, Inc.		11,326	11,326	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		\$ 127,114			\$ 72,726	\$ * (54,388)	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 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	39 Drugs	\$ 576,783	Forum Extended Care II, Inc.	0.00%	\$ 549,375	\$ (27,408)	15
16	V	39 I.V.	58,878	Forum Extended Care II, Inc.		56,080	(2,798)	16
17	V	39 Wound Care-Product only	14,938	Forum Extended Care II, Inc.		14,228	(710)	17
18	V	10 House Stock	10,945	Forum Extended Care II, Inc.		10,425	(520)	18
19	V	10 Pharm Consult	2,376	Forum Extended Care II, Inc.		2,263	(113)	19
20	V	22 Employee Vaccinations	3,735	Forum Extended Care II, Inc.			(3,735)	20
21	V	39 Employee Vaccinations		Forum Extended Care II, Inc.		3,557	3,557	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		\$ 667,655			\$ 635,928	\$ * (31,727)	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	\$ 1,315,472	Community Physical Therapy & Associates, Ltd.	0.00%	\$ 1,272,452	\$ (43,020)	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			\$ 1,315,472			\$ 1,272,452	\$ * (43,020)	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	\$ 15,783	Alden Bennett Construction Company, Inc.	0.00%	\$ 15,821	\$ 38	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 15,783			\$ 15,821	\$ * 38	39

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

VII. RELATED PARTIES (continued)

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

☒ YES ☐ NO

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

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintenance	\$ 5,335	Alden Design Group, Ltd.	0.00%	\$ 10,254	\$ 4,919	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			\$ 5,335			\$ 10,254	\$ * 4,919	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:

01/01/2020

Ending:

12/31/2020

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	The Alden Group, Ltd.	100	Heather Health Care Center, Inc.	Harvey	The Forum Professional	Chicago	Rental property	1
2			Alden-Lincoln Park Rehabilitation and Health Care Center	Chicago				2
3			Alden-Northmoor Rehabilitation and Health Care Center	Chicago	Forum Extended Care	Chicago	Pharmacy	3
4			Alden-Lakeland Rehabilitation and Health Care Center	Chicago	FECS of Central Illinois	Springfield	Pharmacy	4
5			Alden of Old Town East, Inc.	Bloomington	Alden Management Services	Chicago	Management	5
6			Alden Terrace of McHenry Rehabilitation and Health Care Center	McHenry				6
7			Wentworth Rehabilitation and Health Care Center	Chicago	Alden Garden Courts of	DesPlaines	Assisted Living/Alzheimer's	7
8			Alden Estates of Naperville, Inc.	Naperville	Alden Courts of Water	Aurora	SNF & Alzheimer's	8
9			Alden - Valley Ridge Rehabilitation and Health Care Center	Bloomington	Alden Gardens of Water	Aurora	Assisted Living	9
10			Alden Village Health Facility for Children and Youth	Bloomington	Prism Health Care Services	Schaumburg	Nursing and Durability	10
11			Alden - Orland Park Rehabilitation and Health Care Center	Orland Park	Community Physical Therapy	Addison	Therapy Provider	11
12			Princeton Rehabilitation and Health Care Center	Chicago	Alden Bennett Construction	Chicago	General Contractor	12
13			Alden of Old Town West, Inc.	Bloomington	Fort Medical Equipment	Fort Atkinson	Nursing and Durability	13
14			Alden - Town Manor Rehabilitation and Health Care Center	Cicero	Alden Design Group, Inc.	Chicago	Design & Engineering	14
15			Alden Trails, Inc.	Bloomington				15
16			Alden - Poplar Creek Rehabilitation and Health Care Center	Hoffman Estates	Family Solutions for Services	Addison	Private duty care	16
17			Alden - North Shore Rehabilitation and Health Care Center	Skokie	Family Home Health Services	Addison	Home health & hospice	17
18			Alden - Des Plaines Rehabilitation and Health Care Center	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.	Bloomington				25
26			Alden Village North, Inc.	Chicago	Alden Courts of Shorewood	Shorewood	SNF	26
27			Alden Estates of Skokie, Inc.	Skokie	Alden Estates-Courts of	Huntley	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 Care Center	Long Grove				30

Facility Name & ID Number Alden Estates of Evanston # 0040733 Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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 I	Chairman	100.00	182,548	0.532	1.33	Salary	\$ 2,452	17-7	1
2	Lauren Magnusson B.	Dir. Of Clinical Servi	Technical Nursing	0.00	98,675	0.532	1.33	Salary	1,325	10-7	2
3	Terry Magnusson C.	Dir. of Purchasing	Supervise Mainten	0.00	98,675	0.532	1.33	Salary	1,325	6-7	3
4	Ina Schlossberg D.	Board Member	Board Member	0.00	112,534	0.532	1.33	Salary	1,508	17-7	4
5	Audra Elisco F.	Medical Records Cle	Medical Records	0.00	59,759	0.532	1.33	Salary	841	21-7	5
6	Randi Schlossberg-Schullo F.	President	General Operation	0.00	182,548	0.4655	1.33	Salary	2,452	6-7, 17-7	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.										8
9	C. Terry Magnusson is the son-in-law of Floyd Schlossberg.										9
10	D. Ina Schlossberg is the wife of Floyd Schlossberg.										10
11	E. Audra Elisco is the daughter of Floyd Schlossberg.										11
12	F. Randi Schlossberg-Schullo is the daughter of Floyd Schlossberg.										12
13								TOTAL	\$ 9,904		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Alden Estates of Evanston# 0040733 Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Patient Days	1,209,117	36	\$ 86,976	\$	16,025	\$ 1,153	1
2	24	Trav & Seminar	Patient Days	1,209,117	36	25,753		16,025	341	2
3	25	Other Admin Travel	Patient Days	1,209,117	36	230,320		16,025	3,053	3
4	26	Insurance	Patient Days	1,209,117	36	8,433		16,025	112	4
5	20	Dues & Subscriptions	Patient Days	1,209,117	36	30,557		16,025	405	5
6	30	Depreciation	No of Providers/usage	36	36	408,834		1	11,118	6
7	33	Real Estate Tax	Patient Days/usage	1,209,117	36	200,354		16,025	2,302	7
8	35	Rent-Equip & Vehicle	Patient Days	1,209,117	36	923,790		16,025	12,243	8
9	32	Interest	Patient Days/usage	1,209,117	36	1,567,343		16,025	41,338	9
10	3	Housekeeping Salary	Patient Days	1,209,117	36	421,760	421,760	16,025	5,589	10
11	7	Employee Benefits -Gen'I Servs	Patient Days	1,209,117	36	195,292		16,025	2,588	11
12	10	Nurs & Med Records Salary	Patient Days	1,209,117	36	1,149,694	1,149,694	16,025	15,168	12
13	15	Employee Benefits -Health Care	Patient Days	1,209,117	36	168,303		16,025	2,231	13
14	17	Administrative Salary	Patient Days	1,209,117	36	5,264,790	5,264,790	16,025	68,472	14
15	27	Employee Benefits - Admin	Patient Days/usage	1,209,117	36	2,046,057		16,025	27,117	15
16	19	Professional fees	Patient Days	1,209,117	36	1,372,458	1,094,350	16,025	39,872	16
17	21	Gen'I & Admin	Patient Days	1,209,117	36	8,525,354	7,617,708	16,025	112,991	17
18	6	Repair & Maint.	Patient Days	1,209,117	36	1,379,344	912,301	16,025	54,299	18
19					36					19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 24,005,407	\$ 16,460,603		\$ 400,392	25

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	Capital Funding (GL 2505/7055)		x	Mortgage		1/2015	\$ 7,226,100	\$ 6,550,771	2/2050	3.5500	\$ 234,614	1	
2	Capital Funding (GL 2513/7053)		x	Line of Credit		8/2015	6,279,900	5,773,278	2/2050	3.6500	212,560	2	
3												3	
4	Insurance Interest (GL7053)		x	Medical Malpractice							92	4	
5												5	
	Working Capital												
6	Related party-AMS		x	Working Capital							41,338	6	
7	Ascentium Capital LLC		x	Capital Lease		03/2017	11,406	2,393	4/22	7.8810	364	7	
8							67,016					8	
9	TOTAL Facility Related						\$ 13,584,422	\$ 12,326,442			\$ 488,968	9	
	B. Non-Facility Related*												
10	Interest Income on R.R.		x								(244)	10	
11	Int Income (GL#4975)		x								(2,136)	11	
12												12	
13	Amortization-Fin/Refin Fee(II7105)		x								17,442	13	
14	TOTAL Non-Facility Related						\$	\$			\$ 15,062	14	
15	TOTALS (line 9+line14)						\$ 13,584,422	\$ 12,326,442			\$ 504,030	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 78,754 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 2019 report.			\$	148,200	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.)			\$	479,597	2
3. Under or (over) accrual (line 2 minus line 1).			\$	331,397	3
4. Real Estate Tax accrual used for 2020 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	494,000	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.			\$	825,397	7
Real Estate Tax History:		Plus: Related party taxes - See Pg RE_Tax page		\$	2,302
		Total Real Estate Tax Expense, Sch V, Line 33		\$	827,699
Real Estate Tax Bill for Calendar Year:		2015	154,113	8	
		2016	139,339	9	
		2017	146,925	10	
		2018	143,836	11	
		2019	479,597	12	
The current year accrual is based on an estimated 3% increase of the prior year tax.				13	FROM R. E. TAX STATEMENT FOR 2019 \$ 13
				14	PLUS APPEAL COST FROM LINE 5 \$ 14
				15	LESS REFUND FROM LINE 6 \$ 15
				16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2019 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 Mark Novotny

TELEPHONE 773-724-6362 FAX #: 872-469-1725

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2019 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 2019.

(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>173,696.00</u>	\$ <u>2,302.00</u>
2. <u>10-10-200-077-0000</u>	<u>Nursing facility</u>	\$ <u>479,597.42</u>	\$ <u>479,597.42</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>653,293.42</u></u>	\$ <u><u>481,899.42</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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1995	1994	\$ 5,377,512	\$ 159,376	39	\$ 137,885	\$ (21,491)	\$ 3,555,595	4
5	Building		1999		54,450	1,601	34	1,601		33,622	5
6											6
7											7
8											8
	Improvement Type**										
9	Repair: boiler, valve, elect. Fixtures, heater, TV antenna			1995	17,311		10-20			17,311	9
10	Install lawn sprinkler system			1996	19,670		15			19,670	10
11	Demolition, excavating, electricalwork, masonry			1996	39,481	456	25	456		39,481	11
12	Sign			1996	745					745	12
13	Sink			1996	1,366		20			1,366	13
14	Motor repair			1996	3,300		20			3,300	14
15	Elevator remodeling			1996	3,018		20			3,018	15
16	Install new electrical outlets			1997	2,542		5			2,542	16
17	Telephone system upgrade			1997	2,698		10			2,698	17
18	Repair panel			1998	3,631		5			3,631	18
19	Repair rainshields, relief valve			1998	7,117		10			7,117	19
20	Replace fan motor			1998	5,797		5			5,797	20
21	Electrical panel			1998	1,926		10			1,926	21
22	Replace freezer compressor			1998	3,457		10			3,457	22
23	Replace fire alarm sys			1998	56,459		15			56,459	23
24	Elm heating-cooler-hvac			1999	2,500		10			2,500	24
25	Aqua plumbing-water heater			1999	10,445		15			10,445	25
26	CSI-repair air maint. Handler unit			1999	1,855		10			1,855	26
27	New horizons-hook up phones			1999	1,827		10			1,827	27
28	Alden Bennett Const.			2000	7,160		10			7,160	28
29	The floor source-lobby & elevator carpeting			2000	3,652		5			3,652	29
30	Alden Bennett Const.-wallcovering			2000	1,350		5			1,350	30
31	DBS Contracting-repair lawn sprinkler			2000	2,281		10			2,281	31
32	CSI-install disposal			2000	2,341		5			2,341	32
33	Forx valley fire & safety-repair sprinkler system			2000	1,765		15			1,765	33
34	CSI-replace compressor			2000	1,770		10			1,770	34
35	Alden Bennett-seea/stripe parking lot, replace sidewalk			2000	5,582		5-15			5,582	35
36											36

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

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		1,981	40
41 New Horizon (replace main frame)	2002	1,745		5			1,745	41
42 ABC - parquet ffloor	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		1,222	51
52 New Horizons - move phone extensions between floors	2005	1,358					1,358	52
53 ABC - Shaw Malabar carpet for 1st floor	2005	6,493		10			6,493	53
54 ABC - Excelon VC Tile in PT room	2005	1,992		10			1,992	54
55 ABC - Excelon VC Tile in PT room	2006	3,300		10			3,300	55
56 GT Mechanical-replaced transformer & refrigerant for AC unit	2006	4,366		10			4,366	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		10			5,985	58
59								59
60 Therapy Room Expansion	2007	94,048	6,290	29	6,290		80,082	60
61 Hot Water Tank Replacement	2007	24,003		10			24,003	61
62 Repair air consitioner/Replace compressor	2007	37,488	2,499	10	2,499		31,447	62
63 Repair freezer door assembly	2007	3,945		10			3,945	63
64 Replace pump motor chiller	2007	5,544		10			5,544	64
65 Replace worn & torn cubicle curtains	2007	2,566		10			2,566	65
66 Charge Chiller	2007	5,773	385	10	385		4,843	66
67 Repair broken fence & driveway	2007	6,447	430	15	430		5,409	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		3,767	69
70 TOTAL (lines 4 thru 69)		\$ 5,914,868	\$ 171,496		\$ 150,005	\$ (21,491)	\$ 4,047,932	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:

01/01/2020 Ending:

12/31/2020

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 12A, Carried Forward		\$ 5,914,868	\$ 171,496		\$ 150,005	\$ (21,491)	\$ 4,047,932	1
2	ABC-New Cubicle Track Rm# 210 # 217/Curtains/New Control Pur	2008	6,029		10			6,029	2
3	ABC-New Sidewalk RAMP @ EMRG Exit per IDPA LSC Inspectio	2008	7,189	479	15	479		5,989	3
4	ABC-Door Closer rpls (5) to Patient Units	2008	2,911		10			2,911	4
5	ABC-Regulator install in shower room to ensure patient safety	2008	2,572	129	20	129		1,620	5
6	ABC - Sidewalk rpls on Front entrance	2010	7,336	489	15	489		5,135	6
7	Washing Machine leaking Repairs-EQUINT	2010	3,608		5			3,608	7
8	New Compressor/Fan Motor - TOPNOT	2010	3,725	248	5	248		2,482	8
9	Boiler Skin Pipes and Tubes - ALDBEN	2011	7,159	716	10	716		6,145	9
10	Chimney Cap-Boiler Room Lift Sheetmetl Pipe Fings-GTMECH	2011	6,982	698	10	698		5,992	10
11	Fire Sprinkler;Bttrfly Valve,Antifreeze Loop,Hydrant Flushing-US	2012	6,104		25			6,104	11
12	Fire Protection System, Starter - ALDBEN	2012	7,454	155	10	155		1,211	12
13	Dampers, Fire, major rebuild - ALDBEN	2013	18,694	1,869	10	1,869		13,551	13
14	Acoustical-ALDBEN	2014	79,307	9,913	8	9,913		63,609	14
15	Carpentry & Drywall Interior on 1st Floor & 3rd Floor-ALDBEN	2014	673,002	33,650	20	33,650		215,921	15
16	Carpentry Exterior on 1st Floor & 3rd Floor -ALDBEN	2014	181,188	12,079	15	12,079		77,507	16
17	Casework -Key Interiors-ALDBEN	2014	96,137	4,807	20	4,807		30,845	17
18	Caulking-ALDBEN	2014	19,051	1,905	10	1,905		12,224	18
19	Demolition -ALDBEN	2014	77,570	5,171	15	5,171		33,181	19
20	E.I.F.S. Outside of Building Structure-ALDBEN	2014	29,277	1,952	15	1,952		12,525	20
21	Electrical -ALDBEN	2014	538,578	35,905	15	35,905		230,391	21
22	Elevator-ALDBEN	2014	154,920	7,746	20	7,746		49,703	22
23	Evanston Remodel Drawings - FOXBUI	2014	6,700	335	20	335		2,150	23
24	Fence-ALDBEN	2014	11,729	782	15	782		5,018	24
25	Fire Protection - Exterior-ALDBEN	2014	26,063	1,043	25	1,043		6,692	25
26	Fire Protection - Interior-ALDBEN	2014	56,340	2,254	25	2,254		14,463	26
27	Glass/Glazing-ALDBEN	2014	29,663	1,978	15	1,978		12,692	27
28	Hollow Metal/Doors/Frames/Hdwr-ALDBEN	2014	260,634	13,032	20	13,032		83,622	28
29	HVAC-ALDBE	2014	405,534	27,036	15	27,036		173,481	29
30	Landscaping -ALDBEN	2014	19,622	1,308	15	1,308		8,393	30
31	Masonry-ALDBEN	2014	4,716		5			4,716	31
32	Painting/Decorating-ALDBEN	2014	166,311	11,087	15	11,087		71,142	32
33	Permit Fee - CITEVA	2014	26,376	1,319	20	1,319		8,463	33
34	TOTAL (lines 1 thru 33)		\$ 8,857,347	\$ 349,581		\$ 328,090	\$ (21,491)	\$ 5,225,447	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:

01/01/2020 Ending:

12/31/2020

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 12B, Carried Forward		\$ 8,857,347	\$ 349,581		\$ 328,090	\$ (21,491)	\$ 5,225,447	1
2	Permit-CITEVA	2014	4,329	216	20	216		1,386	2
3	Plan Review Fee - ILLDPH	2014	11,915	596	20	596		3,824	3
4	Plumbing-ALDBEN	2014	198,330	9,917	20	9,917		63,634	4
5	Certificate of need Fees - ARNLUN/CHAFOL	2014	85,094	4,255	20	4,255		27,303	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		16,645	9
10	Tiles, Marble install on 1st & 3rd Floor renovation-ALDBEN	2014	71,550	4,770	15	4,770		30,608	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		3,908	14
15	Hand Rails install in hallway-1st & 3rd Floor-ALDBEN	2014	19,937	1,994	10	1,994		12,795	15
16	Roof decking -ALDBEN	2014	23,085	1,154	20	1,154		7,405	16
17	Tree Trimming-ALDBEN	2014	3,599	240	15	240		1,540	17
18	Vinyl Fabric wallcovering -1st & 3rd Floor -ALDBEN	2014	70,634		5			70,634	18
19	Window-ALDBEN	2014	4,363	436	10	436		2,798	19
20	Asphalt Paving -ALDBEN	2014	67,641	8,455	8	8,455		54,253	20
21	Asphalt-ALDBEN	2014	3,475	434	8	434		2,785	21
22	Concrete Patching/Sitework-ALDBEN	2014	44,246	2,950	15	2,950		18,929	22
23	Remodel 2nd floor -ALDDES	2015	6,640	443	15	443		2,363	23
24	Architect/Design -Remodel 2nd floor -ALDDES	2015	3,335	222	15	222		1,166	24
25	Nursing call station part install/repairs -ALDBEN	2015	2,557	385	5	385		2,557	25
26	Architect fee for 2nd floor -ALDDES	2016	11,573	297	39	297		1,460	26
27	Architect fees for 2nd Floor- ALDDES	2016	27,143	696	39	696		3,422	27
28	Architect/Design - 2nd floor - ALDDES	2016	11,638	298	39	298		1,341	28
29	Architect/Design - 2nd floor - ALDDES	2016	10,437	268	39	268		1,139	29
30	Architect fees & Plan review for 2nd floor-ALDDES	2016	17,180	441	39	441		1,764	30
31	Boiler Retube # 2 -ALDBEN	2016	17,265	443	39	443		1,868	31
32	Boiler tube replacement #2 -ALDBEN	2016	20,412	523	39	523		3,113	32
33	Concretre -Coring/Sawcutting-ABC	2016	3,076	205	15	205		820	33
34	TOTAL (lines 1 thru 33)		\$ 9,641,801	\$ 392,422		\$ 370,931	\$ (21,491)	\$ 5,564,907	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:

01/01/2020 Ending:

12/31/2020

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 12C, Carried Forward		\$ 9,641,801	\$ 392,422		\$ 370,931	\$ (21,491)	\$ 5,564,907	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		10			838	17
18	Forum Prof Ctr: Building Renovations	2010	1,427		5			1,427	18
19	Forum Prof Ctr: Building Renovations	2011	4,480	357	10	357		3,966	19
20	Forum Prof Ctr: Building Renovations	2012	272	2	15	2		262	20
21	Forum Prof Ctr: Building Renovations	2013	408	24	7	24		408	21
22	Forum Prof Ctr: Elect Install/sewer excavation	2014	415	42	10	42		260	22
23	Forum Prof Ctr: Park.Lot/Signs/Lighting/HVAC	2015	338	4	10	4		298	23
24	Forum Prof Ctr: Suite 116 walls/lighting/floor, renov.	2017	952	106	13	106		388	24
25	Forum Prof Ctr: Suite 140 Renov: fire sprinkler piping,drywall,duc	2018	20,628	1,423	15	1,423		3,563	25
26	Forum Prof Ctr: floors, walls,plumbing,hvac,carpentry	2019	1,239	127	10	127		212	26
27	Forum Prof Ctr: PktLot,door frames,windows	2020	541	32	3-10	32		32	27
28	Alden Mgt Servs: Remodel suites	1993	6,577		7			6,577	28
29	Alden Mgt Servs: Remodel suites	2002	274		13			274	29
30	Alden Mgt Servs: Remodel suites	2003	5,946		8			5,946	30
31	Alden Mgt Servs: MotorControl Board	2014	81		15			81	31
32	Alden Mgt Servs: Suite 140 Renov:walls,flooring,electrical,ceiling,	2018	37,755	2,579	15	2,579		6,417	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,788,794	\$ 397,118		\$ 375,627	\$ (21,491)	\$ 5,660,678	34

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

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning:

01/01/2020 Ending: 12/31/2020

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,788,794	\$ 397,118		\$ 375,627	\$ (21,491)	\$ 5,660,678	1
2	<u>Carpentry Labor & Material-ABC</u>	2016	104,583	6,972	15	6,972		27,888	2
3	<u>Temporary Partitions-ABC</u>	2016	24,608	1,641	15	1,641		6,564	3
4	<u>Drywall & Tape-ABC</u>	2016	52,907	3,527	15	3,527		14,108	4
5	<u>Fire Caulking-ABC</u>	2016	6,152	246	25	246		984	5
6	<u>Acoustical-ABC</u>	2016	18,456	923	20	923		3,692	6
7	<u>Countertops, Solid Surface-ABC</u>	2016	49,216	2,461	20	2,461		9,844	7
8	<u>Permit Fees 2nd Floor -CITEVA</u>	2016	15,939	638	25	638		2,552	8
9	<u>Insulation, patch/repair-GTMECH</u>	2017	2,510	251	10	251		899	9
10	<u>Refrigerant & Circuit #1 rprs -GTMECH</u>	2017	9,551	1,910	5	1,910		6,844	10
11	<u>Motor (3) repls on condenser -GTMECH</u>	2017	5,795	1,159	5	1,159		4,057	11
12	<u>Fire Dampers Rpls (5) -GTMECH</u>	2017	7,067	707	10	707		2,474	12
13	<u>Pavements/Creck filling- CENICO</u>	2017	2,980	373	8	373		1,274	13
14	<u>Electric Power supply repairs -OAKFIR</u>	2017	5,375	1,075	5	1,075		3,583	14
15	<u>2nd floor hallway, main lobby, study and salon area repair from wa</u>	2017	23,982	1,599	15	1,599		5,996	15
16	<u>Architect/Design -2nd Floor -ALDDDES</u>	2017	11,638	298	39	298		1,068	16
17	<u>Caulking/mortar under all windows -ALDBEN</u>	2018	25,808	1,721	15	1,721		3,729	17
18	<u>Backflow Device repls on valve -SKIMEC</u>	2018	2,987	597	5	597		1,642	18
19	<u>HVAC Repair, Refrigerant Circutirs repairs-GTMECh</u>	2018	7,589	1,518	5	1,518		3,921	19
20	<u>HVAC Repair, Refrigerant Circutirs repairs-GTMECh</u>	2018	5,748	1,150	5	1,150		2,875	20
21	<u>Repair Sewage pump -ALDBEN</u>	2018	8,515	1,703	5	1,703		3,548	21
22	<u>Replace wall under window -ALDBEN</u>	2018	5,871	1,174	5	1,174		2,446	22
23	<u>Generator Inspect & Maint -utility area -CITI-Patten</u>	2019	3,869	774	5	774		1,225	23
24	<u>Pump, repair leak on chiller -utility area-GTMECH</u>	2019	7,035	1,407	5	1,407		2,111	24
25	<u>Motors, fan blower install (2) -utility area-GTMECH</u>	2019	4,656	931	5	931		1,397	25
26	<u>Generator Repair-utility area- ALTCAT</u>	2019	10,258	2,052	5	2,052		2,394	26
27	<u>Washer, Laundry Room - EQUIT</u>	2020	2,500	333	5	333		333	27
28	<u>HVAC Repair, Air Handler, Boiler Room -GTMECH</u>	2020	5,072	507	5	507		507	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,219,459	\$ 434,765		\$ 413,274	\$ (21,491)	\$ 5,778,633	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 12E, Carried Forward	\$ 10,219,459	\$ 434,765		\$ 413,274	\$ (21,491)	\$ 5,778,633	1
2	Adjust for ABC Related Party Profit	2008 (107)	(5)		(5)		(67)	2
3	Adjust for ABC Related Party Profit	2009 (97)	(3)		(3)		(34)	3
4	Adjust for ABC Related Party Profit	2011 (56)	(1)		(1)		(10)	4
5	Adjust for ABC Related Party Profit	2012 460	23		23		184	5
6	Adjust for ABC Related Party Profit	2013 252	13		13		96	6
7	Adjust for ABC Related Party Profit	2014 (6,401)	(347)		(347)		(2,256)	7
8	Adjust for ABC Related Party Profit	2015 (5)	(1)		(1)		(1)	8
9	Adjust for ABC Related Party Profit	2016 (1,870)	(12)		(12)		(55)	9
10	Adjust for ABC Related Party Profit	2017						10
11	Adjust for ABC Related Party Profit	2018 (253)	(3)		(3)		(10)	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)	\$ 10,211,382	\$ 434,429		\$ 412,938	\$ (21,491)	\$ 5,776,480	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	\$3,461,662	\$267,607	\$267,607	\$	various	\$1,742,730	71
72	Current Year Purchases	140,321	5,047	5,047		various	5,047	72
73	Fully Depreciated Assets	972,601	4,878	4,878		various	972,601	73
74								74
75	TOTALS	\$4,574,584	\$277,532	\$277,532	\$		\$2,720,378	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	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)			\$15,139,768	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$711,961	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$690,470	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$(21,491)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$8,500,660	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	\$228,165	\$5,850	\$11,701	86
87					87
88					88
89					89
90					90
91	TOTALS	\$228,165	\$5,850	\$11,701	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.

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:				\$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?
16. Rental Amount for movable equipment: \$18,553Description: copy machine GL 6861 and equipment lease GL 6859
- ☐ YES☒ NO
- (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	Auto lease-GL 6890		\$799.00	\$9,588	17
18					18
19	Related party-PG 6A		474.70	5,696	19
20					20
21	TOTAL		\$#####	\$15,284	21

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

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

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

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	\$		\$ 421,215	\$		\$ 421,215	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			106,211			106,211	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			740,072			740,072	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See PG16A	# of prescripts				552,932		552,932	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See PG16A	39-1, 39-3, if any				(43,020)	163,100		120,080	13
14	TOTAL			\$		\$ 1,224,478	\$ 716,032		\$ 1,940,510	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	
XIV. Special Services (Direct Cost)				Col 5: PT,OT, & ST	Col 6: Supplies
Line	Service	Col. 1: Ref. No.	To Pg 16: Col. No.		
1.	OT	39-3	To Col 5	421,215.00	
2.	ST	39-3	To Col 5	106,211.00	
3.					
4.	PT	39-3	To Col 5	740,072.00	
5.					
6.					
7.					
8.	Pharmacy Supplies per GL			576,783.00	
	Manual Input from Related Party- Forum Drugs & Vaccinations			(23,851.00)	From Page 6C. Ln 39, Col 8 Drug Items
9.	Total to line 9 Pharmacy	See Pg 16A	To Col 6	552,932.00	
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: Transport. Specialist (6001-100-019)		See Pg 16A		
13.	Col 5: Manual Input: Related Party - CPT		To Col 5	(43,020.00)	From Page 6D, Col 8 (Except DD homes)
	Other			234,864.00	
	Manual Input: Related Party - Prism			(68,256.00)	From Page 6B/Ln 39 items, Col 8
	Manual Input: Related Party FECII - I.V.			(2,798.00)	From Page 6C/Ln 39 items for IV, Col 8
	Manual Input: Related Party FECII - Wound Care-Products Only			(710.00)	From Page 6C/Ln 39 items for Wound Care Products, Col 8
	Oxygen, from reclass worksheet (Pg 4A)			-	
13.	Col 6: Supplies Total		To Col 6	163,100.00	
13.	Total Line 13, Column 8			120,080.00	
14.	Total			1,940,510.00	

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 424	\$ 59,087	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (90,000))	906,056	906,056	3
4	Supply Inventory (priced at)	56,113	56,113	4
5	Short-Term Investments			5
6	Prepaid Insurance		49,250	6
7	Other Prepaid Expenses	10,514	10,514	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	25,826	224,197	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 998,933	\$ 1,305,217	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	2,851	2,851	12
13	Land		980,000	13
14	Buildings, at Historical Cost		6,272,635	14
15	Leasehold Improvements, at Historical Cost	759,557	4,777,114	15
16	Equipment, at Historical Cost	655,432	4,746,684	16
17	Accumulated Depreciation (book methods)	(879,857)	(7,992,126)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		59,141	21
22	Other Long-Term Assets (spe Fin, Fee, net		121,125	22
23	Other(specify):		22,915	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 537,983	\$ 8,990,339	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,536,916	\$ 10,295,556	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 455,305	\$ 457,808	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	649,295	649,295	28
29	Short-Term Notes Payable	2,383	245,916	29
30	Accrued Salaries Payable	385,562	385,562	30
31	Accrued Taxes Payable (excluding real estate taxes)	122,328	122,328	31
32	Accrued Real Estate Taxes(Sch.IX-B)		494,000	32
33	Accrued Interest Payable		36,940	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accr Exp/Ins,due to IDPA,SalesTax/Prov l	2,553,319	2,553,319	36
37	Due to Affiliates	607,578	(3,861)	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,775,770	\$ 4,941,307	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	611,696	611,696	39
40	Mortgage Payable		6,420,320	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Due to Affiliates	8,010,059	8,010,059	43
44	Mcr Adv Fund,Fica-Deferred, loan payabl	696,538	7,222,028	44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 9,318,293	\$ 22,264,103	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 14,094,063	\$ 27,205,410	46
47	TOTAL EQUITY (page 18, line 24)	\$ (12,557,147)	\$ (16,909,854)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,536,916	\$ 10,295,556	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (9,799,377)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (9,799,377)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,757,770)	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)	\$ (2,757,770)	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)	\$ (12,557,147)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Alden Estates of Evanston

0040733

Report Period Beginning: 01/01/2020

Ending:

12/31/2020

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	\$ 7,511,077	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 7,511,077	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	224,064	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 224,064	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		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		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	896	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 896	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,136	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,136	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See PG 19A	5,222	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 5,222	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 7,743,395	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,541,579	31
32	Health Care	2,697,304	32
33	General Administration	2,196,663	33
	B. Capital Expense		
34	Ownership	1,882,257	34
	C. Ancillary Expense		
35	Special Cost Centers	2,079,145	35
36	Provider Participation Fee	104,217	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,501,165	40
41	Income before Income Taxes (line 30 minus line 40)**	(2,757,770)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (2,757,770)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 921,332	44
45	Private Pay - Net Inpatient Revenue	436,042	45
46	Medicare - Net Inpatient Revenue	5,087,031	46
47	Other-(specify) Hospice	1,067,810	47
48	Other-(specify) Insur,Vets,Charity/Sales Allows	(1,138)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 7,511,077	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: 01/01/2020

Ending:

12/31/2020

Details of Page 19, Line 28

<u>Description</u>	<u>Amount</u>
Misc. Income GL#4977 (describe) (is offset against Sch.# V)	\$ 3,637
Record Copies-Backed out with Ln ref 21-Pg 5A	
Jury Duty-Backed out with Ln ref 22-Pg 5A	
Donation-Backed out with Ln ref 21-Pg 5A	
Settlements-Backed out with Ln ref 21-Pg 5A	
Write Off Old Accounts Payables	1,000
Vendor Discount	598
Housekeeping-Backed out	(13)
United Healthcare-(Rebate/Incentive)	
Gain on Sale of Assets (related to prior yr, not offset on Sch.# V)	
Line 28 Total:	<u>5,222</u>

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	2,064	2,080	\$ 108,266	\$ 52.05	1
2	Assistant Director of Nursing					2
3	Registered Nurses	19,679	21,843	777,390	35.59	3
4	Licensed Practical Nurses	14,934	16,030	501,155	31.26	4
5	CNAs & Orderlies	36,811	40,819	716,868	17.56	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,768	1,888	37,727	19.98	9
10	Activity Assistants	4,010	4,379	65,391	14.93	10
11	Social Service Workers	2,172	2,215	64,601	29.17	11
12	Dietician					12
13	Food Service Supervisor	2,072	2,080	59,249	28.49	13
14	Head Cook	4,136	4,175	113,159	27.10	14
15	Cook Helpers/Assistants	20,601	23,949	371,724	15.52	15
16	Dishwashers					16
17	Maintenance Workers	2,040	2,080	107,016	51.45	17
18	Housekeepers	7,792	8,633	144,325	16.72	18
19	Laundry	5,455	6,056	102,187	16.87	19
20	Administrator	2,056	2,080	103,284	49.66	20
21	Assistant Administrator	240	240	6,154	25.64	21
22	Other Administrative					22
23	Office Manager	4,143	4,191	115,587	27.58	23
24	Clerical	3,203	3,470	46,007	13.26	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,080	2,088	129,590	62.06	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care Unit Manager	2,057	2,265	46,055	20.33	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	137,313	150,561	\$ 3,615,735 *	\$ 24.02	34

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	137/Monthly	\$ 1,649	1-3	35
36	Medical Director	2500/Monthly	30,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant			10-3	38
39	Pharmacist Consultant	1980/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	16/Hours	874	11-3	44
45	Social Service Consultant	108/Hours	1,680	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 36,579		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	92	\$ 3,235	11-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	92	\$ 3,235		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

STATE OF ILLINOIS

0040733

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

Facility Name & ID Number

Alden Estates of Evanston

Page 21

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount
Rusinak, Joseph E	Administrator	0	\$ 87,418	Workers' Compensation Insurance		\$ 112,862	IDPH License Fee		\$
Molitor, Joshua R	Administrator	0	15,866	Unemployment Compensation Insurance		10,438	Advertising: Employee Recruitment		3,832
Molitor, Joshua R	Assistant Administrator	0	6,154	FICA Taxes		265,396	Health Care Worker Background Check		
		0		Employee Health Insurance		223,680	(Indicate # of checks performed 5)		163
		0		Employee Meals		29,667	Patient Background Checks 302		3,510
		0		Illinois Municipal Retirement Fund (IMRF)*			Surety Bond/Broadcast Music/RPT Fee		901
		0		Dental, Life, Vision Relations, Pension & Misc		3,132	Health Care Council		9,504
		0		Drug Test, Tuition Reimb. & Employee Relations		18,518	Collaborative Healthcare/Flagstaff Financial		837
		0		401k Match / Empl. Dishonesty/Emp Vaccinations		8,574	Chicago Tribune/American Health care		4,355
TOTAL (agree to Schedule V, line 17, col. 1)							Related party		405
(List each licensed administrator separately.)			\$ 109,437				Less: Public Relations Expense		()
B. Administrative - Other							Non-allowable advertising		()
Description			Amount				Yellow page advertising		()
			\$	Related Party_FECS		(3,735)			
				TOTAL (agree to Schedule V,		\$ 668,532	TOTAL (agree to Sch. V,		\$ 23,507
				line 22, col.8)			line 20, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3)			\$	E. Schedule of Non-Cash Compensation Paid			G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)				to Owners or Employees			Description		Amount
C. Professional Services				Description		Line #	Amount		
Vendor/Payee	Type		Amount						
Alden Management Services	consulting fee		\$ 537,403				Out-of-State Travel		\$
Virchow Krause	Accounting Fees		7,468						
MIDCAP	Accounting Fees		2,264						
Achieve Accreditation, LLC	Consultation		4,307				In-State Travel		
Pathway Health	Consultation								
C. Novotny, Int' Micro Des.	Accounting Fees		190						
AMS (Eliminated)	Allocated Legal Fees		47,520				Related party		341
Stone Poground	Legal Fees: Collections		10,077				Seminar Expense		
SB2 Inc	Legal Fees: Collections		2,046				MCHA/WICAL		270
MIDCAP	Legal Fees: Non Collection		256				IL Council Seminar		656
Midwest Care Management	Legal Fees: Collections		5,865				Senior Lifestyle		23
Monahan Law Group LLC	Legal Fees: Collections		2,145				Entertainment Expense		()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,		
(For legal fee disclosure, see page 39 of instructions)			\$ 619,540				line 24, col. 8)		\$ 1,290

* Attach copy of IMRF notifications

**See instructions.

Alden Estates of Evanston, Inc.	PG 21A
Legal Fee Support	
2020	
Legal Fees Reported on Pg 21, Section C:	
	67,907.91
Less: Collection, estates, & other non-allowable legal fees listed on Pg 5, Line 22	(20,132.00)
Non-allowable legal fees, if any, deducted on	(47,520.00)
- AMS Allocated Legal Fees: GL 680600-100-003	
+ Add Back voided invoice of prior year, if any	
Allowable Legal Fees	<u>\$ 255.91</u>

In Detail: 680600 100-000		
Vendor Name	Invoice Date	Amount
MidCap Alloc-AldGrp-10/20	11/6/2020	225.70
MidCap Alloc-AldGrp-7/20	8/7/2020	13.11
MidCap Alloc-AldGrp-6/20	7/8/2020	17.20

TOTAL ALLOWABLE LEGAL FEES 256.01

Vendor Name 696600 100-000	Invoice Date	Amount
AMSI/C STOPDOG	1/11/2021	1174.75
AMSI/C STOPDOG	1/11/2021	1075.41
AMSI/C STOPDOG	12/7/2020	600
AMSI/C STOPDOG	11/6/2020	1103.73
AMSI/C STOPDOG	10/7/2020	1074.37
AMSI/C STOPDOG	9/8/2020	864.3
AMSI/C STOPDOG	8/7/2020	613.8
AMSI/C STOPDOG	7/8/2020	600
AMSI/C STOPDOG	6/5/2020	700
AMSI/C STOPDOG	5/7/2020	738.63
AMSI/C STOPDOG	4/7/2020	788
AMSI/C STOPDOG	3/6/2020	743.56

SB2, Inc.	1/11/2021	204.55
SB2, Inc.	12/7/2020	204.55
SB2, Inc.	11/6/2020	204.55
SB2, Inc.	10/7/2020	204.55
SB2, Inc.	9/8/2020	204.55
SB2, Inc.	8/7/2020	204.55
SB2, Inc.	7/8/2020	204.55
SB2, Inc.	6/5/2020	204.55
SB2, Inc.	5/7/2020	204.55
SB2, Inc.	2/19/2020	204.55

MIDCAR	12/4/2020	325
MIDCAR	11/3/2020	3039.85
MIDCAR	9/8/2020	1712.5
MIDCAR	7/22/2020	787.5

MONLAW	9/21/2020	2,145.00
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TOTAL Collection-NOT ALLOWABLE LEGAL FEES 20,131.90

Vendor Name 680600 100-003	Invoice Date	Amount
AMS Corp Legal Cost Alloc-'20	12/29/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	12/4/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	10/28/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	9/29/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	8/31/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	7/30/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	6/26/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	5/28/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	5/1/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	3/31/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	3/2/2020	3,960.00
AMS Corp Legal Cost Alloc-'20	2/10/2020	3,960.00

TOTAL Allocated Legal Fees 47,520.00

Total Legal Cost 67,907.91

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union?

CNA: Yes,RN/LPNs: No

(2) Are there any dues to nursing home associations included on the cost report?

yes

If YES, give association name and amount.

HCC of IL. \$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 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$

12,449

 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.

(9) Are you presently operating under a sublease agreement?

YES

x

NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO

x

 If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$

104,217

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. \$

29,667

 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. \$

no

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 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.